

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

Ilsa Nielsen

A/Director Allied Health, Allied Health Professions' Office of Queensland

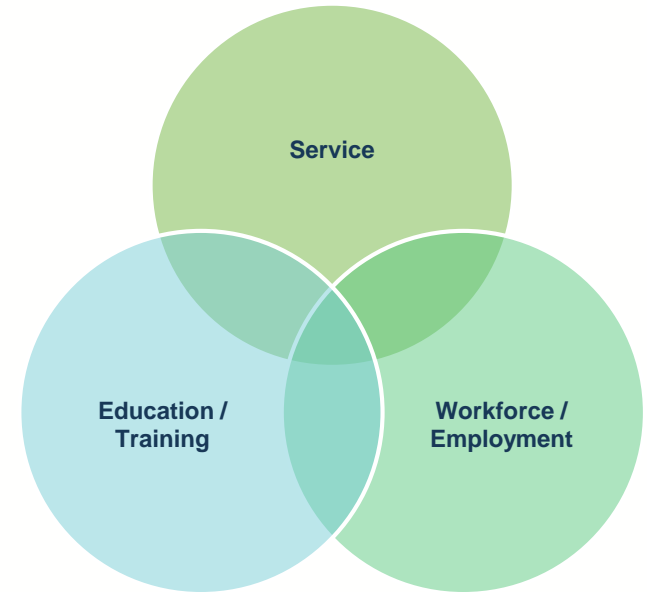
Vanessa Burge

Team Leader, Allied Health Education and Training, Darling Downs Hospital and Health Service



# 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)

### Developing Rural Generalist (AHRG Training Position – Stage 2)

> 2 years professional experience

#### Workplace support / supervision

Co-located, profession-specific supervisor

Frequent, structured formal workplace support and supervision

#### Education & training

Level 2 Rural Generalist Education Program  
Minimum 4 hr/week development time

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Increasing leadership and integration in own practice of rural generalist service delivery strategies

Demonstrates competent use in own practice and supports development of rural generalist service delivery strategies

### 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)

Advanced / complex practice in rural generalist service settings

> 2 years professional experience  
Proficient Rural Generalist

Proficient rural generalist practice in own professional role / setting

#### Workplace support / supervision

##### Professional-specific and inter-professional support

Assessment, mentoring / practice supervision for developing:  
- management and senior leadership  
- extended scope (complex) practices  
- education and research

#### Education & training

Level 2 Rural Generalist Education Program  
Minimum 4 hr/week development time  
As relevant to role / setting, undertake formal and informal education and training for further development:

- extended scope / complex practice
- leadership and management
- education and research

#### Service strategies

Leadership of rural generalist service development, planning and quality in relation to profession / practice area

Experienced practitioner with training and competency relevant to advanced or complex practice.

