

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

THE NEED FOR AN ALLIED HEALTH RURAL GENERALIST PATHWAY

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.

GOAL

The overarching goal of the 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:

- **Formal education** This aim enhances the skills and capabilities of the allied health workforce to meet the challenges of delivering services in rural and remote areas.
- **Structured supervision and support** to facilitate progression from entry-level competency to proficient rural generalist. This aims to improve the recruitment and retention of allied health professionals in rural and remote services with a focus on supporting the AHRG Trainee.
- **Service development** initiatives that support allied health professionals to implement innovative effective solutions to the challenges of delivering rural and remote health care. 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.

ORIGINS OF THE AHRGP

The Allied Health Rural Generalist Pathway initiative is a collaboration between state and territory health bodies, NGOs and education providers. 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 were 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.

PROGRESS TO DATE

The following table outlines the stages which have informed the development of the AHRGP.

Year	Project
2013 - 2014	<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>
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>
2015	<p>Development of an Allied Health Rural Generalist Education Framework</p> <p>Queensland Health developed a draft education framework for seven professions: medical imaging, nutrition and dietetics, occupational therapy, pharmacy, physiotherapy, podiatry, speech pathology.</p> <p>The framework was informed by the profession-specific and skill sharing tasks previously identified.</p> <p>Extensive consultation occurred with rural and remote allied health professionals and professional leaders in Queensland Health and several allied health professionals from other health services in Queensland and other jurisdictions.</p>
2015 - 2016	<p>Expert review of the Allied Health Rural Generalist Education Framework</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>
2017 - 2019	<p>Rural Generalist Program and Graduate Diploma of Rural Generalist Practice</p> <p>Profession-specific content is added to the Allied Health Rural Generalist Education Framework for two additional disciplines: social work and psychology.</p> <p>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.</p> <p>JCU and QUT use the Allied Health Rural Generalist Education Framework to generate the Rural Generalist Program and Graduate Diploma of Rural Generalist Practice.</p> <p>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.</p>
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.</p>

Year	Project
	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.
2020	Trial positions commence in NGO and private sectors through AHRGWES The Allied Health Rural Generalist Workplace and Education Scheme Funded by the Commonwealth and implemented by SARRAH commences with 40 positions allocated by July 2020.
2021	Implementation of AHRG pathway within NGO and private sector with TAHRGETS The Allied Health Rural Generalist Education and Training Scheme is funded by the Commonwealth and implemented by SARRAH. 90 TAHRGETS training packages available: 60 trainee positions in mainstream community practices/ services 30 new trainee positions in Aboriginal Community Controlled Health Services
2022	Establishment of an Accreditation Council Established as an independent council under the SARRAH corporate governance structure, the Allied Health Rural Generalist Accreditation Council accredits post-professional education programs in rural generalist practice for allied health professions as part of the (AHRG) Pathway.

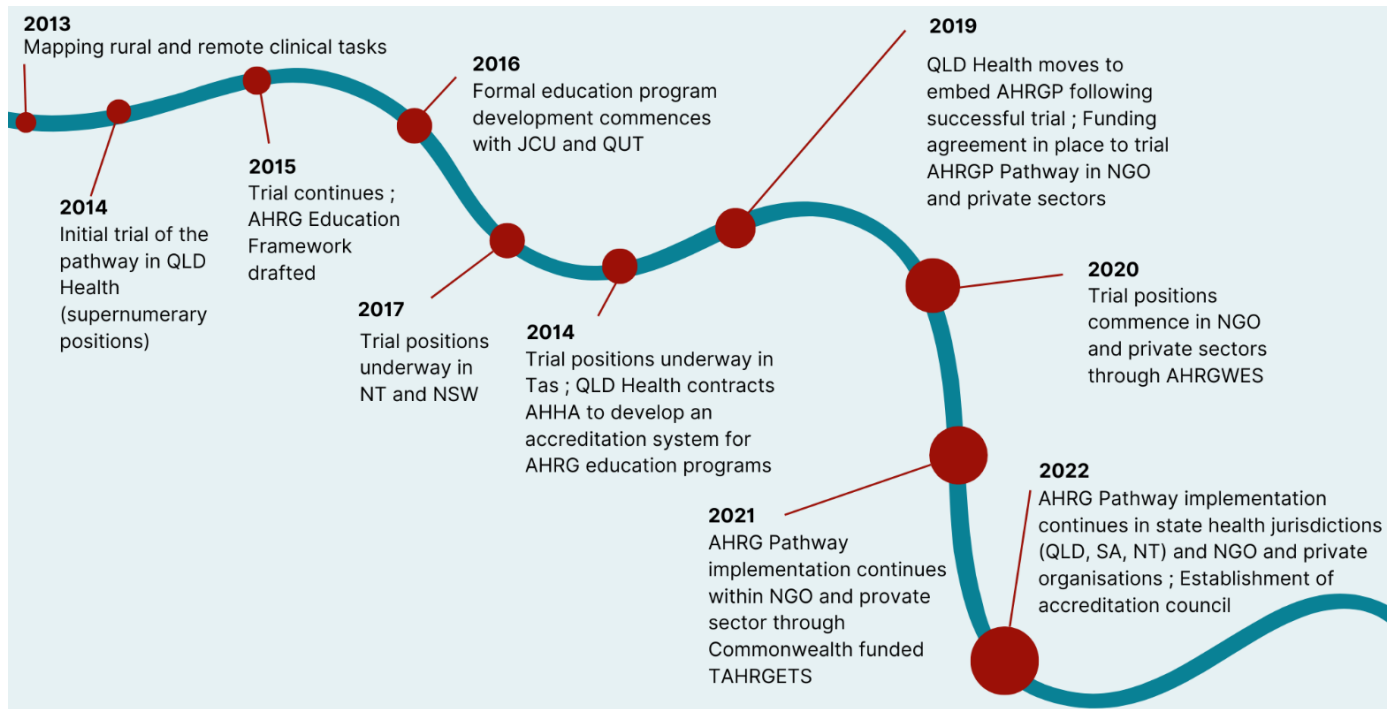
FINDINGS FROM TRIALS CONDUCTED ACROSS AUSTRALIA

The following findings are from trials conducted by Queensland Health since 2014 with supernumerary positions and findings from 2022 from SA Health's introduction of the AHRG Pathway in rural and remote South Australia.

BENEFITS

- Increased opportunities for employment in rural and remote areas through designated development positions.
- More AHRG trainees stayed significantly longer in regional, rural or remote locations than the general AHP workforce.
- AHRG trainees reported a significant improvement in competence and confidence as rural generalists.
- Team members in work units employing AHRG Positions reported improved job satisfaction, reduced fatigue and increased opportunities for collaborative practice with colleagues.
- Economic benefits included recruitment savings, promotion of trainees, lower turnover rate compared to other HPs in the same service and engagement in service development activities that may otherwise have not been undertaken.
- Managers and clinical supervisors felt that trainees were more client centred, knowledgeable and skilled for clinical work.
- Local improvements to access, quality and efficiency of services in rural and remote host sites.
- Service development projects generated service efficiency improvements including reduced travel time for patients and professionals.
- Improved understanding of rural generalism by local health networks and an increase in the profile of allied health broadly.

FIGURE 1: THE ALLIED HEALTH RURAL GENERALIST PATHWAY STRATEGY – THE STORY SO FAR



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.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.