The Hon Josh Frydenberg MP
Treasurer
Parliament House
CANBERRA ACT 2600
By email: prebudgetsubs@treasury.gov.au

Dear Treasurer

2022-23 Pre-Budget Submission

The Australian Rural Health Education Network (ARHEN) welcomes the opportunity to provide a submission to the forthcoming 2022-23 federal Budget.

ARHEN's purpose is to improve the health and wellbeing of people in rural and remote Australia by providing high-quality health education, research and advocacy. Our members are the 17 University Departments of Rural Health (UDRH) located in rural and remote Australia.

For more than twenty years, the UDRHs have supported the current and future rural and remote health workforce by providing training opportunities, academic support and leading research on rural and remote health matters.

The COVID pandemic has reinforced the critical importance of having a skilled and flexible multidisciplinary health workforce of sufficient scale and geographic reach to meet the needs of rural and remote communities. ARHEN is proposing a suite of initiatives that will leverage the skills, local knowledge and infrastructure of the UDRHs to ensure the rural and remote health workforce is both available and capable of delivering high-quality care into the future.

If you have any further questions in relation to our submission, please contact Ms Joanne Hutchinson, ARHEN National Director, via email at joanne.hutchinson@arhen.org.au.

Yours sincerely

C Howard.

Christine Howard
Chair, Australian Rural Health Education Network
28 January 2022

Executive Summary

ARHEN makes the following recommendations to grow and support the current and future rural and remote health workforce.

	Proposal	**Indicative cost ($m)**
1	Establish a new University Department of Rural Health in Western Australia in the South-West or Goldfields region.	$12 m over three years
2	Increased support for safe and secure health student accommodation in rural and remote regions.	$36 m over three years
3	Implement the recommendation from the 2021 Report of the House of Representatives Select Committee on Mental Health and Suicide Prevention to leverage the Australian Rural Health Education Network by funding clinical placements in regional, rural and remote university clinics, and using these clinics to trial multidisciplinary, hybrid mental health hubs that integrate digital services and face-to-face services.	$20 m over three years
4	Increased support for innovation in nursing and allied health student training placements in rural and remote regions.	$20 m over three years
5	Increased support for rural and remote health research in the Rural Health Multidisciplinary Training Program.	$10 m over three years
6	Reduce or eliminate Higher Education Loan Payments (HELP) debts for nursing, midwifery and allied health students that practice in rural or remote locations upon graduation.	$10 m over three years
7	Progress a multidisciplinary rural training and career pathway for nursing and allied health students.	$10 m over three years
8	Establish a Leaders in Indigenous Allied Health Education Network to support the teaching of Aboriginal and Torres Strait Islander health in allied health education.	$1 m over three years
9	Introduce five-year funding agreements for University Departments of Rural Health to reduce red-tape and support long-term employment in rural and remote Australia.	Nil

Introduction

About the Australian Rural Health Education Network - ARHEN

ARHEN is the national association and peak body for the 17 University Departments of Rural Health (UDRH) located in rural and remote Australia. ARHEN's purpose is to improve the health and wellbeing of people in rural and remote Australia by providing high quality health education, research and advocacy. Our priorities include:

- Building the future rural and remote health workforce by providing training opportunities for nursing, midwifery and allied health students.
- Supporting the current rural and remote health workforce with continuing professional development that is locally relevant and accessible.
- Building the evidence base on rural and remote health issues through high-quality research and knowledge translation that addresses the priorities and needs of local communities.
- Promoting Aboriginal and Torres Strait Islander health and wellbeing and supporting the local Aboriginal and Torres Strait Islander health workforce.
- Advocating nationally on rural and remote health issues to address health inequities and promote better health outcomes for people in rural and remote areas.

About the University Departments of Rural Health - UDRHs

The UDRHs are multidisciplinary academic centres based in rural and remote Australia. UDRH priorities include:

- Facilitating training placements for nursing, midwifery and allied health students in rural and remote health care, aged care, disability and other community services.
- Providing training and accommodation facilities, as well as social support, for students undertaking a rural or remote training placement.
- In partnership with local Indigenous communities, facilitating cultural awareness and safety training for all students on placement and providing mentoring support to Indigenous health students.
- Supporting the Aboriginal and Torres Strait Islander health workforce, including Aboriginal and Torres Strait health academics and researchers.
- Supporting the continuing professional development of rural and remote health professionals.
- Undertaking rural and remote health research in close partnership with local communities, health professionals and services.
- Delivering end-to-end training in rural and remote locations for some undergraduate and postgraduate health courses.