#### 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

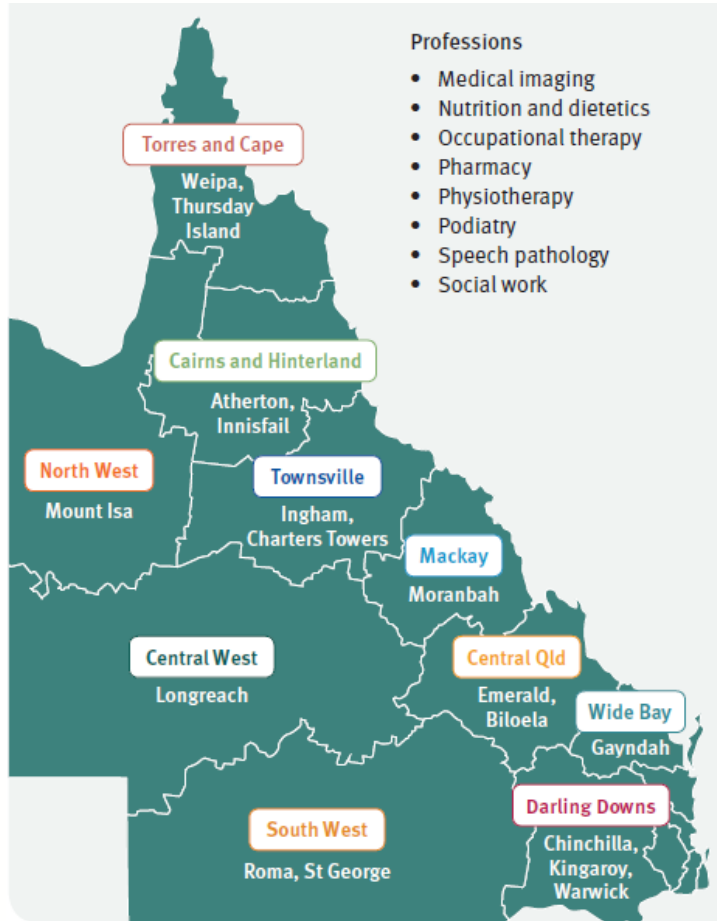
#### Research

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

Increasing leadership and integration in own practice of rural generalist service delivery strategies

# 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.

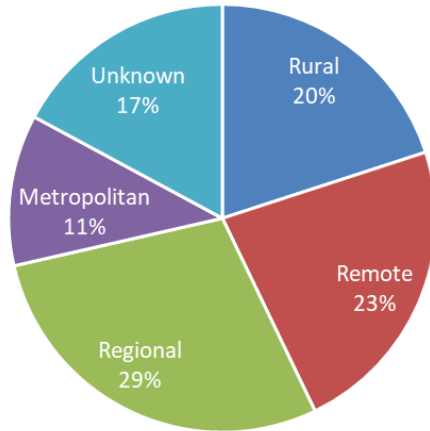


- **Implementation**
  - 22 positions in total
  - 1 or 2 year fixed funding terms
  - Mix of rural and remote
  - Operationally managed by health services
- **Workforce & training**
  - 95% successful recruitment (35/37 advertised roles)
  - 91% retention in role (32/35)
  - Most 2017-18 cohort completed Level 1 Rural Generalist Program

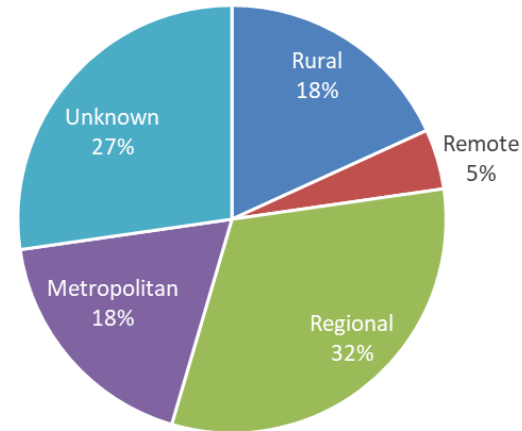
# Employment destination

- Influenced by supernumerary funding model

Employment location 6 months after separation from AHRG Training Position (n = 35)



Employment location 24 months after separation from AHRG Training Position (n = 22)



# 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.



## 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%.



## Services closer to home

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



## 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.

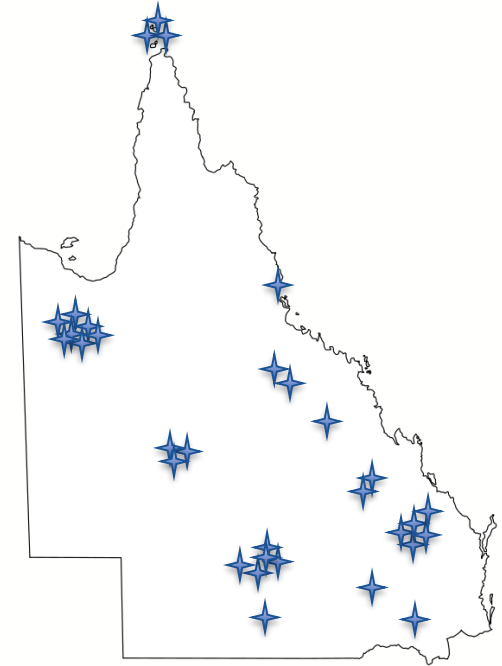
# Findings and Learnings

- 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

Allied Health Professions' Office of Queensland website:  
<https://www.health.qld.gov.au/ahwac/html/rural-remote>

Ilsa Nielsen

[ilsa.nielsen@health.qld.gov.au](mailto:ilsa.nielsen@health.qld.gov.au)