



## **2006 National SARRAH Conference**

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

### **Recommendations**

Speakers and general delegates to the 2006 National SARRAH Conference were requested to put forward recommendations based on the presentations at each session. These recommendations, if implemented will result in improved access to allied health services in rural and remote Australia. There will be increased information regarding the allied health workforce through the collection of data relating to distribution and characteristics of the allied health workforce. A key focus of the recommendations also relates to the education and preparation for rural practice for allied health entry level students. The 2006 National SARRAH Conference delegates recommend that:

#### ***Collecting the evidence***

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  - b. Identify and collate unpublished data relating to benchmarking/establishing minimum service standards for allied health services in rural and remote Australia.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:

- Better distribution of current staff and resources
  - 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.
3. 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

4. SARRAH develop strategies to support its members in research, evaluation and publication by developing strong links with programs and organisations such as PHC RED and the UDRH's.
5. Support is required for sole practitioners and others to publish their work (in peer reviewed journals etc). The support needs to be more than a “writing for publication” workshop.
- a. UDRH's, State based organisations, universities and SARRAH to identify mechanisms to provide step by step support/mentoring/assistance for rural and remote allied health professionals to write up existing work and data and to develop, support, implement and promote the identified processes at local/regional level and/or by IT/web based mechanisms.

### ***Education and Training***

6. 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:
  - o To provide the support for multidisciplinary student placements in the area
  - o Provide the support/mentoring/orientation to new graduates
  - o to provide training in clinical supervision for local clinicians

To facilitate:

- o EXCELLENCE of clinical placements

and that such support is consistent across the states

7. 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.
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 a common funding pool for all Rural Health Clubs be established through the NRHN. (Currently medical and allied health clubs funded under different streams and structures which impacts on the way in which the club can operate)

### ***MedicarePlus***

10. 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

### ***Workforce Support***

11. 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
12. 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.
  13. That SARRAH supports the Australian Rural Health Education Network (ARHEN) to explore the contribution that students make to health and wellbeing of Australian's in rural and remote Australia.
  14. 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.
  15. As part of the above – that SARRAH actively lobby the Commonwealth and State Departments of Health to develop, fund and implement programs that recognise and support allied health middle and senior managers/leaders to reduce the risk of burnout and loss of a valuable resource in allied health history, knowledge, dedication and passion. (e.g. provision of training for management functions, mentoring, support for peer network that meets regularly by email/teleconference and face to face)
  16. That SARRAH advocates its position regarding strategies for the recruitment and retention of allied health professionals in rural and remote Australia. Such strategies will highlight conditions of employment and evidence for best practice in terms of recruitment and retention (e.g. The Mt Isa North & West Queensland Primary Health Care Allied Health Service). Such best practice recruitment and retention strategies will take into account degree of remoteness from major metropolitan centres. State and Commonwealth bodies (Health, Human Services etc) to be lobbied (SARRAH, National Rural Health Alliance, allied health professional associations) for industrial reform to incorporate and fund best practice strategies to attract and retain allied health staff.

### ***Service delivery***

17. Administrative support be sought for the Indigenous Diabetic Foot Program
  - a. To coordinate delivery and to develop partnerships
  - b. To identify key areas of need
  - c. To support the provision of a 'mentor' role for local provider once local implementation has occurred following the attendance of the local provider at the relevant training workshop
  - d. To review and further develop resources and information

18. The National Rural Health Alliance lobby the Federal Government to reduce the impact of silo funding and fund a project on the effectiveness of service, including recruitment and retention.
19. That SARRAH lobby the appropriate Departments at State and Government level, for improved access / rollout of IT & Broadband, including webcam, for allied health workplaces to support both clinical practice and access to professional development.
20. SARRAH to promote a national discussion and investigation on the role of and training of Community Based Workers.

### ***Indigenous health***

21. Develop strategies to improve access by Indigenous people to allied health services.
  - a. Allied health professional association policy writers to visit allied health professionals delivering services in Indigenous communities to gain increased understanding of the issues and innovative practices employed in these regions by members of their professions
  - b. SARRAH to lobby OATSIH for increased funding to develop allied health services. SARRAH to support/endorse (by letter) members to approach local ACHS to provide advice on allied health professional services to help develop appropriate allied health services.
    - o For example - Funding for a program for the development of Community Based Rehabilitation Indigenous workers
    - o The facilitation for the entry of Indigenous people into allied health professional entry level programs through the Vocational, Education and Training (VET) sector.

### ***Oral Health***

22. SARRAH to lobby for better partnerships between States and Federal government to address huge oral health needs in rural Australia
23. Sustainable oral health models be developed and funded (supported by appropriate state and federal government policies) will utilise oral allied health professionals (oral hygienists, dental therapists, prosthetists etc) to their maximum potential (see dental presentation of joint UDRHs) to work in inter-professional practice that support student placement and that benefit public rural and remote services.
24. SARRAH to lobby for policies that foster partnerships between private and public oral health services to come up with sustainable models of public oral health care

### ***For SARRAH***

25. Position papers:
  - a. That SARRAH develop a strategy/framework/set of options to put to funding bodies once funding becomes available to support allied health clinical placements. And this is done in collaboration with universities to clarify roles of Uni/Clinical Supervisor/students. And those feasible options for placements are explored and supported.

- b. That SARRAH review and publish its paper to promote discussion on proposed classification structure for the Australian Health Professional Workforce.
  - c. Evaluation guidelines for allied health professional services that give consideration to: resources, local context, flexibility and sustainability.
  - d. Framework for the recruitment and retention of allied health professionals in rural and remote Australia, including
    - o Relocation costs
    - o Locum support
    - o Access to professional development including travel and accommodation
  - e. Conduct a review on dental therapy and others in the field and the role they play in both preventative care and treatments to develop a position for lobbying
26. Student contributions to SARRAH policy and activity
- a. That SARRAH actively engages its student members in discussions about workforce and strengthens its linkages with student organisations and with the University Schools of Allied/Community Health, and that
  - b. Health science student bodies are involved in the organisation, planning, promotion and presentations of the SARRAH conference and actively participate in/contribute to/lead discussions focused on undergraduate issues, ideas and visions.
27. That SARRAH encourages and supports its members to become involved in the political process and not to remain passive recipients of political policy.
28. SARRAH encourages and supports its members to manage their workloads by providing web based access to workload management tools.



Services for Australian Rural and Remote Allied Health Inc

**S•A•R•R•A•H**