



S·A·R·R·A·H

Services for Australian
Rural and Remote Allied Health

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Australian Rural and Remote Health Professional Scholarship Scheme (ARRHPSS)
Nursing and Allied Health Scholarship and Support Scheme (NAHSSS)

Allied Health Postgraduate Scholarship

Survey Report on Completed Scholars from 2007-2012

Nursing and Allied Health Scholarship and Support Scheme (NAHSSS) Australian Rural and Remote Health Professional Scholarship Scheme (ARRHPSS)

Allied Health Postgraduate Scholarship Scheme Survey Report on Completed Scholars from 2009 to 2012

Executive Summary

This report examines whether the financial support provided under the Postgraduate Scholarship encourages allied health professionals to provide clinical services in rural and remote Australia. The scholarship exists to fill the gap of uneven distribution of allied health services in Australia, which will result in eliminating an over-supply of allied health professionals in cities and a shortage in many rural and remote areas. Postgraduate scholarships are offered to give more allied health professionals an opportunity to improve their clinical skills.

The findings indicate that the objectives of the Postgraduate Scholarship has a powerful impact on attracting more qualified allied health professionals to practice in rural and remote areas and to remain in the rural and remote areas for longer periods of time. 74% of the survey respondents are currently providing clinical services in ASGC-RA 2-5 areas. Of these, 75% are intending to remain in rural and remote areas until their retirement or indefinitely.

The research is based on online surveys of 200 scholars who completed a postgraduate scholarship between 2007 and 2012. The survey response rate is 67%. 80% of the surveyed respondents are currently providing clinical services and of those, 74 % are employed in ASGC-RA 2 and above areas.

Of the scholars surveyed:

- ❖ The scholarship influenced the decision to provide clinical services in rural and remote areas and remain in a rural and remote area for a longer period of time
- ❖ 80 percent of survey respondents are currently providing clinical services.
- ❖ 74 per cent of the survey respondents are currently providing clinical services in ASGC-RA 2 or above areas. Of these 75% will be remain in rural and remote areas until their retirement or indefinitely.
- ❖ 7 per cent of the survey respondents currently provide clinical services in non rural areas. The majority of these intend to go to rural and remote areas when the opportunity arises and most of them have an intention to go in to rural practice in next 1-5 years.
- ❖ The scholarship immensely helped scholars, to acquire clinical knowledge.

Recommendation and the way forward

These survey results offer strong evidence for the need for the Postgraduate Scholarship to continue into the future, in order to assist to fill the gap of uneven distribution of allied health professionals across Australia resulting more balanced distribution of allied health professionals nationally.

Nursing and Allied Health Scholarship and Support Scheme (NAHSSS) Australian Rural and Remote Health Professional Scholarship Scheme (ARRHPSS)

Allied Health Postgraduate Scholarship

Introduction

The Department of Health and Ageing aims to build on workforce programs to better respond to the educational needs of health professionals, particularly in areas of workforce need.

Services for Australian Rural and Remote Allied Health (SARRAH) has administered the postgraduate scholarship scheme Australian Rural and Remote Health Professional Scholarship Scheme (ARRHPS) from 2003-2010 and then as part of the Nursing and Allied Health Scholarship Support Scheme (NAHSSS) As this report consists of data gathered from past scholars from both programs, the term “Postgraduate scholarships” will be used.

The objectives of the consolidated NAHSSS are to:

- Increase the health workforce by facilitating the entry of jobseekers and youths interested in pursuing a career in nursing or the allied health professions.
- Encourage the pursuit of a health career in both geographic areas and professions where there are shortages.

SARRAH advocates for Allied Health Professionals who live and work in rural and remote Australia to confidently and completely carry out their professional duties in providing health services to rural and remote Australians. It is SARRAH’s intention to increase the number of allied health professionals living and practicing in rural or remote areas within Australia and motivate them to remain in rural and remote areas.

The scholarship provides funding for practicing allied health professionals to continue professional education activity which includes Certificate Courses, Postgraduate Diploma Courses, Masters Degrees and Doctor of Philosophy Courses.

The purpose of this report is to find out whether the objectives of the Postgraduate scholarship have been achieved since inception.

There have been about 257 scholarships completed since 2007. Of these 200 scholars were sent a request to complete the survey. The survey response rate is 67%.

