

THE VALUE OF RURAL ALLIED HEALTH POSITION PAPER



The Rural Workforce Agency Victoria (RWAV) recognises the critical value of allied health care and allied health practitioners to rural communities.

RWAV has engaged and supported the allied health sector for many years. The newly developed RWAV Allied Health Strategy seeks to provide a blueprint for increasing RWAV's engagement and support with the allied health industry across rural Victoria. The strategy will be underpinned by RWAV's vision of 'contemporary workforce development strategies that advance rural, regional and Aboriginal and Torres Strait Islander Victorians' access to high-quality health care'.

Context

Allied health practitioners play a vital role in the rural health workforce from diagnosis, early intervention and education, to facilitating ongoing lifestyle change. They also facilitate effective discharge and rehabilitation planning. The range of allied health disciplines provides the capacity to deliver evidence-based interventions to meet the multifaceted healthcare needs of people living in rural communities. Allied health intervention increases patients' ability to self-manage their care. They do this by increasing patients' capacity to live independently in their own homes, long-term behavioural change, and reducing the likelihood of disease complications. These, in turn, reduce reliance on acute care and ongoing strain on the healthcare system.¹

However, there remains enduring barriers to connecting allied health practitioners with the rural communities that could benefit most from their services. Social, professional and infrastructure barriers combine with underrepresentation in decision-making and a historical lack of recognition. This is despite an enthusiastic and dedicated workforce delivering high-value services to communities that want and need them.

While the allied health industry includes over 25 professions, with more than 42,500 practitioners in Victoria, the distribution of allied health practitioners does not favour rural and remote communities. For every 100,000 people in major cities, there are 429 full-time equivalent (FTE) allied health practitioners.² But this figure drops sharply to 270 FTE for outer regional communities, and again to 217 FTE for very remote communities, despite the greater need in these locations.³ Furthermore, allied health practitioners are twice as likely to leave a rural or remote position than their medical and nursing counterparts.⁴

Allied health practitioners support broad geographic catchments and deliver an extensive scope of appropriate services to diverse population groups across the age spectrum. This is often done with limited resources. Allied health practitioners are making a significant difference in rural communities, and are deserving of increased workforce support.

RWAV believes in a future where:

- effective and appropriate rural allied health workforce supports are readily available for rural allied health practitioners.
- opportunities for allied health practitioners to go and remain working in rural communities are increased and supported.
- the visibility and value of rural allied health practitioners are amplified with greater recognition across the sector.

1 Buchan J, & Law D, A review of allied health workforce models and structures. A report to the Victorian Ministerial Advisory Committee for Allied Health, Allied Health Professions Australia, 'Strategic Plan for the Allied Health Sector' 2015

2 Australian Institute of Health and Welfare, Health Workforce, AIHW, 23 July 2020. Available from: <https://www.aihw.gov.au/reports/australias-health/health-workforce>.

3 Australian Institute of Health and Welfare, Health Workforce, AIHW, 23 July 2020. Available from: <https://www.aihw.gov.au/reports/australias-health/health-workforce>.

4 Cosgrave C, Maple M, Hussain R. An explanation of turnover intention among early-career nursing and allied health professionals working in rural and remote Australia – findings from a grounded theory study, Rural Remote Health, 2018.

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RWAV's positions

1. Allied health is a vital component of the healthcare system and every funding and policy leaver should be used to give people living in rural Victoria access to affordable allied health care.
2. Current funding models that traditionally focus on supporting general practitioners and other medical specialties should increasingly expand to offer more support to the allied health workforce. This will contribute towards overcoming systemic challenges facing people living in rural Victoria from accessing care by increasing the holistic management of their health needs.
3. Allied health practitioners should be engaged at all stages of their professional life cycle (exploring career options, during training, as new graduates, as established professionals and as businesses).
4. Sustainable rural positions can be created by leveraging the range of financial, clinical, training and support available to allied health practitioners. These would be supported by innovative workforce models.
5. Positions supported by workforce solutions should be place-based, by engaging local people from different sectors as active participants, and focusing on local needs and local solutions.
6. Multidisciplinary care is best practice and should be fostered. This applies particularly to rural allied health practitioners who are more likely to be employed in integrated primary care teams.

Commitments and current projects

RWAV remains committed to realising the value of rural allied health care in practice, by supporting and fostering the positions discussed in this position Paper.

RWAV is leveraging further opportunities to incorporate allied health into the business' core undertakings through long-term resourcing and coordinated planning. By doing this, RWAV aims to increase collective capacity.

Action under the RWAV strategic plan presents opportunities to promote greater rural allied health workforce participation, as well as support through increased service awareness. RWAV has directly assisted podiatry, physiotherapy, psychology, osteopathy and occupational therapy services to increase their capacity to serve their communities by over 1,100 sessions in less than six months. RWAV's grant offering has supported more than 160 allied health practitioners, in the 2021–22 financial year, to access professional development and better serve their communities.

RWAV's focus lies in creating and supporting a robust infrastructure for the continuation of allied health engagement. This will be achieved through harnessing the collective knowledge of RWAV staff and health practitioners about the allied health industry, boosting the visibility of solutions for allied health practitioners, and growing the evidence base for effective allied health engagement.

To inform RWAV's strategy implementation and decision-making around allied health support, engagement and advocacy, RWAV has implemented the RWAV Allied Health Stakeholder Group. This group will bring the allied health sector together to identify barriers and enablers for addressing allied health workforce needs and other issues. It will also explore solutions and opportunities for advocacy.

RWAV's primary care recruitment team has placed seven allied health practitioners across Victoria in 2022, including speech pathologists, physiotherapists, psychologists and mental health clinicians. Meanwhile, RWAV administered outreach programs have provided over 1,400 visits in the current financial year across podiatry, diabetes education, dietetics, physiotherapy, Aboriginal and Torres Strait Islander health, audiology, exercise physiology, psychology, speech pathology and optometry services.