

**Queensland Health
Office of Rural and Remote Health**

***Rural and Remote Health & Wellbeing
Strategy 2021-26***

**Occupational Therapy Australia Submission
April 2021**

Introduction

Occupational Therapy Australia (OTA) is the professional association and peak representative body for occupational therapists in Australia. As of 31 December 2020, there were approximately 25,000 registered occupational therapists working across government, non-government, private and community sectors in Australia, with more than 4,900 of these in Queensland (AHPRA, 2020).

In 2020, Occupational Therapy Australia provided feedback on the establishment of the Office of Rural and Remote Health, noting the highest priority should be the development of a Queensland rural and remote health strategy. OTA therefore welcomes this opportunity to provide feedback on the development of Queensland's *Rural and Remote Health and Wellbeing Strategy 2021-2026*.

About Occupational Therapists

Occupational therapists are key allied health professionals who work with people and communities to overcome limitations to everyday living caused by such things as injury or illness, psychological or emotional difficulties, developmental delay, or the effects of ageing. Occupational therapists work in a diverse range of practice settings including acute hospitals, rehabilitation settings, community and primary health, chronic disease self-management, integrated mental health, education, driver assessment, paediatrics, and aged care.

Occupational therapists, with their expertise and experience in preventative care, and their holistic approach to a client's wellbeing, are uniquely placed to help ensure a sustainable and balanced mix of services is delivered across the whole of the health system, delivering the right care in the right place at the right time. They should, therefore, be afforded a prominent and strategic role in future policy making and in investment decisions.

Occupational Therapy in Rural and Remote Queensland

Occupational therapists working in rural and remote Queensland face challenges associated with a reduced availability of allied health practitioners, financial implications associated with the need to travel frequently and across significant distances, as well as limited access to services and suppliers.

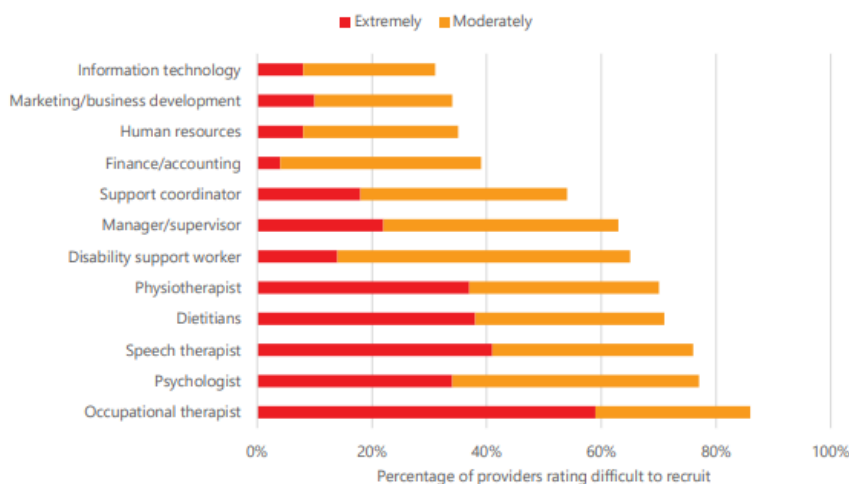
Limited supply is accompanied by a high demand. While the introduction of the National Disability Insurance Scheme (NDIS) has undoubtedly improved participation of people with a disability in the community and the workforce, rural and remote Queenslanders do not have the same level of access as their urban and suburban counterparts and, often, the services they require are not available locally. One OTA member has reflected that while the population of the rural communities may be smaller, the clinical presentations are just as, if not more, diverse in comparison to their in-clinic referrals. As such, occupational therapists working in rural and remote regions typically do so as 'rural generalists' working across diverse practice areas and within multiple funding schemes.

