

19 May 2014

Our ref: 140424-MS NIAMH

Ms Niamh Wade
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Via email: Niamh.Wade@hwa.gov.au

Dear Niamh

Re: Allied Health Professions - Rural and Remote Generalist Project Consultation Paper

Thank you for the opportunity to comment on the HWA Allied Health Professions – Rural and Remote Generalist Project (“the Project”).

Comments on up-skilling allied health professionals

The APA believes that a rural generalist pathway has great potential to improve the quality of physiotherapy services in rural and remote areas of Australia. The APA cautions however that such a project cannot substitute for improvements in physiotherapy workforce levels, or agreed minimum workforce benchmarks, which provide for service quality equity with Australians residing in metropolitan areas. The current health care system in Australia does not effectively address this issue of service equity.

The APA commends Health Workforce Australia (HWA) on its proposal to up-skill allied health professionals (AHPs) to diversify their scope of practice. The example provided in the Consultation Paper of a radiographer having a narrow skill set in sonography is a good example. The APA suggests however that it needs to be made clear that the intention is to ‘up-skill’ the AHP in their respective discipline and not to ‘up-skill’ all AHPs to become a jack-of-all-trades. A compromise between skill set and geography is always difficult but the APA believes that maintenance of appropriate clinical benchmarks protects the public from harm and maintains quality standards in health service delivery.

The APA supports AHPs working within an enhanced scope of practice but it does not support AHPs developing a below average or passably average ability on a large number of clinical skills, as it could threaten the quality of health care delivered to the public.

Comments on equitable workforce allocation

On page 3, the Background section to the project, the APA suggests that a fifth bullet point be added to the existing four bullet points to read:

- Inadequate health workforce to meet the needs of the community.

The APA contends that the main problem is not just recruitment and retention, it is the failure of the Australian health care system to drive equitable allocations of the workforce to rural and remote regions, particularly in view of market failure for physiotherapy services in the bush, for example limited capacity to set up a private practice in the bush. This in turn impacts on recruitment and retention and existing AHPs struggle to deliver effective health services under excessive workloads.

A further comment is made on page 3 that:

“Rural and remote allied health generalist models have emerged as strategies to:

- *Improve access to appropriate and timely allied health care*
- *Address service gaps”*

The APA believes that a reduction in service gaps and improving the timeliness of health care will come about through improvements in the workforce levels of each of the AHPs in rural and remote regions. Instead of having generic ‘rural allied health professional generalists’, the APA proposes that there should be equity in the specific professions represented such as rural physiotherapy generalists, rural occupational therapy generalists, rural psychology generalists and so forth.

On page 4 of the paper, comment is made that:

“A well-structured education and support pathway for AHPs working in generalist roles will enable the best use of allied health workforce skills to meet the needs of the community.”

The APA believes that the project needs to make best use of the skills of each of the AHPs, not just look at the AHPs as one amorphous group requiring a single generalist pathway.

On page 6, two bullet points are made in relation to barriers to implementation of the project:

- *“System level drivers and barriers to the implementation or expansion of allied health rural and remote generalists.*
- *Strategies to implement, embed and promote allied health rural and remote generalist models of care into the service system.”*

The APA would stress that wording is very important here. The APA would prefer to emphasise “rural and remote generalist models of care for the AHPs”, rather than making a reference to AHP rural generalist models.

The APA supports the underlying goal of this project to drive equitable allocations of the workforce to rural and remote regions and improve the Australian health care system. The APA contends however that the project needs to make best use of the skills of each of the AHPs, not just look at the AHPs as one amorphous group requiring a single generalist pathway.

Comments on Domain 1: Health Workforce reform for more effective, efficient and accessible service delivery

On page 9, comment is made about additional training requirements:

“This indicates that one area of investigation is the requirement for additional training to support new graduates or early career practitioners in developing skills to become competent rural and remote allied health practitioners.”

The APA suggests that better wording would be to “become competent rural and remote practitioners within the expanded breadth of practice of their profession.”

Further to this, the paper provides a definition for expanded scope or practice:

“Expanded breadth of practice, or skill sharing, is a form of rural and remote generalism that allows a practitioner to undertake clinical tasks that usually sit outside the scope of training and practice of that profession.”

Expanded breadth of practice is a most controversial area. Though the APA supports expanded breadth of practice, the APA cautions that it should not get in the way of genuine efforts to fund and recruit the appropriate mix of health professionals to rural and regional health teams.

The APA supports that there are a number of skill areas that could be shared across the health professions to provide more effective health services in rural and remote areas, without diluting the quality or standard of health services offered.

Comments on Domain 3: Leadership for the sustainability of the health system

Comment is made in the paper that:

“Recognising and supporting distributed leadership from everyone with the capacity and desire to lead for improvement is particularly important in rural and remote areas where there is often a high turnover among those in designated leadership positions. Ensuring a broad base of leadership capacity will help counter the negative effects of such turnover.”

The APA contends that the high turnover of staff is caused largely by poor workforce levels in rural and remote areas of Australia. Effective long term leadership will struggle to evolve in such a context.

The APA believes that it is necessary firstly to improve service funding and workforce levels in rural and remote areas of Australia and that staff stability and retention of AHPs in leadership positions will improve as a result.

Comment on Domain 5: Health workforce policy, funding and regulation

The following comment is made in the paper on recruitment and retention:

“While reliable data is not available at a national level, there is a well recognised mal-distribution of AHPs in rural and remote areas, in both the public and private sectors. There are longstanding difficulties in recruiting and retaining AHPs in rural and remote areas. There is substantial literature identifying the factors implicated in the difficulties of recruiting and retaining health professionals in Australia. As outlined earlier, these can be thought of in terms of the nature of the work, personal needs, and the context of the work environment.”

The APA acknowledges that there has been a mal-distribution of AHPs in rural and remote areas of Australia. The Australian healthcare system needs to invest in the rural workforce, particularly in view of the market failure for AHP services in the bush.

The APA contends that recruitment and retention of AHPs in rural and remote areas is not the causal problem, it is also the lack of positions available which results in the inadequate workforce, which then leads to recruitment/retention difficulties and dissatisfaction.

Yours faithfully,



Cris Massis
Chief Executive Officer