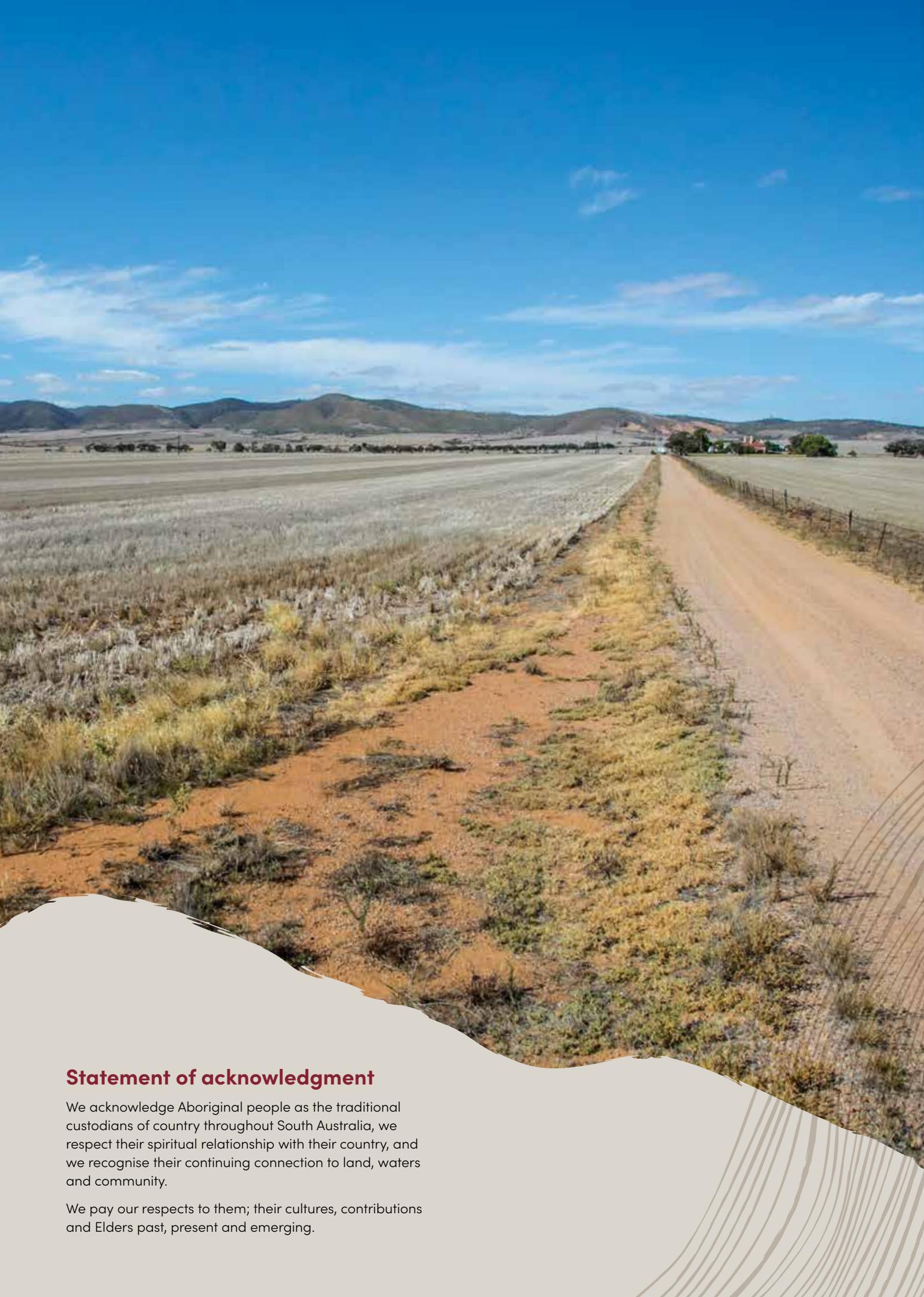




SA Rural Allied and Scientific Health Workforce Plan 2021–26

Part of South Australia's Rural Health Workforce Strategy



Statement of acknowledgment

We acknowledge Aboriginal people as the traditional custodians of country throughout South Australia, we respect their spiritual relationship with their country, and we recognise their continuing connection to land, waters and community.

We pay our respects to them; their cultures, contributions and Elders past, present and emerging.



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Cover photo (L-R): Sarah Toome (Dietitian), Bernard Pienaar (Podiatrist), Abbie Solomon (Speech Pathologist), Tessa Rusden (Occupational Therapist) and Eveline Linker (Social Worker) at Port Lincoln Hospital and Health Service, Eyre and Far North Local Health Network

Opposite: Outside Port Pirie, near Warnertown



Implementation of the Rural Health Workforce Strategy includes the development of workforce plans for all health professions.

Message from the Minister

The Marshall Liberal Government is committed to ensuring country South Australians can access first class healthcare services as close to home as possible, now and into the future. Through our \$20 million, four year Rural Health Workforce Strategy election commitment we have been supporting and investing in our most important asset: our regional and rural clinicians, the people without whom we could not deliver high quality regional and rural health care.

Our election commitment to 'recruit, train and develop health professionals and skilled volunteers needed to deliver services in rural areas' has seen more than \$16 million spent on initiatives to support the doctors, nurses, midwives, paramedics, Aboriginal health workers and allied and scientific health professionals working in rural South Australia. Fundamental to the success of the Rural Health Workforce Strategy has been the development of detailed workforce plans for individual professional groups. This has included the development and release of the SA Rural Medical Workforce Plan 2019–24, Rural SA Ambulance (SAAS) Workforce Plan 2020–25 and the SA Rural Nursing and Midwifery Workforce Plan 2021–26.

Over the past 12 months, the Government has turned its focus to the critical priority area of our regional and rural allied and scientific health workforce. Allied and scientific health professionals provide integral health services that underpin the health and wellbeing of our rural communities. Rural allied and scientific health professionals work across multiple settings, from primary care to acute hospital services, and care for people of all ages. They provide vital diagnostic, preventative and re-enablement services to improve health and wellbeing.

The important work of our rural allied and scientific health workforce has been highlighted by the challenges brought on by events including the recent bushfires and the COVID-19 pandemic. The innovation, resilience and the agility of the allied and scientific health workforce has helped support our rural communities to manage, recover and rebuild from these devastating events by providing access to a range of services such as mental health services, health home monitoring services and COVID-19 testing capabilities in regional areas.

I am delighted to release South Australia's Allied and Scientific Health Workforce Plan 2021–26. The Rural Health Workforce Strategy Steering Committee has led this work, supported by the SA Rural Allied Health Sub-committee. The plan has been developed through engagement and consultation with rural clinicians, regional and metropolitan local health networks, universities, peak bodies and a range of other stakeholders through focus groups, a major workshop, individual stakeholder meetings and consultation sessions. The plan aims to grow and strengthen our regional, rural and remote allied and scientific health workforce and contribute to delivering world-class health care by:

- building a skilled workforce
- developing new and sustainable models for rural health care
- developing a collaborative and coordinated health system.

I thank everyone involved in the development of the plan and look forward to working closely with rural communities and clinicians as we implement this plan to support the future rural allied and scientific health workforce in South Australia.



Hon Stephen Wade MLC
Minister for Health and Wellbeing

Opposite: Kristy Roeger (Physiotherapist) with a consumer at Port Lincoln Hospital and Health Service, Eyre and Far North Local Health Network



The allied and scientific health workforce provides essential services to restore and optimise the health and wellbeing of our rural communities.

Introduction – Chairperson, Rural Health Workforce Steering Committee

The SA Rural Allied and Scientific Health Workforce Plan has been developed to guide allied and scientific health workforce planning in regional, rural and remote South Australia over the next five years, from 2021–2026. This plan recognises the importance of the regional allied and scientific health workforce to regional and rural communities and acknowledges the complexity and diversity of the allied and scientific health workforce and the settings in which they work.

The plan identifies contemporary strategies to ensure South Australia can attract, recruit and retain a sustainable allied and scientific health workforce, including through recommendations on innovative allied health led models of care, greater collaboration across sectors and harnessing the leadership potential of the highly skilled allied and scientific health workforce.

This plan has been developed under the guidance of the Rural Health Workforce Strategy Allied Health Sub-committee, chaired by the former Chief Allied and Scientific Health Officer, SA Health, Ms Catherine Turnbull, and in close consultation with rural and metropolitan clinicians, consumers, Aboriginal Community Controlled Health Organisations (ACCHOs), peak bodies and professional associations. Following the release of the consultation draft in February 2021, I joined the project team on a series of face to face and virtual consultation sessions across regional and metropolitan local health networks and statewide services. During this time, we had the privilege of hearing from passionate clinicians and consumers who are dedicated to improving the health outcomes of their communities. Overall, 131 people attended our consultation sessions, and 24 written feedback responses were received.

Throughout the engagement forums, we heard about the important role allied and scientific health professionals play in improving the health outcomes of our rural communities. We heard about the importance of specialist skill development in areas such as aged care, mental health and rural generalism, about the need to skillfully market rural allied and scientific health careers and about the importance of appropriately incentivising rural practice across all allied and scientific health professions. These themes have been incorporated in this workforce plan.

I would like to take this opportunity to thank everyone who attended a consultation session or provided us with written feedback. We appreciate your generosity in sharing your time and expertise with us. I particularly thank those privately based allied health clinicians who took time to attend our consultations and contribute your expertise to this plan. The responses and thoughtful advice we received throughout the consultations have been critical to the development of this final plan.

I would like to particularly thank the Minister for Health and Wellbeing, the Hon Stephen Wade MLC, Dr Chris McGowan, Chief Executive, Department for Health and Wellbeing (DHW) and Catherine Turnbull, former Chief Allied and Scientific Health Officer, SA Health, for their leadership and support on this significant piece of work. I would also like to thank the Rural Health Workforce Strategy Steering Committee, project team, especially Julianne O'Connor, Principal Consultant, Allied Health, Rural Support Service, and Pamela Hewavasam, Senior Project Officer, Rural Support Service, who have led the development of this plan.



Dr Hendrika Meyer
MBChB FACEM AFRACMA GC Hlth Mgt GAICD

*Opposite: Alycia Close (Occupational Therapist)
with a consumer at Country Health Connect, Mount
Gambier, Limestone Coast Local Health Network*



The plan provides a road map for the sustainability of our future rural and remote allied and scientific health workforce.



Introduction – Chief Allied and Scientific Health Officer, SA Health

The allied and scientific health workforce provides essential services to restore and optimise the health and wellbeing of our rural communities. Developed through close collaboration and consultation with rural clinicians and communities, professional associations and other key stakeholders, the SA Rural Allied and Scientific Health Workforce Plan provides a road map for the sustainability of our future rural and remote allied and scientific health workforce through innovative solutions and strategies.

Like in many rural communities in Australia, the demographics and health needs of our regional South Australians are ever changing, which poses challenges to the attraction, retention and development of our rural allied and scientific health workforce. During our consultation sessions, we heard about the incredible innovation, resilience and collaboration that occurs daily to ensure the delivery of high quality allied and scientific health services in our regional areas. The feedback also highlighted the need for new and contemporary ways of working to improve health care that continues to be driven by evidence and research. Advances in technology should be leveraged wherever possible to enhance how we provide services to our regional consumers. Development of our future allied and scientific health leaders, as well as the importance of allied health leadership and representation at all levels of decision making, will ensure ongoing safe and efficient provision of health services to our consumers.

The rural allied and scientific health workforce provides services across a variety of settings, working independently and collaboratively with other professionals to achieve positive outcomes for regional consumers. Professional and geographical isolation experienced by our rural clinicians was highlighted during our consultation forums. The SA Rural Allied and Scientific Health Workforce Plan focuses on the need for contemporary and collaborative approaches to support our rural workforce, including inter-professional collaboration, mentoring, and further developing and strengthening the current supervision framework that reflects rural practice.

We have heard about the dedication of our rural clinicians and communities and your enthusiasm to improve the health and wellbeing of our regional communities. We are delighted to support the release of the SA Rural Allied and Scientific Health Workforce Plan and feel confident about its intent to improve the attraction, retention and development of the future allied and scientific health workforce.