Recommendations

1. Establish a new University Department of Rural Health in Western Australia in the South-West or Goldfields region.

The UDRHs are funded by the Australian Government Department of Health through the Rural Health Multidisciplinary Training Program.

The 2020 independent evaluation of the Rural Health Multidisciplinary Training Program found that the program was 'an appropriate response and important contributor to addressing rural workforce shortages' that also generated economic and social benefits in rural and remote communities[1]. The report found that universities are delivering tertiary level teaching and training of health students in rural and remote settings to an equivalent or higher standard than metropolitan settings[2]. Rural placements were recognised to be a 'workforce generator' and that alumni of the Rural Health Multidisciplinary Training Program are now visible in many communities[3].

The report also identified three 'obvious gaps' in the geographic coverage of the UDRHs nationally, namely in Central Queensland as well as the south-west and Goldfields regions of Western Australia. Expansion into these regions is expected to 'increase training opportunities in smaller towns and communities (MM3-7 regions) as well as offering social, economic and workforce benefits'[4].

In the 2020-21 Budget, the Australian Government accepted this recommendation and provided $10 million over three financial years to fund one new UDRH in one of the three regions listed above. ARHEN strongly welcomed this expansion of the UDRH footprint into these under-served regions. In January 2022, the Minister for Regional Health announced that the new UDRH would be established in Central Queensland.

ARHEN calls on the Australian Government to continue to build on the success of the Rural Health Multidisciplinary Training Program and now fund a new UDRH in one of the two remaining regions in Western Australia to help grow the future rural and remote health workforce in this state.

These regions experience poor health outcomes and workforce pressures are expected to grow over the next decade. For example, the south-west region of Western Australia is one of the state's fastest growing regions and is expected to

[1] KBC Australia. (May 2020). Independent evaluation of the Rural Health Multidisciplinary Training Program: Final Report to the Commonwealth Department of Health. Page 15. Available at https://www.health.gov.au/resources/publications/evaluation-of-the-rural-health-multidisciplinary-training-rhmt-program (Accessed 20 January 2022).
[2] Ibid, page 234.
[3] Ibid, page 236.
[4] Ibid, page 274.

account for two-thirds of all regional population growth by 2031[5]. The region has a rapidly growing ageing population and experiences higher levels of many chronic diseases, such as heart disease, compared to the rest of the state[6]. The region also experiences 2.2 times the rate of hospitalisation for Indigenous Australians compared to non-Indigenous Australians[7]. Similar levels of chronic health conditions and unmet need also exist in the Goldfields region[8].

This proposal will help to address the critical nursing and allied health workforce shortages in rural and remote regions of Western Australia, as well as support the local Aboriginal and Torres Strait Islander health workforce and communities.

Indicative cost: $12 million over three years.

2. Increased support for safe and secure health student accommodation in rural and remote regions.

Each year, around 15,000 health students undertake a rural and remote training placement facilitated by the UDRHs. Whilst on placement, the UDRHs support students by organising safe and secure accommodation in either university managed accommodation or in the private rental market.

University managed accommodation is charged at a modest rate and those students placed in private accommodation are typically provided with a subsidy. Feedback from students who undertake a rural or remote training placement indicates that the availability of low-cost accommodation, plus its quality and safety, greatly enhances the experience of living and studying in rural and remote locations.

While UDRHs can use part of their program funding to rent and maintain student accommodation, the level of demand for rental properties in many regions is pricing the UDRHs out of the local market and acting as a handbrake on the number of student placements that can be offered. It is also increasingly difficult to secure new accommodation in tight rental markets when needed.

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[5] Western Australian Government. Western Australian Tomorrow population forecasts: Storymap. Available at https://www.wa.gov.au/government/document-collections/western-australia-tomorrow-population-forecasts#latest-forecasts-population-report-no-11. (Accessed 23 January 2022).

