Five-year trial of Allied Health Rural Generalist Training Positions in Queensland: outcomes and learnings

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Allied Health Rural Generalist Pathway

An integrated workforce, service and education strategy designed to improve the outcomes and sustainability of rural and remote multi-professional teams.
Rural Generalist Pathway

Developing Rural Generalist (AHRG Training Position – Stage 1)

Early career role (0-2 years)

- Workplace support / supervision
  - Co-located, profession-specific supervisor
  - Frequent, structured formal workplace support and supervision

- Education & training
  - Level 1 Rural Generalist Education Program
    - Minimum 4 hr/week development time
  - Service
    - Demonstrates competent use in own practice and supports development of rural generalist service delivery strategies

Developing Rural Generalist (AHRG Training Position – Stage 2)

- > 2 years professional experience

- Workplace support / supervision
  - Professional-specific and inter-professional support
  - Onsite or remote profession-specific supervision and inter-professional collaboration & training

- Education & training
  - Level 2 Rural Generalist Education Program
    - Minimum 8 hr/week development time
  - Service
    - Increasing leadership and integration in own practice of rural generalist service delivery strategies

Developing Rural Generalist (AHRG Training Position – Stage 2)

Proficient Rural Generalist

Proficient rural generalist practice in own profession and own practice area

- Workplace support / supervision
  - Advanced / complex practice
  - Onsite or remote profession-specific supervision and inter-professional collaboration & training

- Education & training
  - Level 2 Rural Generalist Education Program
    - Minimum 8 hr/week development time
  - Service
    - Leadership and integration in own practice of rural generalist service delivery strategies

Advanced / complex practice settings

Clinical Practice

- Includes extended scope (complex practice), senior clinical leadership roles

- Management
  - Management of teams, financial and HR delegation, strategic leadership and planning for service / facility / division

- Education
  - Service level inter-professional education management and leadership; or formal teaching roles

- Research
  - Includes clinician-researcher roles e.g. clinical research fellow

Clinical Excellence Queensland
Rural Generalist Training Positions

• 2014-18 supernumerary training positions
• Mandatory position requirements:
  – minimum of 0.1FTE allocated development time
  – formal and funded development plan, including a university-delivered education program from 2017
  – profession-specific supervisor (co-located for graduates)
  – contribution to a local service development activity that integrates or expands use of rural generalist service delivery strategies.
• Implementation
  – 22 positions in total
  – 1 or 2 year fixed funding terms
  – Mix of rural and remote
  – Operationally managed by health services

• Workforce & training
  – 95% successful recruitment (35/37 advertised roles)
  – 91% retention in role (32/35)
  – Most 2017-18 cohort completed Level 1 Rural Generalist Program
Employment destination

• Influenced by supernumerary funding model
Service outcomes

• Service development project linked to employment model and training program

**High quality services**
A rural radiography department’s new abnormality alert and comment system exceeded accuracy and quality targets, and provided information that was routinely used by the medical team to support client care.

**Services closer to home**
A new physiotherapy telehealth service to remote facilities saved 2940km of client travel in a twelve-month period.

**Better use of support workers**
Development of a social work assistant role in a rural team reduced social worker time spent on non-complex tasks from 23% to 13%.

**Improved efficiency**
Use of telehealth by a remote area dietetics team equated to 40 outreach clinic days averted in a year, saving the health service over $15,000 in travel costs and redirecting travel time back to client care.
Findings and Learnings

• Barriers and challenges:
  – Importance of supervision and supervisor for graduates
  – Skills and capacity of the team to manage service development activities and to provide work-based training for trainees
  – Competing commitments of senior team members and trainees impacting the ‘protection’ of allocated development time

• Implementation and funding model:
  – Supernumerary is not sustainable and becomes counter-productive past the initial trial phase
Progression beyond 2014-18 trial

• Funding and implementation model
  – Training support packages that enable and incentivise redesign of existing positions into training roles (34 positions July 2019)
  – Greater local ownership and control

• Leadership/Management and Education Capacity Building for HP4 (senior) and HP5 (advanced) rural AHPs
Further information


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