The survey has been carried out using the following methodology;

- The survey is designed to reflect the objectives of the Postgraduate Scholarship.
- The questions were open ended questions allowing respondents to answer the questions with no restrictions.
- The survey consisted of 10 questions.

- The survey was conducted on line, using web based Survey Monkey.
- The survey link sent to past scholars via e-mail.
- The survey was open for 5 weeks.

The survey responses have been analysed and split into the following sections.

1. Introductory Data Analysis.
2. Employment status of the survey respondents - Analysis on scholarship recipients currently providing clinical services in rural or remote areas by occupation, State and Australian Standard Geographical Classification- Remoteness Area (ASGC-RA). Also provided data on the intended time frame to relocate to live and work in rural and remote areas, for those who are not currently working in rural and remote areas.
3. Analysis of reasons for not practicing or for practicing in rural and remote areas.
4. Analysis on the usefulness of the scholarships to assist in the provision of clinical services in rural and remote.
5. Analysis on general comments on the scholarship scheme.

Summary of finding of the survey

- ❖ The scholarship was influential in the decision to provide clinical services in rural and remote areas and remain in rural and remote areas for longer periods of time
- ❖ 80 percent of survey respondents are currently providing clinical services.
- ❖ 74 per cent of the survey respondents are currently providing clinical services in ASGC-RA 2 or above areas. Of these 75% will be remain in rural and remote areas until their retirement or indefinitely.
- ❖ 7 per cent of the survey respondents currently providing clinical services in non rural areas, majority of them have an good intention to go to rural and remote areas when the opportunity arises and most of them have an intention to go to rural in next 1-5 years time.
- ❖ The scholarship is immensely helped in assisting allied health professionals to acquire clinical knowledge.