[6] Government of Western Australia, WA Country Health Service (November 2018). South West Health Profile. Page 4. Available at https://www.wacountry.health.wa.gov.au/~/media/WACHS/Documents/About-us/Publications/Health-profiles-and-service-plans/South_West_Health_Profile_2018.pdf (Accessed 23 January 2022).

[7] Ibid, page 4.

[8] Government of Western Australia, WA Country Health Service (January 2018). Goldfields Health Profile. Available at https://www.wacountry.health.wa.gov.au/~/media/WACHS/Documents/About-us/Publications/Health-profiles-and-service-plans/Goldfields_Health_Profile_2018.pdf. (Accessed 23 January 2022).

Data shows that in the 12 months to April 2021, rent prices in regional areas rose more than three times that of capital cities[9]. In addition, there has been a significant tightening of availability with many regions experiencing a halving in the number of properties to rent[10]. The COVID-19 pandemic has also adversely affected the supply of building materials and availability of labour which is limiting the capacity of the UDRHs to build for-purpose student training and accommodation in the regions.

The pandemic has also created additional challenges for safely housing students in existing accommodation, with many UDRHs having to reduce the number of students housed in the same place at the one time. The UDRHs have also had to modify arrangements for shared living spaces, such as kitchens and bathrooms, to minimise the risk of cross-infection for students whilst on placement. For many UDRHs, a substantive re-modelling of existing student accommodation will be necessary to better protect students from COVID-19 and other highly infectious diseases in the future.

Further, UDRHs have needed to use their existing housing stock to safely support students who may need to isolate whilst on placement. This is increasing pressure on the limited supply of student accommodation and causing disruptions in the flow-through of students at some training sites.

In some cases, the lack of accommodation means student placements are being postponed which negatively impacts on students as well as the health and community services that rely on them to supplement the local health workforce. Nursing and allied health students have played an important role in the vaccination roll-out in many rural and remote communities by working in vaccination hubs and clinics as part of the surge workforce.

State governments have recognised the urgency of regional housing shortages and are tackling the crisis by funding new accommodation for their rural and remote health workforce. For example, the New South Wales Government has announced $70.5 million to increase and improve accommodation for health workers in the Murrumbidgee, Southern NSW, Western NSW, Far West NSW and Hunter regions[11].

To ensure the health training pipeline is maintained in rural and remote areas, ARHEN recommends that the Australian Government provide additional funding of $36 million over three years to establish a flexible funding pool in the Rural Health Multidisciplinary Training Program to support UDRHs address the significant rental or building cost pressures in their regions.

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[9] Corelogic. (May 2021). Growth in regional rents is almost 3 times that of capital cities. Available at https://www.corelogic.com.au/news/growth-regional-rents-almost-3-times-capital-cities. (Accessed 17 January 2022).

[10] Ibid.

[11] NSW Government. (December 2021). Service boost for regional healthcare. Available at https://www.nsw.gov.au/media-releases/service-boost-for-regional-healthcare. (Accessed 17 January 2022).

This proposal will improve access to safe and secure accommodation for nursing and allied health students while on placement and ensure training opportunities in rural and remote locations across the country are fully utilised, thereby supporting growth in the future health workforce over time.

Indicative cost: $36 million over three years.

3. **Implement the recommendation from the 2021 Report of the House of Representatives Select Committee on Mental Health and Suicide Prevention to leverage the Australian Rural Health Education Network by funding clinical placements in regional, rural and remote university clinics, and using these clinics to trial multidisciplinary, hybrid mental health hubs that integrate digital services and face-to-face services[12].**

The COVID-19 pandemic has highlighted the need for more timely, affordable and accessible mental health services across Australia. It has also reinforced the importance of the mental health workforce and the need to ensure the adequate supply of psychologists, mental health nurses, social workers, occupational therapists and other health professionals in rural and remote areas.

