



## **2006 National SARRAH Conference**

***13-16<sup>th</sup> September, Albury Convention and Performing Arts Centre, Albury, NSW***

### **Communiqué and Key Recommendations**

The 2006 National SARRAH Conference, held in Albury NSW, provided the venue for the largest delegation yet to a national rural and remote allied health conference. Delegates to the conference included members of the rural and remote allied health workforce from a number of disciplines (including dietetics, occupational therapy, pharmacy, radiography, psychology, social work, physiotherapy, podiatry, speech pathology and occupational therapy), public and private allied health service providers and others with an interest in allied health services, inter-professional education, multidisciplinary team practice and primary health care.

The conference had a major focus on the challenges for the provision of allied health services in rural and remote communities now and into the future. That recruitment and retention of allied health professionals in these regions is an issue is not denied. However delegates to the conference all agreed that there is very little being hard data available regarding the access to allied health professional services by rural and remote communities. There has been no commitment at national or state level for the consistent collection of data for the allied health workforce across Australia and across the major core clinical disciplines. Without this data, allied health workforce planning and the assessment of adequate access to services is impossible to collect. Delegates were unanimous in their call for a commitment by national and state governments to properly fund and resource the collection and analysis of allied health workforce data as is currently undertaken for the medical and nursing professions. In order to ensure adequate access to allied health services across the country, workforce information must be analysed to provide minimum standards for the level of service provision. It is not enough to only obtain data on what is there. Data needs to be developed for what should be available for all communities.

Keynote speakers invited by SARRAH to address the conference were able to challenge the delegates to think beyond their own practice and community – to think of health in its broadest context and to put themselves in the shoes of the consumer. The challenge was made for all rural and remote allied health professionals to see themselves as leaders in their communities, with the ability to advocate for changes to improve health status locally, regionally and nationally. This is recognition of the ability of the 'grass roots' to have input and influence into national and state health policy and service delivery.

Plenary and concurrent speakers, in keeping with the conference theme of building bridges to future workforce and service delivery, presented to the delegates their experiences of solutions/ideas leading into new directions and innovation for service delivery. Papers such as these clearly demonstrate allied health leadership in providing innovative solutions for service delivery to meet local needs.

A major theme at the conference was that of building bridges from student to a supported and valued allied health professional. Delegates were unanimous in their declaration that the current funding provided for the entry level education of disciplines within the allied health workforce is grossly inadequate. The provision of clinical education is at crisis level for many of the professions across Australia. The delegates called on the Australian Government Department of Education, Science and Training, the Department of Health and Ageing, State Departments of Education and Health and universities to revise the funding for and methods of delivery of theoretical and clinical education to the entry level allied health workforce. In particular, conference delegates endorsed the recommendation that clinical education be funded equitably across the health professions – medical, nursing and allied health. Financial support must be provided for clinical supervision and administration, accommodation and transport to attend rural or remote placements, recognition that the student has loss of income when undertaking clinical education and the funding of clinical coordinators to work with the universities to coordinate rural and remote clinical placements and provide support for both students and supervisors.

The importance of inter-professional education, the building of rural and remote allied health research capacity, access to continuing professional development, and mentoring was also identified as major issues for the current and future rural and remote allied health workforce. Conference delegates call on the Department of Health and Ageing to fund allied health academic positions within the University Departments of Rural Health, based on the model provided by the Commonwealth funded program administered by the Pharmacy Guild that places pharmacy academics within all University Departments of Rural Health.

### ***Key Recommendations***

The recommendations from the conference will help to improve the health of rural and remote communities. Conference recommendations will guide the work of SARRAH in the coming 24 months, and will be forwarded to Departments of Health at Commonwealth and State level, and other key health organisations to influence policy and programs. The 10 key recommendations agreed to from the conference are:

