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Services for Australian
Rural and Remote Allied Health

Allied Health Rural Generalist Pathway: Multijurisdictional strategy

Purpose of this document

This document details the multijurisdictional strategy for advancing the Allied Health Rural Generalist Pathway (AHRG Pathway). Details are provided about:

- the origins of the AHRG Pathway,
- the AHRG concept, its goal and key areas of focus,
- the history and future directions of the AHRG Pathway strategy
- findings from the 2014 Queensland Health evaluated trial

Background

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.

Since 2013, a collaboration including the Greater Northern Australian Regional Training Network (GNARTN), the Allied Health Professions' Office of Queensland (AHPOQ), the Northern Territory Department of Health, Western Australia Country Health Services, Department of Health Western Australia, and Services for Australian Rural and Remote Allied Health (SARRAH), has been working to progress a cross-jurisdictional approach to development of an Allied Health Rural Generalist strategy. 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. Rural generalists are understood to be a sub-set of allied health professionals that have common qualities to their practice. This includes the ability to deliver services to a wide breadth of clinical presentations and clients 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” that does not have 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 (AHRG Pathway 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.

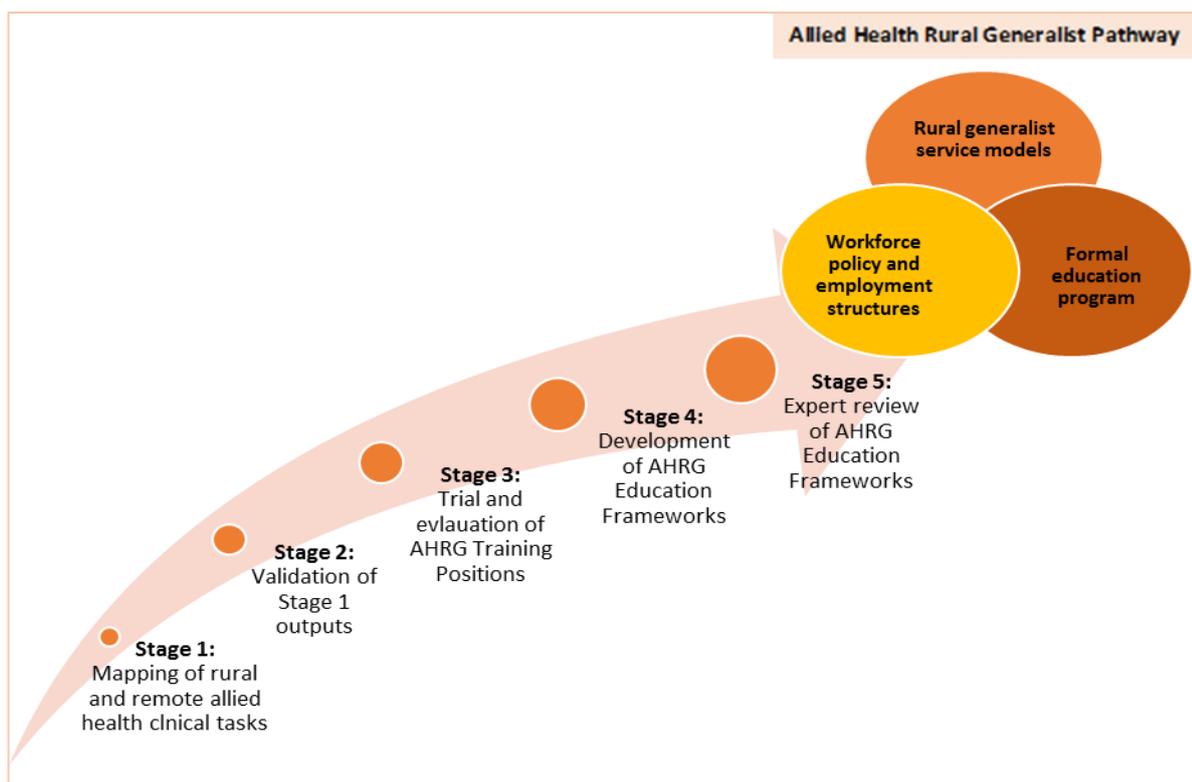
The AHRG Pathway strategy has three key areas of focus, each with a specific aim:

- *Workforce / employment structures:* Improve the recruitment and retention of allied health professionals in rural and remote services with a focus on supporting the development period, from graduation to full scope generalist practitioner.
- *Education and training:* Enhance the skills and capabilities of the allied health workforce to meet the challenges of delivering services in rural and remote areas and to improve client outcomes, and
- *Services:* 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.

The Allied Health Rural Generalist Pathway strategy – the history (2013-2016)

From 2013 to 2016, a series of projects conducted across five stages, has informed development of the Allied Health Rural Generalist Pathway (AHRG Pathway). The focus of each of these stages is summarised in the table below.



