



S·A·R·R·A·H
Services for Australian
Rural and Remote Allied Health

Establishing Allied Health Rural Generalist Training Positions

Purpose of this document

This document defines the role requirements for an Allied Health Rural Generalist Training Position, details the associated resourcing implications, and provides information on issues to consider when determining workplace suitability for establishing a position. Information is also provided to guide the operational decisions and planning for establishing an Allied Health Rural Generalist Training Position.

Role requirements of Allied Health Rural Generalist Training Positions

An 'Allied Health Rural Generalist Training Position' (AHRG Training Position) is a role designed to support the development of an early career professional from graduate-level competency through to a proficient rural generalist practitioner in an allied health profession.

To be considered an AHRG Training Position, and use this title, the position should include the following components. These components should be explicitly identified in role documentation and supporting processes.

1. Dedicated **development and supervision time** of at least 0.1FTE
2. Participation in the allied health **Rural Generalist Program** through James Cook University (refer to <https://www.jcu.edu.au/division-of-tropical-health-and-medicine/research/rural-generalist-program-rgp>).
3. A formal **development plan** aligned with the Level 1 and/or Level 2 Rural Generalist Program relevant to the profession (where available) and requirements of the employing service,
4. **Development funding** to support participation in the Rural Generalist Program.
5. Regular formal supervision with a collocated or highly accessible **profession-specific local supervisor**. Highly accessible means present on-site and available to provide ad hoc support and advice for 50 per cent or more of work hours. Scheduled and formal supervision arrangements should also be established and strictly maintained. This may be through the local supervisor or another experienced professional in the team or another site. For practitioners with greater experience, more flexible profession-specific and inter-professional supervision arrangements should be implemented which may include a combination of on-site and remote supervision. Scheduled and formal supervision arrangements should also be established and strictly maintained.
6. Contribution to rural generalist **service development strategies** that improve client care and service outcomes. This is a mandatory requirement of AHRG Training Positions. It is also an expectation of the university that all participants in the Rural Generalist Program will be involved in a service development project and apply learnings from their training modules to the local strategy. The key rural generalist allied health service development are:

- Extended scope of practice, including:
 - skill sharing between allied health professions (trans-professional practice), or
 - extended scope complex practices such as prescribing, ordering and interpreting imaging and pathology (if this sits outside the profession's entry standards),
- Delegation to support workers (e.g. allied health assistants) and similar support functions (e.g. X-ray operator services),
- Telehealth-supported service delivery,
- New service models, including partnerships that support implementation of a generalist scope of services previously only provided by specialised units in urban centres. This strategy is about moving care closer to rural and remote community members by expanding the range of services offered locally. Examples include:
 - compression garment prescription, fitting and trialling (see Queensland Health, <https://www.health.qld.gov.au/ahwac/html/practools.asp>),
 - developing 'shared care' models with metropolitan cancer services for local speech pathology management of clients following treatment for head and neck cancer (see Queensland Health <https://ilearnexternal.health.qld.gov.au/course/108/ahpoq-r-telepractice-dysphagia-assessment-service>),
 - dietetics management for clients accessing a tele-chemotherapy service in their local district hospital.

Resourcing requirements for AHRG Training Positions

- Position costs are consistent with any other entry level or early career role (salary, on-costs, entitlements, accommodation, telecommunications, etc.) excepting that 0.1 – 0.2 FTE of the position will be allocated to development, training and supervision activities. This will need to be accounted for in workflow and activity expectations of the position, and therefore in the budget modelling.
- The primary clinical supervisor will allocate approximately one hour per week for formal supervision and additional time for work-place based support and teaching. This should be broadly consistent with the commitment to supervision and support for any other early career practitioner in the work unit.
- Time investment of the manager and team and any related resourcing requirements for the service development project. Resource requirements will be defined by the project adopted by the team in consultation with service leaders e.g. purchase of telehealth equipment for a new service etc.
- The costs of the Rural Generalist Program are defined by James Cook University (JCU), the administering institution. Fee estimates at March 2017 are provided below but current information should be sourced from JCU at <https://www.jcu.edu.au/courses-and-study>.
 - Level 1: Twelve modules (equivalent to 6 credit points) at \$650 (excl GST) per module. Delivered online.
 - Level 2: Eight subjects (24 credit points) Graduate Diploma course. Subject costs consistent with similar JCU postgraduate courses (approximately \$3,200 per subject). Participants completing Level 1 can apply for credit for 6 credit points. Depending on subject choice, some block study or other travel may be required.
 - Additional costs be incurred for study resources, IT resources and data use.

