Building the evidence base for Allied Health in the ‘real world’

Kristine Battye, Cath Sefton, Scott Davis, Rob Curry, Jeff House

Evidence Forum

SARRAH - Recognised published evidence limited for rural allied health:

- Service models
- Models of Care
- Workforce strategies
- Cost-effectiveness

- How do we build the evidence?
- Where do we start?

Allied Health workforce supply

Don't really know

No consistent data set:

- AHPRA registers – limited no. professions and subsets within professions
- States recognise different professions as allied health
- Census data
- Professional associations – membership data – are they practising?
- Settings and Sectors
- RWA Health workforce needs assessment – geographic subset

Solution – Nationally consistent data set – HOW??

Rural Recruitment and Retention

We know what matters

- Personal – rural origin, values, financial incentives
- Professional – working environment, caseload, professional supports, career advancement
- Community - feeling valued, partner employment, schools

Do we know what works?

- **Models, service arrangements to address what matters** – robustly evaluated? Adequate time frame?
  - Where is it published? - Grey literature, local intel, not promising?

Solution: Reservoir/ Clearing House

Collated and synthesised evidence – grey and published, regularly updated e.g. PHCRIS, Indigenous Clearing House, Health InfoNet

Rural Training Strategies

Promising approaches

- Training pathways (medicine)
- Rural Placements (high intent for rural)

Transferability?

Emerging evidence for GPs - integrated training pathways - rural origin, extended rural placement, decentralised prevocational and vocational training

- **Allied health – how to support transition from education to employment**?

Solution: Allied health graduate positions (2-3 yr) – selected in final year uni for pre-determined location supported by an Early Career Program = Trial and evaluate

Clinical Contribution of AHPs

Limited evidence of impact of AH interventions

- Published evidence – acute settings, specific clinical issues

Relevance for rural MoC

- Team based care – Chronic disease management
- Early intervention - early childhood development
- New models – delegation, telehealth,
- What are the clinical gains and efficiency gains?

Opportunity: PHNs commissioning for outcomes, Primary Care Collaboratives

- co-design and evaluate AH contribution to multidisciplinary MoC outcomes

Building the evidence

- Nationally consistent data set – workforce planning and planning for education and training
- Robustly designed evaluations of workforce and training strategies over an adequate timeframe
- Commission for outcomes with evaluation built into contracts
- Reservoir/ Clearing House of synthesised evidence for dissemination