Services for Australian Rural and Remote Allied Health

Media Release | 25 August 2025

Topic:

The Allied Health Rural Generalist Education and Training Scheme (TAHRGETS) and Building the Rural and Remote Allied Health Assistance Workforce (BRAHAW) program: outcomes and opportunities for rural and remote health services

Supplied by:

Services for Australian Rural and Remote Allied Health (SARRAH)

SARRAH, established in 1995, is nationally recognised as the peak body representing rural and remote allied health professionals (AHPs) working in the public, private and community sectors. SARRAH exists to support equitable and sustainable health and well-being across regional, rural and remote Australia.

Contact:

Cath Maloney, Chief Executive Officer, SARRAH

G490 Northbourne Avenue

Canberra ACT 2602

Ph 1800 338 061

sarrah@sarrah.org.au

https://sarrah.org.au/

Services for Australin Rural and Remote Allied Health (SARRAH), have recently published two important evaluation reports on programs designed to improve the sustainability of the rural and remote allied health workforce and improve access for communities to vital allied health services such as speech pathology, psychology, physiotherapy and podiatry.

Between 2021 and 2025 SARRAH implemented *The Allied Health Rural Generalist Education and Training Scheme* (or 'TAHRGETS') and the *Building the Rural and Remote Allied Health Assistance Workforce* (or 'BRAHAW') programs. Both programs were funded by the Australian Department of Health Disability and Ageing (DHDA).

TAHRGETS provided funding and support to private and not-for profit allied health service providers across the country that enabled the organisation to create a designated training role for an early career allied health professional. The trainee undertook post-graduate studies in rural generalist practice, participated in work-based training and supervision, engaged in a service development project relevant to their organisation and community, and had work-time allocated for these activities. TAHRGETS funded university fees and provided a grant the employing organisation to off-set the costs of delivering work-based training.

An evaluation of TAHRGETS was funded by DHDA and conducted by a highly experienced group of researchers from Flinders University.

The evaluation showed that TAHRGETS implemented all 60 packages allocated for rural generalist training positions in mainstream rural and remote allied health services. Packages went to all states and territories in Australia except for Victoria and the ACT, and were spread across nine different allied health professions. "This was a pleasing result, and demonstrated the interest and need of health, disability and aged care providers to boost their workforce and service capacity through recruiting early career health practitioners and supporting their development as rural generalists in their specific allied health professions", said Cath Maloney, Chief Executive Officer of SARRAH.

Some TAHRGETS packages were used to enable existing rural and remote allied health professionals to undertake targeted training. However, 17 of the packages were used by their organisation to create a new position. "The evaluation estimated that these new positions contributed more than 42,000 additional service hours for their communities over the course of the two-year program, even when the training time was accounted for", said Dr Ali Dymmott, lead researcher for the evaluation project. Trainees and their teams completed a range of projects that developed new services or models of care such as falls prevention or foot care programs and better medication review services. "These findings demonstrate the impact of TAHRGETS, not just for the clinicians who do the training but also for their organisation and the community" Dr Dymmott said.

The evaluation also exposed a thorny problem in rural and remote healthcare, with only two of the allocated 30 funding packages ear-marked for Aboriginal Community-controlled Healthcare Organisations (ACCHOs) taken up. "When we saw there were substantial barriers to uptake, SARRAH did extensive engagement with the ACCHO sector to better understand the challenges," said Ms Maloney. "Organisations told us that the limited availability and short-term nature of funding streams for allied health services made employment of practitioners very difficult, and services were generally delivered by short-term contractors. These system-level barriers to employing allied health teams in rural and remote First Nations healthcare providers limited the uptake of TAHRGETS and also impacts multi-disciplinary team-based care for communities.' Ms Maloney said.

The BRAHAW program was designed to assist private and non-government organisations to build an Allied Health Assistant (AHA) workforce. SARRAH worked with each participating organisation to deliver a tailored package of practice and workforce support that would enable the development of AHA positions, attraction and training of incoming workers and model of care redesign to integrate assistant-delivered services.

“Allied health assistants are vocationally-trained members of the health team who provide care under the direction and supervision of allied health professionals. AHA roles can improve service capacity and help to bring care closer to home for rural and remote consumers,” said Ms Maloney.

Evaluation of the BRAHAW program was completed by an experienced research team at the Poche Centre for Indigenous Health at the University of Queensland.

“Thirty-four BRAHAW packages commenced in 18 organisations across seven states and territories. The 34 BRAHAW packages were equally distributed between ACCHO and mainstream services. Initially SARRAH had an additional 16 organisations on a waitlist for a package. By the end of the program, there was a waitlist for 88 BRAHAW packages. Demand has been enormous from the sector.” said Gemma Tuxworth, SARRAH Projects Director.

“Of the 34 allocated packages, by the end of the evaluation we had 11 AHA positions that were established with staff fully trained, 15 were ongoing and due to for full implementation by the end of 2025, and eight had withdrawn,” said Ms Tuxworth. “Reasons organisations withdrew from the BRAHAW program included a lack of financial sustainability of the AHA role for the business, inadequate internal capacity to provide ongoing support and training for the AHA role, and difficulty recruiting or resignation of the staff member” Ms Tuxworth explained.

SARRAH CEO Cath Maloney indicated that SARRAH was very satisfied with the 87% projected completion rate for the BRAHAW program. “Workforce and service changes can be challenging for private and not-for-profit service providers in any setting, but particularly in rural and remote areas. We are grateful to all the organisations involved in the BRAHAW implementation for their engagement and commitment to improving services for their communities”.

Lisa Baker, SARRAH President, stated “Both TAHRGETS and the BRAHAW programs produced valuable outcomes for rural and remote communities and services, and provided important learnings for SARRAH and our partners.”

Funding for both programs concluded in 2024, with SARRAH currently managing the ‘run-out’ phase of implementation. “SARRAH continues to field enquiries from service providers and is aware of sustained demand for these critical strategies. Rural and remote services are looking for opportunities to grow their capacity to meet overwhelming service demand in rural and remote areas. Securing funding to progress this work remains a key focus.” Ms Baker continued.

“SARRAH and our stakeholders encourage governments, service funders and commissioners to examine the many positive outcomes that are evident in these evaluation reports and progress further funding opportunities for development of the allied health rural generalist and allied health assistant workforces in the private and not-for-profit sectors.” said Ms Baker.

Evaluation reports for the TAHRGETS and BRAHAW programs are published on the SARRAH website at: https://sarrah.org.au/latest#!/tfeeds/673018748011/c/Publication.