



House of Representatives Standing Committee on Regional Australia

'Inquiry into and report on the use of 'fly-in, fly-out' (FIFO) and 'drive-in, drive-out' (DIDO) workforce practices in regional Australia'

SARRAH Responses to Questions on Notice

Question 1

Mr Hasse asked 'why wouldn't the bean counters just support the provision of FIFO/DIDO health services to rural and remote communities out of the major cities as the cheapest and most effective way of doing business'.

SARRAH Response

SARRAH believes that for the 'bean counters' to even suggest this proposition means that they are not aware of some basic prerequisites for effective health care provision which needs to be based on clear engagement between health providers and the community members they serve.

SARRAH's specific comments to the Committee follow:

- As a way forward perhaps we should separate short term/temporary communities (e.g. mining) from long term communities (e.g. Melville Island). To provide health services to both of these communities can be and in fact will be very different. FIFO/DIDO is more reasonable for the short term/temporary community than for the long term community which requires a broader range of primary health care (PHC) services built up over a long period of time.
- Long term remote communities need to have their sustainability supported by the development of a broad range of PHC and community based services where possible, or at least regional and hub services where the community base is too small.
- FIFO/DIDO is an appropriate option for most specialist outreach services, but not for PHC services such as much of the allied health services.
- PHC is a process of negotiation between a health practitioner (e.g. doctor) and a client (patient) about what their health problem is and what the best thing to do about it is. Sound health negotiation depends on good communication - people understanding each other. People in remote communities (Aboriginal and non-Aboriginal) may not be able to communicate particularly well with FIFO/DIDO health professionals from the cities with whom they may not share much lived experience and who interpret the world and its priorities in very different ways.
- People must feel they have a sense of ownership, or at least strong connection with their health service and providers. Conversely, health providers work more effectively when they are well engaged with and knowledgeable about the community receiving the health services.

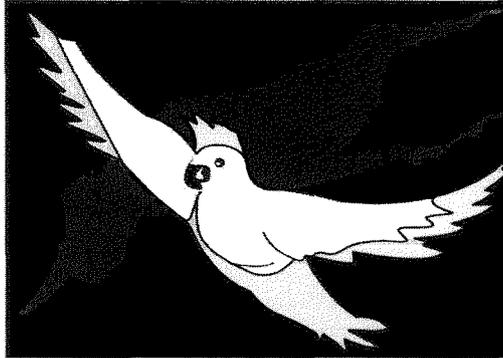
- The priority rests with building up the weak areas of the health care system operating in the bush particularly in the PHC areas at the community base and regional or hub level services.
- There is market failure for health care provision in the bush, so that there are some publicly funded positions but virtually no private practice in many contexts. Consequently, publicly funded positions need to be increased in areas where there is market failure in order to achieve something close to equitable health care between the city and the bush. Failing to do this will result in hospitals continuing to be filled with people from the bush many of whom have preventable or manageable conditions and should not be hospitalised in the first instance.
- People residing in the bush do not need any further development of city based services via a FIFO/DIDO system. Real health care reform is required to build the PHC base and must be led by the Federal Government.
- Every Australian should have access to equitable health services wherever they live and allied health professional services are basic and core to Australians' primary health care and wellbeing.

Question 2

Mr Windsor asked 'if SARRAH could provide statistics on the scholarships administered by SARRAH the on the number of applicants from rural Australia'.

SARRAH Response

A set of statistics are provided as an attachment. Further statistical information can be found on the SARRAH Website under the Scholarship tab at <http://www.sarrah.org.au>



S·A·R·R·A·H
Services for Australian
Rural and Remote Allied Health

Nursing and Allied Health Scholarship and Support Scheme (NAHSSS)

Allied Health Scholarship Statistics

June 2012

INTRODUCTION

Services for Australian Rural and Remote Allied Health (SARRAH) have administered the Nursing and Allied Health Scholarship and Support Scheme (NAHSSS) – Allied Health Streams since July 2010 on behalf of the Commonwealth Government Department of Health and Ageing.

The Allied Health Scholarships Streams of the NAHSSS are:

1. Clinical Placement Scholarship Stream
2. Clinical Psychology Scholarship Stream
3. Continuing Professional Development Scholarship Stream
4. Postgraduate Scholarship Stream
5. Undergraduate (Entry Level) Scholarship Stream.

Clinical Placement

The Clinical Placement Scholarship was established in 2008. This scheme is aimed at increasing the number of allied health professionals practising in rural and remote Australian communities. The scholarship provides financial assistance of up to \$11,000 for students, studying an eligible undergraduate or entry level course, to take up a clinical placement in a rural or remote Australian community during their degree.

The scholarship is open to individuals studying a degree in: Aboriginal Health Worker (Certificate IV and above only), Audiology, Chiropractic, Dental and Oral Health (includes Dentistry, Dental Hygiene, Dental Prosthetics), Dietetics and Nutrition, Exercise Physiology (AAESS approved only), Genetic Counselling (Post-graduate study only), Medical Radiation Science Medical Imaging, Nuclear Medicine Technology, Radiation Therapy, Occupational Therapy, Optometry, Orthoptics, Osteopathy, Paramedics, Physiotherapy, Podiatry, Prosthetics and Orthotics, Psychology, Social Work (AASW approved courses only), Speech Pathology and Sonography.

