

PROJECT CLOSURE REPORT

Allied Health Rural Generalist Workforce and Employment Scheme



EXECUTIVE SUMMARY

Background

Services for Australian Rural and Remote Allied Health (SARRAH) is committed to establishing the Allied Health Rural Generalist Pathway (the Pathway) as a formal and nationally recognised pathway for allied health professionals working in rural and remote Australia.

The Pathway is an innovative, needs-based mechanism working towards improving access to allied health professionals and services in rural and remote Australian communities.

SARRAH has been involved in the development of the AHRG Pathway since 2013. From 2017-19 SARRAH implemented a national expansion of the AHRG Pathway with seed funding received from QLD Health. This project highlighted readiness for continued growth and understanding of the AHRG Pathway and opportunities and timeliness for expansion into private and non-government sectors.

In 2019, SARRAH initiated this project by submitting the *Allied Health Rural Generalist Workforce and Employment Scheme (AHRGWES) project proposal* to the Commonwealth Department of Health Rural Workforce branch; proposing to utilise unspent grant money to fund the expansion of the AHRG Pathway into other non-state health sectors, notably private practice and community-based (non-government) allied health service settings. The proposal was accepted by the Department of Health and launched by the Minister for Regional Service, Decentralisation and Local Government (Commonwealth Department of Health) in November 2019

Reasons for closing the project

The AHRGWES project utilised unspent, unallocated funds from the former Nursing and Allied Health Scholarship and Support Scheme (NAHSSS) which was discontinued in 2016. Since that time, SARRAH has continued to administer the grant including the dispersal of scholarships to ongoing recipients and the financial management of remaining grant funds. AHRGWES was administered under a deed of variation to the original NAHSSS service agreement which was executed in September 2019. The project was originally developed to be implemented over a two-year period from July 2019-June 2021. The deed of variation retained the original project timeline to June 2021.

While the project was successful with deliverables being met within budget constraints, there are some activities (which SARRAH will continue to manage) that will continue beyond June 2021. Regardless of these, the project is being closed due to the project closing date being reached.

In May 2021 the Commonwealth announced further funding to support the ongoing expansion of the Pathway. SARRAH is currently working with the DoH to finalise details of the grant agreement, a process expected to be completed in September 2021.

Pending finalisation of this agreement, this further funding is likely to see an additional 90 training positions allocated over three years (July 2021 – June 2024) through The Allied Health Rural Education and Training (TAHRGET) initiative.

For clarity of purpose any ongoing support activities against the AHRGWES project will be transitioned to TAHRGET as identified in closure activities.

Summary of Recommendations

The project management team recommend that the AHRGWES Project Steering Committee deem the AHRGWES project closed. In doing so the steering committee acknowledge the deliverables of the project that have been achieved and that the remaining activities should be transferred under the TAHRGET project.

Several recommendations have arisen during the implementation, monitoring and closure of the AHRGWES project that should be considered in future instances of AHRG pathway implementation. The themes of these recommendations are summarised here.

Stakeholder engagement recommendations

Distribution of training positions during AHRGWES implementation was not evenly spread across jurisdictions and sectors. It is unclear whether this is because of poor stakeholder engagement and/or lack of organisation 'readiness' or demand for this workforce initiative.

With this in mind, the project team recommends future project iterations consider whether full jurisdiction and sector representation is the appropriate approach when assessing, prioritising and allocating training positions; and that promotional and marketing strategies are optimised to reach all sectors and jurisdictions. As the project team have made recommendations to review how important full

Project management recommendations

The project management team found several necessary elements of AHRGWES implementation to be resource intensive, particularly with regards to assessing and allocating training positions (and the associated impacts on commencement and completion), onboarding and supporting organisations and trainees and managing reallocations of positions and resources for training positions that do not complete.

With this in mind, the project team recommends future project iterations adopt internal strategies and processes that facilitate early uptake of participants; as well as take steps to optimise the organisation and trainee understanding of the AHRG Pathway to smooth the on-boarding process and set clear expectations of all levels of participating organisations.

AHRG Pathway level recommendations

The project team made several observations regarding the two available AHRG Pathways. An early preference of trainees and organisations toward the Level 2 pathway was observed, however due to cohort size and limited pathway completion at project close, these observations are viewed with caution. Additionally, the project team observed issues with timing for trainees undertaking the pathway. Those doing the Level 1 pathway found it unrealistic to complete the pathway within the suggested 12 months. Some of those doing the Level 2 pathway found balancing work and other commitments difficult. The independent external evaluation may discover more about these issues.

In the meantime, the project team recommends that future projects implementing the AHRG pathway ensure that budgets and deliverables allow flexibility for a preference for either pathway level depending on the relevant demand. Additionally, future program guidelines should be reviewed to ensure that timelines and rules for completion are more achievable for trainees undertaking the pathway.

Monitoring and evaluation recommendations

The independent external evaluation will add depth and detail to this project closure report contributing to the evidence for the AHRG Pathway. It is anticipated that lessons learned and recommendations will become more evident as the evaluation continues. In the meantime, the project team has observed areas of interest for further investigation that would potentially add depth to the evidence base. These areas include understanding the market drivers for AHRG Pathway demand; factors that influence trainees that do not commence or withdrawal from the pathway; other potential measures or proxy measures of rural allied health services; and the attitudes of the allied health sector towards allied health rural generalism.

