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Rural Australia needs allied health professionals

An incoming Federal Government needs to immediately address the critical shortage of allied health professionals in rural, regional and remote Australia if the nation is to have any hope of making healthcare accessible to those regions, the National Rural Health Alliance says.

CEO Mark Diamond acknowledged considerable progress by previous governments in addressing rural doctor shortages but says this is only part of the solution.

To ensure all Australians have access to healthcare, the NRHA is recommending four key approaches. They are:

- Fund an additional 3000 allied health care professionals. (\$300m over 4 years)
- Fund 20 demonstration sites in rural and remote regions with a workforce to match the needs to each and use this to develop future workforce models. (\$50m over 4 years)
- Establish a grants program to make sure Australians in rural, regional and remote areas have telecommunications connectivity so they can access healthcare remotely. (\$400m over 4 years)
- Make Medicare rebates available for online or telehealth consults offered by GPs and other allied health professionals to people in outer regional, remote and very remote areas. (\$420m over 4 years and \$180m per year thereafter).

“We have people living in our remote and rural regions who don’t know what optometrists or audiologists are, let alone having visited one, yet such professionals are readily available in our metropolitan cities. Do Australians think this is fair?”

“We acknowledge the Federal Coalition Government’s \$550m commitment to fund 3000 additional doctors and 3000 additional nurses but doctors and nurses alone won’t do it.

“We also need physiotherapists, psychologists, audiologists, social workers and many other allied health professions to be on the ground to provide the comprehensive care needed to address the woeful health statistics in our non-metropolitan regions.”

Funding demonstration sites would guide workforce planning for the future.

Some regions, such as western NSW, had already identified that short-term contracts and fly-in, fly-out allied health workforces failed to provide sustainable care with strong impacts on health outcomes.

Grants to improve digital connectivity would also help make healthcare more accessible.

“We know that telehealth can deliver things like home-based rehabilitation, mental health care services and aged care support but when 80 per cent of 400 Indigenous communities in the Northern Territory alone don’t even have a 3G or 4G mobile phone signal, there is no way to deliver it.

“We want communities to identify digital connectivity solutions for online health care that will work for their area and for the Federal Government to fund these solutions through a national grants program.

Mr Diamond said the fourth option for improving access to health care was to make Medicare rebates available for online or telehealth consultations offered to people in outer regional, remote and very remote areas.

Medicare rebates for telehealth consultations provided by doctors and psychologists to people in drought-affected areas are already in place.

This initiative would mean extending those rebates to more professions and make them available to people in non-drought affected areas.

The NRHA represents 37 national organisations whose members work in rural, regional and remote Australia.

Check the NRHA election charter Rural health matters!
at www.ruralhealth.org.au/election19

Media Enquiries: Mark Diamond, Chief Executive Officer
0428 817 090