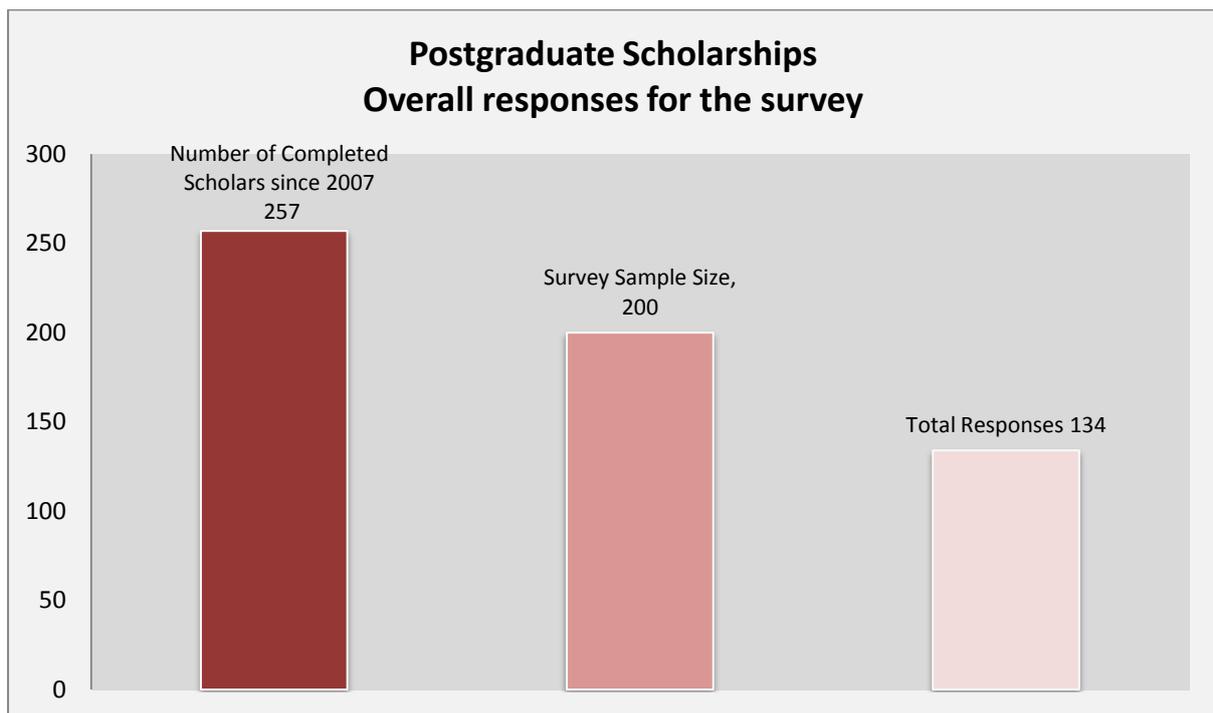
1. Introductory Data Analysis

Since the inception of the scholarships in 2003, more than 600 Postgraduate scholarships have been awarded and approximately 400 scholars have completed the Postgraduate scholarship payments as at 31 December 2012. From 2007 to 2012, 257 scholarships were completed. The survey was sent to 200 past scholars who have completed the scholarship since 2007 in order to find out whether the scholarship objectives have been achieved. The survey was not sent to the past scholars who have completed the scholarship before 2007 due to unavailability of current contact details.

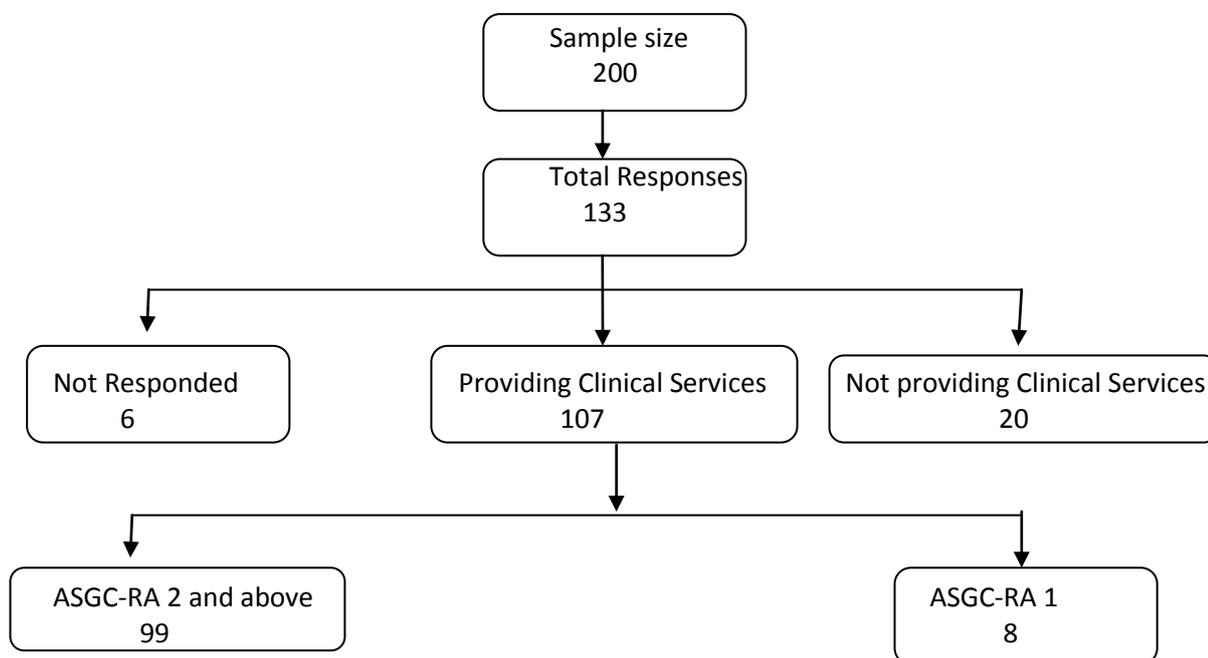
The following table and graph show the overall responses of the survey.

Completed Scholars from 2007 to 2012	Survey Sample Size	Total Number of Responses Received
257	200	134 (survey response rate is 67%)

Note: No contact details available for 57 past scholars since 2007



The following flow chart shows snapshot of survey responses, current employment status of the survey respondents and geographical locations of the employment status.



