Services for Australian Rural and Remote Allied Health

Re: Building a Skilled and Adaptable Workforce – Interim Report

Date: 2 September 2025

To: Productivity Commission

From: Services for Australian Rural and Remote Allied Health (SARRAH)

Contact: [redacted]

Introduction

SARRAH welcomes the opportunity to respond to the Productivity Commission's interim report on *Building a Skilled and Adaptable Workforce*.

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 including in disability services, primary and other health settings, aged care, early childhood development and other service systems. SARRAH was established in 1995 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.

Representing rural and remote allied health professionals, SARRAH strongly support the Commission's focus on foundational skills, tertiary education pathways, and occupational entry regulations. We commend the Commission's recognition of the need for reform to support workforce adaptability and equitable access to training and employment.

1. Supporting Foundational Skills and School Education Reform

SARRAH supports the intent of Draft Recommendations 1.1 and 1.2 to ensure that children completing school are equipped with the foundational skills they need to undertake further education or training, enter the workforce, and/or participate fully in society as adults.

SARRAH recommends

- That foundational skills include knowledge and awareness of the broad range of health careers possible, and different pathways available to attain those careers
- Resources developed include culturally safe and contextually relevant materials for Aboriginal and Torres Strait Islander students.

- Professional development is accessible to teachers in remote areas.
- AI tools are developed with equity in mind, ensuring rural schools are not left behind due to infrastructure gaps.

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2. Tertiary Education Pathways and Recognition of Prior Learning

SARRAH strongly supports Draft Recommendation 2.1 to develop a **national credit transfer and RPL system**. Our members consistently report barriers to accessing further education due to inconsistent RPL processes, lack of transparency, and poor recognition of workplace experience.

SARRAH recommends:

- Prioritising RPL reforms for **Allied Health Assistants (AHAs)**, who often gain skills through informal and community-based learning.
- Including **community-controlled organisations** in the design of RPL frameworks to ensure culturally appropriate recognition.
- Ensuring the national database includes **VET-to-university pathways** for allied health professionals

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3. Work-Related Training and SME Support

SARRAH strongly supports Draft Recommendation 2.2 to trial financial incentives and advisory services for small and medium enterprises (SMEs). Many rural and remote allied health providers are small organisations operating in a fee-for-service environment, often under significant financial and workforce constraints.

Our members consistently tell us that they would like to engage more in teaching and training activities, as they recognise the importance for recruiting and retaining staff and building local capacity. However, they report that their ability as Allied Health Professionals (AHPs) to engage in workplace teaching and training is limited by the following key factors:

- **Loss of billable time**: It should be noted that allied health practices do not have access to funding equivalent to that provided to medical general practice for work-based teaching and training (i.e. Practice Incentive Program - Teaching Payment). Stepping away from direct service delivery to supervise or train students or junior staff means forgoing income, which is often not financially viable for small rural practices.
- **No teaching and training support:** Rural Clinical Schools, funded through the Rural Health Multi-disciplinary Training (RHMT) program, have provided long-standing, valuable support for the education of medical students and doctors in rural training pathways for many years. Allied health professionals working in SMEs in rural and remote areas do not have access to equivalent teaching and training support to assist them in training emerging rural clinicians, including those engaged in the Allied Health Rural Generalist Pathway. Lack of access to teaching and training support for allied health professionals is limiting work-

based training in small rural private, not-for-profit and community-based organisations and contributing to workforce maldistribution in the allied health professions

- **Funding model limitations**: Major funding streams such as Medicare, private health insurance, and the National Disability Insurance Scheme (NDIS) do not allow billing for services provided by students, even under supervision. This creates a disincentive to host students or invest in training capacity, despite the clear workforce development benefits.

SARRAH recommends:

- Targeting incentives to **non-government and community-based health services**, which are often excluded from mainstream funding. Financial incentives should be designed to **offset the opportunity cost** of supervision and training in fee-for-service models."
- Advisory services include **tailored support for rural and remote providers**, including guidance on integrating training into service delivery models.
- Supporting **place-based training models**, such as SARRAH's BRAHAW program, which has demonstrated success in building local AHA capacity and strengthening workforce stability by creating clear pathways for career progression and retention in rural communities.
- Including AHAs in the Skills Priority List and ensuring their training is subsidised under national and state VET funding models.

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4. Occupational Entry Regulations (OERs)

SARRAH supports Draft Recommendations 3.1 to 3.4 to reform OERs.

SARRAH welcomes the opportunity to review and potentially rationalise qualification requirements and maximise efficiency of training pathways for some allied health professions e.g. Psychology.

Furthermore, SARRAH recognises that Therapy Aide is an outdated term that lacks strong industry support and has long advocated for the reclassification of **Therapy Aide** to **Allied Health Assistant**, as well as for the creation of a distinct ANZSCO code that reflects the role's scope, training, and delegation model.

SARRAH recommend:

- Creating a new ANZSCO classification: **4235 Allied Health Assistants**, with appropriate skill levels and specialisations.
- Removing AHAs from the "Nursing Support and Personal Care Workers" group, which misrepresents their clinical role.

However, SARRAH recognises that there may be unintended consequences to reviewing OERs, especially if mandatory qualification requirements are put in place, for example, for allied health assistants. The lack of quality and accessible VET programs for those in

rural and remote Australia, would mean that mandatory certification could create an additional barrier and increase workforce shortages for rural and remote communities. Reforms should therefore be carefully staged and paired with investments that not only build training supply but also enhance the resilience of the broader rural health workforce. This will help ensure that AHA reforms complement, rather than substitute, the sustainability of the allied health workforce overall.

SARRAH urges the Commission to take caution:

- Ensuring reforms to OERs do not inadvertently exclude community members with valuable lived experience and informal training, especially in Aboriginal communities.

Conclusion

SARRAH appreciates the Commission's comprehensive analysis and commitment to reform. We welcome further engagement and would be pleased to contribute to implementation planning and stakeholder collaboration.

If you would like to discuss issues raised in SARRAHs response or require further information, please contact [redacted]