- 1) That the Commonwealth and State Government fund existing health workforce data collection agencies (e.g. Australian Institute of Health and Welfare and/or the Rural Workforce Agencies) to undertake a comprehensive data collection and analysis of the current core clinical allied health workforce and commit to such data collection and review on a minimum of two year cycle. Such agency must be resourced (FTE's and funding) in order to undertake data collection and analysis.
- 2) That funding be sought from the most appropriate agency to undertake a snapshot allied health workforce and service delivery research project – e.g. partnership between SARRAH and the University Departments of Rural Health through ARHEN and/or universities (e.g. Charles Sturt University) to:
  - a) Assist in the development of an instrument as a means to collect a large scale profile of the national rural allied health workforce. The instrument (e.g. questionnaire) to be distributed via the UDRHs across the country with the support of ARHEN;
  - b) Identify and collate unpublished data relating to benchmarking/establishing minimum service standards for allied health services in rural and remote Australia.
  - c) Undertake a large scale survey of rural allied health services, across the states and territories, in order to describe availability and accessibility of those services; and to establish minimum service level standards for allied health (using information collated under recommendation 2a and b)) in rural and remote Australia. The data could be used at local, regional and state levels to identify service gaps and for service planning, including:
    - i) Better distribution of current staff and resources
    - ii) Advocacy for new positions
  - d) That particular focus be given under items 2a-c on the number of positions for allied health professionals and Indigenous Health Workers in Indigenous Health Services. The health status of the population serviced must be taken into account when determining minimum service standard for these communities. Where the availability of such positions

- is below that of health services providing for non-Indigenous communities with similar health status profiles, that OATSIH and State Based Organisations provide funding for new positions/outreach services to increase access to allied health services.
- e) Collect, analysis, interpretation and publication of data relating to allied health service provision – time usage, service provided, outcomes – using ‘agreed terminology and accepted instrument of data collection, and
- 3) That SARRAH, the National Rural Health Alliance and National Rural Health Network lobby Government Departments of Health and Education, Science and Training to develop; provide financial support for; and implement models to provide equitable student clinical placements; including:
    - a) Establish accommodation in key rural and remote centres across Australia for undergraduate student’s clinical placements.
    - b) Financial support for students to compensate for costs such as accommodation, travel and loss of earnings.
    - c) Financial support for clinical supervision and administrative services to enhance the quality of rural practicums.
    - d) Employment of rural/remote clinical coordinators (with Uni schools?) to:
      - i) To provide the support for multidisciplinary student placements in the area
      - ii) Provide the support/mentoring/orientation to new graduates
      - iii) to provide training in clinical supervision for local clinicians
 To facilitate:
      - i) EXCELLENCE of clinical placements
 and that such support is consistent across the states
  - 4) That the Department of Health and Ageing provide the funding as part of their annual budgets for all University Departments of Rural Health, with the support of the Australian Rural Health Education Network (ARHEN) for the employment of allied health academics to promote undergraduate rural and remote placements, provide inter-professional education and training for members of the health professional workforce; and to provide professional development and research support for clinicians.
  - 5) Evidence and data exists in the form of project reports detailing the implementation of models, pilots, and innovative projects involving allied health services (e.g. RHSET, MAHS, and Regional Health Services). It is recommended that SARRAH and the Department of Health and Ageing resume negotiations to fund a project to:
    - a) Map and catalogue existing evidence of research, models of services and innovative practice
    - b) Provide information regarding access to these reports be made available through the SARRAH website searchable allied health clearinghouse database.
 in order to be able to promote the further roll out of, ongoing funding of, further development of elements of researched, evaluated and successful projects and programs
  - 6) That SARRAH, Allied Health Professions Australia (AHPA) and the national allied health organisations lobby the Australian Department of Health and Ageing to undertake a review of the MedicarePlus Allied Health and Dental initiative.
    - a) The fee structure - the current structure does not reflect the time required to provide a service by the different professions;
    - b) To expand the program beyond the current maximum of 5 sessions per year;
    - c) Expand the items available for services provided by social workers beyond mental health only
  - 7) SARRAH to seek funding from the Department of Health and Ageing/State Departments of Health to establish a 24hr telephone allied health specific support service for allied health

professionals working in communities with RRMA scores of 4/5-7 (as a 2 year pilot program) to act as a:

- a) Support
  - b) Mentoring – short term
  - c) Debriefing
  - d) Referral/advice
- 8) That SARRAH assists and works with Australian Rural Health Education Network's (ARHEN) Rural Inter-Professional Education Network (RIPEN) to promote opportunities for undergraduate, graduate entry and postgraduate students to engage in inter-professional education programs.
- 9) That SARRAH sources funding to revise its Productivity Commission submissions into a strategic rural workforce plan mapped against the National Australian Health Workforce Strategic Framework. Funding will be provided to complete this project from general funds by the end of the 2006.
- 10) That SARRAH actively lobby State Health Departments to recognise equity of status for Chief/Senior/Principle Allied Health, Nursing and Medical Officers and that Senior/Chief Allied Health Officers/Advisors and Managers be given parity in voice when compared to the single voices of the medical and nursing professions and that the CAHO be provided with an operating budget similar to the Chief Nurse etc for project work, scholarships, innovation etc.



Services for Australian Rural and Remote Allied Health Inc

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