2. Employment status of the survey respondents

This section will elaborate the analysis of scholarship recipients currently providing clinical services in rural or remote areas:

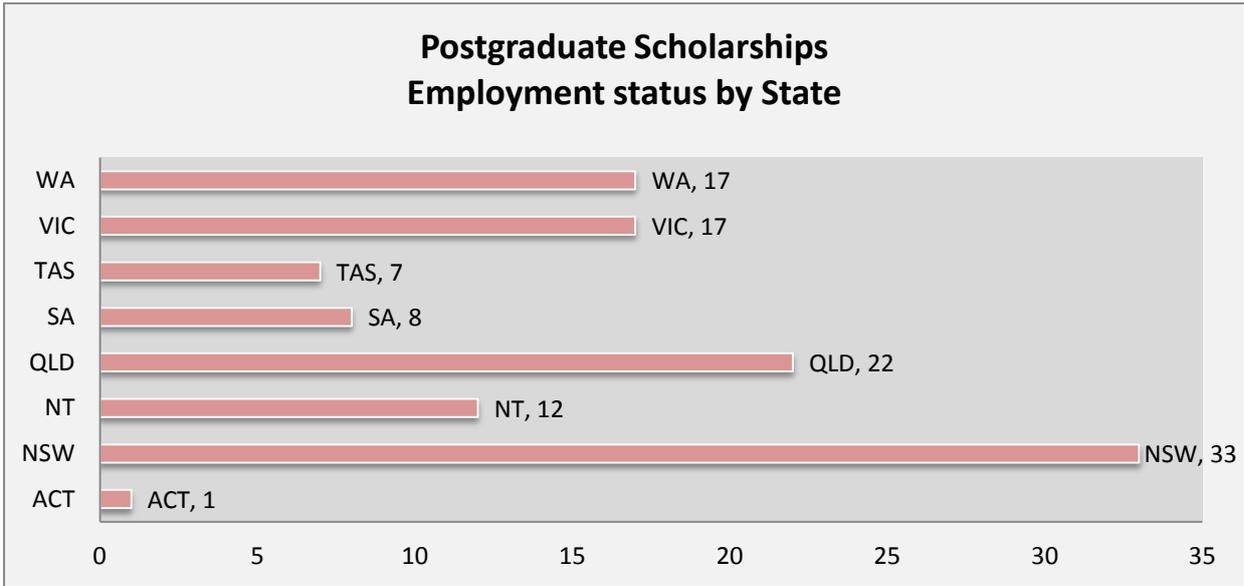
- by occupation.
- by State.
- by ASGC-RA Status.
- Data on how long they are planning to stay in rural and remote areas.
- Reasons for providing clinical services in rural and remote areas.
- Reasons for not providing clinical services in rural and remote areas.

The survey results show that 80 per cent of the respondents are currently providing clinical services across Australia in different occupations. The following table shows the survey responses by occupation. About 21 respondents did not indicate their occupation in the survey responses.

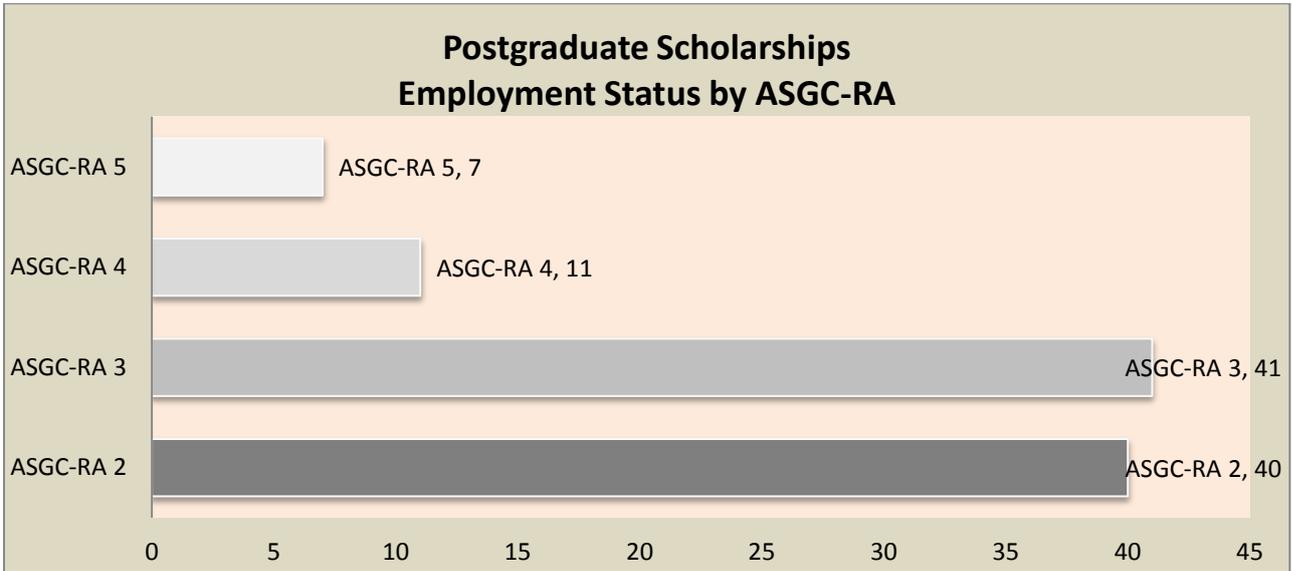
Current Occupation	Number of Respondents
Clinical Pharmacist	1
Clinical Psychologist	1
Clinical Social Worker Therapist	2
Community Mental Health Case Manager	1
Dieticians	12
Falls Injury Prevention Coordinator	1
Genetic Counsellor	2
Health Promotion Officer	1
Mental Health Clinician	1
Mental Health Senior Social Worker	1
Occupational Therapist	8
Optometry	11
Orthotist	1
Osteopath	2
Paramedic	1
Pharmacist	1
Pharmacist/Manager	1
Physiotherapist	32
Podiatrist	3
Policy & Project Officer - rural and remote	1
Psychologist	3
Radiographer HP5 - PACS Manager	3
Secondary School Counsellor	1
Senior Child and Adolescent Mental Health Clinician	1
Social Worker	6
Sonographer	1
Speech Pathologist	7
Speech Pathologist / Quality Coordinator	1
Sports Physiotherapist	3
Team Manager	1
Volunteer in India under Endeavour award scholarship	1
Total	112