The recommendation by the House of Representatives Select Committee on Mental Health and Suicide Prevention to trial innovative hybrid mental health hubs is a positive recognition of the skills, experience and capacity of the UDRHs to grow and support the local health workforce and address gaps in critical services in the regions. ARHEN was one of the few organisations specifically mentioned in the Committee's report.

The UDRHs are well placed to quickly implement this recommendation with additional funding and will be able to draw on their extensive experience in working with local health services to establish and run dedicated treatment clinics and support telehealth services. In addition, implementation of this recommendation would increase training opportunities for health students from a variety of mental health disciplines and complement many of the proposed actions in the Australian Government's draft Mental Health Workforce Strategy.

ARHEN recommends that funding of $20 million over three years be provided to establish at least one hybrid clinic site in each state plus the Northern Territory, in a rural or remote location (Modified Monash Model 3-5). Funding would support the establishment and running of the clinics, including capital and staffing costs, as well supporting students with safe and secure accommodation whilst on placement.

[12] Parliament of Australia (2021). Mental Health and Suicide Prevention Final Report, pp. xxv and 117. Available at https://www.aph.gov.au/Parliamentary_Business/Committees/House/Mental_Health_and_Suicide_Prevention/MHSP/Report. (Accessed 20 January 2022).

This proposal will increase access for more people in rural and remote regions to mental health services at a time and place that suits them; increase skills and confidence with telehealth services amongst health professionals and consumers; as well increase the number of mental health training opportunities in the regions and grow the rural and remote mental health workforce over time.

Indicative cost: $20 million over three years.

4. Increased support for innovation in nursing and allied health student training placements in rural and remote regions.

The 2020 independent evaluation of the Rural Health Multidisciplinary Training Program found that teaching innovation was a hallmark of the program and cited the development of 'excellent new service-learning allied health placement models' by the UDRHs[13]. These models typically involve allied health students such as occupational therapists, podiatrists and speech pathologists undertaking their placements in non-hospital settings, such as early childhood centres, schools or disability services, to meet local health service gaps[14].

Further, the evaluation authors recommended that an 'innovations funding pool' be established to support and drive new initiatives, including '*training*, research and community engagement' to enable UDRHs to be agile and responsive to the rural and remote communities they serve[15].

In the 2020-21 Budget, the Australian Government accepted this recommendation and provided $18.4 million to establish seven new training demonstration sites in residential aged care services, as well $14.3 million to establish seven new training demonstration sites in remote settings.

ARHEN strongly welcomed this additional funding to provide more health students with rural and remote training opportunities and increase the delivery of nursing and allied health care services in high priority settings and locations.

The recent grant processes have clearly demonstrated there is strong appetite from the UDRHs, as well as their local health, aged care, disability and Indigenous services, to collaborate and enable more students to train rurally and broaden the range of health services available in under-served communities.

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[13] KBC Australia. (May 2020). Independent evaluation of the Rural Health Multidisciplinary Training Program: Final Report to the Commonwealth Department of Health. Page 15. Available at https://www.health.gov.au/resources/publications/evaluation-of-the-rural-health-multidisciplinary-training-rhmt-program (Accessed 20 January 2022).

[14] Ibid, page 90.

[15] Ibid, page 275.

Supporting innovative and high-quality training experiences is a practical and cost-effective way for the Australian Government to improve health outcomes for people in rural and remote communities and address the maldistribution of the rural health workforce over time.

ARHEN recommends that the Australian Government conduct further grant processes to encourage and accelerate the adoption of innovative teaching and training strategies to address areas of unmet need in rural and remote communities.

ARHEN recommends that funding of $20 million over three years be provided to establish at least one new training demonstration site in each state plus the Northern Territory, in a rural or remote location (Modified Monash Model 3-5). Funding would support the establishment and running of training sites, including capital and staffing costs, as well supporting students with safe and secure accommodation whilst on placement.

ARHEN considers that this proposal aligns with the workforce themes and objectives in the Australia Government's recently released National Preventative Health Strategy 2021-30; the draft Mental Health Workforce Strategy; and the Government's response to the Royal Commission into Aged Care Quality and Safety.

This proposal will support innovation in health training placements and address areas of unmet need in rural and remote communities.

Indicative cost: $20 million over three years.