We would like to thank the Minister for Health and Wellbeing, the Hon Stephen Wade MLC, and Chief Clinical Advisor, Rural Support Service, Dr Hendrika Meyer, for their support in developing this important plan. We would also like to acknowledge the dedication and commitment of Julianne O'Connor, Principal Consultant, Allied Health, Rural Support Service, and Pamela Hewavasam, Senior Project Officer, Rural Support Service, in leading the development of the SA Rural Allied and Scientific Health Workforce Plan. We look forward to seeing the delivery of the vision set out in this plan.



Catherine Turnbull
BSocWk GradDip Pub Sector Mgt EMPA
Chair, Rural Health Workforce Strategy
Allied Health Sub-committee
Previous Chief Allied and Scientific
Health Officer, SA Health



Dr Ingrid Lensink
BSc(Hons) PhD HGSA CHIA
Acting Chief Allied and Scientific
Health Officer, SA Health
SA Health Education Lead

Opposite: Alex Foord (Orthotist and Prosthetist), Hannah Kelsh (Physiotherapist and Rural Generalist Trainee) and Rachelle Kaesler (Allied Health Assistant) at Whyalla Hospital and Health Service, Flinders and Upper North Local Health Network



The process to develop this plan has included extensive consultation with rural and metropolitan clinicians from all disciplines.



Executive summary

The SA Rural Allied and Scientific Health Workforce Plan has been developed to meet the government's commitment to develop and implement 'a plan to recruit, train and develop the health professionals needed to deliver country health services', as outlined in the government's 'Rural Health Workforce Strategy' 2018 election commitment.

The plan has been developed under the leadership of the Rural Health Workforce Strategy Steering Committee and follows the release of the SA Rural Medical Workforce Plan 2019–24 in December 2019, the Rural SAAS Workforce Plan 2020–24 in August 2020 and the SA Rural Nursing and Midwifery Workforce Plan 2021–26 in May 2021. The SA Rural Aboriginal Health Workforce Plan is currently under development.

The process to develop this plan has included extensive consultation with rural and metropolitan clinicians from all disciplines, including multiple focus groups and discussions with and feedback from allied and scientific health peak bodies, professional associations and the Country SA Primary Health Network (CSAPHN). The strategies and recommendations outlined in this plan were also distilled from the solution focused, large innovative virtual workshop entitled 'The Future's in Your Hands', held on 31 August 2020 and involving key stakeholders from across Australia.

On 12 February 2021, a consultation draft of the SA Rural Allied and Scientific Health Workforce Plan was released to seek feedback from clinicians, local health network leads, consumers, professional associations and leading organisations on the content and prioritisation of the identified strategies. From February to April 2021, a program of in-person consultation sessions was held across all regional and metropolitan local health networks, with opportunities for written feedback also provided. The feedback received has shaped the development of this final workforce plan.

The SA Rural Allied and Scientific Health Workforce Plan aims to ensure a sustainable rural allied and scientific health workforce through delivery of the following themes and objectives:

Theme one – Building a skilled workforce

- Objective 1a – Develop attractive rural and remote allied and scientific health positions
- Objective 1b – Strengthen rural allied and scientific health educational pathways and advanced training opportunities for emerging and existing clinicians

Theme two – New and sustainable workforce models for rural health care

- Objective 2a – Maximise the use of contemporary digital health advancements to complement allied and scientific health services and improve client outcomes
- Objective 2b – Strategic, responsive and proactive workforce planning to ensure equitable access to allied and scientific health services

Theme three – Developing a collaborative and coordinated health system

- Objective 3a – Collaboration to support the sustainability of the rural allied and scientific health workforce
- Objective 3b – Develop culturally safe and responsive allied and scientific health services
- Objective 3c – Increase allied and scientific health leadership capability, capacity and sustainability

The process to implement these objectives will be critical to the success of the plan. Implementation will be undertaken using the consultative and collaborative approach demonstrated throughout the development of the plan, with all strategies to be delivered under local leadership of regional local health networks and in partnership with rural clinicians.

Opposite (L-R): George White (Physiotherapist) and Brie Abernathy (Flinders University South Australia student physiotherapist), with consumers at Port Lincoln Hospital and Health Service, Eyre and Far North Local Health Network





Background

Objective

The SA Rural Allied and Scientific Health Workforce Plan contributes to the Rural Health Workforce Strategy objective 'To deliver a plan to recruit, train and develop the health professionals needed to deliver country health services'.

The Rural Health Workforce Strategy

The Government of South Australia committed \$20 million over four years, from 2018–19 to 2021–22, to develop and implement a Rural Health Workforce Strategy. Details of this strategy were outlined in the government's 'Rural Health Workforce Strategy' 2018 election commitment. The Rural Health Workforce Strategy includes a commitment to develop 'a plan to recruit, train and develop the health professionals ... needed to deliver country health services'.

Implementation of the Rural Health Workforce Strategy includes the development of workforce plans for all health professions. This workforce plan focuses on the rural South Australian allied and scientific health workforce and follows the release of the SA Rural Medical Workforce Plan 2019–24, Rural SAAS Workforce Plan 2020–25 and SA Rural Nursing and Midwifery Workforce Plan 2021–26. The SA Rural Aboriginal Health Workforce Plan is now under development.

The Rural Health Workforce Strategy is governed by the Rural Health Workforce Strategy Steering Committee, which reports to the Minister for Health and Wellbeing through the Chief Executive, DHW.

The purpose of the Rural Health Workforce Strategy Steering Committee is to provide high-level oversight and governance of the Rural Health Workforce Strategy. The steering committee strives to achieve the government's vision to ensure country health services.

Rural Health Workforce Strategy Steering Committee

Member	Position/organisation
Dr Hendrika Meyer – Chair	Chief Clinical Advisor, Rural Support Service
Dr Jason Bament	Regional Emergency Department Clinical Director, Barossa Hills Fleurieu Local Health Network
Dr Mike Beckoff	Rural Generalist, Australian College of Rural and Remote Medicine
Ms Stephanie Clota	Chief Executive Officer, GPEx
Mr Michael Eades	Executive Director, Nursing and Midwifery, Yorke and Northern Local Health Network
Mr Kim Hosking	Chief Executive Officer, Country SA Primary Health Network
Mr Dean Johnson	Mayor, District Council of Kimba
Dr Scott Lewis	Vice President, Rural Doctors Association of South Australia
Dr Nes Lian-Lloyd	Executive Director, Medical Services, Flinders and Upper North Local Health Network
Dr Simon Lockwood	Councillor, Australian Medical Association (South Australia)
Professor Esther May	Dean, Academic and Clinical Education, Division of Health Sciences, University of South Australia
Dr Matthew McConnell	Public Health Physician, Rural Support Service
Dr Brian McKenny	Clinical Director, Mental Health, Barossa Hills Fleurieu Local Health Network
Gary Misan (from 4/1/21)	Consumer Representative
Mr Shane Mohor (from 25/6/20)	Chief Executive Officer, Aboriginal Health Council of South Australia
Ms Julianne O'Connor	Principal Consultant, Allied Health, Rural Support Service
Ms Mandy Palumbo	Executive Director, People and Culture, Barossa Hills Fleurieu Local Health Network
Ms Verity Paterson	Chief Executive Officer, Eyre and Far North Local Health Network
Associate Professor Susanne Pearce	Teaching Specialist (Clinical/Practitioner), College of Nursing and Health Sciences, Flinders University
Ms Lyn Poole	Chief Executive Officer, Rural Doctors Workforce Agency
Associate Professor Ruth Stewart (from 7/7/20)	National Rural Health Commissioner
Ms Julia Waddington-Powell	Executive Director, Operations (Country), SA Ambulance Service
Dr Lucie Walters	Director, Adelaide Rural Clinical School, University of Adelaide
Dr Ken Wanguhu	Rural Censor, Rural Faculty of the Royal Australian College of General Practitioners



Member	Position/organisation
Previous steering committee members	Position/organisation
Mr Bevan Francis (from 5/10/18 to 21/2/20 and from 16/10/20)	Governing Board Chair, Flinders and Upper North Local Health Network
Dr Peter Joyner (from 21/2/20 to 15/10/20)	Governing Board Chair, Riverland Mallee Coorong Local Health Network
Ms Julia Overton (from 5/10/18 to 22/7/20)	Chief Executive, Health Consumers Alliance of South Australia
Emeritus Professor Paul Worley (from 5/10/18 to 30/6/20)	National Rural Health Commissioner



The sub-committee provided expert advice on current challenges, barriers and priorities for allied and scientific health in regional South Australia.

Rural Health Workforce Strategy Allied Health Sub-committee

Member	Position/organisation
Ms Catherine Turnbull – Chair	Chief Allied and Scientific Health Officer, SA Health
Ms Julianne O'Connor	Principal Consultant, Allied Health, Rural Support Service
Ms Pamela Hewavasam	Senior Project Officer, Rural Health Workforce Strategy, Rural Support Service
Professor Rachel Gibson	Director, Allied Health, Adelaide University
Ms Bernie Cummins	Executive Manager, Country SA Primary Health Network
Ms Naomi Burgess	Chief Pharmacist and Director, Medicines and Technology Programs, Department for Health and Wellbeing
Professor Lucy Chipchase	Dean (People and Resources), College of Nursing and Health Sciences, Flinders University
Mr Allan Groth	Project Advisor, Indigenous Allied Health Australia
Mr Brett Webster	Executive Director, Community and Allied Health, Barossa Hills Fleurieu Local Health Network
Ms Marcy Lopriore	Executive Director, Community and Allied Health, Limestone Coast Local Health Network
Ms Cheryl Russ	Executive Director, Community and Allied Health, Flinders and Upper North Local Health Network
Mr Brad Birleson (from 6/5/21)	Executive Director, Community and Allied Health, Riverland Mallee Coorong Local Health Network
Ms Melissa Koch	Executive Director, Community and Allied Health, Yorke and Northern Local Health Network
Ms Lisa Campbell	Executive Director, Community and Allied Health, Eyre and Far North Local Health Network
Ms Kathy Edwards	Director, Aboriginal Health, Limestone Coast Local Health Network
Ms Brooke Packham	Mental Health Allied Health Clinical Lead, Psychology, Rural and Remote Mental Health Service, Barossa Hills Fleurieu Local Health Network
Ms Michelle Schilling	Advanced Clinical Lead, Dietetics, Rural Support Service
Ms Ruth Adamson	Advanced Clinical Lead, Occupational Therapy, Rural Support Service
Ms Alanna Grover	Advanced Clinical Lead, Physiotherapy, Rural Support Service
Ms Fiona Murray	Advanced Clinical Lead, Podiatry, Rural Support Service
Ms Cathy Brook	Advanced Clinical Lead, Social Work, Rural Support Service
Ms Jolie Thomas	Advanced Clinical Lead, Speech Pathology, Rural Support Service

Opposite L-R: Alex Roe (UniSA student podiatrist), Melissa Gale (Occupational Therapist), Bernard Pienaar (Podiatrist), Brooke Matcham (Occupational Therapist), George White (Physiotherapist), Vanessa Barry (Speech Pathologist), Shaleeni Jayamani (Pharmacist), Kate Morley (Dietitian) and Ronda Smith (Social Worker) at Port Lincoln Airport

Member	Position/organisation
Ms Cathy Teager	Manager, Ageing and Disability Reform, Rural Support Service
Ms Sandra Gilbert	Nursing Director, Rural Support Service
Ms Shelley Greenslade	Medical Imaging Service Manager, Berri SA Medical Imaging
Ms Jenny Pink	Director, Pharmacy, Regional LHNs and Rural Support Service, SA Pharmacy
Mr Paul Panigiris (from 6/5/21)	Chief Scientist, SA Pathology
Ms Cath Maloney	Chief Executive Officer, Services for Australian Rural and Remote Allied Health
Associate Professor Sara Jones	Rural Health and Training, Department of Rural Health, University of South Australia
Previous steering committee members	Position/organisation
Ms Pam Thomson (from 13/8/20 to 11/11/20)	A/Executive Director, Community and Allied Health, Riverland Mallee Coorong Local Health Network





Development of the SA Rural Allied and Scientific Health Workforce Plan

The development of the SA Rural Allied and Scientific Health Workforce Plan commenced in January 2020, led by the Rural Health Workforce Strategy Steering Committee chaired by Dr Hendrika Meyer, Chief Clinical Advisor, Rural Support Service, and supported by the Rural Health Workforce Strategy project team.

