



Submission to the Senate Inquiry into the prevalence of different types of speech, language and communication disorders and speech pathology services in Australia

Professor Michelle Lincoln and Dr Monique Hines, on behalf of the Wobbly Hub Research Team, The University of Sydney

This submission will focus on the state of speech pathology services and workforce issues in rural and remote areas, and will draw on the research of the Wobbly Hub and Double Spokes research team at the University of Sydney. The Wobbly Hub project is a research partnership between NSW Department of Family and Community Services, Ageing, Disability and Home Care, Western region and researchers based at the Faculty of Health Sciences, University of Sydney. The aim of the project is to develop, implement and evaluate evidence-based policies that promote timely and effective therapy service delivery, including speech pathology, to people living in rural and remote communities.

Therapy provision in rural and remote areas

People with disabilities and their carers who live in rural and remote areas of Australia face considerable challenges to accessing adequate speech pathology services. In our qualitative interviews with service users (Dew et al., 2013), people with disabilities and carers told us that they highly value speech pathology services. However, they frequently highlighted the imposition of distance, long waiting lists, and workforce shortages on access to therapy, resulting in a lack of consistency and continuity in service provision and high levels of unmet need. One mother told us:

The closest private speech therapist we could access was [in Sydney], so we were driving five hours a week, well actually 10 hours down and back, just to access the private speech therapist. And obviously I had the means to do that but how many families would have that opportunity?

One man with a disability spoke about the long term impact that a lack of access to speech pathology services has had on his life:

I get muddled up with trying to get my money, they don't understand me. When I am on the phone it is hard for me. I'd love to get something done to help me. I have not been able to get help with my speaking... Is it too late? I am 59.

Rural speech pathology workforce

The rural allied health workforce is smaller than that in metropolitan areas. Australian Bureau of Statistics data indicates that there are 1.76 allied health professionals per 1,000 head of population in rural and remote NSW compared with 2.33 per head of population for all of NSW (Australian Bureau of Statistics [ABS], 2011), resulting in even less access to allied health professionals for people in rural and remote locations (Keane, Smith, Lincoln, Wagner, & Lowe, 2008). This situation is predicted to worsen as 51% of the rural speech pathologists who

participated in our survey indicated that they intend to leave their position in the next 2 years (Keane, Smith, Lincoln, & Wagner, 2009). This highlights the critical need to address issues related to recruitment and retention of the rural speech pathology workforce. The size of the rural and remote speech pathology workforce is unknown because it is not a registered profession. ABS data for speech pathologists is combined with audiologists, a distinctly different professional group. Hence workforce planning is seriously hampered by lack of registration.

Lack of access to continuing professional development, professional support, opportunities for career progression, and the burden of travel have been identified as key factors that influence retention of allied health professionals in rural positions (Keane, Lincoln, Rolfe, & Smith, 2013; Keane, Lincoln, & Smith, 2012; Lincoln et al., accepted July 2013). Further, the rural speech pathology workforce tends to be younger and less experienced than the metropolitan-based workforce (Keane, Smith, Lincoln, & Fisher, 2011). There is a need to develop new strategies that maximise speech pathology workforce recruitment and retention in rural and remote areas. Innovative use of technology and the use of allied health assistants have emerged as strategies that may form part of the answer to addressing the inequitable access to speech pathology services in rural and remote communities.

Innovative use of technology

The construction of the National Broadband Network (NBN) will expand service options for rural and remote communities, allowing speech pathology services to be delivered from a distance via the internet. Teleconferencing may also be an effective means of providing the professional support required to support the recruitment and retention of rurally-based speech pathologists.

Our research has indicated that paediatric speech pathology services delivered via teletherapy is a feasible model of service delivery and highly acceptable to service users (Lincoln, Hines, Fairweather, Ramsden, & Martinovich, in preparation). One mother told us:

And the whole teletherapy thing has been brilliant. It's just enabled us to access something that we couldn't, that I would go on a waiting list for weeks.

Organisations and individual therapists require support to adopt telepractice as an alternative service delivery model for speech pathology. A further barrier is funding constraints. Teletherapy services for speech pathology do not currently attract a rebate under Medicare. Some private health funds provide a rebate while others do not. This situation also reduces accessibility to speech pathology services in rural and remote areas.

