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24-27 MARCH 2019
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Postgraduate education to support rural generalists in the allied health professions

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Background

Allied health professionals are integral to the delivery of high quality multi-professional services that address the health needs of rural and remote communities. Responding to the broad range of healthcare needs of these communities requires a strong reliance on teamwork, multi-disciplinary and inter-professional practice and a range of service delivery strategies.

Health services have increasingly recognised that rural generalism can be considered an area of practice with a definable skill set, including both clinical and non-clinical capabilities that, although not unique to rural and remote practice, are important for these settings.

Supporting the development of allied health professionals through *education and training* is one of three components of an Allied Health Rural Generalist (AHRG) Pathway that aims to address some of the known challenges for small allied health workforces delivering services to widely dispersed populations in rural and remote locations. Other components critical to the Pathway are use of *service delivery strategies* such as telehealth, delegation to allied health assistants, extended scopes of practice and partnerships; as well as *workforce and employment structures* that support recruitment and retention.

Quality assurance of education programs through accreditation

Through 2018, the Australian Healthcare and Hospitals Association, on behalf of Queensland Health, developed an accreditation system for post-graduate education programs that support early career allied health professionals to meet the challenges of delivering services in rural and remote areas. It has the primary purpose of supporting health services and commissioning agencies implementing the AHRG Pathway to identify education that meets organisational needs.

Development drew on:

- previous stages of the rural generalist strategy, including the AHRG Education Framework, that had been developed in close consultation with health services
- existing profession-specific and inter-professional frameworks, and

- extensive consultation with stakeholders in the education and healthcare sectors and wider community.

The competencies developed through education programs

Four resources have been developed to support the accreditation system. They are the AHRG Competency Framework; Education Framework; Program Accreditation Standards and Evidence Guide; and a Program Accreditation Handbook. Also developed were governance and business resources to support the establishment of an entity for the accreditation system.

The AHRG Competency Framework is central to the accreditation system as it describes the performance expected of an individual developing as a rural generalist in their profession and who has completed an accredited rural generalist post-graduate education program.

The AHRG Competency Framework identifies five competencies to be developed and assessed through education and training in the AHRG Pathway. They are that an Allied Health Rural Generalist:

1. Upholds professional and ethical standards in the rural and remote setting.
2. Collaborates to plan and develop rural health service delivery models, strategies and policies to better meet the needs of the community.
3. Implements rural health service delivery models, strategies and policies to better meet the needs of the community.
4. Evaluates services to improve quality and contribute to the evidence base for service provision in the rural and remote setting.
5. Applies their professional knowledge and skills to provide services to better meet the needs of the community in rural and remote settings.

The development of an individual's capability to respond to varied, familiar and unfamiliar circumstances in the rural and remote health service is ongoing and progressive. Performance of each competency is therefore described at two levels: Level 1 and Level 2, reflecting the progression of an individual in the AHRG Pathway. The Pathway is designed to commence at the point that an individual completes all requirements to practice independently in their chosen profession.

To access the full resources, visit: <https://www.health.qld.gov.au/ahwac/html/rural-remote>

Conclusion

When implemented, the accreditation system will assist health services and commissioning agencies to identify education programs that address the learning and development needs of early career allied health professionals in rural and remote communities. Implemented together with service delivery strategies appropriate to the setting, and supportive workforce and employment structures, access to allied health services can be improved for rural consumers.

Presenter

Kylie Woolcock is Policy Director at the Australian Healthcare and Hospitals Association, a national peak body for public and not-for-profit hospitals and health care providers. Members span hospitals, primary care, community care, aged care, individual clinicians and state/territory hospital departments, providing a unique opportunity to advocate for health care that is effective, equitable, patient-centred and sustainable. While a pharmacist by background, she works with a broad range of health professions and health services, facilitating cross profession activity to increase collaboration and innovation, optimise patient outcomes, maximise efficiencies and achieve a sustainable health system. Kylie has a strong interest and diverse background in areas associated with health workforce reform, including competence and competency standards; credentialing for extended scopes of practice; recognition of advanced practice; policy development for regulation and/or funding of services; accreditation of higher education providers; assessment of overseas trained practitioners; development of support staff; education and continuing professional development.