Allied Health Rural Generalist
Training Program

Experiences from the Top End

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Renae Moore, Executive Director Allied Health, Top End Health Services

Department of Health

6th August 2019
Allied Health Rural Generalist Pathway

Implementing a pathway to better health outcomes

The Allied Health Rural Generalist Pathway

sarrah.org.au
Three focus areas for the AHRGP

- Service
- Education / Training
- Workforce / Employment
Northern Territory Context

228,822 people live in the Northern Territory.

The NT has the highest premature death rate across the total population.

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Nearly 50% of the NT population resides in remote/very remote areas, compared to 22% nationally.

70% who live remotely are Aboriginal and reside in one of 600 communities or remote outstations.

NT Health Strategic Plan 2018 - 2022
Distribution of allied health workforce
Specific Allied Health Challenges

• Changing Governance
  • Government to Community Control
  • PHN centralised to regional commissioning
  • Block funding to Individual Packaged Care
  • Health Boards to Department

• History of limited AH services in Primary Health Care

• Deconstructed service system with transition of services to NDIS
July 2017 – June 2019
Four AH Rural Generalist Training Positions

• Podiatry, Pharmacy, Speech Pathology, Physiotherapy
• Three based RDH with outreach to regional areas, one in Katherine
• Application process to Allied Health Directorate (AHD)
• Agreement signed with expectations
• Funded by AHD with operational management by work units
• Implementation Plan and regular progress reporting
• Three 18 month fixed term positions due to delays in establishing positions
# High Risk Foot Services to Katherine

<table>
<thead>
<tr>
<th><strong>Plan</strong></th>
<th><strong>Reality</strong></th>
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<tbody>
<tr>
<td>• Outreach service providing annual foot screen for every patient with diabetes;</td>
<td>• Senior Podiatrist resigned, and significant time to recruit</td>
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<tr>
<td>• Development care pathways &amp; treatment protocols</td>
<td>• Workforce development components completed</td>
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<tr>
<td>• Recent student recruited for 18 months in supernumery position</td>
<td>• Service development component ceased</td>
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<tr>
<td></td>
<td>• Tension about supernumerary position</td>
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<td></td>
<td>• Trainee resigned and relocated interstate</td>
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## Establishment of Speech Pathology Services in Katherine

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<tr>
<td>• Ensure provision of correct food textures for dysphagic patients admitted to Katherine Hospital</td>
<td>• Achieved all planned actions</td>
</tr>
<tr>
<td>• Undertake dysphagia screening within 24hrs of admission for at risk client groups to ensure access for dysphagia Ax and Mgt</td>
<td>• Continue to support Katherine Hospital on request</td>
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<tr>
<td>• Establish referral pathways to specialised RDH speech clinics</td>
<td>• Ability to replicate this model to Gove</td>
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<tr>
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<td>• Tension about supernumerary position</td>
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<td>• Trainee gained employment in regional area in Victoria</td>
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## Improving Medicines Management for Remote Patients

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<tr>
<td>• Intern Pharmacist based at RDH recruited</td>
<td>• Workforce and service development components completed</td>
</tr>
<tr>
<td>• Service development project part of existing body of</td>
<td>• Pharmacist training package created</td>
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<tr>
<td>research already underway</td>
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<tr>
<td>• Determine patient demographics including residential</td>
<td>• Development of streamlined communication processes with PHC and</td>
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<tr>
<td>locality</td>
<td>prioritisation of remote patients</td>
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<tr>
<td>• Rates of completion of best practice medication history</td>
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<tr>
<td>• Investigate Pharmacist communication practices to</td>
<td>• Trainee gained ongoing employment at RDH and continues to be involved</td>
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<tr>
<td>patients and their primary care providers</td>
<td>in research</td>
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### Katherine Hospital Physiotherapy services to Borroloola

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<th>Reality</th>
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<tr>
<td>• Physiotherapist employed (still there 😊)</td>
<td>• Workforce development component proceeding well</td>
</tr>
<tr>
<td>• Scope the need for musculoskeletal physiotherapy service in Borroloola (reduce clinic presentations, Rx acute injuries, post operative pain management)</td>
<td>• Service development component repeatedly impacted by:</td>
</tr>
<tr>
<td>• Telehealth to upskill Aboriginal Liaison Officers, remote nurses</td>
<td>• changing clinic staff at Borroloola</td>
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<td></td>
<td>• community events</td>
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<td>• facility audits / priorities</td>
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<td>• changing allied health manager</td>
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Key Learnings
July 2017 - Present
Success – Workforce development goals achieved

- All trainees highly rated the James Cook University Level 1 Rural Generalist Pathway Modules – access, quality and relevant

- 0.2 FTE for Professional Development highly valued by trainees

- Exposure to regional/remote areas and patients with trainees gaining increased confidence in service delivery

- 3/4 trainees working in regional or rural area within Australia
Opportunities

1. AHRGTP governance

2. Integration of AHRGTP within business of work units

3. Integration of trainees as part of TEHS Allied health

4. Promotion of AHRGTP partnerships
Governance

• $ remain in Allied Health Directorate, TEHS – HR and financial delegations, endorsement by “host” business unit, approval by Directorate

• “Expression Of Interest” process with updated “Acceptance Agreement” clearly outlining roles and responsibilities of each stakeholder

• Placements based within existing “outreach” service models

• Allied Health Directorate lead recruitment of 2 new trainees with host work unit manager and supervisor, and TEHS Professional Lead on panel
Integration of AHRTP into work unit business

- Implementation Plan to guide workforce and service development activities
- Regular meetings with manager, supervisor and trainee to support team
- Review reports
- List of stakeholders identified for each placement to ensure ongoing engagement
- Opportunistic engagement very effective in establishing new relationships
3. Integration of trainees into TEHS Allied health

- Creation AHRGTP orientation and induction manual to complement existing work units procedures
- Engagement with TEHS Professional Practice Supervision and Interprofessional graduate program
- Link with relevant Allied Health Professional Lead at point of recruitment
- Regular meetings of all past and present trainees
- Establish TEHS AHRGTP interest group
- November presentation of AHRGTP by trainees for all TEHS Allied health
4. Promotion of AHRGP partnerships

• Opportunistic in promoting AHRGTP and exploring partnership with RWA, NGOs, URDH and ACCHOs

• Consistent messaging of workforce and service development

• AHRGTP recognised as workforce strategy NT PHN (Rural Workforce Agency)

• Opportunity with community allied health services transitioning to TEHS to provide expand AHRGTP offerings
For more information

Allied Health Rural Generalist Pathway: SARRAH
https://www.sarrah.org.au/ahrgp

Rural Generalist Program: James Cook University
https://www.jcu.edu.au/rgp
Thank you