For the trial of the Rural Generalist Program (2017 – 2019) AHRG Training Positions can be created that support the incumbent to complete the Level 1 program only (commencing May 2017 for up to 24 months) or Level 2 program only (up to 24 months commencing early 2018) or the Level 1 and 2 (commencing May 2017 and concluding Dec 2019). This decision will impact costings.

- Other development costs may be incurred for work shadowing or clinical placements, additional courses outside the Rural Generalist Program, mandatory training etc.

Workplace suitability for establishing AHRG Training Positions

Successful implementation of an AHRG Training Position requires employing organisations to meet certain obligations. At any given time, organisations will differ in their capacity to fulfil these obligations. Work units and positions suitable for implementing the supervision, support, resourcing, and leadership required of an AHRG Training Position include:

- Early career positions with a co-located or highly accessible, experienced, profession-specific supervisor role with reasonable expectation of stable staffing.
- Entry level positions with a recent history of unstable staffing or average tenure of less than 2 years present a good opportunity for conversion to an AHRG Training Position as the marginal cost is likely to be minimal, and will be outweighed by the potential benefits of increased tenure and locally developed workforce.
- A work unit that can commit to strictly quarantining the 0.1FTE – 0.2FTE development and supervision time. If this is not feasible, the AHRG Training Position is a poor choice as a staffing strategy as it will be challenging for the incumbent to successfully take part in the Rural Generalist Program.
- A work unit must have the capacity to develop, implement and trial service development strategies as part of their continuous quality improvement cycle. The AHRG Training Position incumbent must participate in service development activities to complete the Level 1 Rural Generalist Program. As an early career practitioner, the AHRG Training Position incumbent will not lead the service development project. The team leader or other senior practitioner would be responsible for managing the initiative. The broader team must be engaged in, or contribute to, the service development strategy/ies and have access to the required skill sets and resources to implement and evaluate / monitor the service change.
- Teams with limited capacity to support rural generalist service development strategies are a poor option for establishing an AHRG Training Position.
- A work unit should have adequate clinical demand and a caseload mix appropriate for employment of an early career practitioner. A service with severe demand management problems (e.g. long waiting lists and high overtime) is a poor option for adding an inexperienced staff member as the training and supervision load can amplify team stress and service capacity issues. Services with a narrow focus on a generally complex caseload are also not suited to the addition of an early career practitioner in an AHRG Training Position.

For advice on assessing the suitability of your organisation or work unit implementing an AHRG Training Position contact SARRAH.