Due to the complexity and diversity of the allied and scientific health workforce in regional South Australia, a Rural Health Workforce Strategy Allied Health Sub-committee was formed to provide advice, expertise and guidance for the development of the SA Rural Allied and Scientific Health Workforce Plan. The sub-committee was chaired by Catherine Turnbull, previous Chief Allied Health and Scientific Officer, SA Health. The sub-committee provided expert advice on current challenges, barriers and priorities for allied and scientific health in regional South Australia.

In South Australia the allied and scientific workforce are identified as separate workforces. While the plan was initially titled the SA Rural Allied Health Workforce Plan, the scientific health workforce has been involved in supporting the plan throughout the development process. Following further consultation with the scientific community and to ensure consistency with the current SA Health professional classification, the inclusion of the scientific workforce in the plan has been made more explicit by renaming it as the SA Rural Allied and Scientific Health Workforce Plan.

The strategies and objectives in the plan were developed following a broad range of stakeholder engagement forums:

- An understanding of current regional allied and scientific health workforce issues was developed through conducting multiple focus groups that included representation from regional clinicians, nursing staff, medical staff, assistant workforce, peak bodies, regional consumers, ACCHOs and professional associations.
- Discussions were held with, and feedback obtained from peak bodies, professional associations and the CSAPHN to understand discipline and service specific workforce issues.
- A solution focused large innovative virtual workshop entitled 'The Future's in Your Hands' was held on 31 August 2020, and key stakeholders from across Australia were invited to explore and discuss strategies intended to form the SA Rural Allied and Scientific Health Workforce Plan. The strategies raised by the workshop attendees were further analysed and explored by the sub-committee and have been used to form the strategies outlined in this plan.
- During March and April 2021, in-person and virtual consultation sessions were held across all regional and metropolitan local health networks and statewide health networks to seek feedback on the content of the Consultation Draft SA Rural Allied and Scientific Health Workforce Plan. 20 consultation sessions were held, as detailed in Appendix A. In addition, 24 written submissions were received, as outlined in Appendix B. All feedback received shaped the development of this final workforce plan.

In addition to the multiple stakeholder engagement forums, a comprehensive literature scan was conducted for interventions to support recruitment and retention of the allied and scientific health rural workforce. South Australia acknowledges that no single strategy alone will contain all solutions, and therefore the plan has also been guided by and is aligned with various national and state strategies, including:

- National Rural Health Commissioner's report: *Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia*
- Indigenous Allied Health Australia Workforce Development Strategy 2018–2020
- National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2023
- National Digital Health Strategy 2019–2022
- SA Health Aboriginal Workforce Framework 2017–2022
- Universities Australia Indigenous Strategy 2017–2020
- Wellbeing SA Strategic Plan 2020–2025.



The allied and scientific health workforce is diverse and complex and represents more than a quarter of the health workforce in Australia.

L-R: Tracey Stringer (Patient Journey Team Leader), Hannah Reichstein (Dietitian), Emily Rogers (Dietitian), Rebecca Mumme (Dietitian) and Sarah Haynes (Student GP) at GP Plus Port Pirie, Yorke and Northern Local Health Network





Description of services

The allied and scientific health workforce is diverse and complex and represents more than a quarter of the health workforce in Australia, providing more than an estimated 200 million health services each year. Allied and scientific health professionals in regional South Australia are embedded in all service settings, including hospitals, aged care, community settings, private practice, disability services and the education sector to help prevent, diagnose and treat a broad range of medical conditions.

The six regional local health networks collectively cover 983,482 square kilometres (379,725 square miles), an area four times bigger than the entire United Kingdom and eight times bigger than England. It is similar in size to Egypt, the Canadian province of Ontario, or the combined areas of France and Germany. Of the 1.7 million residents in South Australia, 504,664 live in rural South Australia. A comprehensive range of health services are delivered across 61 hospitals, and additional community settings, including residential aged care, according to population needs.

Health care services provided by the six regional local health networks are structured to include one or more larger hospitals (activity base-funded) and several smaller hospital sites (grant-funded). Many of the smaller sites are joint Commonwealth and state-funded multi-purpose service (MPS) sites, combining emergency, acute inpatient, aged care and primary health services in the one facility.

Services provided include emergency medical, inpatient, intermediate and acute, perioperative and surgical, maternal and neonatal, rehabilitation, palliative care, renal dialysis, cardiac care, diagnostic pathology and Aboriginal health. Within the local communities and surrounding districts, community and allied health services are integral to supporting clients to achieve improved health outcomes.

As the South Australian population demographic changes, and there is increasing requirement for coordinated health service provision, our regional health services must invest in building a workforce that is dynamic, innovative and responsive to meet the needs of the members of the communities it serves. Currently, unique challenges exist for allied and scientific health professionals working in regional South Australia, including complex clinical and diverse client presentations, working in isolation and servicing large geographical areas, ongoing recruitment and retention of staff, limited clinical support, and finite career development and career progression opportunities. These challenges further increase the maldistribution of the rural and remote allied and scientific health workforce resulting in reduced access to health services and poorer health outcomes in regional communities. Adequate workforce planning driven by data analytics and evidence is essential to ensuring the sustainability of the future allied and scientific health workforce in regional South Australia.

Community and primary health care

Community health services are provided across rural and regional South Australia by both public and private providers. In regional communities, primary health care can be provided in the home or in community-based settings such as general practices, other private medical practices, community health centres, local government and non-government services settings, such as Aboriginal community-controlled health services. Many people associate primary health care with their local general practitioner (GP). While general practice is often viewed as the cornerstone of primary care in Australia, primary care can also include care provided through nurses (such as general practice nurses, community nurses and nurse practitioners), allied health professionals, midwives, dentists, and Aboriginal health workers.¹ Both public and private providers are responsible for health care for those in regional correctional services.

In regional local health networks, Country Health Connect provides health and wellbeing support and services, both in home and community based, as well as supporting access to residential aged care. Country Health Connect services are structured for older people, people with disability, children and carers across regional South Australia through a multi-disciplinary care plan and reablement focus that better supports independence and maximises participation in society as well as supporting consumer-led palliative models of care.

Aged care and disability services

Many regional local health networks deliver aged care services in addition to hospital care. Aged care services in rural hospitals are provided either in specifically funded residential aged care facilities, state-funded beds within rural hospitals, or as part of an MPS site. MPS sites provide integrated health, residential aged care and community care services using pooled state and Commonwealth government funds.

The *Royal Commission into Aged Care Quality and Safety Final Report: Care, Dignity and Respect* was released in February 2021. The report recommends increased access to episodic or ongoing allied health services across the aged care continuum. Recommendations are for both care at home, through Home Care Packages, and residential aged care to include allied health care appropriate to each person's needs, and to help restore capacity for meaningful and dignified living. Recommendations have also been made to include consultation and partnership with national and state stakeholders to support long-term workforce modelling on the supply and demand for allied health professionals via an Aged Care Workforce Planning Division within the Australian Department of Health.

Mental health

Inpatient and community-based mental health services are provided in all regional local health networks. Integrated mental health inpatient units are located at the Riverland General Hospital, Whyalla Hospital and Mount Gambier Hospital.

Regional local health network services are supported through core services based in the Barossa Hills Fleurieu Local Health Network, including the Rural and Remote Mental Health Service and the Distance Consultation and Liaison Service, which includes the Emergency Triage and Liaison Service, Older Persons Consultation Liaison Service and Tele-Psychiatry Service. The Statewide Borderline Personality Disorder Centre of Excellence is also hosted by the Barossa Hills and Fleurieu Local Health Network.

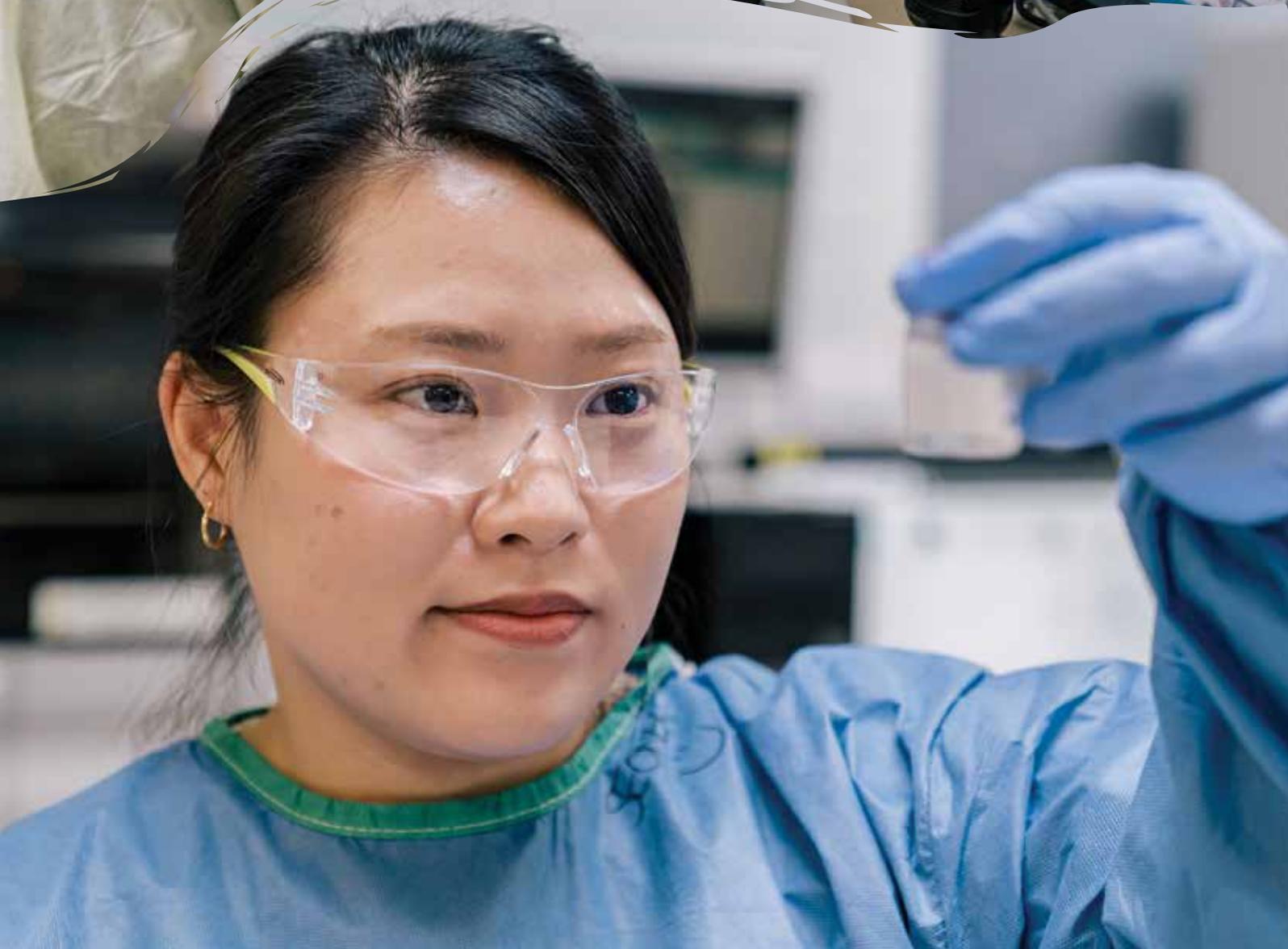


Barossa Hills Fleurieu Local Health Network

- Covers the Adelaide Hills, Barossa Valley, Fleurieu Peninsula and Kangaroo Island.
- In 2019, the estimated resident population was 208,589 people.
- Five activity base-funded² hospitals:
 - Angaston District Hospital
 - Gawler Health Service
 - Mount Barker District Soldiers' Memorial Hospital
 - Southern Fleurieu Health Service (Victor Harbor)
 - Tanunda War Memorial Hospital.
- Six grant-funded² sites:
 - Eudunda Hospital
 - Gumeracha District Soldiers' Memorial Hospital
 - Kapunda Hospital
 - Kangaroo Island Health Service
 - Mount Pleasant District Hospital
 - Strathalbyn and District Health Service.

