

RESOURCE 2: RURAL GENERALISTS IN THE ALLIED HEALTH PROFESSIONS

OVERVIEW

This document has been developed to provide guidance on the concept of rural generalism in the allied health professions. It also covers the key elements of an allied health rural generalist pathway and details the capabilities, development processes, supervision requirements of early career rural generalists, and services provided by rural generalists at different development stages.

THE RURAL GENERALIST CONCEPT

The term rural generalist refers to a service, or to a position or practitioner delivering the service, that responds to the broad range of healthcare needs of a rural or remote community. This includes delivering services to people with a wide range of clinical presentations, from across the age spectrum, and in a variety of clinical settings (inpatient, ambulatory care and community).

The primary aim of generalist service models is to deliver high quality, safe, effective and efficient services as close to the client's community as possible. To meet this aim, teams and individual health professionals need to implement strategies that maximise local service access and quality. The primary strategies are:

- Telehealth.
- Delegation to support workers (e.g. allied health assistants).
- Extended scope of practice including skill sharing (trans-professional practice).
- Partnerships supporting the implementation of a 'generalist scope' for complex or low frequency clinical presentations, (including rural-urban, cross-agency and cross-sectoral partnerships that use shared care or collaborative practice models).

Rural generalists practice under the regulatory instruments of their specific allied health profession and the policies of their employer.

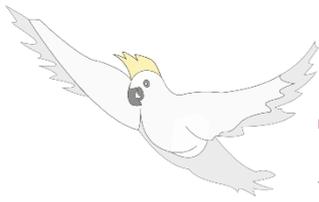
A rural generalist is NOT a "generic allied health worker" without a primary health professional qualification. There is no such worker in Australia and this is not an output of the Allied Health Rural Generalist Pathway.

ALLIED HEALTH RURAL GENERALIST PATHWAY

The Allied Health Rural Generalist Pathway (AHRGP) is a workforce development initiative structured around three key components. It aims to support the growth, sustainability and value of the rural and remote allied health workforce and the proliferation of rural generalist service models that deliver accessible, safe, effective and efficient health services for rural and remote health consumers.

The key components of the AHRGP are:

- A formal **education program** that supports the development of the clinical and non-clinical rural generalist practice requirements of the relevant allied health profession.
- **Workforce policy and employment structures** that align to development requirements and facilitate progression from entry-level competency to proficient rural generalist in the relevant allied health profession and into extended scope roles where this is required by the service.
- **Rural generalist service models** that support and engage allied health professionals to implement innovative and effective solutions to the challenges of delivering care across geographically dispersed and culturally diverse populations.



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ALLIED HEALTH RURAL GENERALIST ROLES

Rural generalism is primarily defined by the breadth of clinical, service delivery and professional capabilities required of roles in work units with small multi-professional teams. This team structure is common although not unique to rural and remote services. Role breadth is relatively unrelated to the depth or complexity of practice. Consequently, the diagram presented on page 3 and 4 details how allied health rural generalist roles can reflect the continuum from early career through to more experienced and skilled levels of practice, including extended scope.

ACKNOWLEDGMENTS

The Allied Health Rural Generalist Pathway is a collaborative initiative comprising a broad variety of organisations across the Australian and New Zealand healthcare sectors. The full list of organisations is available on the SARRAH website at www.sarrah.org.au.

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 provide advice to healthcare providers, commissioning agencies and other stakeholders to support scoping, development and implementation of the AHRGP.



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FIGURE 1: RURAL GENERALIST ROLES BY DEVELOPMENT STAGE

	Developing Rural Generalist		Proficient Rural Generalist	Extended Scope Rural Generalist
	Developing rural generalist "Training stage"	Practitioner with some experience and increasing generalist practice capabilities, and requiring a diminishing level of support from senior practitioners. "Development stage"	Proficient rural generalist	Extended scope rural generalist (Complex practice)
Capabilities	Graduate or early career practitioner (0 – 2 years) developing rural generalist capabilities with the support of senior practitioners.	Practitioner with some experience and increasing generalist practice capabilities, and requiring a diminishing level of support from senior practitioners.	More experienced practitioner demonstrating a high level of rural generalist professional capabilities in their profession, with limited support from senior colleagues, and with some extended scope functions if required by the service (e.g. low risk/complexity skill-shared tasks with other allied health professions). ^	A proficient rural generalist possesses one or more areas of extended scope complex clinical practice (e.g. high complexity skill shared practice, practices requiring credentialing and approved scope#).
Development	<ul style="list-style-type: none"> Development plan including completion of a formal Level 1 Rural Generalist Program (work integrated training modules). Allocated development time integrated into position (protected and scheduled 0.1 – 0.2 FTE). Development funding (full or co-funded training). Development is the dual responsibility of individual and organisation. 	<ul style="list-style-type: none"> Development plan and including formal Level 2 Rural Generalist Program (Graduate diploma) or equivalent. Allocated development time integrated into position (approximately 0.1 FTE) with greater scheduling flexibility. Development funding (full or co-funded training). Development is the dual responsibility of the individual and organisation. 	<ul style="list-style-type: none"> Development plan builds on Level 2 Rural Generalist Program (or equivalent) and includes clinical and professional training relevant to the role (e.g. formal/award-based education in clinical leadership, clinical education, clinical practice, health service management, research). Development support (e.g. full or co-funded training, leave). Development time reflected in position and aligned to the development plan. Development is the dual responsibility of individual and organisation. 	<ul style="list-style-type: none"> Development plan and formal education program relevant to complex practice area and meeting regulatory requirements (if relevant). Development support (e.g. supervisor access, endorsement of complex practice model, full or co-funded training). Allocated development time as prescribed by the complex practice training program / pathway and organisation. Development is the dual responsibility of individual and organisation.



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	Developing rural generalist "Training stage" "Development stage"		Proficient rural generalist	Extended scope rural generalist (Complex practice)
Supervision and Governance	Co-located or 'highly accessible' (available on-site >50% work hours), profession-specific formal supervision.*	On and/or off-site profession-specific formal supervision and inter-professional supervision if relevant to practice area.	On or off-site profession-specific and inter-professional formal supervision.* Skill sharing governance framework in local work unit. ^	Complex practice supervision (e.g. extended scope practitioner, medical officer). Credentialing and defining scope of clinical practice process for complex practice.
Services	Uses and/or supports the team's development of rural generalist service models (e.g. telehealth, delegation, skill sharing, partnerships).	Use of rural generalist service models; support of new and less experienced staff to use service models and increasing involvement in service development.	Clinical leadership and service development of rural generalist models.	Clinical leadership and service development of rural generalist and extended scope models.

* Example of description of formal supervision: Queensland Health. QH-HSDGDL-034-2:2015 Guideline for Credentialing and Defining the Scope of Clinical Practice and Professional Support for Allied Health Professionals at <https://www.health.qld.gov.au/directives/docs/gdl/gh-hsdgdl-034-1.pdf>

Example of credentialing and defining scope of clinical practice process: Queensland Health. Health Service Directive QH-HSD-034:2014. Credentialing and defining the scope of clinical practice at <https://www.health.qld.gov.au/directives/hsd/gh-hsd-034.pdf>

^ Skill sharing for non-complex tasks can be implemented for Development Rural Generalists with training, supervision, competency assessment, monitoring and other governance processes in place.