National Rural Health Alliance Submission
To the Select Committee’s Inquiry into Jobs for the Future in Regional Areas

September 2019

National Rural Health Alliance
PO Box 280
DEAKIN WEST ACT 2600
1. Introduction

The National Rural Health Alliance (the Alliance) welcomes the opportunity to provide this submission Select Committee’s Inquiry into Jobs for the Future in Regional Areas.

The National Rural Health Alliance is comprised of 41 member organisations. It is committed to improving the health and wellbeing of the almost 7 million people living in rural, regional and remote Australia¹.

Our membership is diverse and geographically dispersed and this reflects the complex nature of rural health. Members include consumer groups, Aboriginal and Torres Strait Islander peak body organisations in the health sector, health professional organisations, colleges and service providers. For a full list of our members see Appendix 1.

To provide context for the Alliance’s response, the submission includes background details on future regional Australia, future jobs, the rural health context and brief responses to the terms of reference.

The key points to note in this submission:

1. There are significant population shifts happening in regional Australia, with over a million people moving from cities to regional areas, and also from regional areas to regional areas between 2011 and 2016. The perceived liveability of a community is a major factor in attracting people to a region. A key part of the liveability is community connectivity, and access to education and health care.

2. The health and social assistance sector are the fastest growing sectors with an additional 85,000 jobs needed by 2024 in regional Australia alone. There is an urgent need to invest in education, health and digital technology infrastructure to meet this demand.

3. Looking at other sectors beyond health and social assistance, jobs in the future need to be considered in light of what is influencing the labour market. For example, globalisation, digital technology, population and demographic shifts and climate change.

4. One of the biggest challenges facing regional Australia is how regional communities are and will be impacted by climate change. This is why transitioning to a green economy is urgently required in regional Australia, and jobs in clean energy and ecological services will become increasingly more essential as regional Australia transitions to a low carbon economy.

5. Ecological service jobs for Indigenous Australians is having a positive effect socially, economically and culturally. There needs to be long term investment in these programs.

6. Moving to a green economy presents opportunities to ‘green’ the health care sector. The Global Green and Healthy Hospitals framework provides tools, education and access to a global network of health organisation to support implementation of sustainability projects.

7. To provide a future workforce pipeline requires investment in locally based higher education in the VET sector and in universities in regional areas. Providing quality education starts from early childhood. With regards to higher education, giving students from rural places or from the city a positive training experience in a rural place is known to increase the likelihood of

¹ Throughout this submission references to remoteness areas are based on ASGC-RA, in which category 1 is Major cities, 2 is Inner regional areas, 3 Outer regional, 4 Remote and 5 Very remote. Because of small numbers, Remote and Very remote are often reported jointly. In the submission, references to ‘regional areas’ mean Inner plus Outer regional; and references to ‘remote areas’ mean Remote plus Very remote.
graduates seeking employment post-graduation in a rural place. Regionally based clinical schools can also contribute significantly to the local economy.

8. Transitioning communities require leadership, governance structures and an in-depth understanding of the community needs. The Transition Towns movement provides a framework for communities to use to guide them through a transition. Regional communities can also learn from communities transitioning from one industry to another. An example is the ‘Life beyond coal’ project in the La Trobe Valley in Victoria.

9. Transitioning communities requires a governance framework and government oversight. The sustainable development unit in the UK provides an example of a government organisation that could take on this brief.

2. Future of Regions

It is well documented that people in rural and remote Australia face many social and health challenges exacerbated by the tyranny of distance. The negative perceptions of rural places may be a disincentive to many people in relocating from a city to a country town.

However, the benefits of country life are often overlooked in this deficit narrative. For example, rural people report high levels of social and human capital in their local community, a strong sense of belonging and sense that everyone is in it together. What is also worth noting is that there are higher levels of volunteering in local activities, particularly in Landcare and natural resource management projects. People involved in these ecological activities report higher levels of wellbeing compared to the national average.

