

RESOURCE 3: ALLIED HEALTH RURAL GENERALIST PATHWAY: MULTI-JURISDICTIONAL STRATEGY

OVERVIEW

The multi-jurisdictional strategy for advancing the Allied Health Rural Generalist Pathway (AHRGP) was developed to support completion of a series of projects between 2013 and 2019. This document has been developed to provide you with information about:

- The origins of the AHRGP.
- The AHRG concept, its goal and key areas of focus.
- The history and future directions of the AHRGP strategy.
- Findings from trials conducted across Australia.

ORIGINS OF THE AHRGP

It is well recognised that despite having a disproportionate burden of illness, rural and remote communities have poorer access to health services than metropolitan areas. Factors contributing to service access limitations include maldistribution of the health workforce, reduced variety and fewer specialist services, and difficulties recruiting and retaining staff. These challenges are relevant across the health workforce, including the allied health professions, nursing, and medicine.

The development of a multi-jurisdictional allied health rural generalist strategy commenced in 2013 by a collaboration of organisations known as the AHRGP Project Governance Group (PGG). Members of the PGG have been drawn from across the healthcare sector including:

- The Greater Northern Australian Regional Training Network (GNARTN).
- The Allied Health Professions' Office of Queensland (AHPOQ).
- New South Wales Ministry of Health NSW MoH).
- Northern Territory Department of Health (NT Health).
- Western Australia Country Health Service (WACHS).
- Country Health South Australia (Country Health SA).
- Tasmanian Health Service (THS).
- Victorian Department of Health and Human Services (VIC DHHS).
- Services for Australian Rural and Remote Allied Health (SARRAH).

Stakeholders who have supported the development of the AHRG Pathway include: James Cook University (JCU), the Queensland University of Technology (QUT), Southern Cross University (SCU) and the Australian Healthcare and Hospitals Association (AHHA).

The strategy recognises that rural practice requires a broad skill-set and a strong reliance on teamwork, multi-disciplinary and inter-professional practice and the development of innovative service delivery models. A key focus of the strategy is to address issues that influence workforce recruitment and retention in rural and remote areas, including ensuring access to professional development and providing effective supervision and support.



THE ALLIED HEALTH 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 usually in a variety of healthcare delivery settings e.g. inpatient, ambulatory care, community. Not all allied health professionals working in rural areas need to be generalists, particularly in larger rural centres that can support a narrower scope and a more urban service model.

Rural generalists aim to deliver high quality, safe, effective and efficient services as close to the client's community as possible using service models that enable local access. Rural generalism is most common in rural or remote teams with small establishments, often with a single member of each profession represented in the team.

Rural generalists practice under the regulatory instruments relevant to the individual's specific allied health profession and the policies of their employer.

A rural generalist is NOT a "generic allied health worker" who is 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.

GOAL

The overarching goal of the Allied Health Rural Generalist Pathway strategy (AHRGP strategy) is to improve health outcomes for rural and remote consumers through increasing access to a highly skilled allied health workforce and enhancing opportunities for multi-disciplinary care in rural healthcare teams.

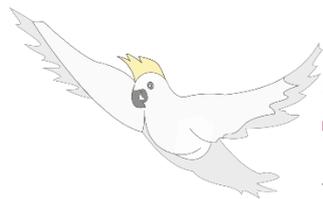
The AHRGP strategy has three key areas of focus, each with a specific aim:

A **formal education program** that supports the development of the clinical and non-clinical rural generalist practice requirements of the relevant allied health profession. This aim enhances the skills and capabilities of the allied health workforce to meet the challenges of delivering services in rural and remote areas.

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. This aims to improve the recruitment and retention of allied health professionals in rural and remote services with a focus on supporting the AHRG Training Position incumbent.

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. This aims to support the growth of allied health service models that meet the needs of rural and remote communities.

The objective of the AHRG Pathway strategy is to scope, develop, trial and embed rural generalist service, workforce/employment and education models for allied health professions.