The Occupational Therapist Workforce in Queensland

Health Workforce Queensland undertook a workforce gap analysis as part of its 2020 Health Workforce Needs Assessment for Remote and Rural Queensland, revealing occupational therapy was among the highest rated profession, with a mean workforce gap rating of 58.8 (Health Workforce Queensland, 2020, p. 25). This workforce shortage has also been identified by the Queensland Productivity Commission’s (QPC) 2020 Inquiry into the NDIS market in Queensland, which highlighted occupational therapy as the most difficult position to recruit for. More than 80% of NDIS providers reported difficulty recruiting an occupational therapist (QPC, 2020, xxiv Fig. 10).

As at 23 March 2021, a basic SEEK.com.au search for ‘occupational therapist’ jobs in Queensland returned 976 results (www.seek.com.au). Despite increasing workforce shortages, anecdotal reports from the eight universities offering an occupational therapy program in Queensland indicate that more students are enrolling in occupational therapy programs than ever before.

Figure 10 Positions difficult to recruit for, Queensland providers, 2018–19



Source: NDS, unpublished.

Workforce shortages, particularly in rural and remote parts of the country, are going to become more acute as our population ages, as the uptake of the NDIS increases and Australia’s population increasingly shifts towards regional and rural areas.

OTA notes The Regional Australia Institute’s recent launch of a campaign *Move to More*, backed by the Federal Government, aimed at getting metropolitan residents to move to regional and rural Australia. Australian Bureau of Statistics data released in February 2020 indicated capital cities had a net loss of 11,200 people from internal migration in the three months to September of the previous year – the largest quarterly net loss on record. OTA believes that any migration from major cities needs to be accompanied by increased federal and state funding for allied health, as the already severe shortages of allied health services in rural communities will be exacerbated by such migration.

Response to Consultation Questions

1. What needs to be done collectively across the health care system to better attract and retain clinicians to rural and remote areas?

The issues:

OTA understands that it can be very challenging to recruit occupational therapists to work in rural and remote areas. While the NDIS has undoubtedly provided more employment opportunities for occupational therapists across the state, this has in turn removed incentives for therapists to relocate their practice to rural and remote towns.

Typically, occupational therapists already working in rural and remote regions are operating under multiple funding schemes (NDIS, DVA, compensable schemes, private health insurers) and across multiple practice areas, to meet the needs of diverse communities. The demands of each of these schemes adds to the administrative burden experienced by clinicians and, often, this time is not appropriately remunerated.

For occupational therapists working within the NDIS, a significant problem in rural and remote regions is the fact that NDIS travel fees do not cover the true cost of service delivery in these areas. Occupational therapists attempting to recruit new graduates to meet service demands are being met by requests to provide them with a car or accommodation as part of their employment. These employee supports are not covered by the NDIS, nor is it sustainable for small, isolated businesses to provide them.

Concerns about a lack of professional development opportunities, professional isolation and insufficient supervision in rural and remote settings may also deter some occupational therapists from relocating to rural and remote regions.

One OTA member writes:

I have noted it before but I can confirm that I see a lot of experienced specialist disability therapists getting out of the game. They are being replaced by significantly less experienced OTs working for bigger providers. These bigger providers have the time and funding to deal with the NDIS and the Commission. This gets even more concerning when you dig down a layer and find that those less experienced OTs, with the big providers, aren't getting very good clinical support from their employers.

OTA members report that many occupational therapists work as 'rural generalists' and rely on alternative funding streams to meet the needs of local NDIS clients. This includes the James Cook University Allied Health Rural Generalist Program, as well as various grants from Services for Australian Rural and Remote Allied Health (James Cook University 2020; SARRAH 2020).

Owing to the difficulty of recruiting occupational therapists, some practices are also looking at how they can use allied health assistants (AHAs) more effectively. OTA believes greater clarity is needed regarding the two streams under which AHAs can be funded by the NDIS.