This sense of connection and involvement in the community is in fact proving to be a key ingredient as is the presence of education or health care services and these influence the decision of whether a person will move from city to a region or one region to another. The Regional Australia Institute (RAI) estimate that over a million people moved to regional areas or between regions between 2011 and 2016. There are population shifts with people moving back to the cities, but what is overlooked is that there is also large scale movement back from the cities to regional areas too.

The RAI also report that the population in regional Australia is highly mobile and 80% of people will move from a region to another part of regional Australia, rather than a city. The RAI research also shows that people move to a region for work but they choose a place to live based on their liveability assessment. Liveability is highly subjective and influenced by what stage you are in your life. However amenity, lifestyle and connections to community remain essential criteria influencing a person’s decision to move to the country.

However, under the influence of an increasingly digitised and networked world the whole notion of ‘place’ is also shifting. This requires new ways of thinking about what we mean by a region, particularly when the digitised world is potentially borderless one and is changing the way in which people live in a region and they may live here, work there and shop somewhere else. Therefore not only are rural places populations shifting but so too is the world of work, business models and industries, how and where work is done.

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4 Collits, P & Rowe, J (2015) Re-imagining the region, Local Economy, Vol. 30(1) 78–97Education system – from early childhood to higher education and lifelong learning
5 Collits, P & Rowe, J (2015) Re-imagining the region, Local Economy, Vol. 30(1) 78–97Education system – from early childhood to higher education and lifelong learning
3. Future of jobs

Regional Australia’s industry structure and patterns of employment vary across rural, regional and remote Australia, but they are changing. For example, in outer regional areas agriculture remains a major employer but an analysis of future jobs undertaken by the RAI research also shows that jobs of the future will be primarily in the health and social care. There is a perception that there are fewer job opportunities in regions, and most of the jobs that are available are low skilled. However, the RAI research into Future Jobs shows that, Internet vacancies have been growing faster in regional Australia compared to capital cities since 2017, across a range of occupation and skill levels. Skills shortages exist in some regions where the number of vacancies has grown by over 16 percent in just two years resulting in inter-regional competition to attract and retain a workforce.

Currently, more than three in every four Australian workers are employed in a service industry, with much of the future growth also being driven by health care and social assistance and ranked the top employer for 2019. Furthermore, health and social care is the fastest growing industry that will require 85,000 new jobs in regional Australia by 2024. The top 3 fastest growing jobs in the sector are in aged and disability care, Registered nurses and Child care, equating to approximately 50,000 new jobs in these three job categories alone.

As encouraging as new health and social care jobs sound, these predictions are of concern to the Alliance, particularly given that in June 2019, using Internet Vacancy Index (IVI) the RAI estimated that here were over 15,000 vacancies in regional health and social care jobs.

RAI research shows that the hard to fill available jobs are largely due to perceptions of poor infrastructure, services and amenity and they recommend that action on improving the stock and capability of these key assets and infrastructure is vital to regions being able to attract and retain the people they need to grow, now and in the future.

Jobs of the future need to be considered in light of what is influencing the labour market. For example, globalisation, digital technology, population and demographic shifts and climate change. RAI also indicate that skills of the future will need to be a mix of high tech, personal contact (high touch) and high care.

RAI also indicate that the largest number of jobs that will be susceptible to automation are in regional cities. The industry changes and increased automation also requires adult workers to learn new skills and given that there are now potentially 5 generations in a workplace, learning to work with different generations and adapt to a new workplace culture is also part of the learning process.
However, people living in rural areas transitioning to new work and ways of working are already at a disadvantage with lower education attainment, more people with vocational education and lower paid or are under employed. Regional communities need sustainable 21st century infrastructure to accommodate the changes now and in the future. This includes high quality education system that covers early education and child care though to older workforce adult learners transitioning from one industry to another. Currently the education systems in rural Australia lacks the ability to accommodate this essential requirement.

4. The rural health context

Before providing a response to the Inquiry’s Terms of Reference this section will provide background information to provide the context for the Alliance’s responses outlined in this submission.