Allied health assistants

The use of therapist assistants has recently emerged as a workforce reform strategy that has the potential to spread the reach of existing speech pathology services (Health Workforce Australia, 2011; Productivity Commission, 2005), particularly in remote locations. Under this model, local therapy assistants are trained to implement therapy programs designed by speech pathologists who may work hours away, thus building local capacity and freeing up speech pathologists to focus on more complex clients and service delivery challenges. Our research has identified that to maximise the uptake and capacity of therapy assistant positions, training and development is of critical importance, both for therapy assistants as well as speech pathologists in the appropriate delegation of tasks.

Recommendations

1. National registration of the speech pathology profession through AHPRA to facilitate rural and remote workforce planning
2. Increased number of public sector positions in speech pathology in rural and remote areas to address access inequity
3. Professional development for speech pathologists in technology mediated service delivery and working with allied health assistants
4. Medicare rebates for telehealth speech pathology services
5. Development of an Allied Health Assistant workforce

References

- Australian Bureau of Statistics [ABS]. (2011). Table generated 31 July 2013 using *Census of population and housing 2011, Employment, income and unpaid work classifications, Persons place of usual residence*, data cube: Table Builder <https://www.censusdata.abs.gov.au/webapi/jsf/login.xhtml>.
- Dew, A., Bulkeley, K., Veitch, C., Bundy, A., Gallego, G., Lincoln, M., Brentnall, J., & Griffiths, S. (2013). Addressing the barriers to accessing therapy services in rural and remote areas. *Disability & Rehabilitation*, 35(18), 1564-1570. doi: 10.3109/09638288.2012.720346
- Health Workforce Australia. (2011). *National health workforce innovation and reform strategic framework for action 2011 - 2015*. Adelaide: Health Workforce Australia.
- Keane, S., Lincoln, M., Rolfe, M., & Smith, A. (2013). Retention of the rural allied health workforce: A comparison of NSW public and private practitioners. *BMC Health Services Research*, 13(32). doi: 10.1186/1472-6963-13-32.
- Keane, S., Lincoln, M., & Smith, T. (2012). Retention of allied health professionals in rural New South Wales: a thematic analysis of focus group discussions. *BMC Health Services Research*, 12, 175. doi: 10.1186/1472-6963-12-175
- Keane, S., Smith, T., Lincoln, M., & Fisher, K. (2011). Survey of the rural allied health workforce in New South Wales to inform recruitment and retention. *Australian Journal of Rural Health*, 19(1), 38-44.
- Keane, S., Smith, T., Lincoln, M., & Wagner, S. (2009). *The NSW rural allied health workforce study (RAHWS): Final Report*. Sydney: NSW Institute of Rural Clinical Services & Teaching.
- Keane, S., Smith, T. N., Lincoln, M., Wagner, S. R., & Lowe, S. E. (2008). The rural allied health workforce study (RAHWS): background, rationale and questionnaire development. *Rural and Remote Health*, 8(4), 1132.
- Lincoln, M., Gallego, G., Dew, A., Bulkeley, K., Veitch, C., Bundy, A., Brentnall, J., Chedid, R., & Griffiths, S. (accepted July 2013). Recruitment and retention of allied health professional in the disability sector in rural and remote NSW, Australia. *Journal of Intellectual and Developmental Disability*.
- Lincoln, M., Hines, M., Fairweather, C., Ramsden, R., & Martinovich, J. (in preparation). Multiple stakeholder perspectives on teletherapy for speech-language pathology.
- Productivity Commission. (2005). *Australia's Health Workforce: Research Report*. Canberra: Productivity Commission.

For more information about the Wobbly Hub Research Team, Faculty of Health Sciences, The University of Sydney <http://sydney.edu.au/health-sciences/research/wobbly-hub>

Professor Michelle Lincoln

<http://sydney.edu.au/health-sciences/about/people/profiles/michelle.lincoln.php>

Dr Monique Hines

<http://sydney.edu.au/health-sciences/about/people/profiles/monique.hines.php>