

AUSTRALIAN GOVERNMENT RESPONSE TO NATIONAL RURAL HEALTH COMMISSIONER'S REPORT ON IMPROVING THE ACCESS, QUALITY AND DISTRIBUTION OF ALLIED HEALTH SERVICES IN RURAL AND REMOTE AUSTRALIA.

In December 2018, the former Minister responsible for Rural Health, Senator the Hon Bridget McKenzie, requested the then National Rural Health Commissioner (the Commissioner), Emeritus Professor Paul Worley, develop advice to Government on improving the access, distribution and quality of rural and remote allied health services across Australia. The final report was submitted to Government in June 2020.

The report highlights there is both an undersupply and a maldistribution of allied health services in rural and remote Australia, resulting in a lack of access to allied health services in these areas. It indicates this can be addressed by:

- integrating regional, rural and remote 'own grown' health training systems with health service systems that are linked to more and better structured jobs;
- encouraging greater participation of Indigenous Australians in the allied health workforce;
- improving access to, and quality of, workforce data; and
- establishing national allied health leadership.

The Australian Government is committed to working with the sector and stakeholders in moving these reforms forward and improving the allied health system for all Australians. This is the Government response to the former Commissioner's report, and outlines the work that is, or will be, undertaken to improve the capacity, quality, and distribution of allied health services to meet the needs of families and communities.

Work will progress on the four key action areas identified in the former Commissioner's report as outlined below.

Recommendation 1 – Improve Access

Progressively establish Service and Learning Consortia across rural and remote Australia

The Australian Government **notes** this recommendation and is committed to improving access to allied health services in rural and remote Australia.

The Government notes the report's findings that current funding models can be a barrier to allied health professionals practicing in rural areas, and may exacerbate the ongoing challenges in attracting, retaining and supporting an allied health workforce. This results in the allied health workforce remaining largely concentrated in and around metropolitan and regional cities, while rural and remote populations have insufficient access to allied health care. The Commissioner concluded that integrated and networked models of care could deliver positive outcomes for primary care in regional, rural and remote Australia in ways that have not been seen before.

The Service and Learning Consortia model that has been recommended by the Commissioner consists of local private, public and not for profit service providers, training providers, and community representatives collaborating across multi-town and multi-sector networks, to create sustainable allied health positions. The idea of integrated models of care aligns with other proposals received by the Government and there is sector support for investigating these different models further.

The Commonwealth Chief Allied Health Officer (CAHO) is working with the current Commissioner, Adjunct Professor Ruth Stewart, to explore this recommendation further. On 1 June 2021 they convened a workshop in Queenstown, Tasmania to identify barriers to innovative funding approaches, and potential solutions that increase the provision of allied health services in rural and remote communities. To support this, the workshop showcased exemplar health service and learning networks from around Australia that have implemented similar initiatives.

The Government supports integrated models of care and is open to piloting different local level models of primary care to meet the unique needs of rural and remote communities. This recognises the limitations of a one size fits all approach, and instead aims to provide individual communities with the tools to integrate their health services and tailor solutions.

The 2020-21 Budget included \$3.3 million to test a series of new models in five Western and Southern NSW locations. The models were co-designed by the communities to address local challenges, and will integrate existing resources to deliver services in a more effective and sustainable way within a sub-region. The models deliberately encourage multidisciplinary, team-based care.

The 2021-22 Budget has further extended this work, with an additional \$2.2 million over five years to develop similar collaborative models in rural communities outside NSW. This will complement work by the Office of the Commissioner, who is working with regions across Australia, to support the development of plans for 'trial ready' localised innovative models of care across connected communities. The Commissioner's approach includes a focus on developing models that specifically include vertically integrated service based learning, in-line with the principles in the report.

The Government also supports multidisciplinary team-based care through the Workforce Incentive Program (WIP), which aims to improve access to quality medical, allied health and nursing services in regional, rural and remote areas. The WIP – Practice Stream provides financial incentives of more than \$400 million per year to encourage general practices across Australia to engage allied health professionals, nurses and Aboriginal and Torres Strait Islander Health Workers/Health Practitioners as part of a multidisciplinary team. Eligible practices also benefit from a rural loading, in recognition of the difficulties rural and regional areas face attracting and retaining health professionals.