The Alliance takes a broad and holistic view of health that is based on the understanding that health is a result of genetics, lifestyle, and access to health care, but the largest influence on health comes from the conditions in which people live work and play. These conditions are shaped by structural and material determinants that have a direct impact on social status across the lifespan. These structural and material determinants include macroeconomic, social (labour market and employment, housing and land), or public (education and health) policies.

Health can also be understood from a range of scales and levels from the individual, community, population, global and now planetary levels; and each level is interconnected and impacted by social, cultural, political and ecological environments. This submission is therefore written with this interpretation of health and wellbeing in mind.

The World Health Organization’s Commission on Determinants of health in 2008 stated that, ‘The development of a society, rich or poor, can be judged by the quality of its population’s health, how fairly health is distributed across the social spectrum, and the degree of protection provided from disadvantage as a result of ill-health’.

Rural communities face many health and wellbeing challenges and from a population perspective the statistics reinforce that health and its risk factors are not fairly distributed across the Australian population. For example, when observing the social and health status of people and the environments in which they live in rural Australia, statistics show that inequalities exist for a large number of indicators, such as higher numbers of people with chronic conditions, risk factors, injuries, suicide, and deaths that can be prevented by accessing appropriate health care when they need it, and lower education attainment employment (particularly for young people) and incomes, compared to people living in major cities.

In addition, people outside of major cities are more likely to be impacted by ecological determinants of health, such as the impact of natural disasters from fires, floods and storms; drought; biodiversity loss; water quality and quantity; food insecurity; ocean acidification, and climate change. Rural communities are also being effected by megatrends such as changes in demography, energy transitions, changes in industries such as manufacturing and agriculture, urbanisation, land use and technology.

It is the Alliance’s view that every person living in Australia should have the capability to live healthy and dignified lives, regardless of where they live. As a result, the majority of the Alliance’s work is

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focused on addressing inequities in health and social outcomes that rural people experience in Australia compared to their city counterparts.

The Alliance’s overarching vision is for rural communities to be healthy and sustainable. One of the most pressing issues is climate change and how this will have and is already having an impact on health and wellbeing of rural people. The World Health Organization declared climate change to be the biggest challenge to health in the 21\textsuperscript{st} century that will threaten the essential ingredients of good health for example, clean air, safe drinking water, nutritious food supply, and safe shelter, and that climate change has the potential to undermine decades of progress in global health.

In terms of the Select Committees’ Inquiry, the Alliance notes that the Terms of Reference refer to future jobs in areas that can be categorised as work in the green economy. To mitigate and adapt to our changing climate requires a rapid shift to a decarbonised world. One of the mechanisms to achieve this is through the green economy and green jobs. The green economy and green jobs have four mutually dependent goals: increasing economic growth, reducing unemployment, increasing social inclusion and equity and reducing greenhouse gas emissions\textsuperscript{18}. These goals also directly align with the Alliance’s vision and strategic directions and also align with strategies to mitigate and adapt to climate change impacts.

5. National Rural Health Alliance response to the Terms of Reference

5.1 Terms of reference

With regards to the Select Committee’s Terms of reference for the Inquiry the Alliance has chosen to comment on the following:

a. new industries and employment opportunities that can be created in the regions;

b. the number of existing jobs in regional areas in clean energy technology and ecological services and their future significance;

c. measures to guide the transition into new industries and employment, including:

   i. community infrastructure to attract investment and job creation;

   ii. the need for a public authority to manage the transition;

   iii. meaningful community consultation to guide the transition; and

   iv. the role of vocational education providers, including TAFE, in enabling reskilling and retraining.

5.2 new industries and employment opportunities that can be created in the regions

As discussed previously, health and social assistance jobs are the fastest growing sector. Also as previously highlighted one of the biggest challenges for health in the 21\textsuperscript{st} century is climate change and rural communities will be at higher risk of suffering its impacts.

The health care industry in Australia is estimated to contribute 7\% of Australia’s total carbon footprint, with hospitals and pharmaceuticals the major contributors. These findings indicate that there is an urgent need to introduce carbon-efficient procedures, including greater public health measures, to lower the impact of health-care services on the environment\textsuperscript{19}.