5. Increased support for rural and remote health research in the Rural Health Multidisciplinary Training Program.

Additional investment in rural health research is essential for understanding the causes of poorer health in rural and remote Australia as well as identifying strategies to improve the health and wellbeing of people in these regions.

The UDRHs undertake research on rural and remote health as part of their funding agreements under the Rural Health Multidisciplinary Training Program, principally in the areas of rural and remote health training, workforce and Aboriginal and Torres Strait Islander health. In addition, UDRH researchers and students pursue research opportunities through the Medical Research Future Fund, the National Health and Medical Research Council and the Australian Research Council.

Unfortunately, funding for rural and remote health research is low compared to the health needs of people in rural and remote regions. In 2018, only 2.4% of NHMRC funding went towards research that specifically aimed to deliver health benefits to people who live in rural or remote Australia[16]. Given the health inequities

[16] Barclay L, Phillips A, Lyle D. Rural and remote health research: Does the investment match the need? *Australian Journal of Rural Health* 2018;26 (2):74-79.

experienced by people in rural and remote Australia, greater parity in funding for rural and remote health research is required.

Rural and remote health research is best led and conducted by rurally-based health professionals and academics working in partnership with their local communities and service providers. Rural and remote health professionals and academics who are known and trusted by their local community are well-placed to co-design research that responds to local needs of their communities and to translate such research into better practices and services.

Further, opportunities to conduct research can act as powerful incentive for health professionals and academics to remain working in rural and remote locations. Creating research pathways for rurally-based health professionals and academics helps to build skills and capabilities, expand employment prospects and support career progression, all of which assists with workforce retention.

In the 2020 independent evaluation of the Rural Health Multidisciplinary Training Program, the report authors recommend establishing an innovations funding pool to support and drive new initiatives including 'training, *research* and community engagement to enable UDRHs to be agile within the changing rural communities in which they operate'[17].

ARHEN recommends that the Australian Government provide additional funding of $10 million over three years through the Rural Health Multidisciplinary Training Program to provide targeted support for rural and remote based health researchers.

This proposal will increase the evidence base on rural and remote health issues, provide an incentive for health professionals to remain working in rural and remote areas, and strengthen research capabilities in rural and remote health and community services.

Indicative cost: $10 million over three years.

6. Reduce or eliminate Higher Education Loan Payments (HELP) debts for nursing, midwifery and allied health students that practice in rural or remote locations upon graduation.

In the 2021-22 Mid Year Economic and Fiscal Update, the Australian Government provided $19.9 million over four years to reduce or eliminate Higher Education Loan

[17] KBC Australia. (May 2020). Independent evaluation of the Rural Health Multidisciplinary Training Program: Final Report to the Commonwealth Department of Health. Page 31. Available at https://www.health.gov.au/resources/publications/evaluation-of-the-rural-health-multidisciplinary-training-rhmt-program (Accessed 20 January 2022).

Payments (HELP) debts for medical and nurse practitioner students who practice in rural and remote locations upon graduation for an agreed period of time[18].

ARHEN strongly supports this reform and considers it to be a practical and appealing incentive for newly graduated health professionals to live and work in rural and remote locations.

Rural and remote communities however need access to a wide range of health professionals if they are to experience improved health and wellbeing. Data from the Australian Institute of Health and Welfare on AHPRA regulated health professions shows that for all registered professions, the number of employed full time equivalent clinicians working in their registered professions decreases by remoteness[19].

The National Rural Health Alliance estimates that rural and remote communities need an extra 21,357 full time equivalent personnel in nursing and allied health roles to match those in cities on a per population basis[20].

Given the level of unmet demand for nursing, midwifery and allied health professionals in rural and remote communities, ARHEN recommends that HELP fee waivers are also offered to these professional groups on the same terms and conditions as doctors and nurse practitioners.

This proposal will provide a strong financial incentive for more health students to live and work in rural and remote communities upon graduation thereby strengthening the multidisciplinary health workforce. This will improve access to a wider range of health services for people in rural and remote Australia and particularly benefit those people living with chronic health conditions, the aged and people with disabilities in these regions.

Indicative cost: $10 million over four years.