Postgraduate

The Postgraduate Scholarship provides financial assistance of up to \$15,000 per annum for eligible allied health professionals to undertake formal postgraduate qualifications. The scholarship aims to improve the clinical skills and knowledge of allied health professionals who live and work in rural and remote Australian communities.

Eligible allied health professions for this scholarship include: Aboriginal Health Worker (Certificate IV and above only), Audiology, Chiropractic, Dentistry, Oral Health, Dietetics and Nutrition, Diabetes Educator, Exercise Physiology (AAESS approved only), Genetic Counselling (Postgraduate study only), Health Promotion, Medical Radiation Science Medical Imaging, Nuclear Medicine Technology, Radiation Therapy, Occupational Therapy, Optometry, Orthoptics, Osteopathy, Paramedics, Pharmacy, Physiotherapy, Podiatry, Prosthetics and Orthotics, Psychology, Social Work (Australian Association of Social Workers approved courses only), Speech Pathology and Sonography.



Continuing Professional Development (CPD)

The Continuing Professional Development (CPD) Scholarship is offered twice per calendar year and provides financial support of up to \$3,000 for eligible allied health professionals to attend, conferences, short courses, clinical placements and single postgraduate non award study modules to enhance their skills in professional practice.

Eligible allied health professions for this scholarship include: Aboriginal Health Worker (Certificate IV and above only), Audiology, Chiropractic, Dentistry, Oral Health, Dietetics and Nutrition, Diabetes Educator, Exercise Physiology (AAESS approved only), Genetic Counselling (Postgraduate study only), Health Promotion, Medical Radiation Science Medical Imaging, Nuclear Medicine Technology, Radiation Therapy, Occupational Therapy, Optometry, Orthoptics, Osteopathy, Paramedics, Physiotherapy, Podiatry, Prosthetics and Orthotics, Psychology, Social Work (Australian Association of Social Workers approved courses only), Speech Pathology and Sonography. Pharmacy is not eligible for the CPD scholarship as they have access to a scholarship administered by the Pharmacy Guild of Australia.

Undergraduate (Entry Level)

The Undergraduate (Entry Level) Scholarship is available to students enrolled in or intending to enrol in, an accredited/approved undergraduate or graduate entry allied health course. The scholarship provides \$10,000 per annum to successful applicants to undertake an eligible allied or oral health entry level course at an Australian university. The scholarship aims to increase the health workforce by facilitating the entry of people interested in pursuing a career in an allied health profession.

Eligible allied health professions for this scholarship include: Aboriginal Health Worker (Certificate IV and above only), Audiology, Chiropractic, Dental and Oral Health, Dietetics and Nutrition, Medical Radiation Science, Occupational Therapy, Optometry, Orthoptics, Osteopathy, Paramedics, Physiotherapy, Podiatry, Prosthetics and Orthotics, Psychology (Postgraduate only in Health, Counseling and Neuro Psychology), Social Work (AASW Australian Association of Social Workers approved courses only) and Speech Pathology.

Clinical Psychology

The Clinical Psychology Scholarship provides financial assistance of up to \$30,000 for eligible applicants to undertake the academic requirements of the Psychology Board of Australia to be endorsed as a clinical psychologist. This scholarship has been administered by SARRAH since July 2010.

Since July 2010 remoteness of applicants is determined according to the Australian Standard of Geographical Classification – Remote Areas (ASGC-RA) developed in 2001 by the Australian Bureau of Statistics. The ASGC-RA is a statistical geography structure which allows quantitative comparisons between ‘city’ and ‘country’ Australia. The structure classifies data from Census collection districts into broad geographical categories called Remoteness Areas (RAIS) which define ‘remoteness’ i.e. the physical distance of a location from the nearest Urban Centre (access to goods and services) based on population size.



Details of NAHSSS Allied Health Scholarships Awarded & Scholars from Rural Communities

Type of scholarship	Minimum number to be awarded in 2012	Total No. of eligible applicants in 2012 (No. of scholarships awarded)	No. of scholars from rural areas	% from rural areas	Total No. of eligible applicants in 2010-11 (No. of scholarships awarded)	No. of scholars from rural areas	% from rural areas	Total No. of eligible applicants in 2009-10 (No. of scholarships awarded)	No. of scholars from rural areas	% from rural areas
Clinical Placement	200	566 (247*)	49	19.8%	798 (240)	48	20%	582 (85)	16	19%
Clinical Psychology	40	275 (84)	65	77%	274 (112)	66	59%			
Continuing Professional Development	41	282 (88)	83	94%	186 (80)	80	100%	111 (48)	48	100%
Postgraduate	63	250 (85)	83	98%	173 (64)	62	97%	159 (74)	74	100%
Undergraduate	99	638 (127)	127	100%	647 (123)	123	100%	716 (103)	103	100%
NOTE: * This figure does not include the intake for the period 1 July to 31 December 2012. Awarding of Clinical Placement Scholarships changed from a financial year to a calendar year on 1 January 2012. Clinical Placement Scholarships must be undertaken in a rural or remote area i.e. ASGCRA 2-5. The 'no. of scholars from rural areas' relate to their residential location.										
NOTE: Clinical Psychology Scholarships were previously administered by the Australian Psychological Society (APS) in 2009-10 and titled the Mental Health Postgraduate Scholarship Scheme (MHPSS).										
NOTE: Undergraduate Scholarships are only awarded to applicants living in rural or remote Australia.										