

The Combined Allied Health Workforce Study: filling the knowledge gap

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Tony Smith qualified as a radiographer over 30 years ago. He has worked in both public hospitals and private practices but left full-time clinical practice to pursue an academic career at the University of Newcastle. He was Head of Medical Radiation Science (MRS) from 1997 to 2001. In 2003, he relocated to Tamworth and took up a position as the medical radiation academic in the then newly established the University Department of Rural Health—Northern NSW, where he is currently the Deputy Director. In this capacity he sits on the Board of Directors of the Australian Rural Health Education Network (ARHEN).

Tony's research interests are in allied health workforce issues, especially around the development of new models of interprofessional practice in the medical imaging and radiation therapy. He has a close association with the Australian Institute of Radiography, chairing the Rural and Remote Practitioners Advisory Panel and the Advanced Practitioners Advisory Panel. In addition, he has maintained a long-term interest in the education and support of GPs and nurses who perform limited-licence radiography in rural and remote locations, where no radiographer is available.

There is a lack of knowledge about the allied health workforce in Australia. With an ageing population and health care reform on the agenda, a better understanding of the composition of the health workforce is essential for service planning. At the 2006 SARRAH conference in Albury, a recommendation was accepted that a common, well-designed survey instrument should be applied across all Australian states and territories to collect allied health workforce data. Subsequently, academics from UDRHs and clinical schools in NSW, Tasmania, Northern Territory and South Australia performed the Combined Allied Health Workforce (CAHW) Study.

Aims

The aim was to develop a detailed profile of the allied health workforce in rural and remote parts of NSW and all of Tasmania, NT and SA, combining the data for analysis.

Method

The questionnaire was administered at different times in each jurisdiction, between about September 2008 and July 2010. There were three main sections: background information; current employment; and education and professional development. The survey used a variety of recruitment methods and targeted 23 specific allied health occupations, with a category for 'others'.

Results

A total of 4921 responses were analysed (NSW=2029; SA=1534; Tasmania=1179; NT=179). Variations existed between states, but overall the survey found a strongly feminised (75%), mature (mean = 42 years) and experienced (17 years) workforce, with males generally older and more experienced than females. Mean age increased with increasing rurality/remoteness. Less than 1% were of Aboriginal or Torres Strait Islander heritage. About half grew up in a non-metropolitan location, even amongst those who worked in the cities. About 64% worked in the state public system and 17% had more than one employer. Seventy per cent worked 35 or more hours per week, with high levels of job satisfaction. However, 60% intended leaving their job within 10 years.

Relevance

This is the largest and most detailed allied health workforce survey performed to date in Australia. It collected a large amount data relevant to workforce planning and laid the foundations for larger scale studies.

Conclusions

While there are limitations to the generalisability of the findings, the CAHW study partially fills the gap in our knowledge about the Australian allied health workforce. There is a need for similar surveys across all states and territories to gather data on a comparable scale to the medical and nursing workforce.