Eyre and Far North Local Health Network

- Covers Eyre Peninsula and the western part of South Australia.
- In 2019, the estimated resident population was 40,806 people.
- One activity base-funded² hospital:
 - Port Lincoln Hospital and Health Service.
- Ten grant-funded² sites:
 - Coober Pedy Hospital and Health Service
 - Ceduna District Health
 - Elliston Hospital
 - Streaky Bay Hospital
 - Cleve District Hospital and Aged Care
 - Cowell District Hospital and Aged Care
 - Kimba District Hospital and Aged Care
 - Tumby Bay Hospital and Health Services
 - Cummins and District Memorial Hospital
 - Wudinna Hospital.





Flinders and Upper North Local Health Network

- Covers the north-east of the state, from the Spencer Gulf to the Northern Territory.
- In 2019, the estimated resident population was 43,024 people.
- Two activity base-funded² hospitals:
 - Whyalla Hospital and Health Service
 - Port Augusta Hospital and Regional Health Service.
- Three smaller grant-funded² sites:
 - Hawker Memorial Hospital
 - Quorn Health Service
 - Roxby Downs Health Service.

Riverland Mallee Coorong Local Health Network

- Covers the journey of the Murray River from the Coorong through the Riverland to the Victorian border, as well as the Mallee.
- In 2019, the estimated resident population was 69,301 people.
- Two activity base-funded² hospitals:
 - Riverland General Hospital
 - Murray Bridge Soldiers' Memorial Hospital.
- Ten smaller grant-funded² sites:
 - Barmera Health Service
 - Karoonda and District Soldiers' Memorial Hospital
 - Lameroo District Health Service
 - Loxton Hospital Complex
 - Mannum District Hospital
 - Meningie and Districts Memorial Hospital and Health Services
 - Pinnaroo Soldiers' Memorial Hospital
 - Renmark Paringa District Hospital
 - Tailem Bend District Hospital
 - Waikerie Health Service.

Opposite (from top to bottom): Matthew Gumbys (Medical Scientist) and Seonga Bak (Medical Scientist) at Port Lincoln Hospital and Health Service, Eyre and Far North Local Health Network



The health care needs of South Australian rural communities are challenged by an ageing population and an increasing burden of chronic disease and co-morbidities.



Limestone Coast Local Health Network

- Covers the south-east of the state, from the coast to the Victorian border.
- In 2019, the estimated resident population was 67,092 people.
- Three activity base-funded² hospitals:
 - Mount Gambier and Districts Health Service
 - Millicent and Districts Hospital and Health Service
 - Naracoorte Health Service.
- Three smaller grant-funded² sites:
 - Bordertown Memorial Hospital
 - Kingston Soldiers' Memorial Hospital
 - Penola War Memorial Hospital.

Yorke and Northern Local Health Network

- Covers the Yorke Peninsula, Southern Flinders, Lower North and Mid North.
- In 2019, the estimated resident population was 75,529 people.
- Three activity base-funded² hospitals:
 - Port Pirie Regional Health Service
 - Clare Hospital and Health Services
 - Northern Yorke Peninsula Health Service (Wallaroo).
- 13 smaller grant-funded² sites:
 - Balaklava Soldiers' Memorial District Hospital
 - Booleroo Centre District Hospital and Health Services
 - Burra Hospital
 - Central Yorke Peninsula Hospital (Maitland)
 - Crystal Brook and District Hospital
 - Jamestown Hospital and Health Service
 - Laura and District Hospital
 - Minlaton Health Centre
 - Orroroo and District Health Service
 - Peterborough Soldiers' Memorial Hospital
 - Port Broughton and District Hospital and Health Service
 - Riverton District Soldiers' Memorial Hospital
 - Snowtown Hospital and Health Service
 - Southern Yorke Peninsula Health Service (Yorketown).

*Opposite (L-R): Megan Pobke (Speech Pathologist)
and Leah Lawrie (Dietitian) at Port Lincoln Hospital and
Health Service, Eyre and Far North Local Health Network*



Allied and scientific health professionals play an integral role in improving the health and wellbeing of regional South Australians.



SA rural allied and scientific health workforce

The health care needs of South Australian rural communities are challenged by an ageing population and an increasing burden of chronic disease and co-morbidities. These changing rural health care needs, along with challenges related to geographical distance and isolation, means regional communities can have additional difficulties accessing quality health care services locally. Undersupply and maldistribution of allied health and diagnostic services can further be exacerbated by geographical and professional isolation as well as diversity of service delivery required in regional areas. These factors contribute to challenges attracting, developing and retaining skilled allied health across rural and remote South Australia. The Rural Health Workforce Strategy recognises that these factors need to be addressed by targeted strategies.

Allied and scientific health professionals play an integral role in improving the health and wellbeing of regional South Australians. Regional allied and scientific health clinicians provide essential diagnostic, preventative and re-enablement services in various service settings across an individual's life span from start of life to end of life. They work both independently and together with other professionals servicing a wide geographical area to optimise the quality of life of regional consumers.

The Australian Allied Health Leadership Forum, comprised of key Australian allied and scientific health peak organisations, broadly defines allied health professionals as follows:

Allied health professionals are qualified to apply their skills to retain, restore and gain optimal physical, sensory, psychological, cognitive, social and cultural function of clients, groups and populations ...
An allied health profession is one which has university health sciences courses (not medical, dental or nursing) at AFQ [Australian Qualifications Framework] Level 7 or higher, accredited by their relevant national accreditation body.³

Due to the broad definition, the classification of allied and scientific health professionals in each state and jurisdiction vary greatly. Most states and jurisdictions classify allied health with the inclusion of the scientific workforce, however in South Australia, the allied and scientific health workforces are identified as separate workforces which has been further reflected in this workforce plan. Allied and scientific health professionals are broadly classified into three main categories: those registered through the National Registration Accreditation Scheme; self-regulated professionals; and unregulated professionals. Regardless of the type of regulation, all allied and scientific health professionals have comprehensive systems through registration bodies and or professional associations to ensure management of educational and professional standards, including professional development.

Opposite (from back to front): Hamish Merrigan (Physiotherapist), Shane Jones (Clinical Senior Social Worker), Eoghan Cavanagh (Clinical Senior Podiatrist), Felix Owen (Social Worker and Rural Generalist Trainee), Kate Noonan (Clinical Senior Occupational Therapist), Katrina Porter (Dietitian), Lynne Trench (Allied Health Assistant), Linda Mackenzie (Allied Health Assistant), Nicole Pompeo (Clinical Senior Physiotherapist), Tayla McCourt (Dietitian), Demi Verbena (Occupational Therapist), Riley Allen (Occupational Therapist), Alycia Close (Occupational Therapist) and Annabelle Lockwood (Occupational Therapist) at Country Health Connect, Mount Gambier, Limestone Coast Local Health Network

The *South Australian Modern Public Sector Enterprise Agreement: Salaried 2017* lists 27 professional officer professions under the Allied Health Professional Classification Structure and Medical Scientists. For the purposes of this workforce plan, there has been a focus on the allied and scientific health professions which form the majority of the regional allied and scientific health workforce, as guided by the statewide clinical support services and regional local health networks' allied and scientific health credentialing committees and on advice from the Rural Health Workforce Strategy Allied Health Sub-committee.

These professions are detailed below, noting that this list is not intended to be exhaustive. Although the list below does not necessarily include all allied and scientific health professionals working in regional areas, the strategies in this plan are intended to be able to be equally applied to all, to ensure sustainability of the current and future allied and scientific health professions working in regional and rural South Australia.



Allied health assistants (AHAs), technical officers and other support workers work under the supervision and delegation of an allied health or scientific professional. While we acknowledge that members of the support workforce are not classified as allied health or scientific professionals, they play a vital support role in the provision of allied and scientific health services in regional areas.

In South Australia, allied and scientific health training courses (undergraduate and postgraduate) are available through the three major universities – Flinders University, Adelaide University and University of South Australia. Allied health training is largely completed in metropolitan campus sites with limited local learning opportunities available for regional students. Currently, South Australia does not have university training courses for prosthetics and orthotics. The workforce supply for this profession is highly dependent on eastern state universities.

Allied and scientific health services in rural and remote South Australia are largely provided by regional local health networks in hospital, community and aged care settings using employed allied and scientific health professionals. In addition, SA Pathology, SA Pharmacy and SA Medical Imaging, which are all part of Statewide Clinical Support Services (SCSS), provide specialist services to regional communities. Contracted private allied and scientific health professionals are appointed to provide services to sites and services where employed staff are not available. Various allied and scientific health professionals, such as community pharmacists, optometrists and audiologists, are also embedded in private and non-government settings providing vital health services to regional consumers.

While this plan is focused on the allied and scientific health workforce, it is important to note that high quality health services and improvements in patient outcomes do not happen in isolation. The opportunities for inter-professional collaborative practice should be considered where they result in improved health outcomes, innovation, increased job satisfaction and retention of allied and scientific health workforce.

Snapshot of the allied health workforce in regional local health networks as at September 2020⁴

Allied health discipline	Head Count
Counsellors	3
Dietitians	59
Medical scientists	44
Occupational therapists	147
Orthotists and prosthetists	6
Pharmacists	22
Physiotherapists	146
Podiatrists	46
Psychologists	16
Radiographers	24
Sonographers	10
Social workers	148
Speech pathologists	66
Total	737

Maldistribution of allied and scientific health professionals in rural and remote communities is well documented. National data suggests significant reduction in registered allied health workforce with increasing remoteness, with nearly a 50% reduction in allied health clinical FTE per 100,000 people in remote areas compared to major cities.⁵

Health workforce data plays a pivotal role in workforce decision making and has a significant influence on health care policy. Adequate workforce planning is reliant on access to accurate and comprehensive workforce datasets.

National allied health workforce data limitations were highlighted in the recent National Rural Health Commissioner's report, Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia, with recommendations for the development of a national allied health workforce minimum dataset to urgently guide future allied health workforce policy in Australia.



It is imperative that regional SA have access to adequate workforce data to support the changing health needs of regional communities.



To underpin the strategies outlined in this draft plan, an extensive data collection process was undertaken to detail the allied and scientific health workforce providing services in regional South Australia. This process uncovered significant limitations in the ability to accurately confirm workforce numbers, particularly in those areas outside the governance of SA Health. Currently, there is no centralised allied and scientific health workforce dataset available in South Australia to support adequate workforce planning. Due to these significant limitations, the workforce data presented in this workforce plan only encompasses SA Health employees working in regional South Australia.

An ageing population with complex health and social concerns, as well as the introduction of the National Disability Insurance Scheme, has seen a significant increase in demand for allied health services over the last decade in rural and remote South Australia. As the future supply and demand of allied and scientific health services change, it is imperative that regional South Australia have access to adequate workforce data to support the changing health needs of regional communities.

Allied and scientific health leadership and governance

Governance and leadership structures for allied and scientific health in regional local health networks vary, but can largely be considered as a matrix governance model whereby professional leadership and governance is provided by the Rural Support Service, SCSS and Rural and Remote Mental Health Service, and senior clinicians and operational managers in regional local health networks provide operational and clinical support within disciplines and service teams. Within this model, allied and scientific health professionals may be line managed by staff who may have an allied health, scientific, nursing or administrative background, depending on the governance structure of the local health network.

Challenges due to complex clinical presentations, limited career opportunities, adequate clinical support and geographical and professional isolation experienced by South Australian regional allied health professionals are further reflected by the high turnover of early career Allied Health Practitioner (AHP1) clinicians each year, with an average yearly turnover of 40%. As the regional demographic and workforce recruitment challenges change, it is vital that regional local health networks consider contemporary approaches to recruit, retain and support the future growth and sustainability of the allied and scientific health workforce to meet consumer needs.