Creating an AHRG Training Position

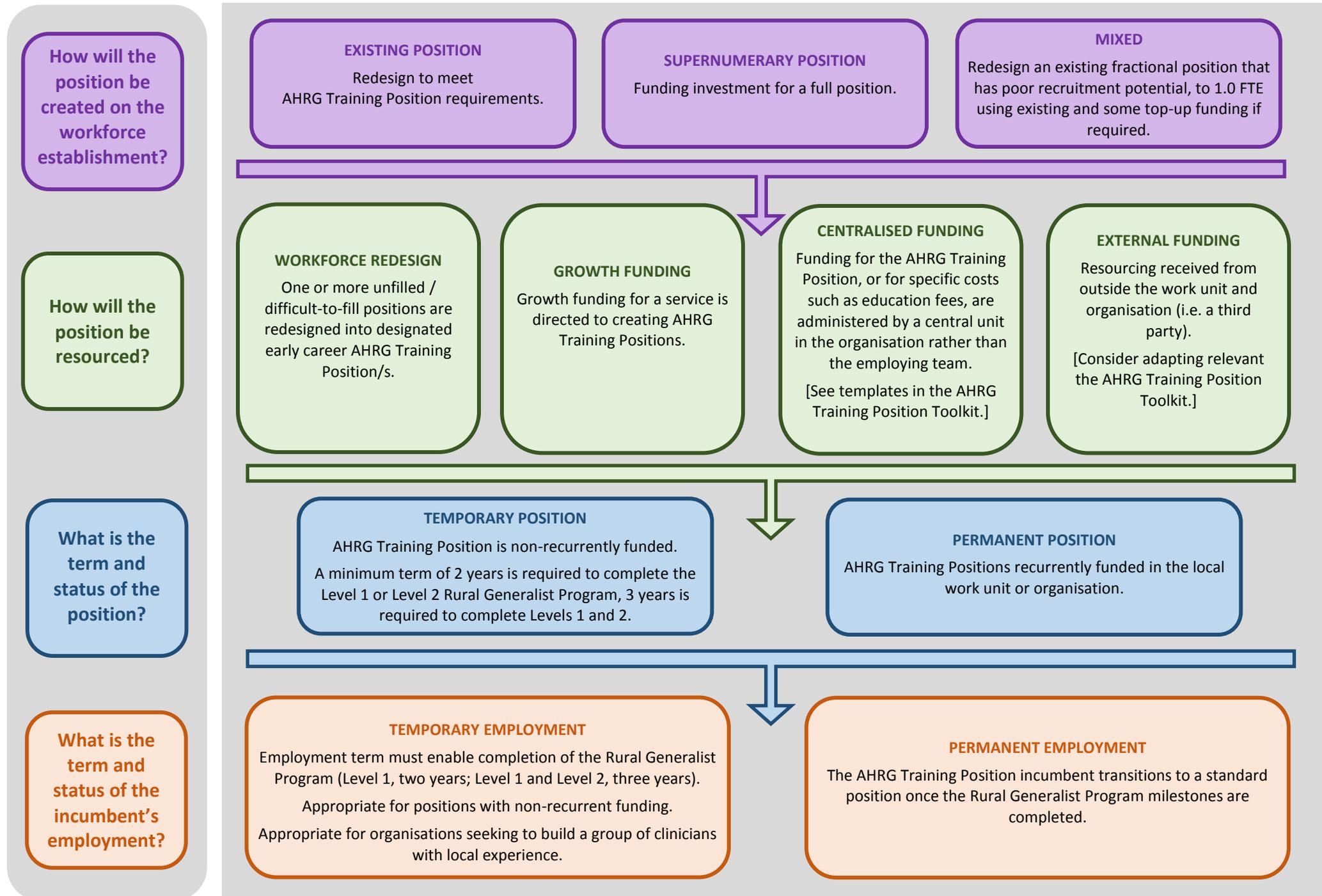
Guided by the information above, four key questions need to be answered to create an AHRG Training Position. Answers to these questions will vary depending on the local work unit structure, available resources, and local recruitment needs.

1. How will the position be created on the workforce establishment?
2. How will the position be resourced?
3. What is the term and status of the position?
4. What is the term and status of the incumbent's employment?

Answers to these questions will guide the processes for implementing the AHRG Training Position.

Figure 1 on the following page presents possible answers to each of these questions. Further discussion is then provided regarding these different possibilities.

Figure 1. Key questions to guide AHRG Training Position planning



1. How will the position be created on the workforce establishment?

There are many local variants to the three models presented in Figure 1. If the requirements for the position are met, the local service can be opportunistic and establish the position using the business model that makes sense for their context.

2. How will the position be resourced?

The answer to the first question will inform the quantum of resources needed to meet the requirements of an AHRG Training Position. There are a number of ways to approach securing the required resources.

- **Service redesign:** a service can create an AHRG Training Position by redesigning how the internal resources of the local work unit are used.