This creates opportunities to create green jobs in the health and social assistance sector to facilitate the transition to a low carbon sector. These types of roles can be used to create a circular economy i.e. reduce waste generation, improve resource recovery; increase the use of recycled material in products; manage material flows to benefit human health, the environment and the economy; improve information to support innovation, guide investment and enable informed decisions.20

The Global Green and Healthy hospitals (GGHH) is an international network of hospitals, health care facilities, health systems, and health organisations that are dedicated to reducing their environmental footprint and promoting public and environmental health. The GGHH provides a framework, education package and guidelines to assist hospital to go ‘green’. The GGHH program has 10 Goals for organisations to achieve. These are:

1. **Leadership**: Prioritize environmental health  
2. **Chemicals**: Substitute harmful chemicals with safer alternatives  
3. **Waste**: Reduce, treat and safely dispose of healthcare waste  
4. **Energy**: Implement energy efficiency and clean, renewable energy generation  
5. **Water**: Reduce hospital water consumption and supply potable water  
6. **Transportation**: Improve transportation strategies for patients and staff  
7. **Food**: Purchase and serve sustainably grown, healthy food  
8. **Pharmaceuticals**: Safely manage and dispose of pharmaceuticals  
9. **Buildings**: Support green and healthy hospital design and construction  
10. **Purchasing**: Buy safer and more sustainable products and materials21

As of August 2019, there are 67 Global Green and Healthy Hospitals members in the Pacific region, representing well over 1,000 hospitals and health services.22 There are a number of large health organisations in Australia that have taken on the GGHH Climate challenge. Examples in Australia include Western Health and The Alfred, in Victoria.

Both health services have been implementing their sustainability plans for over 5 years. Western Health’s work is guided by an Environmental Management Roadmap 2015–2020. Over this time frame they have made significant changes to their operations, reduced costs and reduced greenhouse gas emissions. The Alfred also similar results and strategies. For more details on Western Heath’s implementation of their environmental management road map and its associate programs see the latest report here:


There are a number of new roles and services that have been created to enable these health services to implements environmentally sustainable practices. These include Sustainability officers / program managers/ green champions as well as people to manage / create new green procurement supply chains. There are also a number of jobs that can be created in sustainable buildings to meet National Australian Built Environment Rating System (NABERS) requirements. These services include auditing the health organisation to determine which areas of the system and building need to be updated to meet sustainability standards, retrofitting buildings; and ensuring buildings are developed using Ecological Sustainable Design principles. This includes making improvements to

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2 e27–35,  
20 NSW Government- NSW Circular Economy Policy Statement - Too Good To Waste October 2018,  
21 Global Green and Healthy Hospitals https://www.greenhospitals.net/sustainability-goals/  
indoor air quality, waste management, fleet and transport systems, energy use, biodiversity, land use and water\textsuperscript{23}.

5.3 The number of existing jobs in regional areas in clean energy technology and ecological services and their future significance

Clean energy

Clean energy incorporates energy provided from solar, wind, hydro and bioenergy sources. The Clean Energy Council estimate that in 2018 there were approximately 13,233 people employed in clean energy projects, how many this equates to at the regional level was not reported\textsuperscript{24}.

The Clean Energy Council reports that there has been a 100\% increase in investment in large-scale energy projects in 2018; 14.5 GW of new energy generation under construction or financially committed at the end of 2018\textsuperscript{25}.

Given the urgent need to move to a low carbon economy, there is a huge potential for creating more jobs in clean energy and energy efficiency. Energy efficiency and energy management is already a major employer in Australia with an estimated 236,000 workers. This means that more people are employed in roles that involve energy efficiency and energy management than any other part of the energy sector, including coal mining and electricity networks\textsuperscript{26}. Furthermore it is estimated that an extra 120,411 job years of work or 120,411 full-time jobs for one year if all of those upgrades are completed within 12 months could be created in energy efficient projects to upgrade existing systems as highlighted in the Table below.

There is potential for creating additional clean energy jobs in solar, wind, hydro and bioenergy sources in regional areas.