This recommendation additionally advocates for a structured, cohesive and nationally consistent education and training pathway for rural and remote allied health students to address the challenges and barriers they face. It proposes the Allied Health Rural Generalist (AHRG) Pathway as one way to address these.

The Government has also announced further funding to expand the Allied Health Rural Generalist Pathway. The 2021-22 Budget provided \$9.6 million in funding to support the increase of Allied Health professionals in rural and remote Australia through an additional 90 workplace training packages, including up to 30 packages for Aboriginal Community Controlled Health Organisations. This will also include incentives for practices to employ and train up to 30 rural allied health assistant trainees. These funds will expand on the Allied Health Rural Generalist Workforce Education Scheme administered by Service for Australian Rural and Remote Allied Health (SARRAH) and will increase the presence and capacity of Allied Health practices in parts of the community experiencing health workforce shortages.

This funding will also introduce the Allied Health Assistant (AHA) package which aims to provide a tailored package of practice and workforce support to help allied health practitioners to establish and/or maintain viable practices in under serviced communities. The AHA package will improve community access to allied health services while developing the operational capability of Allied Health professionals to deliver services.

Another way the Government supports the provision of high quality rural-based training for allied health professionals in a service learning model is through the Rural Health Multidisciplinary Training (RHMT) Program. The RHMT program supports rural exposure for health students during their clinical training, in order to encourage their retention in rural and remote locations after graduation. The program funds a network of Rural Clinical Schools, University Departments of Rural Health, dental faculties offering extended rural placements, and the Northern Territory Medical Program (Flinders University). There are 21 universities involved in the program and it also supports 26 regional training hubs established to assist in better coordinating the medical training pipeline in regional areas.

In 2019, the Department of Health commissioned KBC Australia to evaluate the RHMT program. The evaluation was finalised in May 2020 and the final report made public in August 2020. A broad range of stakeholders were invited to provide feedback on the report recommendations. The evaluation found that the RHMT program is an important

component in addressing rural health workforce shortages, providing immediate benefits to local health service delivery, while also contributing to the social and economic strength of rural communities. The evaluators noted the ongoing work of the Commissioner and how this aligns with the intent of the RHMT program. This is reflected in their recommendations.

The Government has agreed to a staged implementation of the evaluation's recommendations. This approach has been informed by funding implications and takes into account a number of key reforms underway including: the National Medical Workforce Strategy; the Primary Health Care 10-Year Plan; the refreshed National Aboriginal and Torres Strait Islander Health Plan; the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031; the Commonwealth Implementation Plan for the National Agreement on Closing the Gap; and Transition into College-Led General Practice training.

The Government funds the remote health peak body, CRANaplus to provide additional support to nurses and allied health professionals working in remote areas, or in other circumstances of professional isolation, providing them with education, mental health and wellbeing support, and professional services relevant to their professional practice. This includes the development, implementation and management of services that actively promote the recruitment and retention of the remote health workforce, such as the provision of remote clinical scholarships and a targeted employment advertising service for the remote health industry.

Recommendation 2 – Enhance Quality

Invest in strategies to increase the participation of Aboriginal and Torres Strait Islander people in the allied health workforce

The Australian Government **supports** this recommendation in principle and is committed to increasing pathways for Aboriginal and Torres Strait Islander people to enter the allied health workforce.

This recommendation supports the expansion of the National Aboriginal and Torres Strait Islander Health Academy model (the Health Academy) to all jurisdictions. The Health Academy model is an innovative education and training program that supports opportunities for Aboriginal and Torres Strait Islander high school students to consider, explore and pursue careers in health.

The Government currently funds Indigenous Allied Health Australia (IAHA) to run the Health Academy in the Northern Territory, Queensland and New South Wales. Funding for a national roll out of the model will be considered once the model has had time to mature and the current expansion of the program in Queensland and New South Wales demonstrates a positive outcome.

The recommendation also calls for the establishment of a Leaders in Indigenous Allied Health Education Network (LIAHEN), and suggests this could be through a collaboration between IAHA, Australian Rural Health Education Network and the Australian Council of Deans of Health Sciences. Developing a LIAHEN would improve the quality and effectiveness of teaching and learning about Aboriginal and Torres Strait Islander health in allied health education. The LIAHEN network could be funded and administered by one organisation, or as a consortia, but may not necessarily include all of the organisations that have been suggested in the Commissioner's report as this will be dependent on the outcome of an open and competitive grants process.

