Purpose fit or fit for purpose: development resources for rural allied health

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Introduction: Literature has demonstrated that allied health recruitment and retention for rural areas is challenging and that professional support, supervision and mentoring links to retention. Rural and remote AHPs have higher development and support needs due to the additional challenges of diverse caseloads, increased service management responsibilities, professional isolation and limited access to traditional forms of support and professional development (due to time and distance). In response to these identified needs two programs were implemented by the Cunningham Centre in mid-2012: Flying Start Queensland Health (FSQH) and the Allied Health Rural Development Pathway (AHRDP). The two programs complement professional supervision and mentoring arrangements for rural and remote AHPs by providing the resources to support development from new graduate to mid-career professional level.

Method: The FSQH initiative was designed to meet the needs of new graduate allied health professionals across the state. The intellectual property was purchased from NHS (Education for Scotland) as an existing and proven successful online training system and then contextualised for Queensland Health’s needs. FSQH could be described as ‘fit for purpose’, as the need was identified and then a product purchased to meet that need.

AHRDP was developed by Queensland Health as an adjunct to a progression process and is focused on rural and remote AHPs. Despite a vast array of individually useful materials there was no framework or cohesive product available that met the training needs of the target group. A framework with support modules and development resources was developed in-house specifically to address the needs of these clinicians. AHRDP was therefore created as a ‘purpose fit’ resource.

Results/discussion: The learning and development frameworks for each program will be presented with their corresponding development and evaluation processes. Factors that have impacted on each program will be discussed, including:

- dedicated time for supervision and support activities
- timing the release of support resources to align with new standards and policy
- recognition of the specific high support and development needs of early career rural and remote allied health professionals
- contextualising existing products and developing tailor-made resources.

A brief outline of further work on these programs and other strategies to address the development needs of rural and remote AHPs will also be discussed.