Table 1. Potential employment from energy efficiency upgrades

<table>
<thead>
<tr>
<th>Type of project</th>
<th>Number of jobs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Replace electric storage water heater with heat pump</td>
<td>8,056</td>
</tr>
<tr>
<td>Replace LPG water heater with heat pump</td>
<td>1,291</td>
</tr>
<tr>
<td>Install or top up insulation</td>
<td>4,339</td>
</tr>
<tr>
<td>Draught sealing</td>
<td>1,388</td>
</tr>
<tr>
<td>Install single efficient heat-pump heater/cooler in households dependent on electric resistive and/or gas non-ducted heaters</td>
<td>4,827</td>
</tr>
<tr>
<td>Replace ducted gas heating with several efficient heat pump heater/cooler</td>
<td>12,146</td>
</tr>
<tr>
<td>Replace LV halogen downlights with LEDs</td>
<td>2,265</td>
</tr>
<tr>
<td>Commercial building efficiency upgrades</td>
<td>47,545</td>
</tr>
<tr>
<td>Mining sector efficiency upgrades</td>
<td>7,627</td>
</tr>
<tr>
<td>Manufacturing efficiency upgrades</td>
<td>29,283</td>
</tr>
<tr>
<td>Water &amp; Waste Services efficiency upgrades</td>
<td>621</td>
</tr>
<tr>
<td>Transport sector efficiency upgrades</td>
<td>1,023</td>
</tr>
<tr>
<td>TOTAL</td>
<td>120,411</td>
</tr>
</tbody>
</table>


Ecological services

Ecological services is a broad term that essentially refers to employment in jobs that are focused on managing and conserving ecosystems (that include agroecosystems, forest ecosystems, grassland ecosystems and aquatic ecosystems).

The planetary level system changes that are impacting the world are being experienced at regional level in Australia. These planetary changes include ozone layer depletion, ocean acidification, reduced water quality, food insecurity, land use changes, climate change and increased greenhouse gas emissions, plastic pollution, soil degradation and biodiversity loss\(^{27}\) \(^{28}\).

With planetary boundaries (Figure 1) being exceeded or being pushed to their limit, ecological services are now more important than ever. There is enormous potential in increasing funding for ecological projects to mitigate and adapt to the threats to life as we know it on earth.

The number of people working in environmental services has been directly affected by changes in government policy. However, it is estimated that jobs in ecological service will increase to approximately 27,000 jobs by 2023 (Figure 2). This is still not enough.

Figure 1 Planetary Boundaries - J. Lokrantz/Azote based on Steffen et al. 2015

Additional resources are urgently required to create work in Natural Resource Management, land stewardship, community engagement and business management support, supporting volunteers in

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ecological and conservation projects, water management, restorative agriculture focusing on replenishing soils, addressing biodiversity loss, pest control, and biosecurity. The demand is there. In terms of offering green jobs in Australia Victoria is ranking first and the most sought employees are environmental officers.

Caring for Country is an example of a federally funded program that enabled many projects to be established. This kind of project needs to be reignited and enhanced. Expansion of Indigenous Protected Areas programs and Working on Country Ranger program are also essential. Particularly as these programs are having a profound impact on social, economic, cultural and environmental outcomes; providing meaningful employment on country and deliver large scale conservation outcomes that benefit the Australian community.

An evaluation of Indigenous Protected Areas (IPAs) programs across regional and remote Australia demonstrated the social and cultural co-benefits of Indigenous land management initiatives specifically demonstrating impacts to community members and workers through an increased reconnection with their traditional country.

There is an urgent need to increase the number of farmers and primary producers that are using regenerative farming practices. These practices include projects to increase biodiversity, maintain groundcover, incorporate farming systems into existing natural systems, increase organic matter in soil.

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soils, and monitor the regeneration of the landscape. Regenerative farming is having similar wellbeing results to those reported by Indigenous workers working on country. For example increased sense of self efficacy, improved relationships, feeling good and a sense of pride and enjoyment from the landscape, and financial stability.  