Opposite: Chloe Hansen (Speech Pathologist and Rural Generalist Trainee) at Port Lincoln Hospital and Health Service, Eyre and Far North Local Health Network



There is no 'one size fits all' solution to ensure a sustainable rural allied and scientific health workforce.



Principles

Key principles underlying the workforce plan strategies are as follows:

- There is no 'one size fits all' solution to ensure a sustainable rural allied and scientific health workforce. Allied and scientific health professionals working in rural South Australia are diverse and work in multiple service settings. Multiple, overlapping, integrated and coherent strategies that meet local requirements and resources are needed. The strategies outlined in this plan will need to be considered for each allied and scientific health profession and implemented in regional local health networks and SCSS.
- The provision of allied and scientific health workforce training is part of the core business of regional local health networks.
- The rural allied and scientific health workforce delivers high quality care in conjunction with well trained and accessible medical practitioners, nursing and midwifery staff, Aboriginal health workers and practitioners, paramedics and ancillary staff. Many workforce solutions need a multi-disciplinary approach.
- Collaboration is required between the South Australian and Commonwealth governments on all issues relating to the rural allied and scientific health workforce including but not limited to primary health services, the National Disability Insurance Scheme and aged care services.
- Collaboration with local governments, non-government organisations and regional communities is required to address the unique challenges facing rural communities, recognising that the social and economic wellbeing of these communities is paramount.
- Rural health workforce challenges must be shared and require solutions through collaboration and input of the whole state, including metropolitan hospitals, regional health networks, statewide clinical networks, primary health networks, private providers, universities and professional associations.
- Advances in digital health need to be leveraged wherever possible to complement allied and scientific health services to provide benefits to the consumer and additional support to the rural allied and scientific health workforce.
- Needs-based modelling informed by reliable, local needs assessment, including unmet and unidentified need, needs to underpin future allied and scientific health workforce planning, to ensure the workforce is innovative, responsive to local needs and increases in demand across the health continuum.
- Collaboration with the Aboriginal and Torres Strait Islander communities, including the Aboriginal community-controlled sector, must continue to be a priority, to ensure coordinated culturally specific health workforce planning across rural South Australia to meet the needs of Aboriginal communities and consumers.
- Health consumers and local communities are critical stakeholders and need to be involved in the design of health services, as they bear the consequences of decisions that are made regarding the provision of health services. A co-design framework should be used to engage local communities in the development of allied and scientific health services.
- Improving access, enhancing quality, expanding distribution and ensuring national allied health leadership need to be incorporated into South Australia's rural allied and scientific health workforce planning.
- Allied and scientific health workforce strategies need to consider opportunities for career progression, innovation and ability to develop specialist skills including rural generalism to meet and advance care needed in local communities.
- Collaboration with the higher education sector is critical to ensure the workforce is able to respond to changing needs of rural communities.
- Effective contribution to health service outcomes requires allied and scientific health leadership representation at all levels of the system. Governance structures must also ensure that leadership development and succession planning is embedded into all health services to support and grow new allied and scientific health leaders.
- Opportunities and additional support structures are required for our emerging, new and existing allied and scientific health professionals to ensure the provision of evidence-based health care delivery that meet the needs of rural communities.

Opposite (L-R): Angie Cook (Social Worker), Sharon Hallett (Registered Nurse), Tammie Kemp (Allied Health Assistant) and Rachel Giles (Physiotherapist) at Tanunda War Memorial Hospital, Barossa Hills Fleurieu Local Health Network

*Brianna Kinnear (UniSA pharmacy student)
at Port Pirie Regional Health Service,
Yorke and Northern Local Health Network*



Themes and objectives

The following themes and objectives, which have been developed through multiple engagement forums, form the core of the SA Rural Allied and Scientific Health Workforce Plan 2021–26:





Strategies

In all strategies, allied and scientific health professionals and consumers are key stakeholders and partners.

Theme one – Building a skilled workforce

No	Strategy	Key lead	Stakeholders and partners	Action(s)
Objective 1a – Develop attractive rural and remote allied and scientific health positions				
1.1	Develop and implement a comprehensive recruitment and retention strategy that promotes SA regional allied and scientific health positions and rural living	Rural Support Service (RSS) ⁶ Regional local health networks (LHNs)	Regional LHNs DHW SCSS Universities University rural student associations Professional associations Services for Australian Rural and Remote Allied Health (SARRAH) CSAPHN Rural Doctors Workforce Agency Indigenous Allied Health Australia (IAHA) ACCHOs	<ol style="list-style-type: none"> Utilise professional associations, peak bodies as well as existing national and international recruitment agencies to market SA regional allied and scientific health roles. Partner with IAHA, ACCHOs and local Aboriginal communities to promote SA regional allied and scientific health careers. Create a single regional website and a comprehensive marketing strategy that: <ol style="list-style-type: none"> promotes rural and remote allied and scientific health through storytelling and includes video content and information about South Australian rural communities inspires and promotes high school students to consider an allied health or scientific career in rural and remote areas and pathways to become an allied health practitioner or medical scientist promotes the diversity of clinical roles and clinical specialties such as rural generalism, mental health and aged care, clinical leadership, management, clinical education and allied and scientific health research includes allied and scientific health scholarships, postgraduate training opportunities, including rural generalist pathway, enhanced supervision and support structure packages and long-term/ongoing roles promotes re-entry programs for clinicians returning to the workforce. Work with existing SA Health workforce/e-recruitment teams to link website information to advertised positions. Audit current marketing initiatives to ensure collaboration where appropriate and reduce duplication (as per SA Rural Medical Workforce Plan 1.12 (3)).

Opposite: Mikayla Whalan (Physiotherapist) with a consumer at GP Plus Port Pirie, Yorke and Northern Local Health Network

No	Strategy	Key lead	Stakeholders and partners	Action(s)
1.2	Embed and promote flexible workforce arrangements that optimise allied and scientific health workforce responsiveness	Regional LHNs	DHW SCSS RSS Professional associations Universities Unions	<ol style="list-style-type: none"> 1. Investigate opportunities to enact the existing workplace flexibility proposal (clause 23) in the <i>South Australian Modern Public Sector Enterprise Agreement: Salaried 2017</i> and its successor to support flexible work arrangements: <ol style="list-style-type: none"> 1.1 Develop structures and tools to enable professionals and managers to effectively implement workforce flexibility proposal (clause 23). 2. Explore changes to the provisions within the <i>South Australian Modern Public Sector Enterprise Agreement: Salaried 2017 (clause 23)</i> and its successor to support all professionals to seek flexible work arrangements regardless of professional years of experience. 3. Partner with professional associations to create clear pathways to support return to the workforce through local allied health 're-entry programs'.
1.3	Streamline recruitment processes across the regional LHNs	Regional LHNs	RSS DHW SCSS Allied and Scientific Health Office (ASHO) Professional associations Office of the Commissioner for Public Sector Employment (OCPSE)	<ol style="list-style-type: none"> 1. Review and evaluate human resource (HR) procedures to improve recruitment practices to allow efficient advertising, selection and on-boarding of clinicians: <ol style="list-style-type: none"> 1.1 Create consistency of recruitment practices between regional LHNs through connected planning. 1.2 Embed, where appropriate, competency frameworks or capability assessments that adhere to professional standards. 1.3 Review existing opportunities for direct appointment in areas of specific workforce need. 1.4 Advocate for changes to the Commissioner for Public Sector Employment Determination 1 mobility provisions to include rural remote clause exemption to apply in certain circumstances.
1.4	Develop a learning, enabling and tolerant workplace culture that fosters, supports and values allied and scientific health	Regional LHNs	RSS SCSS Local government Commission on Excellence and Innovation in Health (CEIH) CSAPHN	<ol style="list-style-type: none"> 1. Develop and implement an organisational capability framework to encourage consistent language that promotes positive behaviours and skills acquisition and retention. 2. Define and monitor workload expectations for all levels of the workforce and ensure alignment with clinician capability and capacity. <ol style="list-style-type: none"> 2.1 Implement initiatives that promote and enhance staff wellbeing and workplace health and safety. 3. Provide adequate service, program, profession and region-specific orientation.



No	Strategy	Key lead	Stakeholders and partners	Action(s)
1.5	Establish structured and formalised networks to support allied health professionals, scientists and students to integrate into the rural community	Regional LHNs	RSS SCSS Universities CSAPHN ACCHOs Local government Local community groups	<ol style="list-style-type: none"> Partner with rural communities and local governments to establish and link with existing engagement forums and social groups for young professionals and students completing placements in rural communities. Review regional LHN orientation processes to ensure updated information on local community programs, sporting clubs and other local engagement groups is provided.
1.6	Maximise shared funding opportunities across the community to offer greater full-time equivalent and longer-term employment opportunities for allied and scientific health professionals	Regional LHNs RSS ⁶	SCSS Universities Local government CSAPHN ACCHOs Commonwealth Government Unions Aged care sector Private providers	<ol style="list-style-type: none"> Implement recommendations from the National Rural Health Commissioner's report in establishing a service and learning consortia delivery model: <ol style="list-style-type: none"> Integrate models of care across the region with private, not-for-profit, public, education sector, community and aged care providers to maximise regional allied and scientific health opportunities. Develop structures and systems that are supported by flexible HR processes and shared services to allow integration of services and funding to develop sustainable innovative roles driven by local needs. <ol style="list-style-type: none"> Investigate opportunities to develop allied health private practice arrangements to improve access to allied health services in regional areas.
1.7	Introduce and embed contemporary retention and reward approaches for regional LHN allied and scientific health professionals	Regional LHNs DHW	RSS SCSS ASHO Local government CSAPHN Professional associations Universities CSAPHN Unions	<ol style="list-style-type: none"> Explore changes to the provisions within the South Australian Modern Public Sector Enterprise Agreement: Salaried 2017 and its successor to reflect remote work, using the Monash Modified Model, with additional incremental loading that supports allied and scientific health retention and longevity in regional settings. Identify opportunities to introduce targeted and tailored retention options for professionals seeking to relocate to regional areas including, but not limited to: <ol style="list-style-type: none"> exploring opportunities to provide relocation allowance as identified in the Commissioner for Public Sector Employment Determination for Allowances (Part 7 Public Sector Act) developing partnerships with other organisations across the region to access appropriate quality accommodation and professional development training opportunities considering barriers for staff returning to the workforce including access, cost and location of childcare.

No	Strategy	Key lead	Stakeholders and partners	Action(s)
Objective 1b – Strengthen rural allied and scientific health educational pathways and advanced training opportunities for emerging and existing clinicians				
1.8	Establish structures and pathways to support rural students to undertake allied and scientific health training closer to home	ASHO RSS ⁶	Regional LHNs DHW SCSS Universities Commonwealth Government Professional associations ACCHOs	<ol style="list-style-type: none"> Partner with universities to establish remote learning options for allied and scientific health courses. Increase regional allied and scientific health training opportunities through partnerships with university departments of rural health. Partner with universities to establish a rural background sub-quota for allied and scientific health courses. Increase the number of targeted allied and scientific health university scholarship positions for rural students, through partnerships with university, health, ACCHOs, industry and the Commonwealth. Investigate opportunities to provide allied and scientific health employment to students on placement, on completion of tertiary training.
1.9	Embed innovative rural placement models that enhance the student experience and maximise exposure to rural practice	RSS ⁶	Regional LHNs SCSS ASHO DHW Universities Local government ACCHOs CSAPHN	<ol style="list-style-type: none"> Explore compulsory and incentivised rural placement models, where appropriate, that consider funding, accommodation, relocation allowance and support in partnership with rural communities, universities, leading industry and organisations. Establish clinical placements that are longitudinal to allow students to gain a deeper exposure to rural practice by: <ol style="list-style-type: none"> connecting students with funded and experienced regional mentors to advocate for and support students during rural placements establishing and promoting rural placements across multiple regional service settings to build flexibility and exposure to a broad range of service options ensuring greater engagement with Aboriginal communities in rural areas considering opportunities for part-time employment within the health services while studying. Implement hybrid rural placement models that allow all students (including metro) to participate in rural practice face-to-face as well as through telehealth. Partner with universities to establish dedicated clinical educator positions in regional areas to develop and implement support structures that enhance rural allied and scientific health clinical education, including rural allied health student clinical supervision framework.



