Approaches to system-level implementation of the Allied Health Rural Generalist Pathway: experiences from three jurisdictions

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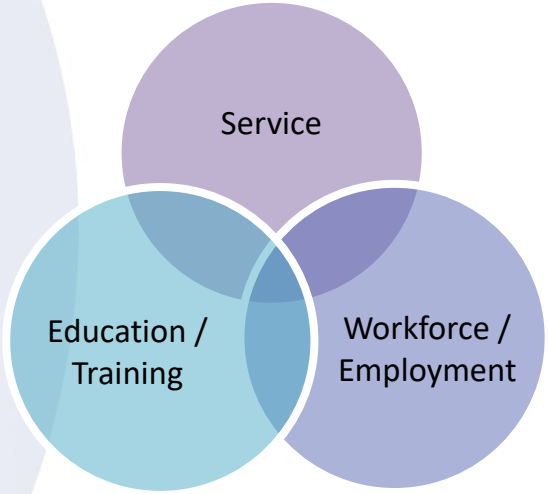
Allied Health Rural Generalist Pathway

- An integrated workforce, education and service strategy designed to improve the outcomes and sustainability of rural and remote multi-professional teams
  - Workforce: designated early career training roles
  - Education: formal (university) training in rural generalist practice
  - Service: development / improvement activities embedded in training role funding requirements and education program



Rural Generalist Training Positions

- Early career training-focussed roles that include:
  - Minimum 0.1 FTE allocated development time
  - Funded enrolment in approved, formal post-grad rural generalist course
  - Profession-specific supervisor:
    - Level 1 (0-2 years): co-located 50% or more work hours
    - Level 2 (2+ years): co-located or remote supervision
  - Service development project implemented in team
  - May have a specific title e.g. “Podiatrist (Rural Generalist Trainee)”

Four system-level strategies

Four system level strategies have been used to implement the AHRG Pathway in the 3 jurisdictions:

a) Supernumerary training positions (Qld, Tas, NT)
b) Centrally-administered funds for education fees (Qld, Tas)
c) Changes to HR & industrial instruments (Qld, Tas)
d) Training support packages (funding) to redesign existing roles (Qld)

Supernumerary Positions

- Examples:
  - Qld: 22 positions (2014-18); Tas: 8 positions (2019-2020);
    NT: 6 positions (2017-2020)
- Advantages / indications:
  - Used in QLD, NT and Tasmania as the first strategy
  - Provides “proof of concept” and allows the system to work out the model, while limiting financial/activity risk to services
- Limitations:
  - Resource intensive (limited workforce impact for investment)
  - Creates rural workforce supply “bottleneck” at end of temp position (e.g. at 2 years), with net migration to larger regional centres
  - No expansion beyond trial without substantial resource growth

Centrally-administered funds for education fees

- Examples:
  - Qld: 6 positions (2017-18); Tas: 4 positions (2018-2020); NT 4 positions (2017- ongoing)
- Advantages / indications:
  - Supports existing staff / positions
  - Relatively limited resourcing required (max $12Kp.a. / trainee)
- Limitations:
  - Relatively limited uptake as team involvement / investment not represented in funding model
  - Individual benefit – resourcing approach does not account for team's involvement and investment in supporting training

Human resources and industrial instruments

- Examples:
  - Qld: HR Policy B66 HP3 to HP4 Rural Development Pathway
  - Tas: flexible employment framework in development through industrial negotiations
- Advantages:
  - Robust (and relatively protected from policy change) as integrated into employment terms and conditions
- Limitations:
  - Challenging and often protracted development and negotiation (in large organisations but could be more feasible in smaller / non-govt organisations)

Funding support packages to enable workforce redesign

- Queensland implemented January 2019
  - Funding support package (QDOH) for each existing early career position redesigned into a designated training role - $25K rural; $30K remote.
  - Service pays uni fees but uses residual funds flexibly.
- Advantages / indications
  - Growth/efficiencies (11 supernumerary ➔ ~40 training support positions)
  - No forced separation (and urban migration) like temp role training role
  - Embedded in service organisational structure and business model
  - Services invested in their trainees and can develop / fund their own solutions to implementation challenges
- Disadvantages:
  - Early days… QLD commenced trials in 2019.
  - Promising signs of retention beyond 24 months for trainees transitioning over from old scholarship process

Conclusion

- The various approaches of three state and territory governments to implementation of the AHRG Pathway demonstrates the need for systems to respond to regional challenges and opportunities.
- Limited evaluation to date:
  - QLD 2014, 2015-16, 2017-18 trials (supernumerary positions mostly)
- Evaluation of implementation approaches will be critical to informing national development of the pathway and realising benefits for rural and remote services

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Thank you.
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https://www.health.qld.gov.au/ahwac/html/rural-remote