5.4 Measures to guide the transition into new industries and employment

Transitioning to the green economy (which includes the knowledge and digital economy) requires investment in infrastructure particularly education and health care. We know that the presence of health care services and schools greatly increases the number of people who choose to live in a rural town. We also have seen the impact on a population size when a doctor leaves town or a school loses another teacher. For a successful transition, the fundamental building blocks of a well-resourced and quality health and education system must be in place to provide opportunities for lifelong learning and affordable and accessible health care when people need it.

By the first year of school, children living in regional and remote areas are more likely to be considered developmentally vulnerable than children in major cities children living in regional and remote areas are more likely to be enrolled in a preschool program and a dedicated preschool rather than a long day care centre. This research undertaken by the NSW Department of Education also showed that children who participate in quality preschool programs are more likely to arrive at school equipped with the social, cognitive and emotional skills they need to engage in learning. To equip children with skills and development requires access to affordable and high quality early childhood education. It also requires systems to be in place to identify and treat children who are developmentally delayed early.

The Alliance notes that the scope of the Inquiry is looking at future jobs that are relevant for the next 5 and at a push 10 years. However, with predictions about work in the future particularly for beyond this timeframe is that the major drivers of change will be around technology, e.g. artificial intelligence, big data and robots. But, there is no clear understanding as to what jobs will be lost and what changes will made due to automation in the future.

However, there is agreement that people will be working with machines (rather than competing with them) and this will require having digital technology know-how and education in science, technology, engineering and maths (STEM) and concepts to integrate with the arts (STEAM) will be essential.

An examination of the rural/urban education divide showed that compared to the cities, rural students are less likely to complete year 12, have higher rates of absenteeism and school attendance, be more likely to come from a lower socioeconomic background and have parents who are also less educated and less likely to be employed in professional occupations, such as doctors, lawyers and bankers. The differences are evident from year 3.

Other factors include the size of the school as well as its location. A small school has smaller classes that might give more student: teacher time but small schools have fewer resources, are less able to employ specialist staff or offer specialist subjects or programs, and provide fewer opportunities for

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35 Lamb, Glover & Walstab 2014 Educational Disadvantage and Regional and Rural Schools https://research.acer.edu.au/cgi/viewcontent.cgi?article=1228&context=research_conference
professional development. Figure 3 shows the proportion of students meeting educational milestones by location.

![Figure 3](source)

Source: Educational opportunity in Australia 2015, CIRES for the Mitchell Institute

For effective transition for young people into the workforce there must be a significant increase in funding and support for small rural schools. This theme is continued in the next section.

5.5 Community infrastructure to attract investment and job creation

In terms of meeting future job supply and demand in regional areas in the health and social assistance sectors there needs to be quality education and career pathways in place as well as investment in sustainable infrastructure, particularly investment in education systems, health care and digital technology to enable this to happen.

The proposed regional migration policy provides a policy window to provide increased infrastructure funding to regional areas to design and implement sustainable urban designs that will accommodate an increase in population, provide employment, that are environmentally sustainable and communities where people want to live and become part of the community.

One of the major challenges facing the health and social care systems is the geographical maldistribution of the workforce. In Australia this is reflected by the over-supply of GPs and other health professions in some urban areas, and shortages in rural, regional and remote areas.

The Commonwealth Government instituted many programs to encourage students and early career health professionals to consider rural and remote practice from the early 1990s. The majority of

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these programs targeted the medical workforce, although some programs have sought to address disparities for nurses and the allied health workforce.

There is evidence that students who come from rural backgrounds and/or those who spend (well supported) time training in a rural setting will be more likely to pursue a rural career upon qualification\textsuperscript{37}. The University Departments of Rural Health (UDRH) and Rural Clinical Schools (RCS) have made a big difference to enabling students of rural origin to access tertiary education but also in providing access for city students to study in a rural setting. Evidence from Canada shows how rural medical schools can make a significant economic contribution\textsuperscript{38}.