No	Strategy	Key lead	Stakeholders and partners	Action(s)
1.10	Develop and embed innovative early career support structures that enable graduates to transition, grow and develop in rural settings	RSS ⁶ ASHO	ASHO Regional LHNs SCSS Universities Local government CSAPHN	<ol style="list-style-type: none"> 1. Co-design & implement an SA Rural Allied & Scientific Health Internship Program to further support early career clinicians. 2. Expand and review the current Transition to Professional Practice Program (TPPP) to reflect professional practice, wellbeing and resilience, personal growth and career progression in regional areas, and consider greater alignment with rural generalist practice. <ol style="list-style-type: none"> 2.1 Create structured and purposeful programs to support the growth of early career clinicians to embed practice locally and across regional areas. 3. Explore a 2-3 year 'step-down' TPPP after the initial transition year, to continue to support emerging clinicians to access adequate clinical and professional support to allow consideration of additional/specialist skills and/or rural generalist pathways.
1.11	Expand inter-professional education opportunities and support structures that promote collaboration and professional development opportunities for emerging and existing professionals	RSS ⁶	ASHO Regional LHNs SCSS Universities CSAPHN SAAS Royal Flying Doctor Service (RFDS)	<ol style="list-style-type: none"> 1. Identify opportunities to enable collaboration and inter-professional networking across regional LHNs such as: <ol style="list-style-type: none"> 1.1 communities of practice models 1.2 mentoring and peer networking, including further expansion of local allied and scientific health networking events. 2. Increase inter-professional practice through links between GPs and other professions, including nursing and midwifery, allied health and paramedicine, at an education and training level, and including active communication and participation from all health providers (as per the SA Rural Medical Workforce Plan 2.12 (4)). 3. Expand opportunities for students to engage in inter-professional practice through Rural Health Multidisciplinary Training (RHMT) program.
1.12	Establish sustainable training pathways to encourage AHAs and the wider support workforce to undertake allied health or medical science training	RSS ⁶ ASHO	ASHO Regional LHNs SCSS Universities Vocational education and training (VET) providers SARRAH IAHA	<ol style="list-style-type: none"> 1. Identify alternative entry pathways to allow the wider support workforce to enter allied health or medical science training. 2. Co-design training pathways and curricula that enable AHAs and the technical workforce to complete training while working in regional health settings. <ol style="list-style-type: none"> 2.1 Consider remunerated study leave and flexible working arrangements. 3. Co-design structures that allow rural allied and scientific health students to enter early employment as AHAs or support workers while studying. 4. Partner with universities including university departments of rural health to increase local allied and scientific health training opportunities in regional areas. 5. Investigate opportunities to provide allied health employment on completion of tertiary training.

No	Strategy	Key lead	Stakeholders and partners	Action(s)
1.13	Increase education, training capacity and career advancement opportunities for the allied and scientific health workforce and wider support workforce	ASHO RSS ⁶	DHW Regional LHNs SCSS CEIH Universities Professional associations SARRAH Unions	<ol style="list-style-type: none"> 1. Explore opportunities to revise existing provisions of the 'Professional Development and Maintenance of Professional Registration/ Accreditation' section (clause 21) in the <i>South Australian Modern Public Sector Enterprise Agreement: Salaried 2017</i> and its successor to allow AHAs and technical workforce to access professional development funding. <ol style="list-style-type: none"> 1.1 Consider expanding the Allied Health Professionals Plus Professional Development and Reimbursement Program (AHP+PDRP) and the Country Allied Health Clinical Enhancement Program Plus (CAHCEP+) to include AHAs. 2. Strengthen partnerships with health, higher-education sector, professional associations and leading industries to: <ol style="list-style-type: none"> 2.1 embed allied and scientific health lead research initiatives, aligned to service needs and priorities, to attract innovation and research in regional areas 2.2 create joint academic and clinical appointments with universities, allowing academics to be embedded in clinical services to support translational research 2.3 establish opportunities for allied and scientific health professionals to enter non-clinical roles, including leadership, management, program and project roles 2.4 increase opportunities & access to postgraduate training, including postgraduate research training, specialist training and rural generalist training in all settings. 3. Review and embed the current SA Health Allied Health Assistant Framework, inclusive of supervision and task delegation, across professions and programs. 4. Build research and innovation partnerships with the CEIH. 5. Identify service gaps/needs across regions to implement pathways for clinicians to access advanced and extended scope of practice training.



No	Strategy	Key lead	Stakeholders and partners	Action(s)
1.14	Create sustainable funding and support structures to allow allied and scientific health workforce to access specialist training, including rural generalist training	RSS ⁶ ASHO	DHW Regional LHNs SCSS ASHO Commonwealth Government CSAPHN	<ol style="list-style-type: none"> 1. Identify opportunities to increase alignment to existing Commonwealth, state and local training funding to support allied and scientific health development. <ol style="list-style-type: none"> 1.1 Work with DHW to ensure equity for regional teaching and training funds and opportunities, to match those of metropolitan LHNs. 2. Collaborate across sectors to expand uptake of the Allied Health Rural Generalist Pathway across sectors. 3. Evaluate, expand and increase AHP+PDRP and CAHCEP+ eligibility and funding to support postgraduate training and to reflect increased cost associated with training in rural areas.
1.15	Embed and implement evidence-based initiatives that enable all regional allied health clinicians to adequately access supervision and mentorship opportunities	RSS ⁶	DHW Regional LHNs SCSS Universities CSAPHN	<ol style="list-style-type: none"> 1. Establish and implement a contemporary evidence-based SA Health Rural Allied Health Clinical Supervision Framework that acknowledges regional challenges and includes: <ol style="list-style-type: none"> 1.1 remote supervision models across regions and sectors 1.2 mentorship and peer support models across regions and sectors 1.3 capacity for inter-professional support and practice 1.4 consideration for profession-specific supervision requirements that align with Australian Health Practitioner Regulation Authority (AHPRA) standards. 2. Develop targeted strategies to support clinicians working in high-risk areas due to professional and or geographical isolation, and increase staff wellbeing.
1.16	Strengthen partnerships with the higher education sector to ensure the future workforce is responsive to emerging rural community needs	RSS ⁶	Regional LHNs SCSS Universities ASHO Professional associations CSAPHN	<ol style="list-style-type: none"> 1. Identify opportunities to review and co-design allied and scientific health curricula that align to rural context and support future rural and remote practice, including: <ol style="list-style-type: none"> 1.1 clinical specialty areas such as rural generalism, aged care and mental health 2. Embed rural placement models that are longitudinal and multi-sector to allow students to gain a deeper exposure to rural practice. 3. Collaborate with universities during regional service planning to ensure current allied and scientific health training pathways are aligned with future regional service supply and demand needs.

Jessica Hoggan (Occupational Therapist, Subacute Program) with a consumer at Country Health Connect, Mount Gambier, Limestone Coast Local Health Network



Theme two – New and sustainable workforce models for rural health care

No	Strategy	Key lead	Stakeholders and partners	Action(s)
Objective 2a – Maximise the use of contemporary digital health advancements to complement allied and scientific health services and improve client outcomes				
2.1	Advocate for opportunities to expand digital infrastructure and resources to regional communities to improve consumers access to technology	DHW	Local government ACCHO Commonwealth Government Regional LHNs RSS CSAPHN National Rural Health Alliance	<ol style="list-style-type: none"> 1. Advocate for the implementation of key strategic priorities of Australia's National Digital Health Strategy as it applies to the rural and remote communities. 2. Explore opportunities to provide consumers with adequate internet and other digital health technologies, while maintaining their privacy and confidentiality, through existing community centres in ACCHOs or other local government spaces. 3. Develop and implement technology literacy initiatives across regional SA.
2.2	Ensure expanded digital infrastructure and resources to regional LHNs includes safe and efficient allied and scientific health service provision	Regional LHNs	RSS SCSS DHW CSAPHN Australian Digital Health Agency	<ol style="list-style-type: none"> 1. Work with DHW to ensure that digital health infrastructure is up to date and fit for purpose in regional LHNs. 2. Audit regional LHNs to determine their 'digital readiness' and interface compatibility with other agencies. 3. Ensure clinical teams are field enabled and have access to up-to-date digital health technology that is supported by best-practice guidelines.
2.3	Develop and fund training pathways to enhance allied and scientific health workforce confidence and capability in digital health provision	ASHO RSS ⁶ Regional LHNs	Regional LHNs ASHO DHW SCSS CEIH SCSS CSAPHN Universities	<ol style="list-style-type: none"> 1. Partner with universities and professional associations to develop best-practice guidelines for the use of tele-practice to support the provision of safe allied health services. 2. Create roles that allow regional allied and scientific health clinicians to lead innovation through mentoring and partnerships with industry. 3. Investigate opportunities to partner with universities and industry to establish a 'statewide allied and scientific health tech hub', to drive innovation and research.

No	Strategy	Key lead	Stakeholders and partners	Action(s)
2.4	Explore and embed evidence-based innovative models of care to provide safe, quality and effective allied and scientific health services to regional communities	RSS ⁶	DHW Universities Regional LHNs SCSS Metro LHNs CSAPHN Professional associations RFDS SAAS	<ol style="list-style-type: none"> 1. Establish inter-professional ‘collaborative care models’ with metropolitan-based specialists and regional allied and scientific health clinicians to allow consumers to be treated closer to home. 2. Embed evidence-based inter-professional models of care that enhance allied and scientific health service provision and improve patient outcomes. <ol style="list-style-type: none"> 2.1 Investigate opportunities to develop cross organisation and profession response models of care, i.e. allied health and SAAS, in identified areas of need, such as mental health and aged care. 2.2 Embed local culturally safe training, management, delivery practices and service design. 3. Develop and implement systems that allow clinicians to utilise digital health to maximise client outcomes through use of digital apps and online consumer-led support forums. <ol style="list-style-type: none"> 3.1 Advocate through DHW to support reforms in primary health care funding, such as retention of temporary MBS telehealth items. 4. Partner with universities to establish a virtual group of allied health practitioners that provide allied health services and support to remote clinicians and consumers during workforce shortages. 5. Establish a model of care from assessment through to discharge based on best-practice guidelines to support consumers to access quality health services virtually. 6. Promote hybrid models of care that enhance allied health services and access to regional consumers.
2.5	Expand remote learning opportunities across regional areas to support allied and scientific health to access training opportunities	RSS ⁶ ASHO	SCSS Regional LHNs Universities Professional associations SARRAH CSAPHN Rural workforce agencies RFDS	<ol style="list-style-type: none"> 1. Optimise technology use to include professional development/training opportunities and access to clinical support and supervision for professionals working in remote locations: <ol style="list-style-type: none"> 1.1 Expand current advanced skill training pathways to be accessed remotely. 1.2 Identify opportunities to enable online collaboration and professional/ inter-professional networking across regional LHNs such as: <ol style="list-style-type: none"> a. online communities of practice models b. virtual mentoring and peer networking.



No	Strategy	Key lead	Stakeholders and partners	Action(s)
2.6	Partner with universities and professional associations to ensure future allied and scientific health workforce is digitally capable and competent	RSS ⁶ ASHO	Universities Regional LHNs SCSS CSAPHN Professional associations Australian Digital Health Agency	<ol style="list-style-type: none"> 1. Expand allied and scientific health curricula and professional training competencies to include digital health practice, in line with current best-practice guidelines. 2. Investigate opportunities that allow allied and scientific health students to gain greater exposure to digital health during placement.
2.7	Ensure streamlined current and future electronic reporting and recording systems includes allied and scientific health to ensure safe, evidence based and efficient health service provision	RSS ⁶ DHW	ASHO Regional LHNs Metro LHNs SCSS Australian Digital Health Agency National accreditation and regulatory bodies	<ol style="list-style-type: none"> 1. Collaborate with relevant stakeholders to create systems that allow clinicians to securely store and access patient data remotely. 2. Implement systems that allow current electronic medical record systems to connect and exchange information to avoid duplication.

