

Region of Choice



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Supply & Demand factors impact on AH services

- ↑ Ageing population
- ↑ Chronic disease
- ↓ New workers entering workforce
- Changes in professional roles
- ↑ Exiting workforce

Profile of the Wimmera sub-region.

- Drought declared regions
- Geographically isolated from metropolitan areas
- ↓ population growth
- ↑ ageing population
- ↓ income levels
- ↑ disability levels

Themes identified from RoC data collection

- More difficult to recruit to particular allied health disciplines
- Long-term lone position vacancies
- ↑ vacancies for allied health positions in wimmera sub-region
- ↓ allied health sub-regional networks

Bendigo Health Service (BHS) – Rural Health Team

Hub and spoke model

Strengths

- Separate entity from BHS
- Partnerships with local communities
- Benefits of critical mass
- Access to BHS infrastructure & support
- Work as a team

Bendigo Health Services (BHS) – Rural Health Team

Negatives –

- Targets clients according to funding
- Additional relationships requiring managing
- Restricted career pathway
- Specialist / generalist role – positives & negatives

What are the benefits & opportunities for collaboration?

- ↓ P/T and lone positions
- ↑ access & mobility of AH workforce
- ↑ complimentary AH roles
- ↑ use of technology to support AH workforce
- ↓ costs of contracting
- Sustainable AH service provision

Cont.

- Position wimmera for future \uparrow demand on AH services \downarrow supply of workforce.

Where to from here?

ENABLERS & BARRIERS –

- Benefits in critical mass of AH resources
- Broader consultation required
- Development of agreements

Cont.

- May be more suited to particular allied health disciplines
- Resource sharing arrangements
- Generation Y considerations
- Lessons learned from previous collaborations

Discussion