Some of the benefits and strengths of the UDRH Network programs are reported to be\textsuperscript{39}:

- establishment of a strong and productive academic presence across rural and remote Australia
- offers clinical training opportunities for medical, nursing and allied health students
- greater engagement with health services and communities across 40% of rural Australia
- increased rural clinical placements for some professions (allied health)
- exposure of students to ‘remote’ UDRH regions giving them a good perspective of health challenges facing rural communities
- introduction of new infrastructure in small towns through teaching facilities, information technology, video-conferencing and student accommodation
- establishment of a strong research partnerships with health services, rural workforce agencies and other research centres
- creation of a rural health evidence base through research plus strong research
- increase in the number of students accessing RCS and UDRH programs

A benefit of both the RCTS program and the UDRH program is the infrastructure support they provide to rural centres and their ability to reduce the professional isolation of local practitioners.

Anecdotally, other benefits of the UDRH program are improved access to services, more training support for health professionals, and building capacity in rural and remote organisations and communities to effectively respond to the health challenges in their context. These strong local partnerships help to ensure that health services are better able to respond in the delivery of appropriate health care that meets community needs and minimises the need to travel long distances.

Accessing higher education can be a challenge for rural students. Enabling rural students to access scholarships to support them to participate in higher education in VET or University is a critical factor.

Our members working in the education sector tell us that rural and in particular rural Indigenous students will only consider an allied health undergraduate degree if there is viable employment for them in rural areas. In addition the current rural scholarships/subsidies are not sufficient to cover costs of studying “off country.” Children from low socio economic families cannot afford to go away to university. A scholarship of $18,000 over 4 years is not enough and does not cover living costs for

\textsuperscript{39} Commonwealth of Australia. URBIS 2008. Evaluation of the University Departments of Rural Health Program and the Rural Clinical Schools Program: final report. Canberra, ACT: 2008.}
1 year. Many students of rural origin and Indigenous students do not attain the ATAR needed to enroll in a health degree the Alliance would like to see more bridging pathways put in place to support the transition from school to university.

Whilst there is support for ‘rural origin’ students, this strategy alone will not provide the workforce needed. So support for “rural origin” students must sit alongside strategies to expose students of metropolitan origin to rural practice, as per the UDRH programs.

In addition to considering financial assistance to schools and families in need given that there are a large number of socially advantaged families in regional areas, policies and programs that also assist low-income parents in providing appropriate psychological and educational support for their children also need to be in place.\(^{40}\)

In summary, the Alliances would like to see more investment in education and particularly in UDRH and RCS models that are supported by a greater number of and increased dollar value of scholarships.

### 5.6 The need for a public authority to manage the transition

The Alliance agrees that there should be some kind of overarching body that oversees the implementation of the jobs for the future particularly if framed around green economy.

One suggestion is to create a Sustainable Development Unit similar to that implemented in the UK. For more details see their website [https://www.sduhealth.org.uk/](https://www.sduhealth.org.uk/).

The SDU provides a governance structure for a range of issues focusing on sustainability. Dimensions of clean energy, ecological services and other low carbon industry transitions could easily be incorporated into the structure.

### 5.7 Meaningful community consultation to guide the transition

To assist regional communities to transition from one industry or type of work to another requires local leadership, governance, shared values and a deep understanding of community needs.

The Transition Town model is an example of how transitions can be achieved at the community level using this approach. The movement that has been growing since 2005. And focuses on how communities can work together to address the big challenges they face by starting local. For more information and examples of Australian regional towns using this approach see their website here: [https://transitionnetwork.org/about-the-movement/what-is-transition/](https://transitionnetwork.org/about-the-movement/what-is-transition/)

Other examples of regional places that are working together to transition following the demise of a local industry is the Latrobe Valley. An example of a community working together to make a ‘just transition’ following the closure of a coal mine in the Latrobe Valley in rural Victoria shows how important it is to manage the transition working in partnership with the community. The transition ensure that the community are partners in managing the shift towards such new economies in their area, with a focus on inclusive participation for those affected and a fair distribution of the costs and benefits of change.\(^{41}\)

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5.8 The role of vocational education providers, including TAFE, in enabling reskilling and retraining

The VET sector provides a critical education and employment pathway for people in regional Australia. Around 54% of people in major cities have a Certificate IV qualification or above, compared to 33% in regional areas and 26% in remote areas. In major cities, around 40% of people have a bachelor’s degree or higher, compared to 20% in regional areas.