No	Strategy	Key lead	Stakeholders and partners	Action(s)
Objective 2b – Strategic, responsive and proactive workforce planning to ensure equitable access to allied and scientific health services				
2.8	Improve the capture, reporting and the analysis of allied and scientific health workforce data and trends to enhance service planning and future modelling	RSS ⁶ Regional LHNs	ASHO SCSS CSAPHN Universities Professional associations Commonwealth Government VET providers Private Health Insurance Administration Council Private aged care providers Metropolitan LHNs ACCHOs Disability service providers OCPSE	<ol style="list-style-type: none"> 1. Utilise available datasets to conduct evidence-based workforce planning in regional areas. <ol style="list-style-type: none"> 1.1 Partner with CSAPHN, regional LHNs, private sector and other relevant associations and stakeholders to collate local workforce data and workload measures. 2. Support the recommendations from the National Rural Health Commissioner’s report on the development of a national allied health workforce minimum dataset. 3. Collaborate with universities, VET providers, CSAPHN, private sector, metropolitan LHNs and ACCHOs, where relevant, during service planning to support future workforce projections and service needs through targeted allied and scientific health training.





No	Strategy	Key lead	Stakeholders and partners	Action(s)
2.9	Invest in strategic service planning to determine future opportunities for growth and divestment and develop allied and scientific health workforce models to meet emerging population needs and cultural needs	Regional LHNs	RSS SCSS DHW ASHO Universities (education sector) CSAPHN ACCHOs Commonwealth Government Private aged care providers Disability service providers	<ol style="list-style-type: none"> 1. Implement recommendations from the Disability Royal Commission and the Royal Commission into Aged Care Quality and Safety on access to allied health services in aged care. <ol style="list-style-type: none"> 1.1 Partner with universities, VET providers and professional bodies to develop and promote pathways and careers in the aged care sector. 2. Use best-practice standards to ensure adequate allied and scientific health and support workforce staffing ratios when establishing new and existing models of care, and allied and scientific health leadership engagement during commissioning of health services. 3. Establish adequate leadership and governance structures to review and monitor emerging digital health advancements and review models of care accordingly. 4. Review current legislation, regulations and policies to support rural allied and scientific health clinicians to work to their full, advanced or extended scope of practice. <ol style="list-style-type: none"> 4.1 Investigate opportunities to implement access to the Council of Australian Governments (COAG) Improving Access to Primary Care in Rural Remote Areas – COAG s19(2) exemption funding opportunities for eligible health services. 5. Implement strategies to ensure future supply of small and critical allied and scientific health workforce is aligned with regional service needs, including: <ol style="list-style-type: none"> 5.1 monitoring of small and critical allied and scientific health workforce data to inform higher education providers to ensure adequate training pipelines 5.2 identifying funding disincentives to changing scope of practice 5.3 exploring opportunities to use the provisionally registered workforce where appropriate.

No	Strategy	Key lead	Stakeholders and partners	Action(s)
2.10	Establish allied health-led models of care to improve rural health outcomes	Regional LHNs	RSS CSAPHN SARRAH Local government Wellbeing SA ACCHOs	<ol style="list-style-type: none"> 1. Conduct strategic service planning to explore opportunities for establishing allied health led models of care. 2. Implement evidence-based allied health-led models of care across regional service and practice settings to optimise health outcomes and health workforce utilisation in areas such as: <ol style="list-style-type: none"> a. chronic disease management b. aged care c. palliative care d. primary health care e. child health f. preventable admissions. 3. Embed allied health services that consider population needs and service priorities in consultation and engagement with local communities using a co-design framework, including: <ol style="list-style-type: none"> 3.1. clinical models of service delivery to support access to culturally & linguistically diverse & Aboriginal consumers. 4. Review current legislation, regulations and policies to support rural allied health clinicians to work to their full, advanced or extended scope of practice. <ol style="list-style-type: none"> 4.1. Investigate opportunities to implement access to the Council of Australian Governments (COAG) Improving Access to Primary Care in Rural Remote Areas – COAG s19(2) exemption funding opportunities for eligible health services.
2.11	Establish innovative and hybrid positions for allied and scientific health in rural areas	Regional LHNs	RSS Metro LHNs Universities CSAPHN ASHO	<ol style="list-style-type: none"> 1. Explore rotational positions across regional areas and service settings. 2. Explore rotational positions and work exchange opportunities with tertiary hospitals in metropolitan LHNs. 3. Create joint academic and clinical appointments with universities, allowing academics to be embedded in clinical services to support translational research.
2.12	Fund allied and scientific health research in regional LHNs to promote a supported evidence-based culture	ASHO RSS ⁶	Regional LHNs SCSS DHW Universities CEIH	<ol style="list-style-type: none"> 1. Co-design and implement an SA Health Allied and Scientific Health Research Framework to support, embed and integrate research into rural practice, including: <ol style="list-style-type: none"> 1.1. allied & scientific health-led & inter-professional research opportunities driven by regional clinical service needs. 2. Expand current AHP career structures to include allied health research opportunities and invest in skills required to support translational research. 3. Partner with universities and leading industry for research collaboration that improves regional client outcomes. 4. Create joint academic and clinical appointments with universities, allowing academics to be embedded in clinical services to support translational research.



*Brooke Matcham (Occupational Therapist)
at Port Lincoln Hospital and Health Service,
Eyre and Far North Local Health Network*

Theme three – Developing a collaborative and coordinated health system

No	Strategy	Key lead	Stakeholders and partners	Action(s)
Objective 3a – Collaboration to support the sustainability of the rural allied and scientific health workforce				
3.1	Create systems that strengthen linkages and allow greater collaboration with metro LHNs, regional LHNs, statewide support services, and non-government and private organisations	RSS ⁶ Regional LHNs	DHW Metro LHNs SCSS CSAPHN SAAS RFDS Private sector providers	<ol style="list-style-type: none"> 1. Build formal relationships with metro hospitals through agreed principles to: <ol style="list-style-type: none"> 1.1 increase access and consistency to professional support and opportunities for clinical collaboration 1.2 allow sharing of resources, guidelines, protocols and training between metro and regional LHNs 1.3 build relationships between clinicians to reduce duplication of assessments during client transfer between services through developing a shared understanding. 2. Formalise clinical and professional networks through establishment of clinical forums such as communities of practice across regional health services (government, non-government and private providers). 3. Collaborate with NDIS and state based personal injury schemes to strengthen linkages and relationships across the state. 4. Develop an innovative SA Health rural clinical supervision framework that optimises access to clinical supervision and provides culturally safe and responsive supervision across the system. 5. Develop opportunities for allied and scientific health to work across metropolitan and regional LHNs, including across agencies and settings. 6. Investigate opportunities streamline procurement processes, monitoring and management of service agreements with private providers, including: <ol style="list-style-type: none"> 6.1 allied health leadership & oversight during procurement, monitoring and management of services contracts.
3.2	Investigate opportunities to enable clinicians to work across regional LHNs to support changes to workforce demand and service needs, and support skill development	Regional LHNs	RSS SCSS DHW	<ol style="list-style-type: none"> 1. Review HR practices to explore shared/rotating staffing models and access to shared candidate pools between regional LHNs. 2. Investigate opportunities to establish a 'regional allied health reliever workforce' that provide allied health services to consumers across the region during periods of high demand and workforce shortages. 3. Establish structures that allow greater collaboration between regional LHNs to increase efficiency of recruitment across LHNs.



No	Strategy	Key lead	Stakeholders and partners	Action(s)
3.3	Increase and improve representation of Aboriginal and Torres Strait Islander allied and scientific health professionals working in regional areas	Regional LHNs	RSS ACCHOs SCSS DHW Universities CSAPHN IAHA SARRAH	<ol style="list-style-type: none"> 1. Implement key strategic priorities of the SA Health Aboriginal Workforce Framework 2017–2022 and the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2023 and subsequent national strategies. 2. Explore opportunities to partner with and develop formalised partnerships with universities, high schools and Aboriginal communities for early engagement with younger Aboriginal students through: <ol style="list-style-type: none"> 2.1 targeted work experience opportunities 2.2 mentorship opportunities. 3. Partner with higher education sector and ACCHOs to introduce supportive and community-led alternative entry pathways to allied and scientific health courses. 4. Partner with IAHA and Aboriginal communities to implement the recommendations from the National Rural Health Commissioner’s report on establishing a National Aboriginal and Torres Strait Islander Health Academy in SA. 5. Increase the number of Aboriginal and Torres Strait Islander people participating in allied and scientific health courses through introductions of university sub-quotas. 6. Collaborate with Aboriginal communities to support adequate Aboriginal representation and planning of health services in regional areas. 7. Co-design and establish an Aboriginal allied and scientific health training network, to support the development of Aboriginal allied and scientific health clinicians. 8. Explore Aboriginal allied and scientific health traineeship opportunities and employment offers in regional areas. <ol style="list-style-type: none"> 8.1 Investigate opportunities to establish an SA Health Aboriginal Allied and Scientific Health Cadetship Program that provides support, assistance and ongoing employment opportunities to Aboriginal students on completion of an allied and scientific health course.

No	Strategy	Key lead	Stakeholders and partners	Action(s)
3.4	Build a culturally responsive allied and scientific health workforce to ensure services are culturally safe and achieve improvement in Aboriginal health outcomes	ASHO	RSS ACCHOs Regional LHNs SCSS DHW CSAPHN IAHA SARRAH AHPRA Universities Professional associations Accreditation bodies	<ol style="list-style-type: none"> 1. Ensure allied and scientific health education and further training includes evidence-based cultural responsiveness training, including access to experiential learning. <ol style="list-style-type: none"> 1.1 Ensure Aboriginal cultural responsiveness training is delivered face-to-face, is country specific and is aligned with AHPRA and professional associations practitioner standards. 2. Identify opportunities for greater collaboration with Aboriginal communities and ACCHOs. <ol style="list-style-type: none"> 2.1 Investigate opportunities to formalise relationships with ACCHOs to support greater clinical collaboration and enhance care for Aboriginal people. 2.2 Develop and embed sustainable culturally specific roles/positions that allow clinicians to access mentors and work across regional LHNs and ACCHOs. 3. Explore service models that allow allied and scientific health clinicians to collaborate with Aboriginal health practitioners and Aboriginal health workers.





No	Strategy	Key lead	Stakeholders and partners	Action(s)
Objective 3c – Increase allied and scientific health leadership capability, capacity and sustainability				
3.5	Embed pathways to support the development of allied and scientific health leaders for emerging and existing allied and scientific health workforce	ASHO RSS ⁶	Regional LHNs SCSS ASHO DHW Universities OCPSE Professional associations	<ol style="list-style-type: none"> 1. Partner with universities and professional bodies to review allied and scientific health training courses and develop managerial and leadership training as part of ‘core training’. 2. Develop and implement an SA Health Allied Health Leadership Framework that acknowledges clinical and managerial leadership development pathways in alignment with South Australian Modern Public Sector Enterprise Agreement: Salaried 2017 work level definitions. 3. Partner with the education sector to improve access to leadership, management and relevant business training for allied and scientific health. 4. Embed pathways that promote both clinical and managerial/ operational allied and scientific health leaders. Create formal mentoring programs with senior leadership and executives across the system to support emerging allied and scientific health leadership. 5. Promote existing local and national leadership and mentoring programs, including but not limited to Leading Clinicians Alumni, Gender Equality and Diversity Mentoring Program, National Farmers Federation Leadership, South Australian Rural Leadership Program, Australian Rural Leadership Foundation, OCPSE Leadership and Mentoring Program, and Regional LHN Growing Leaders Program.
3.6	Develop structures that recognise the importance and necessity of leadership and representation of allied and scientific health in all levels	Regional LHNs	RSS SCSS DHW	<ol style="list-style-type: none"> 1. Increase clinical and managerial allied and scientific health leaders across regional LHNs. <ol style="list-style-type: none"> 1.1. Review regional LHN structures to ensure senior allied and scientific health leadership at all levels to create parity with medical and nursing and midwifery structures. 1.2. Advocate for multi-classification and flexible work arrangements of senior and executive leadership positions (inclusion of AHP and MeS), based on the required skill base of the position.



As with any plan, the process to ensure these strategies are delivered is critical.