74 % of the survey respondents who are currently providing clinical services working in ASGC-RA 2 -5 areas.

The following graph shows the rural employment status by State. 16 past scholars have not indicated the location of their employment in the responses.



The following graph shows the employment status of the survey respondents by ASGC-RA status. The majority of the survey respondents are currently providing services in the ASGC-RA 2 areas. 74 per cent of the survey respondents are currently providing clinical services in ASGC-RA 2-5 areas.



One of the objectives of the survey was to find out:

- ❖ how long the past scholars are intending to provide clinical services in rural and remote areas and
- ❖ If they are currently not practicing in rural areas when they are intending to practice in rural areas.

The following table shows the time period when the survey respondents intend to provide clinical services in rural and remote areas.

Length of time	Number of Respondents
1-5 Years	8
6-10 Years	9
11-15 years	10
20 Years	7
Until retirement	30
Indefinitely	35
Total	99

75% of the survey respondents who are currently providing clinical services in rural and remote areas will be in the rural and remote areas until retirement or indefinitely. 35 per cent of the survey respondents who are currently in rural and remote intending to practice in the area at least for next 1 to 20 years.

Only 7 per cent of the survey respondents who are currently providing clinical services live and work in ASGC-RA 1 areas. The majority of respondents who are not currently practice in rural or remote areas are intending to practice in rural and remote within 5 years. The following table shows the timeframe in which they advise they are planning to practice in rural areas.

Time Frame	Number of Respondents
1 – 3 years	7
3 – 5 years	3
Not decided	4
When the partner/husband find a job opportunity in rural and remote areas or family complete the studies	4
Total	18

3. Analysis on reasons for practicing in Rural or remote areas and reasons for not practicing in rural and remote areas

80 per cent of the survey respondents are currently providing clinical services across Australia. 74 per cent of the survey respondents are currently providing clinical services in ASGC-RA 2 -5 areas. The survey respondents currently working in rural and remote indicated in their responses the factors affecting their decision to live and work in rural and remote areas.