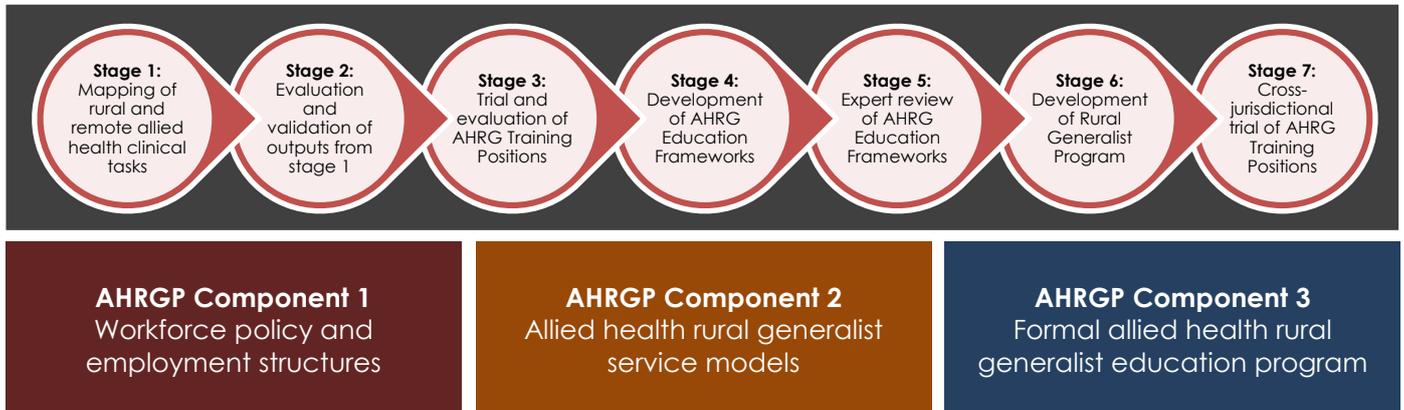


SARRAH

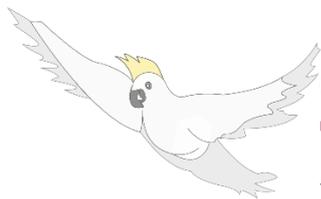
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THE ALLIED HEALTH RURAL GENERALIST PATHWAY STRATEGY – THE HISTORY 2013 - 19

From 2013 to 2019, a series of projects conducted across several stages informed the development of the AHRGP. The focus of each of these stages is summarised in the table below.



Stage	Year	Project
Stage 1	2013	<p>Mapping of rural and remote allied health clinical tasks</p> <p>Greater Northern Australia Regional Training Network (GNARTN) and Queensland Health sponsored a comprehensive mapping of clinical tasks and functions for six professions across five rural and remote services (public and community controlled) in three jurisdictions to provide a detailed description of rural generalist clinical requirements for six professions.</p> <p>This included identification of profession-specific clinical tasks and tasks that were potentially appropriate for skill sharing between professions or delegation to support workers, where training, supervision and governance processes were available in the team.</p>
Stage 2	2014	<p>Evaluation and validation of outputs from stage 1</p> <p>GNARTN managed a two-stage stakeholder review and validation of skill-shared tasks identified in Stage 1. Allied health professionals from across Australia were involved in this consultation process.</p>
Stage 3	2014	<p>Trial and evaluation of AHRG Training Positions</p> <p>Queensland Health implemented a trial of supernumerary AHRG Training Positions.</p> <p>An evaluation, conducted by Southern Cross University, identified a range of benefits to the community, to health services, and to health professionals but the lack of a formal rural generalist training program for allied health professionals was identified as a key barrier to progressing rural generalist service and workforce models.</p>
Stage 4	2015	<p>Development of an Allied Health Rural Generalist Education Framework</p> <p>Queensland Health developed a draft education framework for seven professions.</p> <p>The framework was informed by the profession-specific and skill sharing tasks identified in Stage 1 and Stage 2, and the observed outputs of AHRG Training Positions in Stage 3.</p> <p>Extensive consultation occurred with rural and remote allied health professionals and professional leaders in Queensland Health and a number of allied health professionals from other health services in Queensland and other jurisdictions.</p>