Implementation

As with any plan, the process to ensure these strategies are delivered is critical. The key lead with responsibility for the implementation of each strategy has been outlined within the plan, and the suggested timelines for the delivery of each strategy are outlined below. Responsibility for monitoring the delivery of the SA Rural Allied and Scientific Health Workforce Plan lies with the Rural Health Workforce Strategy Steering Committee.

Implementation of these strategies will be undertaken using the consultative and collaborative approach demonstrated throughout the development of this plan, with all strategies to be delivered under the leadership of regional local health networks and in close consultation with rural communities, rural clinicians and other key stakeholders.

Theme one – Building a skilled workforce

No	Strategy	1 year	2 years	5 years
Objective 1a – Develop attractive rural and remote allied and scientific health positions				
1.1	Develop and implement a comprehensive recruitment and retention strategy that promotes SA regional allied and scientific health positions and rural living		●	
1.2	Embed and promote flexible workforce arrangements that optimise allied and scientific health workforce responsiveness		●	
1.3	Streamline recruitment processes across the regional LHNs		●	
1.4	Develop a learning, enabling and tolerant workplace culture that fosters, supports and values allied and scientific health		●	
1.5	Establish structured and formalised networks to support allied health professionals, scientists and students to integrate into the rural community	●		
1.6	Maximise shared funding opportunities across the community to offer greater full-time equivalent and longer-term employment opportunities for allied and scientific health professionals			●
1.7	Introduce and embed contemporary retention and reward approaches for regional LHN allied and scientific health professionals			●

Opposite: Elise Hallion (Occupational Therapist) with a consumer at Whyalla Hospital and Health Service, Flinders and Upper North Local Health Network

No	Strategy	1 year	2 years	5 years
Objective 1b – Strengthen rural allied and scientific health educational pathways and advanced training opportunities for emerging and existing clinicians				
1.8	Establish structures and pathways to support rural students to undertake allied and scientific health training closer to home			•
1.9	Embed innovative rural placement models that enhance the student experience and maximise exposure to rural practice			•
1.10	Develop and embed innovative early career support structures that enable graduates to transition, grow and develop in rural settings		•	
1.11	Expand inter-professional education opportunities and support structures that promote collaboration and professional development opportunities for emerging and existing professionals		•	
1.12	Establish sustainable training pathways to encourage AHAs and the wider support workforce to undertake allied health or medical science training			•
1.13	Increase education, training capacity and career advancement opportunities for the allied and scientific health workforce and wider support workforce			•
1.14	Create sustainable funding and support structures to allow allied and scientific health workforce to access specialist training, including rural generalist training			•
1.15	Embed and implement evidence-based initiatives that enable all regional allied health clinicians to adequately access supervision and mentorship opportunities		•	
1.16	Strengthen partnerships with the higher education sector to ensure the future workforce is responsive to emerging rural community needs		•	

Theme two – New and sustainable workforce models for rural health care

No	Strategy	1 year	2 years	5 years
Objective 2a – Develop sustainable allied and scientific health workforce models				
2.1	Advocate for opportunities to expand digital infrastructure and resources to regional communities to improve consumers access to technology			•
2.2	Ensure expanded digital infrastructure and resources to regional LHNs includes safe and efficient allied and scientific health service provision			•
2.3	Develop and fund pathways to enhance allied and scientific health workforce confidence and capability in digital health provision		•	
2.4	Explore and embed evidence-based innovative models of care to provide safe, quality and effective allied and scientific health services to regional communities			•
2.5	Expand remote learning opportunities across regional areas to support allied and scientific health to access training opportunities	•		
2.6	Partner with universities and professional associations to ensure future allied and scientific health workforce is digitally capable and competent			•
2.7	Ensure streamlined current and future electronic reporting and recording systems includes allied and scientific health to ensure safe, evidence based and efficient health service provision			•
Objective 2b – Strategic, responsive and proactive workforce planning to ensure equitable access to allied and scientific health services				
2.8	Improve the capture, reporting and the analysis of allied and scientific health workforce data and trends to enhance service planning and future modelling			•
2.9	Invest in strategic service planning to determine future opportunities for growth and divestment and develop allied and scientific health workforce models to meet emerging population needs and cultural needs		•	
2.10	Establish allied health-led models of care to improve rural health outcomes		•	
2.11	Establish innovative and hybrid positions for allied and scientific health in rural areas	•		
2.12	Fund allied and scientific health research in regional LHNs to promote a supported evidence-based culture		•	

Theme three – Developing a collaborative and coordinated health system

No	Strategy	1 year	2 years	3 years
Objective 3a – Collaboration to support the sustainability of the rural allied and scientific health workforce				
3.1	Create systems that strengthen linkages and allow greater collaboration with metro LHNs, regional LHNs, statewide support services, and non-government and private organisations	●		
3.2	Investigate opportunities to enable clinicians to work across regional LHNs to support changes to workforce demand and service needs, and support skill development		●	
Objective 3b – Develop culturally safe and responsive allied and scientific health services				
3.3	Increase and improve representation of Aboriginal and Torres Strait Islander allied and scientific health professionals working in regional areas		●	
3.4	Build a culturally responsive allied and scientific health workforce to ensure services are culturally safe and achieve improvement in Aboriginal health outcomes	●		
Objective 3c – Increase allied and scientific health leadership capability, capacity and sustainability				
3.5	Embed pathways to support the development of allied and scientific health leaders for emerging and existing allied and scientific health workforce	●		
3.6	Develop structures that recognise the importance and necessity of leadership and representation of allied and scientific health in all levels		●	

Esther Telfer (Speech Pathologist and Rural Generalist Trainee) with a consumer at Port Lincoln Hospital and Health Service, Eyre and Far North Local Health Network



Notes

1. Australian Government Department of Health (2018) Fact Sheet: Primary Health Care [Accessed 7 May 2021]
Retrieved from <https://www1.health.gov.au/internet/main/publishing.nsf/Content/Fact-Sheet-Primary-Health-Care#:~:text=Primary%20health%20care%20can%20be,Aboriginal%20Community%20Controlled%20Health%20Services>.
2. Regional hospitals are generally classified into two groups: larger activity base-funded hospitals and smaller grant-funded hospitals. This is a funding classification, with larger hospitals having adequate volume and complexity of activity to be funded under national activity-based funding rules. Smaller rural hospitals need to be grant-funded to ensure they can meet minimum staffing and service provision requirements.
3. Australian Allied Health Leadership Forum (2019) What is Allied Health? [Accessed 29 October 2020]
Retrieved from: <https://aahlf.com/what-is-allied-health/>
4. Regional LHN allied health workforce data includes allied health professionals employed by agencies in SA Health, as obtained from the HR21 HRMS database. Data does not include non-government contractors providing services in an SA Health site, or private and non-government clinicians working in regional areas. Although the majority of allied health staff are classified under the AHP classification, allied and scientific health staff also work under other classifications including ASO, TGO, OPS, MeS and GFSc. Please note that where a large number of allied health work part-time, the headcount number may be inflated, if compared to the FTE.
5. Australian Institute of Health and Welfare (2020) Health workforce [Accessed 2 December 2020] Retrieved from <https://www.aihw.gov.au/reports/australias-health/health-workforce>.
6. Where the 'Rural Support Service' is listed as a 'key lead' for a strategy, the Rural Support Service will lead the strategy under the guidance of all regional LHNs. The Rural Support Service operates under a governance charter, with strategic direction collectively provided by the boards of the six regional LHNs.



Glossary

ACCHO	Aboriginal Community Controlled Health Organisation
AHA	allied health assistant
AHP	allied health professional
AHPRA	Australian Health Practitioner Regulation Authority
AHP+PDRP	Allied Health Professionals Plus Professional Development and Reimbursement Program
ASHO	Allied and Scientific Health Office
CAHCEP+	Country Allied Health Clinical Enhancement Program Plus
CEIH	Commission on Excellence and Innovation in Health
CSAPHN	Country South Australia Primary Health Network
DHW	Department for Health and Wellbeing
FTE	full-time equivalent
IAHA	Indigenous Allied Health Australia
LHN	local health network
MPS	multi-purpose service
NDIS	National Disability Insurance Scheme
OCPSE	Office of the Commissioner for Public Sector Employment
RDWA	Rural Doctors Workforce Agency
RFDS	Rural Flying Doctor Service
RSS	Rural Support Service
RHMT	Rural Health Multidisciplinary Training Program
SAAS	South Australian Ambulance Service
SARRAH	Services for Australian Rural and Remote Allied Health
SCSS	Statewide Clinical Support Services
TPPP	Transition to Professional Practice Program
VET	vocational education and training



Appendix A – SA Rural Allied and Scientific Health Workforce Plan consultation regional visits

No	Date	Organisation/location	No of participants
1	10 March 2021	Riverland Mallee Coorong LHN – Microsoft Teams	6
2	17 March 2021	SAAS	1
3	18 March 2021	Barossa Hills Fleurieu LHN – Kangaroo Island	4
4	22 March 2021	Barossa Hills Fleurieu LHN – Strathalbyn	12
5	23 March 2021	Barossa Hills Fleurieu LHN – Angaston	11
6	25 March 2021	Limestone Coast LHN – Mount Gambier	6
7	26 March 2021	Limestone Coast LHN – Naracoorte	4
8	26 March 2021	Limestone Coast LHN – Bordertown	3
9	29 March 2021	Riverland Mallee Coorong LHN – Berri	7
10	31 March 2021	Northern Adelaide LHN – Lyell McEwin Hospital	2
11	31 March 2021	Southern Adelaide LHN – Flinders Medical Centre	4
12	31 March 2021	Central Adelaide LHN – Royal Adelaide Hospital	4
13	1 April 2021	Flinders and Upper North LHN – Whyalla	19
14	6 April 2021	Eyre and Far North LHN – Port Lincoln	12
15	7 April 2021	Eyre and Far North LHN – Ceduna	11
16	7 April 2021	Women’s and Children’s Health Network – Microsoft Teams	1
17	7 April 2021	MedSTAR	1
18	8 April 2021	Yorke and Northern LHN – Clare	6
19	9 April 2021	SA Pathology	5
20	9 April 2021	Yorke and Northern LHN – Port Pirie	12

Opposite: Hamish Peberdy (Physiotherapist) with a consumer at Berri Hospital, Riverland Mallee Coorong Local Health Network

Appendix B – Written responses to the Consultation Draft SA Rural Allied and Scientific Health Workforce Plan

No	Name of responder	Organisation
1	Viv London	Yorke and Northern LHN
2	Lauren Mackenzie	Rural Support Service
3	Vicki Jacobs	Office of the Chief Psychiatrist, SA Health
4	Lucas Semmler	SA Pathology
5	Professor Alison Kitson	Flinders University
6	David Morris	Southern Adelaide LHN
7	Professor Mary Butler Associate Professor Paul Rothmore Associate Professor Stacie Attrill	University of Adelaide
8	Sandra Parr	Northern Adelaide LHN
9	Elizabeth Haebich	Barossa and Districts Health Advisory Council
10	Debbie Walker	Naracoorte Health Service, Limestone Coast LHN
11	Rick Howe	Lifetime Support Authority
12	Katie Billing	Commission on Excellence and Innovation in Health
13	Tegan Carrison	Australian Association of Psychologists Inc
14	Dr Barbara Timmer	Audiology Australia
15	Leigh Clarke	The Australian Orthotic Prosthetic Association
16	Jodie Long	The Australian Sonographers Association
17	Julia Schindlmayr	Dietitians Australia
18	Rosie Ratcliff	Public Service Association of SA Inc
19	Gail Mulcair	Speech Pathology Australia
20	Adjunct Professor Ruth Stewart	National Rural Health Commissioner
21	Anita Hobson-Powell	Exercise and Sports Science Australia
22	Sonia Read	Barossa Hills Fleurieu LHN
23	Annie Paras	Limestone Coast LHN
24	Judith de Lang	Riverland Mallee Coorong LHN

L-R: Ronda Smith (Social Worker), Vanessa Barry (Speech Pathologist), Kate Morley (Dietitian) and Brooke Matcham (Occupational Therapist) at Port Lincoln Airport





For more information

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