12 March 2020

Prof Paul Worley
National Rural Health Commissioner
Australian Government Department of Health

Submitted via email: NRHC@health.gov.au

Dear Prof Worley

Re: Interim Report – Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia (March 2020)

Thank you for the opportunity to provide comment on the four key strategic themes that will set the parameters for the recommendations in your final report.

1. ***National Leadership – establishing a National Chief Allied Health Officer***
   AHHA strongly supports the establishment of leadership through a dedicated Chief Allied Health Officer (CAHO). This is a critical role for the Commonwealth in the success of implementing the reform being proposed. The person appointed to the role must be a recognised leader (preferably internationally) in allied health, with a reputation across research and professional practice, respected by external stakeholders and trusted with the ideas and issues brought to the Commonwealth. They must have sufficient authority to lead the cross-jurisdictional and cross-sector (health, education, disability, aged care) activity required, achieving agreement for collective action.
   Our position on the role and priorities for the CAHO were described in our submission to the discussion paper in August 2019.

2. ***Improving access – Sustainable, Connected and Supported Rural Allied Health Services***
   AHHA strongly supports investment in and implementation of integrated allied health services across clusters of smaller rural and remote communities. Strategies need to enable and support activity at the regional level, with governance arrangements established for joint activity between Primary Health Networks (PHN), Local Hospital Networks (LHN; or equivalent), Aboriginal Community Controlled Health Services, workforce agencies, education providers, local providers and others as required – developing regional needs assessments, setting shared priorities and pooling funds for activities required. Activity at the regional level should be supported by the CAHO, supporting development and sharing of the evidence-base and facilitating support for infrastructure and innovation (e.g. telehealth in models of supervision).

3. ***Improving quality – Aboriginal and Torres Strait Islander Allied Health Practitioners and Culturally Safe and Responsive Services***
   AHHA strongly supports investment in specific initiatives to improve Aboriginal and Torres Strait Islander participation in the allied health workforce.

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4. ***Improving distribution – Regional, Rural and Remote Holistic 'Grow Your Own' Health Training System***
   AHHA strongly supports initiatives that shift investment in a larger number of short-term placements to more high value and longer placements, targeted to address the specific needs identified and prioritised at a regional level (through the cross-sector governance arrangements noted under strategic theme 2, above).
   To be effective, it is important that training pathways be supported over a multi-year process, not based on short-term funding cycles.
   The establishment and maturing of career pathways in rural allied health would be supported by a national, independent accreditation system for education programs. The standards, policies and procedures, governance structure and business model for such a system has already been developed by AHHA on behalf of Queensland Health, in partnership with five other Australian states and territories, and with broad consultation and engagement across allied health professional groups, health and consumer peak bodies, education providers, accreditation councils and regulatory groups.

I would be pleased to discuss these views in more detail, if necessary.

Sincerely,

Alison Verhoeven
Chief Executive
Australian Healthcare and Hospitals Association