Recommendations:

OTA supports the concept of a 'whole of life' and career approach to workforce development and developing health professional centred retention strategies (Colbran et al. 2020). This includes developing a *Rural and Remote Health and Wellbeing Strategy 2021-2026* that:

- Supports and encourages **school-based opportunities** for workforce entry and to participate in allied health education;
- Supports the delivery of **high-quality clinical placements** for occupational therapy students;
- **Educates and works with employers**, particularly those larger NDIS and community services employers, to ensure new graduate occupational therapists are appropriately supported and have access to **discipline-specific supervision** to build their expertise;
- Formally recognises the '**rural generalist**' role and **provides financial and lifestyle incentives that support occupational therapists relocating** from regional and metropolitan areas;
- Provides **ongoing supervision, collegiality, and professional development** for experienced occupational therapists to remain in rural and remote regions; and
- Is **culturally sensitive**, with a focus on attraction and retention of Aboriginal and Torres Strait Islander health care professionals.

OTA agrees with recent comments made by the National Rural Health Alliance and the Royal Flying Doctor Service as outlined by the Herald Sun (<https://www.heraldsun.com.au/news/victoria/rural-health-system-concerns-over-population-surge-in-country-australia/news-story/5bba8c78b8fc78bed9626568d9908d2a>). OTA believes that any migration from major cities needs to also attract federal and state funding for allied health, as there are already severe shortages of allied health services in rural communities and migration from metropolitan centres will place further strain on these services.

We strongly support the recommendation by the Queensland Productivity Commission that the Queensland Government fund a pilot program to better understand the role of AHAs in the context of disability services. As observed by the Commissioners, this may alleviate pressure on the overstretched allied health workforce, enabling them to prioritise those services which best utilise their high level of expertise where it is most needed.

OTA notes, however, that AHAs should be appropriately qualified, deployed, and supervised. OTA has a position paper on the appropriate role of AHAs in supporting occupational therapy practice which is available on OTA's website: <https://tinyurl.com/jx6jyaej>

OTA members would also like to highlight that in rural and remote parts of Queensland there needs to be enhanced coordination and collaboration between services. The link between public and private health

needs to be strong, particularly for NDIS practitioners as they are more likely to be able to practice remotely if they have access to public facilities or local hospitals for education and service provision.

3. Providing training and education that enables clinicians to work safely and at top of scope is essential. How do system participants (e.g. health care organisations, universities, Hospital and Health Services) work together to ensure clinical staff are provided with ongoing training and education opportunities?

Universities

In Queensland, eight universities currently offer an occupational therapy program:

- Australian Catholic University
- Bond University
- Central Queensland University
- Griffith University
- James Cook University
- Southern Cross University
- University of Queensland
- University of Sunshine Coast

These universities connect through the Occupational Therapy Practice Education Collaborative Queensland (OTPEC-Q) and the University Occupational Therapy Practice Education Network Queensland (UOTPENQ) to promote a shared vision for the future of occupational therapy practice and to collaborate to ensure a consistent approach to practice education (<https://otpecq.group.uq.edu.au/about-otpec-q>). The OTPEC-Q also has representatives from Queensland Health and Occupational Therapy Australia.

Limited research is available on the costs and benefits of clinical placements for health service organisations. OTA believes further research is necessary to ascertain the impacts of fees for placements on clinical supervisor time, workload capacity, financial implications, and both student and client outcomes across health disciplines.

To support increasing demands on the health workforce and occupational therapy profession, the opportunity to create clinical placement opportunities through innovative, non-traditional roles within Queensland Health facilities should also be explored.

Health care organisations

OTA is aware of an increasing reliance on the role of allied health professionals to operate as 'rural generalists', many without adequate training and supports. OTA members have suggested that the Queensland Government could partner with health care organisations to provide training to other clinicians, to build the capacity of local healthcare professionals in rural and remote areas. This could in turn enable rural and remote clinicians to provide services that may otherwise be lacking in their communities.

