



SARRAH

Services for Australian Rural and Remote Allied Health

20 December 2022

Cancer Australia
Locked Bag 3, Strawberry Hills
NSW 2012

australiancancerplan@canceraustralia.gov.au

Services for Australian Rural and Remote Allied Health (SARRAH) response: Australian Cancer Plan 2023-2033

Thank you for the opportunity to comment on the Australian Cancer Plan. While noting the consultation period formally closed on Friday 16 November, we hope you will accept our comments on the Plan and that they are helpful in providing your advice to the Minister for Health and Ageing in April 2023.

In short, Service for Australian Rural and Remote Allied Health (SARRAH) supports the Australian Cancer Plan, and notes, in particular, the strong and welcome emphasis on improving equity in health outcomes that are central to the Plan. The emphasis on improving the health and wellbeing of Aboriginal and Torres Strait Islander people is strongly supported and necessary, considering the stark differences in cancer prevalence and outcomes experienced by First Nations' Australians. SARRAH congratulates Cancer Australia for making this such an unequivocal priority.

In keeping with that, SARRAH also welcomes and strongly supports the recognised need to address service and access needs across rural and remote Australia and the substantiate workforce development and support agenda required to facilitate that access and thereby improve equity of outcomes.

As you would know from our previous correspondence, Services for Australian Rural and Remote Allied Health (SARRAH) is the peak body representing rural and remote allied health professionals (AHPs) working in the public, private and community sectors, across primary and other health settings, disability, aged care, and other service systems. SARRAH was established in 1995 by and as a network of rurally based allied health professionals and continues to advocate on behalf of rural and remote communities to improve access to allied health services and support equitable and sustainable health and well-being. SARRAH maintains that every Australian should have access to health services wherever they live and that allied health services are fundamental to the well-being of all Australians.

As indicated in our submission to the process earlier in 2022, SARRAH agrees with the assessment put forward in the draft Plan that:

“To achieve world-class cancer outcomes for all Australians, we need national action to address issues that contribute to differences in cancer incidence, and that lead to variation in cancer outcomes and experience. And we need a way of sharing, learning from and scaling-up activities that are making a difference.”

“A person’s risk of cancer, their experiences during diagnosis and treatment, and their survival are influenced by where they live, their background and personal circumstances, and the type of cancer they have. Such differences and variation are unacceptable.”

We especially commend Cancer Australia for including **Strategic Objective 5: Workforce to Transform the Delivery of Cancer Care**. Unfortunately, the chronic maldistribution of Australia’s health workforce continues to be a major inhibitor of health care access and equity of outcomes, for the populations identified by Cancer Australian in the Plan. The impact of these shortages and maldistribution are felt across the entire health system, including cancer care.

Importantly, there will be sufficient workforce to be able to respond to the changing cancer control landscape including increasing demand for cancer care. The cancer care workforce will enable equity of access to cancer care, particularly for those Australians who live in rural and remote areas and lower socio-economic communities. (From page 20)

While it is beyond the remit of the Plan to resolve the underlying problems that have contributed to and perpetuate these issues, it is crucial that all national plans recognise the impact it has on segments of the population and identifies action to help address them. The Australian Cancer Plan does that.

We are pleased to note the Plan includes actions in each Strategic Objective area to be achieved within two-, five- and ten-year timeframes. With regard to Strategic Objective 5 (Workforce), noting current state of workforce supply and distribution, the coordination effort and timeframes involved in developing a health workforce, SARRAH suggests that wherever possible action in this priority area be front-loaded, so that the 10-year objectives can be met.

In advocating for this, SARRAH fully endorses the priority identified for developing and supporting the Aboriginal and Torres Strait Islander health workforce. In identifying this priority, it is also necessary to recognise the extent of work needed in this area. To illustrate, the [National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan](#) sets a goal of working age population parity for Aboriginal and Torres Strait Islander people in the health workforce. Growing this workforce is critical to enabling the provision of culturally safe and responsive cancer and other health care and that must be complemented by efforts to that capacity across the entire health workforce, which the Cancer Plan rightly prioritises.

- To put the goal of health workforce parity into perspective, this means that by 2031 we need to see increases in Aboriginal and Torres Strait Islander health professions on a scale far exceeding any existing capacity or investment: being a three-fold increase in nurses, a five-fold increase in allied health professionals and a six fold increase in doctors.
- This couples with the need to build rural and remote workforce capacity and distribution, especially given the markedly higher proportion of Aboriginal and Torres Strait Islander people living in rural and remote communities, compared with the broader population and the much higher cancer and other health risk /reality in those communities.

SARRAH understands the complex issues associated with attracting, building and retaining a rural and remote health workforce. They impact every health and related service sector. To that end, much of our work is concentrated on addressing those issues and enable more equitable access to the care people need. As examples, SARRAH is currently implementing two rural allied health workforce initiatives:

- Expansion of the [Allied Health Rural Generalist \(AHRG\) Pathway](#) into private and community-based rural and remote settings: to develop the clinical skills of early and mid-career allied health professionals from nine disciplines across a broad range of clinical settings. The AHRG Pathway is a three-pronged workforce development strategy encompassing the provision of structured workplace-based supervision and supports, service development requirements and a formal education program, combining to build a career pathway for allied health professionals working in rural and remote settings, to raise the profile of these health professionals and recognise their broad skills set. It aims to ensure better access to services by supporting allied health professionals to retain the breadth of skills required to service the variety of client populations typically seen in rural and remote settings.
- Increasing the capacity of the existing allied health workforce will be critical in the short- to medium-term. [Growing the allied health assistant workforce](#) will be critical to ensuring appropriate access to care. An Allied Health Assistant works: a) within a defined scope of practice and in a variety of settings, where they actively foster a safe and inclusive environment; and b) under the delegation and supervision of an Allied Health Professional. AHAs can support the work of the AHP by undertaking lower complexity and routine tasks delegated by the AHP, enabling the AHP to focus on assessment, care planning and working with more complex clients. In the context of Aged Care, an allied health assistant may be embedded within a facility and anchor the in-reach services provided by several allied health practitioners (provided the AHA is appropriately trained and competent across those disciplines). The Rural Allied Health Assistant program SARRAH is currently implementing works with allied health professionals to develop AHA roles and provide on-the-job training and support to both the AHA and AHP.

SARRAH would be happy to contribute to or support development of the cancer health workforce in rural and remote health workforce wherever possible.

If you would like to discuss issues raised in SARRAHs response or require further information, please contact me at catherine@sarrah.org.au or Allan Groth at allan@sarrah.org.au.

Yours Sincerely



Cath Maloney
Chief Executive Officer