7. Progress a multidisciplinary rural training and career pathway for nursing and allied health students.

One of the most significant predictors for long-term rural practice is working rurally upon graduation[21].

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[18] Minister for Regional Health, the Hon Dr David Gillespie MP. (December 2021). Available at https://www.health.gov.au/ministers/the-hon-dr-david-gillespie-mp/media/more-gps-for-local-clinics-to-recruit-new-package-to-attract-doctors-to-rural. (Accessed 17 January 2020).

[19] Australian Institute of Health and Welfare. (2019). Health Workforce. Available at https://www.aihw.gov.au/reports/australias-health/health-workforce. Accessed 18 January 2022.

[20] National Rural Health Alliance (November 2021). National Rural Health Snapshot. Available at https://www.ruralhealth.org.au/rural-health-australia-snapshot. (Accessed 18 January 2022).

[21] Playford, D., Moran, M. & Thompson, S, (2020). Factors associated with rural work for nursing and allied health graduates 15-17 years after an undergraduate rural placement through the University Department of Rural Health Program. *Rural and Remote Health, 20(5334).*

To support more health students to practice in rural and remote locations upon graduation, the 2020 independent evaluation of the Rural Health Multidisciplinary Training Program recommended that the UDRHs be funded to facilitate the transition of nursing and allied health students to graduate roles in their regions[22].

The evaluation authors noted that the skills and experience of the UDRHs in supporting students on placement lends itself to supporting new and early career graduates and the services in which they work[23]. The authors note that as with the establishment of regional training hubs, (which support medical graduates with career planning and pathways in rural and remote locations), additional investment will be required to allow the UDRHs to undertake this work[24]

ARHEN recommends that the Australian Government provide $10 million over three years to support new graduates and early career nursing and allied health professionals to practice in rural and remote locations.

This funding would support the employment of a dedicated resource in each UDRH to work with local health and community services to establish new graduate positions, engage with students on placement to provide guidance on rural and remote careers, as well as provide professional development and mentoring support.

This proposal will help extend the impact of the Rural Health Multidisciplinary Training Program by targeting additional support to those nursing and allied health students and early career professionals who are most likely to remain in rural and remote areas over the medium to longer term.

Indicative cost: $10 million over three years.

8. Establish a Leaders in Indigenous Allied Health Education Network to support the teaching of Aboriginal and Torres Strait Islander health in allied health education.

In July 2021 the Australian Government tabled its response to the former National Rural Health Commissioner's report on improving the access, quality and distribution of allied health services in rural and remote Australia. The Government supported-in-principle the Rural Health Commissioner's recommendation to invest in strategies to increase the participation of Aboriginal and Torres Strait Islander

[22] KBC Australia. (May 2020). Independent evaluation of the Rural Health Multidisciplinary Training Program: Final Report to the Commonwealth Department of Health. Page 31. Available at https://www.health.gov.au/resources/publications/evaluation-of-the-rural-health-multidisciplinary-training-rhmt-program (Accessed 20 January 2022).
[23] Ibid, page 277.
[24] Ibid, page 277.

people in the allied health workforce[25]. Currently, Aboriginal and Torres Strait Islander allied health professionals represent just 0.5% of the sector[26].

One element of the recommendation was to establish a Leaders in Indigenous Allied Health Education Network (LIAHEN) to promote a collaborative approach to the implementation and monitoring of the Aboriginal and Torres Strait Islander Health Curriculum. The Rural Health Commissioner considered this would improve the effectiveness of teaching and learning about Aboriginal and Torres Strait Islander health in allied health education, as well as support the growth of the Aboriginal and Torres Strait Islander health workforce.

ARHEN was specifically mentioned as one of the organisations that would be well-placed as part of a consortia to establish the LIAHEN[27].

The Rural Health Commissioner proposed that the LIAHEN would function in a similar manner to the Leaders in Indigenous Medical Education (LIME) Network and the Leaders in Indigenous Nursing and Midwifery Education Network (LINMEN)[28]. The LIME Network is focused on driving the quality and effectiveness of teaching and learning of Indigenous health in medical education, as well as best practice in the recruitment of Indigenous medical students and trainees. The LIME Network is funded by the Australian Government through the Department of Health and hosted by the University of Melbourne.