Reasons for providing Clinical Services in Rural and Remote Areas

- ❖ As a new graduate in 2007 I felt the need to broaden my horizon and challenge myself prior to settling in back to the metro area
- ❖ Being able to "do it all" as an outreach Genetic counsellor - I get to do all aspects of genetics - not just a sub type
- ❖ Better work-life balance; challenging and different clinical practice to metropolitan
- ❖ CPD opportunities, interesting work
- ❖ Enjoy the caseload in my position and feel I am a valued member of allied health and the clinical services I provide to rural and remote clients
- ❖ Family connections / enjoy working in these areas
- ❖ family, partner's work commitments, good diversity of patients/clinical cases
- ❖ Friendly work environment, increased career opportunities, relaxed lifestyle from a rural background, settled here
- ❖ Give back to the community where I grew up
- ❖ Have always lived in rural areas, enjoy variety of clinical services able to be involved in
- ❖ I enjoy the challenges it brings and also the opportunity to provide services to clients that can often be disadvantaged in accessing clinical services
- ❖ Services in rural areas learn to manage on little resources
- ❖ There are more opportunities to have a bigger scope of practice and not operate in silos as what happens in the big towns and cities. Working in rural areas gives me to make a more meaningful difference to clients. Mental health services are needed everywhere, but rural, regional and remote areas would benefit more from provision of such services. I don't think I would have received this financial assistance if I was working in the city, so I am happier to give back to the community
- ❖ I have a passion for rural clinical leadership and practice. The diversity, challenges and opportunities available to me as a clinician in this setting have been amazing
- ❖ Lake Cargelligo did not have a physiotherapist for 11 years, I saw a need there and the residents of Lake Cargelligo are very appreciative of the service
- ❖ Understand the gap / demand for services in remote areas, high rates of vision impairment in Aboriginal populations, probably also relates to a personal/inherent motivation to work in remote areas
- ❖ Work in the area I live and strong belief in need for public health services in rural areas

7% of the survey respondents are currently providing clinical services in ASGC-RA 1 areas and they have advised the factors hindering their decision to provide clinical services in rural and remote areas.

Reasons for not providing Clinical Services in Rural and remote areas

- ❖ Family Commitments
- ❖ Enjoy the urban lifestyle, family and friends are living in urban centres
- ❖ The people that need my skills are generally transferred to the hospital in urban areas for treatment.
- ❖ Dependent on partners employment in the future

4. Analysis on usefulness of the scholarships to provide clinical services in rural and remote Australia

The survey obtained the past scholars views on how the scholarship assisted them to provide **improved and or a more highly skilled** level of clinical practice in rural and remote areas.

90 per cent of the survey respondents are of the view that the scholarship scheme greatly influenced their decision to provide clinical services in rural and remote areas regardless of whether they are currently providing a clinical service or not. Some of the respondent's views are set out below:

"Assisted greatly in developing my specialist skills to continue my current practice in a rural area"

"Completed Masters Program which completely changed my focus in clinical practice"

"In a small way, I like to think that the scholarship allowed me to better equip myself for the challenges of rural practice and the ever changing clinical and management environment"

"It was very applicable to the specialised caseload (paediatric feeding) I was working with"

"Significantly, thank you very much. I also have an application in for this round. As Genetics is changing and genome sequencing is starting this year - I need to be at the national meetings to know how the new technology is going to impact on clinical care in the rural setting"

"Since completing my Grad Dip I have been appointed to a Senior Clinician role to establish a Regional High Risk Foot Clinic servicing the Hume region. Gaining my graduate diploma in Wound Care was integral to my being appointed to this position and will enable me to provide a high level of evidence based care to people suffering complex lower limb wounds at high risk of hospitalisation and amputation. Without the scholarship I would never have been able to undertake this study as the course was not HECS funded. Dealing with SAARAH has been a pleasure and I have been immensely grateful for the opportunity the SARAARAH scholarship provided for me"

"It allows me to access PD which gives me an opportunity to network with other speech pathologists and makes the professional isolation of working remotely bearable"

“It has given me skills that are not readily available in the rural area”

‘I can unequivocally say that the scholarship has informed a stronger desire to stay working in a rural location through the study it enabled me to do’

The responses to the survey also shows that the scholarship influenced students to **provide or commence provision of a clinical service** in rural or remote areas. 79 per cent of the survey respondents are of the view that the scholarship has influenced them to provide or commence provision of a clinical service in rural or remote areas. Some of the respondent’s views are set out below:

“- I now provide a more rounded service to clients that I see with the additional skills that I have as a Lympeodema therapist. I have provided in services and some individual training to other therapists (Physio, OT & AHA's) as well and also consult with them if they have clients with multiple needs included management of swelling issues”

“I did not feel the need to move to a larger organisation within the city, instead I felt able to continue practicing rurally and often with minimal support from other professionals”

“Provided intellectual stimulation & opportunity via online / distance education that was lacking rurally, which helped me to maintain my passion for my profession”

“It has assisted clients in gaining skills to manage that would not have otherwise been available. Rural people are appreciative of service provided”

“It allows me to access PD which gives me an opportunity to network with other speech pathologists and makes the professional isolation of working remotely bearable”

“It did encourage me to stay rather than seek further training/employment elsewhere”

5. Analysis on general comments on scholarship scheme

To ascertain the success of the scholarship scheme, the respondents were requested to provide their opinion about the scholarship scheme which is an optional question on the survey questionnaire. 98 % of the respondents commented on the scholarship. 100 percent of the respondents are of the view that the scholarship has immensely helped them to improve their clinical skills. The following are some of the comments made by the respondents.