One OTA member suggests –

“Building the capacity of local healthcare professionals in rural and remote areas to provide services that may be lacking in their communities. In our area specifically, partnering with organisations such as the Advanced Breast Cancer Group to provide training to local healthcare professionals so they are able to run their own professionally led support group – whether it is for women with metastatic breast cancer or other forms of metastatic disease.”

4. Reflecting on the questions above, are you able to provide an example of any initiative where this has been successfully achieved?

Gateway to Industry Schools Program (GISP)

CheckUP, in partnership with Queensland’s Department of Employment, Small Business and Training (DESBT) have partnered to deliver a program to develop school students’ knowledge and understanding of the varied roles available in the health workforce and improve their access to learning and experiential opportunities in Queensland’s growing health sector. OTA is aware of two schools in Queensland (Kawana Waters State College and Bentley Park College) currently offering VET pathways for Allied Health Assistant certification with seemingly positive outcomes.

https://www.checkup.org.au/page/Workforce/Gateway_to_Industry_Schools_Program_GISP_%E2%80%93_Health/

<https://www.checkup.org.au/content/Document/QPHCN%20PPT%20-%20Bentley%20Park%20College.pdf>

Central Queensland University student-led health clinic

Central Queensland University have offered a student-led health clinic in Biloela since 2015, providing a central hub to rural and remote communities in the Central Queensland region. Occupational therapy students have participated in this program since January 2020. The program provides occupational therapy services to communities that would be otherwise unavailable as well as providing students on the job training in a remote setting. <https://otaus.com.au/blog/bringing-student-led-ot-services-to-rural-queensland>

James Cook University Rural Generalist Education Program

Occupational therapists are eligible for the James Cook University Rural Generalist Education Program. This program, whilst a positive step, does not address the immediate need to support an expanded workforce. The program, funded through HHS, relies on formal agreements with HHS and the availability of existing occupational therapists to provide supervision.

https://www.health.qld.gov.au/_data/assets/pdf_file/0038/839189/ahrg-pathway-information.PDF

North West Queensland Inter-Agency Allied Health Workforce Strategy

OTA is aware of a Health Workforce Queensland Initiative to support an ‘own grown’ allied health workforce in North Western Queensland.

<https://www.healthworkforce.com.au/north-west-queensland-inter-agency-allied-health-workforce-strategy>

6. Reflecting on your answers and rural and remote health, is there any other feedback that you would like to provide?

Telehealth

In the case of occupational therapy, it appears most services can be effectively delivered via telehealth. OTA is currently participating in a university-led study of just how efficacious such services are. Until such evidence-based findings become available, however, OTA is largely guided by the anecdotal evidence of highly experienced members – which is remarkably consistent. Members report that telehealth is well received by most – but not all – clients. Most – but not all – services can be delivered by telehealth very effectively.

OTA recognises the opportunities that technology presents for improved service delivery in rural, regional and remote areas. It should also be noted that e-mental health is an emerging area of practice for many occupational therapists and other mental health clinicians.

While the growth of telehealth might alleviate the problem of remoteness, there are obviously occasions when the health practitioner must be physically present with the client. This is particularly true of occupational therapists, who must sometimes work with the client in the environment in which they are trying to function, such as their home, workplace, or school.

Occupational therapists and other health professionals face a number of barriers to providing telehealth services to clients in rural and remote areas. These include access to videoconferencing technology in an appropriate clinical space, slow internet speeds, and ensuring that patients have completed necessary tests and scans prior to a telehealth appointment. Older people may also require assistance to become familiar with the technology used to provide telehealth services.

The success of telehealth often depends on how clinicians adapt their practice/modify their services to work in a telehealth environment. There are several positive aspects, including improved care coordination for clients and the convenience of not having to travel a considerable distance to access services. OTA members report that, because of telehealth consultations, they can now see more clients in a day – a significant consideration in the context of a developing occupational therapy workforce shortage.

Greater funding for telehealth service provision at both a federal and state level would address many of these current challenges and might, in the longer term, prove a cost saving to the health system.

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