ARHEN's members, the UDRHs, have a deep commitment to improving the health and wellbeing of Aboriginal and Torres Strait Islander people and supporting the Aboriginal and Torres Strait Islander health workforce. The UDRHs work in partnership with local Aboriginal and Torres Strait Islander organisations and communities to understand and teach culturally safe practices to health students on placement, as well as co-design and undertake research projects with Indigenous communities.

ARHEN recommends that the Australian Government establish the LIAHEN through the provision of small grant of $1 million for three years. This funding would be used to support the establishment of a secretariat and the development and dissemination of best practices materials.

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[25] Department of Health. (July 2021). Australian Government response to the National Rural Health Commissioner's Report on improving the access, quality and distribution of allied health services in rural and remote Australia. Available at https://www.health.gov.au/resources/publications/australian-government-response-to-national-rural-health-commissioners-report-on-improving-the-access-quality-and-distribution-of-allied-health-services-in-rural-and-remote-australia. (Accessed 17 January 2021).

[26] National Rural Health Commissioner. (June 2020). Report for the Minister for Regional Health, Regional Communications and Local Government on the Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia. Page 33.

[27] Department of Health. (July 2021). Australian Government response to the National Rural Health Commissioner's Report on improving the access, quality and distribution of allied health services in rural and remote Australia. Page 3. https://www.health.gov.au/resources/publications/australian-government-response-to-national-rural-health-commissioners-report-on-improving-the-access-quality-and-distribution-of-allied-health-services-in-rural-and-remote-australia. Accessed 17 January 2021.

[28] Ibid, page 30.

This proposal would support the growth in the Aboriginal and Torres Strait Islander allied health workforce and ensure that culturally safe practices are embedded in allied health courses nationally.

Indicative cost: $1 million over three years.

9. Introduce five-year funding agreements for University Departments of Rural Health to reduce red-tape and support ongoing employment in rural and remote Australia.

Successive Australian Governments have invested in the UDRH network for more than twenty years. Over that time, the UDRH network has expanded from the original nine centres in 2001 to 17 centres in 2022.

As identified in the 2020 independent evaluation, the program is mature and providing value to rural and remote communities and health services[29].
Since the start of the program, the UDRHs have been funded on a three-year basis and must re-apply for grant funding at the end of each funding agreement. The relatively short duration of the funding agreement fails to recognise the unique challenges of operating in rural and remote locations compared to metropolitan areas.

Attracting and retaining skilled and experienced rural and remote health professionals is a challenge for UDRHs in the same way it is for rural and remote health services. Short-term employment contracts can act as a disincentive to some people to relocate to rural and remote regions, especially for health professionals with families who may need to consider the impact on housing, the careers of spouses and schooling for children. Longer-term employment contracts will provide greater surety to current and future UDRH staff and enable them to establish themselves in rural and remote regions, which in turn generates economic and social value in these communities.

In addition, UDRHS work closely with organisations in the health, aged care and disability sectors to co-create training opportunities and build the rural and remote health workforce. This often involves co-investment from such services, (or state and local governments), to develop or refurbish facilities to make them fit for purpose as training sites. Longer term funding agreements for UDRHs will help with the planning and funding of these capital investments over the medium term in rural and remote regions.

[29] KBC Australia (May 2020), Independent evaluation of the Rural Health Multidisciplinary Training Program: Final Report to the Commonwealth Department of Health. (online) Available at https://www.health.gov.au/resources/publications/evaluation-of-the-rural-health-multidisciplinary-training-rhmt-program page 15. (Accessed 20 January 2022).

Given the consistently strong performance from the UDRHs, ARHEN recommends that the Government introduce five-year funding agreements before the end of the current agreement in 2024.

This proposal will reduce red-tape and administrative costs for the UDRHs and the Department of Health, as well as enhance the capacity of the UDRHS to attract and retain appropriately skilled and qualified staff in rural and remote regions over the medium term and provide greater confidence for co-investment by community partners in shared training facilities and services.

Indicative cost: nil, this proposal is expected to reduce program administration costs over time.