“I think these types of scholarships are essential for rural/remote clinicians to improve their networking opportunities and also to assist with keeping up to date with the most recent research in a variety of areas as we are all generalists”

“Thank you so much for allowing me to have the opportunity to further my study in the field of infant mental health. Without the financial support of the scholarship I would not have been able to even consider doing this”

“This scholarship is a vital strategy for rural and remote workforce recruitment and retention. Professional development and skill upkeep opportunities are barriers to undertaking employment in rural areas, so this scholarship makes a significant impact”

“The scholarship assisted me financially and enabled me to complete my post graduate studies which I may not have been able to do without that support”

“I am very thankful for the assistance provided to me while studying and working out here in the outback. Whoever is making this help to be available should be applauded big time. These funds make such a huge difference out here in the bush. Well done guys!”

“SARRAH was a great support to me and my studies and I would like to do more studies and in particular the RN Diabetes course at Deakin. This is a one year course and having diabetes type 2 I have a good understanding and management of my condition”

“The scholarship for Psychology studies enhanced my practice as a Physiotherapist but I have not been able to arrange formal supervision to complete the pathway to be a clinical psychologist because of my remoteness and inflexibility of the workplace (and me)”

“The SAARAH scholarship scheme is essential in aiding health workers in rural and remote areas to access high level professional development opportunities and I hope that many other people will get the chance to study thanks to this scheme”

“The scholarship was vital for me to be able to complete my Masters study in Sports and Musculoskeletal physiotherapy. This has in turn created many job opportunities which would never have been possible without such qualifications. Ultimately, my specialist skills could be well used in the city but there is no-one within over 200km radius with such skills in my rural area, and therefore I am able to make a much greater contribution to the health and wellbeing of the region if I remain working in the country. I am very happy there and could never imagine working elsewhere”

“As a highly skilled radiographer, I often help other staff with the more advanced queries that come across our desk. I have found that the provision of a scholarship based postgraduate program, allows for staff to educate themselves in an appropriate manner, where they may necessarily not have been able to due to time restrictions or monetary considerations. This is a valuable service, particularly for the rural and remote staffers out there, as we are often more hard pressed to actually find the time to study, let alone be allowed to by our employers, or find the fees available, due to the cost of living out in these areas”

Conclusion

The Postgraduate Scholarship positively assists allied health professionals to undertake postgraduate studies in order to improve their clinical skills.

The major point identified by the survey respondents was that the financial support provided under the Postgraduate Scholarship immensely helped them to undertake study an approved activity and obtain up to date clinical knowledge for their profession. In addition to the appreciation of financial support, an overwhelming majority of students reported that the Postgraduate Scholarship positively impacted on their decision to provide clinical services in rural and remote areas as well as influenced them to remain in rural and remote areas for a longer period of time. 90 per cent of the survey respondents are of the view that the scholarship scheme greatly affected their decision to provide clinical services in rural and remote areas regardless of whether they are currently providing a clinical service or not. 79 per cent of the survey respondents are of the view that the scholarship has influenced them to provide or commence provision of a clinical service in rural or remote area.

The survey results shows that the objectives of the scholarship scheme are being significantly achieved as 74% of the survey respondents are currently providing clinical services in ASGC-RA 2-5 areas. Of these 75% indicate they will remain in rural and remote areas until their retirement or indefinitely.

Even though the 7 % of the survey respondents currently provide clinical services in non rural areas, the majority of these have the intention to go to rural and remote areas when the opportunity arises and within the next 1-5 years.

The factors influencing their career choices to work in metropolitan areas include:

- ❖ Family Commitments.
- ❖ Enjoy the urban lifestyle, family and friends are living in urban centres.
- ❖ Nature of work available only in urban cities i.e. work with refugees from CALD. backgrounds, most of whom settle in urban areas.
- ❖ Due to the opportunities found in cities (occupational, socialising), in addition to the lifestyle.
- ❖ Limited opportunities for the family.