



Future Early Career Workforce Models for Allied Health Roundtable - Shepparton

February, 2025



Rural Workforce Agency Victoria (RWAV) and Murray Primary Health Network (Murray PHN) recently co-hosted a roundtable discussion on future models of early career allied health workforce support in the Goulburn Valley region. A range of stakeholders with unique experiences, knowledge of local issues and interest in the development, growth and sustainability of the allied health workforce gathered at the Murray PHN Shepparton office.

Representatives included Shepparton-based public and private health providers, the education sector, national peak bodies, and leadership and workforce staff from Murray PHN and RWAV.

The group shared insights to better attract, retain and provide positive experiences for allied health professionals in primary care in the region and discussed strategies being trialled and implemented to address barriers, build opportunities and contribute to future planning for the local allied health workforce.

Challenges and opportunities

Contributors reflected on the challenges faced to attract, recruit and retain allied health professionals. These included:

- Availability of suitable accommodation
- Resources to coordinate and deliver high-quality clinical education
- Limited availability of locums for backfill and to enable professional development, maintain work-life balance and reduce burnout.

The landscape of fragmented professions with differing requirements, pathways and local training options adds a layer of complexity to workforce planning initiatives.

However, with a strong local training pipeline, the vibrant lifestyle, landscape and community; and well-established support mechanisms, the region is primed to embrace opportunities to build the health of the local community.

Collaboration and coordination are drivers of effective recruitment and retention at the service level, presenting opportunities for cross-service recruitment to offer a breadth of opportunities to potential recruits, enabling placement opportunities and developing communities of practice.

The bigger picture

While the event was focused on local, place-based solutions, it was acknowledged that systemic action and reform are required to support sustainable local solutions:

- National investment in sustainable, long-term solutions with an emphasis on coordination to refine existing workforce models, eliminate duplication of efforts and short-term impacts
- Adequate time, planning, resourcing and funding to support comprehensive professional development and clinical education (intra and interdisciplinary) of early career allied health professionals
- Accessible and incentivised pathways to advance scope of allied health roles, remuneration for advanced expertise, and rural loading payments
- Workforce planning underpinned by health workforce demand and availability data across every stage of the allied health career lifecycle, enabling informed decision-making at the local level
- Ongoing investment in empowered rural communities, from infrastructure to accommodation, is required to support the attraction, recruitment and integration of relocating professionals.

Solutions, strategies and enablers

Long-term relationship building is a foundational element to success - from engaging early and often with prospective candidates as they move through study into career, to embedding recruits in the community.

Supportive environments for early career professionals will generate strong returns in the experience of contributors. Flexible working conditions, exposure to a range of clinical experiences and pathways for development and growth are key to strong employer value propositions.

Looking forward

Given the multiple pathways already available, contributors believed that their individual strategies could be combined and leveraged into wraparound supports, from orientation to advanced practice in the workplace.

- Diverse entry points into the allied health sector and greater inclusion of complementary roles (e.g. Allied Health Assistants) could strengthen the resilience of the rural new graduate pipeline.
- The development of an Allied Health Graduate Year Competencies Framework, underpinned by practical, transferrable and interdisciplinary skills to meet the needs of rural employers could encourage retention through structure, achievement and progression against clear goals.
- The development of flexible and innovative role structures could capitalise on reforms.

The group agreed that partnerships could bring together private and public primary care stakeholders to build a collaborative methodology to workforce development, generating place-based and local solutions ready for government investment

RWAV and Murray PHN look forward to building on this positive momentum to impact and improve care availability and delivery. The next meeting of the roundtable is scheduled for April.

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