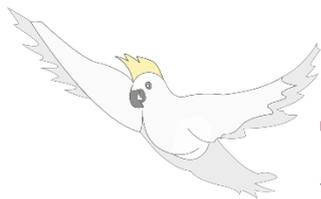


Stage	Year	Project
Stage 5	2015 - 2016	Expert review of the Allied Health Rural Generalist Education Framework GNARTN sponsored and coordinated an expert review of the draft education frameworks with profession-specific panels of senior academics and professional leaders from across Australia and New Zealand.
Stage 6	2017 - 2019	Rural Generalist Program and Graduate Diploma of Rural Generalist Practice AHPOQ, in consultation with health sector partners in other states and territories, formed an agreement with James Cook University (JCU) in collaboration with QUT, to develop a formal education program. The Rural Generalist Program is a two-level, university delivered and assessed program, encompassing rural generalist practice development for seven professions: medical imaging, nutrition and dietetics, occupational therapy, pharmacy, physiotherapy, podiatry, and speech pathology. JCU and QUT used the Allied Health Rural Generalist Education Framework developed in Stage 4 and 5 to generate the Rural Generalist Program and Graduate Diploma of Rural Generalist Practice. The Rural Generalist Program commenced in the second quarter of 2017 with the Graduate Diploma commencing in 2018. Full details about both programs are available on the JCU website. Both programs play a key role in stage 7.
Stage 7	2017 - 2019	AHRG Training Position cross-jurisdictional trial Health services, commissioning agencies, and health workforce bodies have the opportunity to participate in the 2017-2019 evaluated trial of the AHRG Training Positions that use the newly developed Rural Generalist Program. Current trial participants include Queensland Health, Western Australia Country Health Service, Northern Territory Department of Health, New South Wales Health, Tasmanian Health Service and Country Health South Australia, with coordination and support provided by SARRAH.

Organisations participating in Stage 7 have developed AHRG Training Positions and recruited early career professionals to the roles. To be considered an AHRG Training Position, and use this title, the positions include the following components:

- 1) Dedicated **development and supervision time** of at least 0.1 FTE.
- 2) Participation in an **allied health rural generalist education program** (AHRG education program) such as the postgraduate Rural Generalist Program (Level 1 Certificate) or Graduate Diploma of Rural Generalist Practice (Level 2) offered by JCU in collaboration with QUT.
- 3) A formal **development plan** aligned with a Level 1 and/or Level 2 AHRG education program relevant to the profession (where applicable) and requirements of the employing service.
- 4) **Development funding** to support participation in an AHRG education program.
- 5) Regular formal supervision with a co-located or highly accessible **profession-specific local supervisor**.
- 6) Contribution to AHRG **service development strategies** that improve client care and service outcomes.

Full details of the requirements of an AHRG Training Position are presented in Fact Sheet 4: Establishing Allied Health Rural Generalist Training Positions.



KEY COMPONENTS OF THE ALLIED HEALTH RURAL GENERALIST PATHWAY

The AHRGP describes an integrated process of development of individual allied health professionals, their teams and organisations that aims to achieve the goal and aims of the strategy. The AHRGP has three key components which are presented below:

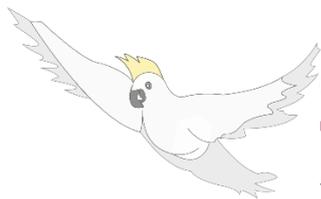
Key component	Key elements
A formal education program that supports development of the clinical and non-clinical rural generalist practice requirements of the relevant allied health profession.	<ul style="list-style-type: none">• Profession-specific clinical skills• Service-specific clinical skills• Rural and remote service delivery• Rural and remote health context
Workforce policy and employment structures that provide an articulated career pathway: <ul style="list-style-type: none">• Graduate or early career professional developing as a rural generalist in their allied health profession, to• Proficient rural generalist, and into• Extended scope rural generalist roles, where this is required by the service.	<ul style="list-style-type: none">• Supervision and support model• Development plan and formal education program• Development time and resources• Engagement in rural generalist service models
Rural generalist service models that engage allied health professionals to implement innovative and effective solutions to the challenges of delivering care: <ul style="list-style-type: none">• In geographically dispersed and culturally diverse populations• To a large breadth of clinical presentations across the age spectrum• In a variety of clinical settings (inpatient, ambulatory care, community)• As close to home as possible for rural and remote consumers.	<ul style="list-style-type: none">• Telehealth• Delegation to support workers (e.g. allied health assistants)• Extended scope of practice including skill sharing with other professions (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).