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. 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>Validation of Stage 1 outputs</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. 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.¹ More detailed evaluation findings are presented below.</p>
Stage 4	2015	<p>Development of Rural Generalist Frameworks</p> <p>Queensland Health developed a draft education framework for seven professions. 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. 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 5	2015-2016	<p>Expert review of Education Frameworks</p> <p>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.</p>

Key components of the Allied Health Rural Generalist Pathway

The AHRG Pathway 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 AHRG Pathway has three key components:

1. a formal rural generalist education program
2. workforce policy and employment structures
3. rural generalist service models that are aligned to the needs of each rural and remote community

¹ Queensland Health Allied Health Rural Generalist Training Positions Evaluation Report (2015) at <https://www.health.qld.gov.au/ahwac/html/rural-remote>

The key elements of each of these components are presented below.

Key component	Key elements
<p>A formal education program that supports development of the clinical and non-clinical rural generalist practice requirements of the relevant allied health profession.</p>	<p>Profession-specific clinical skills</p> <p>Service-specific clinical skills</p> <p>Rural and remote service delivery</p> <p>Rural and remote health context</p>
<p>Workforce policy and employment structures that provide an articulated career pathway:</p> <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. 	<p>Supervision and support model</p> <p>Development plan and formal education program</p> <p>Development time and resources</p> <p>Engagement in rural generalist service models</p>
<p>Rural generalist service models that engage allied health professionals to implement innovative and effective solutions to the challenges of delivering care:</p> <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 	<p>Telehealth</p> <p>Delegation to support workers (e.g. allied health assistants)</p> <p>Extended scope of practice including skill sharing with other professions (trans-professional practice)</p> <p>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)</p>

The Allied Health Rural Generalist Pathway strategy – future directions (2017-2019)

The AHRG Pathway strategy is now implementing Stage 6 and Stage 7.

Stage 6	2017-2019	Rural Generalist Program
		<p>AHPOQ, in consultation with health sector partners in other states and territories, has formed an agreement with James Cook University (JCU) in collaboration with QUT, to develop a formal education program.</p> <p>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.</p> <p>JCU and QUT have exclusive access to the Rural Generalist Framework developed in Stage 4 and 5 during the development period for the Rural Generalist Program.</p> <p>Full details of the Rural Generalist Program are available from https://www.jcu.edu.au/division-of-tropical-health-and-medicine/research/rural-generalist-program-rgp.</p>

Stage 7	2017-2019	<p>AHRG Training Position cross-jurisdictional trial</p> <p>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, with coordination and support provided by SARRAH.</p>
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Organisations participating in Stage 7 will develop Allied Health Rural Generalist Training Positions (AHRG Training Positions) and recruit early career professionals to the roles. To be considered an AHRG Training Position, and use this title, the position should include the following components:

1. Dedicated **development and supervision time** of at least 0.1 FTE.
2. Participation in the allied health **Rural Generalist Program** (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**.
6. Contribution to rural generalist **service development strategies** that improve client care and service outcomes.

Full details of the requirements of an AHRG Training Position are presented in the information sheet [Establishing Allied Health Rural Generalist Training Positions](#).

Findings from the AHRG Training Position evaluated trial

Background

The 2014 Queensland Health trial of eleven supernumerary AHRG Training Positions in rural and remote public health services employed one or more graduates / early career practitioners from the following professions: nutrition and dietetics, occupational therapy, pharmacy, physiotherapy, and radiography. The findings of the evaluation of the trial by Southern Cross University as they relate to different stakeholder groups 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 rural generalist training positions, particularly in teams with high turnover and low position tenure.

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 2014 incumbents that completed a twelve-month temporary appointment in the AHRG Training Position showed 89 per cent remained in a rural, regional or remote centre.

- Medium to long-term workforce outcomes for AHRG Training Position 2014 - 2016 incumbents will require more time to assess. Extension of AHRG Training Position incumbents to the 2015-16 cohorts demonstrated retention during the employment period (either one or two year terms depending on the service) has been positive. None of the 22 incumbents departed the positions before the conclusion of their appointment period. By October 2016, all of the 2014 AHRG Training Position cohort remain employed by Queensland Health and all but one (89%) are working in a regional, rural or remote location.

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 will implement 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 / times,
 - improved timeliness of care, and
 - moved the point of service closer to clients' home communities.

Barriers to progressing the strategy

The Queensland evaluation identified the lack of a formal rural generalist training program for the allied health professions was a key barrier to the progression of rural generalist service and workforce models. Since this time, university partners James Cook University and QUT have become engaged in the initiative and are developing a two-level formal allied health Rural Generalist Program for seven allied health professions. Level 1 of the Rural Generalist Program will commence in the second quarter of 2017 and Level 2 (Graduate Diploma) in early 2018. Full details about the Rural Generalist Program are available from <https://www.jcu.edu.au/division-of-tropical-health-and-medicine/research/rural-generalist-program-rgp>.

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.

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