For example, a health service has a total of 4.4FTE occupational therapy (OT) positions. Three positions have stable, long-term incumbents with between 6 and 18 years professional experience. The other two 1.0 FTE positions are chronically unfilled or are generally only filled temporarily by locums. This results in periods of limited staffing, a need to restrict services, and significant stress for the permanent staff. At a time when both positions are not filled, the team redesigns the organisational structure and workforce establishment to create two OT AHRG Training Positions. Surplus funding available from appointment of staff to these junior positions is used to top-up one of the fractional senior OT positions by 0.2 FTE to provide supervision and work-based training for the AHRG Training Positions. The other senior positions also contribute to the training and supervision of the AHRG Training Positions to develop and maintain their own supervision skills.

Such an approach can result in more stable and predictable staffing that is easier to manage from a recruitment perspective, is cost neutral, provides a consistent service to the community through more reliable staffing, and offers better opportunities for leave cover. The process also presents the opportunity to invest in succession planning and building a local workforce.

- **Growth funding:** From time to time services may receive growth funding from their organisation. A local work unit may allocate this funding for a designated AHRG Training Position, rather than extending an existing flat structure.
- **Centralised funding:** In some organisations, particularly larger service providers, funding may be organised at an organisation-level and provided to local work units to implement a position. This may resource an entire supernumerary AHRG Training Position, or just meet the additional resource requirements of an AHRG Training Position such as enrolment fees. In this scenario, an organisation selection process may be required, as well as documentation that defines the funding offer and obligations of all parties with respect to the funding.

The templates provided in the Allied Health Rural Generalist Pathway Toolkit can be used by organisations developing a centralised funding model.

- **External funding:** Funding contributions towards AHRG Training Positions are made available from an entity that is external to the organisation and local work unit.

In this scenario, a service agreement or similar is likely to govern the arrangements between the health service and external funding provider. The templates provided in the Allied Health Rural Generalist Pathway Toolkit may offer useful content to guide selection of funding recipients and the development of an agreement.

3. What is the term and status of the position?

- **Permanent:** The position is established permanently in the work unit. Note that this relates to the status of the position and the incumbent does not necessarily need to be recruited permanently to the role (see question 4 below).
- **Temporary:** The position is established temporarily in the work unit. This is most likely when there is non-recurrent support funding.

NOTE: The minimum term a position may be established is 2 years if the incumbent will be required to complete Level 1 or Level 2 of the Rural Generalist Program; or 3 years if required to complete both the Level 1 and Level 2 Rural Generalist Programs.

4. What is the term and status of the incumbent's employment?

- **Temporary employment:** The incumbent is employed on a temporary basis in the role. The term of employment must be adequate to meet the Rural Generalist Program requirements (see above). Temporary employment is most relevant for non-recurrently funded (temporary) positions, and positions that the service wants to use as an ongoing graduate / early career role to build an expanding group of clinicians with local experience. This can support services in high growth areas to have an ongoing cycle of intake to the roles that leads to recruitment opportunities as other roles become available in the organisation.
- **Permanent employment:** The incumbent is permanently employed by the service. The employment model will need to be established such that the incumbent will transition to a standard position once the education milestones are met i.e. completion of the Level 1, Level 2, or the Level 1 and Level 2 Rural Generalist Program are completed. Details of the terms of training support arrangements should be specified in the offer of employment.

Permanent employment may be feasible even if the position is non-recurrently funded if turnover in the operational unit produces an acceptable risk of managing the incumbent's appointment.

Once decisions have been made regarding the four questions above, refer to the information sheet *Role descriptions and recruitment to Allied Health Rural Generalist Training Positions* available on the SARRAH website.

Supports available for AHRG Training Position sites

AHRG Training Positions are being implemented across the country. To build collaboration, share resources, and facilitate learning and problem solving across sites

SARRAH can facilitate links between sites implementing AHRG Training Positions, to share experiences and resources, problem solve and access peer support.

For more information

Resources relevant to AHRG Training Positions and the Rural Generalist Program are available through SARRAH at www.sarrah.org.au.

SARRAH can supply advice to healthcare providers, commissioning agencies and other stakeholders to support scoping, development and implementation of Allied Health Rural Generalist Training Positions.

E-mail: sarrah@sarrah.org.au

Phone: 02 6285 4960

1800 338 061

www: www.sarrah.org.au