A National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031 (National Workforce Plan), is currently under development, and is due for completion in the second half of 2021. The National Workforce Plan highlights that strengthening the role and recognition of Aboriginal and Torres Strait Islander people and professions within health care models improves cultural safety within the health workforce and leads to better health outcomes for Aboriginal and Torres Strait Islander people and communities.

As part of the development of the National Workforce Plan, the expansion of existing school-based traineeship programs to focus on Aboriginal and Torres Strait Islander designed and led initiatives and the creation and funding for a LIAHEN is being considered. Consistent with the Government's commitments under the National Agreement on Closing the Gap, the roll-out of any of these programs will be done in consultation and genuine partnership with

Aboriginal and Torres Strait Islander stakeholders, including from the Aboriginal Community Controlled Health Sector.

In addition to improving the training pathways, an important element in increasing the participation for Aboriginal and Torres Strait Islander people in the allied health workforce is having culturally safe workplaces. The Government is funding efforts to improve the cultural competency of mainstream health services through the Indigenous Australians' Health Programme.

Recommendation 3 – Expand Distribution

Develop a National Allied Health Data Strategy and Allied Health Minimum Dataset

The Australian Government **supports** this recommendation in principle and is committed to improving the distribution of current and future allied health workforce.

The lack of comprehensive data in relation to the allied health workforce is acknowledged. Whilst the Commonwealth holds demographic and employment information for some allied health professionals under the National Health Workforce Dataset, this is limited to allied health professions that are registered with the Australian Health Practitioner Regulation Agency (Ahpra).

The Government provides funding for the Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) tool. The HeaDS UPP tool uses geographic catchments to reflect where people live and access health services, as well as the location of health practitioners and services. Allied health data relating to primary and community care is currently available in HeaDS UPP, however it is also limited to data from National Health Workforce Dataset.

There is merit in developing a National Allied Health Data Strategy and Allied Health Minimum Data Set to assist with workforce planning and allow assessment of the effectiveness of allied health programs. This recommendation will be considered by the CAHO, initially by conducting a preliminary analysis on existing datasets, the requirements for a reliable, comprehensive and current allied health data set, as well as complementary pieces of work underway across Government. As a first step the Government will invest \$0.67 million in 2021–22 to study allied health data primarily in relation to the aged care workforce, and future investments will consider the outcomes of this.

This work by the CAHO will take into consideration the need for an allied health data strategy to address the current data being incomplete, not robust and not suitable for developing workforce and service delivery strategies. As most allied health professionals are employed privately or by state and territory governments, a national data strategy would require the support and assistance of the sector and jurisdictions in its development and implementation.

Recommendation 4 – National Leadership

Appoint a full-time CAHO to work across sectors and departments including health, mental health, disability, aged care, early childhood, education, training, justice, and social services

The Australian Government **supports** this recommendation and has already strengthened the Commonwealth CAHO role in recognition that Australia's allied health professionals represent more than a quarter of the health workforce.

Dr Anne-marie Boxall commenced as the Commonwealth CAHO on 1 July 2020. Prior to this, the then Deputy Secretary of the Department of Health, Ms Caroline Edwards, performed the CAHO role as part of her overall duties. Since her appointment, Dr Boxall has established and led the Allied Health and Service Integration Branch.

The objectives of the CAHO are to:

1. Raise awareness of the role and value of allied health care in Australia
2. Build and strengthen engagement with the allied health sector
3. Promote inclusion of allied health in relevant policies, programs and reforms.

The CAHO is supporting long term health planning and policy development, including the Government's Primary Health Care 10-Year Plan, health workforce reforms and the Stronger Rural Health Strategy. Dr Boxall meets regularly with the Deputy National Rural Health Commissioner, Associate Professor Faye McMillan, to collaborate on

improving rural health outcomes and this includes discussion on supporting the implementation of the Commissioner's allied health report.

The CAHO has formed links with other government departments, including the Department of Social Services, to ensure the CAHO objectives are progressed holistically. Dr Boxall has other responsibilities in her branch, including being the interface between health and disability, as it is acknowledged that there are allied health issues in this work.