



RESOURCE 1: RURAL GENERALISTS IN THE ALLIED HEALTH PROFESSIONS

WHAT IS A RURAL GENERALIST IN AN ALLIED HEALTH PROFESSION?

Allied Health Professionals are essential members of multidisciplinary healthcare teams in rural and remote areas. Rural and remote health practitioners often require generalist skills in their profession to respond to the extensive needs of their communities.

This differs from the experience of Health Professionals in regional and metropolitan areas where services may be delivered in specific clinical areas requiring a narrower scope of practice and skillset.

The term rural generalist refers to a service, position, or practitioner delivering services, which respond to the broad scope of healthcare needs of a rural or remote community. This includes delivering services to people with a range of clinical presentations from across the age spectrum and in a variety of clinical settings, including inpatient, outpatient, aged care, disability, primary health care and community.

A rural generalist is NOT a "generic allied health worker" without a primary health professional qualification. Rural generalists practise under the regulatory instruments of their specific allied health profession and the policies of their employer.

Rural generalists may also develop areas of "special skills" in response to a specific service priority or clinical need. However, clinicians who solely work with a more specialised scope of practice also work in rural and remote areas and provide valuable services for their community. These clinicians may not identify themselves as being generalists.

ALLIED HEALTH RURAL GENERALIST ROLES

Rural generalism is primarily defined by the breadth of clinical skills, 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 level of proficiency and individual health professionals working as rural generalists may be at various stages of development. Figure 1 (below) 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.

Rural generalists also require a range of non-clinical skills to successfully operate in the rural and remote health space. Collaboration, service evaluation and planning, leadership, education and training, community engagement and cultural responsiveness are some areas identified as of importance when operating in inter-professional and inter-agency service models and small multidisciplinary teams as is often the case in rural and remote health.

Rural Generalist Service Strategies

The primary aim of rural generalist service models is to deliver high quality, safe, effective, and efficient services as close to the client's community as possible. Rural generalist service strategies can be implemented to maximise local service access and quality. The primary strategies are:

- Telehealth
- Delegation and improved use of clinical support workers e.g., allied health assistants
- Extended scope of practice including skill sharing across disciplines
- Partnerships that use shared care or collaborative practice models supporting the implementation of a 'generalist scope' for complex or low frequency clinical presentations

Rural generalists will develop experience with one or more of these strategies while being involved in service development projects within their organisation.



FIGURE 1: RURAL GENERALIST ROLES BY DEVELOPMENT STAGE

	Developing Rural Generalist		Proficient Rural Generalist	Extended Scope Rural Generalist
	“Training stage”	“Development stage”		
	Developing rural generalist		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 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.
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.*	Complex practice supervision (e.g. extended scope practitioner, medical officer).



	Developing rural generalist		Proficient rural generalist	Extended scope rural generalist (Complex practice)
	"Training stage"	"Development stage"		
			Skill sharing governance framework in local work unit. ^	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.

ACKNOWLEDGMENTS

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

FOR MORE INFORMATION

Resources relevant to AHRG Training Positions and the Rural Generalist Program are available through SARRAH at www.sarraah.org.au. SARRAH can provide advice to healthcare providers, commissioning agencies and other stakeholders to support scoping, development and implementation of the AHRGP.