FINDINGS FROM TRIALS CONDUCTED ACROSS AUSTRALIA

Since 2014, Queensland Health conducted a trial of AHRG Training Positions in rural and remote public health services. They employed one or more graduates / early career allied health professionals from the following disciplines: nutrition and dietetics, occupational therapy, pharmacy, physiotherapy, radiography, social work, speech pathology and podiatry. The findings of the evaluation of the trial, including a study by Southern Cross University, are summarised below.

Although some of the evaluation outcomes are influenced by the supernumerary nature of the positions in the Queensland trial, similar benefits may be seen for established positions that are redesigned into AHRG Training Position, particularly in teams with high turnover and low position tenure.

Beyond Queensland, trials are ongoing in the Northern Territory, New South Wales, Tasmania and Western Australia. It is also expected that trials will occur in South Australia in the near future. The results of these trials however, are yet to be made public.



GRADUATES / EARLY CAREER PROFESSIONALS

- The AHRG Training Positions increased opportunities for employment in rural and remote areas through designated development positions targeting early career practitioners.
- The AHRG Training Position employment model, with structured inclusion of development and supervision requirements, was found to be the appropriate approach to employing early career practitioners in rural and remote services.
- Short-term onwards employment destinations for incumbents that completed their appointment in the AHRG Training Position showed that 64% remained in a regional, rural or remote centre 12 months after separation from the temporary rural training role.

OTHER ALLIED HEALTH PROFESSIONALS IN HOST SITES

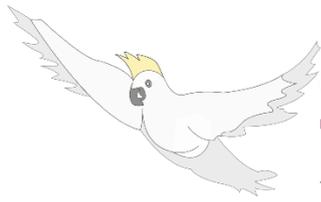
- Team members in work units employing AHRG Training Positions reported improved job satisfaction, reduced fatigue and increased opportunities for collaborative practice with colleagues of the same profession.
- Challenges were identified in work units regarding maintaining a commitment to the development time and focus of the position. The challenges included communicating this requirement to other stakeholders in the service, sourcing adequate skills in the local team in education / work-based training, supervision, and service improvement project management including evaluation design and reporting. To respond to these issues, from 2017 Queensland Health implemented targeted project management and evaluation support for senior practitioners and managers in teams that include AHRG Training Positions. This strategy will broaden the benefits available through the initiative to existing rural and remote health professionals.

SERVICES

- The mandatory focus for host sites on developing rural generalist service models has produced a range of local improvements to access, quality and efficiency of services in rural and remote host sites. This has generated tangible benefits for communities. The opportunity to contribute to these initiatives and practice in professionally interesting, patient-centred rural generalist service models are factors contributing to attraction, recruitment and retention of early career practitioners in rural and remote positions.
- The AHRG Training Positions stimulated and supported implementation of rural generalist service strategies. The Southern Cross University evaluation report referred to the AHRG Training Positions as a 'disrupter', prompting teams to reflect on their current state and drive changes to service models that benefit local clients.
- Service development projects generated service efficiency improvements including reduced travel time for patients and professionals through effective use of telehealth, greater utilisation of full scope of practice, and more effective use of allied health assistants.

RURAL AND REMOTE COMMUNITIES AND CONSUMERS

- Service improvement strategies generated:
 - Increased service access and activity, including reduced waiting lists and wait times.
 - Improved timeliness of care.
 - Moved the point of service closer to clients' home communities.



SARRAH

Services for Australian Rural and Remote Allied Health

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.