



Neha Chopra
Policy Officer
Royal Australia New Zealand College of Radiologists
Faculty of Radiation Oncology

30th January 2020

Re: RANZCR Consultation – Establishing and Sustaining Regional Rural and Remote Radiation Therapy Centres

Dear Ms Chopra,

I write to RANZCR on behalf of Allied Health Professions Australia (AHPA), our members and the broader allied health sector in response to the College's consultation paper: 'Establishing and sustaining regional, rural and remote radiation therapy centres: A radiation oncology alliance commentary'.

AHPA welcomes the proactive approach from RANZCR regarding radiation oncology in rural and remote areas. The College is to be commended for considering the many aspects involved in providing appropriate cancer care, including staffing requirements, research and training, infrastructure, data management and more.

The consultation paper recognises the important role of allied health in supporting the physical and psychosocial care of oncology patients and, overall, AHPA supports the directions and recommendations presented. However, I draw your attention to some areas that require further consideration.

Allied health professionals in radiation oncology

Radiation therapists play a key role in radiation oncology and are recognised as being part of the 'business as usual' model for radiation therapy centres in the consultation paper (p.9, 273). The Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) has also been a key contributor to the development of the paper. As qualified medical radiation practitioners, radiation therapists are allied health professionals working in the multidisciplinary radiation oncology team and this should be recognised. Also, when referring to allied health professions other than radiation therapy, the paper should specify 'other' allied health professions.

The 'Background' section of the consultation paper refers to other key documents to be read in conjunction with this commentary. This includes the Victorian Allied Health Leaders Council 'Best practice guidelines and workforce requirements for allied health workers in cancer' (ref. no. 25) which presents guidelines for the involvement of allied health professions in a range of cancers. While this is a comprehensive document, it only represents the Victorian context.



AHPA recommends that the key documents referred to in this paper also include the Cancer Council's suite of Optimal Cancer Care Pathways. These documents have been endorsed by the Australian Health Ministers' Advisory Council and COAG Health Council and provide clear expectations regarding the full range of allied health professions in multidisciplinary teams managing various cancers.

In relation to 'The Expected Standards', and specifically human resources, the consultation paper states that "establishment of the centre must consider the presence of allied [health] personal as [an] essential part of the cancer care continuum" (p.10, 303-4). However, the suggestion that allied health services can be obtained via 'resource sharing' overlooks issues relating to the allied health workforce, particularly in rural and remote areas.

In such areas, there are severe shortages of allied health providers. Even when providers and services are present, there is no guarantee they have the capacity to take on this type of work due to: existing workloads, the funding streams they can access, inability to meet the complex needs of oncology patients due to inexperience and professional isolation. These issues are later recognised in the section on 'Staff Considerations and Inter-departmental Consequences' (p. 19) but only in the context of a limited number of allied health professions.

Funding for allied health in cancer care

The consultation paper recognises that "Allied health staffing is often overlooked and not adequately considered in budget / resource planning" (p.19, 664). AHPA strongly agrees with the College's recommendation that "Dedicated allied health staff attached to the radiation therapy centre is a critical part of budgeting and resource planning and must be done ahead of time. Being reactive to these needs is a pitfall in service planning and will result in poor care pathways for patients" (p.20, 709-11).

However, despite describing the available allied health services as 'limited' in many rural and remote settings, the consultation paper only points to 'maintaining' services (p.19, 666-7). AHPA argues that existing staff are likely to be already stretched and setting up a new service will require funding that allows for expansion of services, not just maintenance.

There is a suggestion that private allied health providers "can carry greater responsibility in supportive care" (p.23, 806). AHPA disagrees with this statement. There is good evidence that rates of private health insurance, a significant facilitator of access to and source of funding for private allied health services, are significantly lower in rural and remote areas. Medicare-funded items are completely inadequate to fund



the allied health needs of oncology patients, with the possible exception of those available under the Better Access to Mental Health initiative. The more remote the area, the less likely there are to be viable private practices to provide these services.

Funding sources available to private allied health providers are specifically for services provided directly to the care recipient. They do not provide funding for other activities such as case conferencing or travel to such meetings, so private providers are unlikely to attend 'essential' multidisciplinary meetings (p.24, 842). There is also good evidence that these funding mechanisms do not support employment of allied health professionals for Aboriginal and Torres Strait Islander populations, so access to culturally safe services is particularly problematic for this cohort.

Data collection and digital health

The consultation paper points out the importance of integrated technology systems including electronic medical record keeping and 'big data' collection (p.10, 307-309).

There is a significant lack of data available on allied health services, particularly from rural and remote areas. Any data collection in relation to radiation oncology should include strategies for collecting and collating data on allied health services and outcomes.

Grasping the extent of allied health involvement in cancer care, even at the individual level, is difficult. Many allied health providers are unable to engage with digital health systems such as My Health Record, due to issues with system interoperability. Most allied health providers in the private sector only have the option to view clinical documents in an individual's My Health Record, via the National Provider Portal, and are unable to upload information to the system. As a result, many individual My Health Records will be missing important information from allied health services that would support best-practice oncology care.

AHPA has made a previous submission to the National Rural Health Commissioner on the discussion paper 'Rural allied health quality, access and distribution: Policy options to improve access, distribution and quality of rural allied health services'. AHPA advocated for:

- collection of data on allied health professions and services in rural and remote areas to enable mapping of the workforce and services provided by specific professions
- establishment of an education and training pipeline to build the allied health workforce in rural and remote areas to address the discrepancy between available services in rural and remote areas compared to urban areas.



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The National Rural Health Commissioner's report to the Commonwealth Government is currently being finalised and is expected to be submitted to the Health Minister shortly. AHPA endorses the measures proposed by the National Rural Health Commissioner and notes that this report should be considered in the context of the RANZCR consultation paper.

Thank you for the opportunity to respond to this consultation paper. If further clarification is required on any of the topics raised or additional matters regarding allied health, I encourage you to contact AHPA.

Yours sincerely,

Claire Hewat
CEO, AHPA

About Allied Health Professions Australia

Allied Health Professions Australia (AHPA) is a collegiate body consisting of 19 national allied health association members and a further eight affiliate members with close links to the allied health sector. AHPA's members collectively represent over 125,000 allied health professionals, including many who support the physical and psychosocial needs of people with cancer, from diagnosis to palliative care.

Please visit www.ahpa.com.au for further information about our organisation and work.