In 2017, 22% of 15 to 64 year olds living in cities were enrolled in VET, growing to 30% in inner regional areas, 31% in outer regional areas and 36% in remote areas. Almost one third of remote and outer regional students undertake an apprenticeship or traineeship. In 2017, 22% of 15 to 64 year olds living in cities were enrolled in VET, growing to 30% in inner regional areas, 31% in outer regional areas and 36% in remote areas.

VET in Schools refers to Vocational Education and Training (VET) courses undertaken as part of school studies. Some VET in Schools students are also Australian School-based Apprentices. Rural school VET students are less likely to continue with post school education and training in general, but more likely to go onto further vocational education and training than school non-VET students this reinforces the importance of VET education and training rural areas.

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44 Johns, Kilpatrick & Loechel Pathways from rural schools: Does school VET1 make a difference? AVETRA Conference 2003
### 6. Appendices

Appendix 1: List of Member Body Organisations

<table>
<thead>
<tr>
<th>National Rural Health Alliance 2019</th>
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</thead>
<tbody>
<tr>
<td>41 organisations with an interest in rural and remote health and representing service providers and consumers:</td>
</tr>
<tr>
<td>Allied Health Professions Australia Rural and Remote</td>
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<tr>
<td>Australasian College for Emergency Medicine (Rural, Regional and Remote Committee)</td>
</tr>
<tr>
<td>Australasian College of Health Service Management (rural members)</td>
</tr>
<tr>
<td>Australian College of Midwives (Rural and Remote Advisory Committee)</td>
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<tr>
<td>Australian College of Nursing - Rural Nursing and Midwifery Community of Interest</td>
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<tr>
<td>Australian Chiropractors Association Aboriginal and Torres Strait Islander Rural Remote Practitioner Network.</td>
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<tr>
<td>Australian College of Rural and Remote Medicine</td>
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<tr>
<td>Australian Healthcare and Hospitals Association</td>
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<tr>
<td>Australian Indigenous Doctors’ Association</td>
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<tr>
<td>Australian Nursing and Midwifery Federation (rural nursing and midwifery members)</td>
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<td>Australian Physiotherapy Association (Rural Members Network)</td>
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<td>Australian Paediatric Society</td>
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<tr>
<td>Australian Psychological Society (Rural and Remote Psychology Interest Group)</td>
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<td>Australian Rural Health Education Network</td>
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<td>Australian and New Zealand College of Anaesthetists</td>
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<tr>
<td>Congress of Aboriginal and Torres Strait Islander Nurses and Midwives</td>
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<td>Council of Ambulance Authorities (Rural and Remote Group)</td>
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<td>CRANAplus</td>
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<td>Country Women’s Association of Australia</td>
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<tr>
<td>Exercise and Sports Science Australia (Rural and Remote Interest Group)</td>
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<tr>
<td>Federation of Rural Australian Medical Educators</td>
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<td>Isolated Children's Parents’ Association</td>
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<td>National Aboriginal Community Controlled Health Organisation</td>
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<tr>
<td>National Aboriginal and Torres Strait Islander Health Worker Association</td>
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<td>National Rural Health Student Network</td>
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<td>Paramedics Australasia (Rural and Remote Special Interest Group)</td>
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<td>Pharmaceutical Society of Australia Rural Special Interest Group</td>
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<td>RACGP Rural: The Royal Australian College of General Practitioners</td>
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<td>Royal Australian and New Zealand College of Psychiatrists</td>
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<td>Royal Australasian College of Medical Administrators</td>
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<tr>
<td>Royal Australasian College of Surgeons Rural Surgery Section</td>
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<td>Royal Far West</td>
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<td>Rural Pharmacists Australia</td>
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<td>Services for Australian Rural and Remote Allied Health</td>
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<td>Society of Hospital Pharmacists</td>
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<tr>
<td>Speech Pathology Australia (Rural and Remote Member Community)</td>
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