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Queensland Health allied health rural generalist training positions trial 2014 to 2018

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Introduction

Rural and remote allied health services experience a range of sustainability challenges including recruitment and retention difficulties, broad scope of service requirements and high service demand across geographically dispersed populations. Rural generalism has been developed in medicine to address similar challenges. Queensland Health has examined the concept of rural generalism for selected allied health professions for seven years, including conducting a five-year funded trial of designated rural generalist training positions from 2014 to 2018.

A “rural generalist” can provide a wide range of clinical services relevant to the practitioner’s specific allied health profession, including services across the age spectrum, and often across a number of settings including inpatient, outpatient and community. A rural generalist can also respond to the non-clinical demands of roles in small multi-professional teams including contributions to service evaluation, planning and management; providing clinical leadership; delivering training and supervision; and a range of other service support functions. In the five-year trial, Queensland Health sought to define, develop and evaluate an integrated workforce, education/training and service development pathway that supports the growth of rural generalism in the allied health professions, with a specific focus on the early career stage.

Methods/strategy

Funding and strategy oversight was provided by the Allied Health Professions’ Office of Queensland, Department of Health Queensland. Rural and remote teams in Queensland hospital and health services (HHSs) hosted fully-funded, temporary rural generalist training positions in a specified profession. The supernumerary positions were implemented in a three-year (2014-16) and then two-year (2017-18) funding round. Implementation sites were selected through an expression of interest process conducted prior to each funding round. Individual position holders were recruited and managed by the host health service. They were employed for a fixed one or two-year term.

Evaluation of the trial included:

- collation of host site training and service outputs,
- trainee employment tracking using Queensland Health human resource data systems, and

- a qualitative evaluation completed by Southern Cross University in 2014.

The methods for the evaluation are described in published project reports.^{1,2,3}

Outcomes

Workforce

Funding was allocated for 22 positions during the five-year trial period, across ten HHSs. Most HHSs selected a single profession for implementation during the two-year or three-year funding period, but a minority changed the profession of the position each year. Consequently, a total of 25 positions were available for recruitment of trainees during the trial including nutrition and dietetics (3 positions), occupational therapy (6 positions), medical imaging (4 positions), pharmacy (2 positions), physiotherapy (7 positions), podiatry (1 position), social work (1 position) and speech pathology (1 position). All positions were located in rural and remote locations (Modified Monash Model 4 to 7). Recruitment to the temporary training roles was successful for 23 of 25 positions (92%). Two medical imaging training positions had a failed recruitment in the first year of the trial.

The majority of position holders were recruited for a one-year term in the first year of the trial. Findings from the evaluation of this cohort identified that one year was viewed by trainees and managers as inadequate to develop foundation rural generalist capabilities.² The majority of services recruited trainees for two-year terms from 2015. As most positions in the 2014-16 funding period had multiple incumbents a total of 35 allied health professionals were employed in a rural generalist training position during the five-year trial. Retention in the temporary training roles was 94% (33 of 35 position holders) to July 2018.

Employment destinations twelve months after separation from the training roles for the 2014-16 cohort of trainees (n=22) showed 64% remained in regional, rural or remote Queensland Health facilities. Of the remainder 18% were employed in metropolitan (South-East Queensland) facilities and 18% were not in paid employment with Queensland Health. This outcome was likely influenced by the supernumerary funding and implementation model used in the trial. Trainees were able to remain employed in their rural training location only if a vacant position was available in the team that coincided with the conclusion of the term of the training role. In small rural teams, this was generally not the case. Most commonly employment was secured in the nearest regional centre to the training position location.

The trial developed and tested the minimum mandatory position specifications and support requirements of early career rural generalist training positions. The specifications were developed iteratively using learnings and evaluation findings from annual implementation periods, including observation of the impact of opportunistic variance from the prescribed employment model such as a vacancy in the co-located profession-specific supervisor. Formal and informal feedback was sourced from managers, supervisors, trainees and other stakeholders on the critical implementation support requirements for training positions. Detailed information has been reported elsewhere.^{1,2,3} The findings describe the minimum employment requirements for roles that are defined as “Allied Health Rural Generalist Training Positions” in Queensland Health as follows:

- a minimum of 0.1FTE (four hours per week) work time allocated to development activities,
- a formal development plan that reflected core clinical and non-clinical development requirements of a rural generalist practitioner in the individual’s profession,

- a profession-specific supervisor, which for graduates was co-located for 50% or more of work hours, and
- participation of the trainee in a local service development activity as described below. The project enabled trainees to apply learnings from their development program and contribute to service improvement.²

Education and training

Development plans were created locally for the 2014-16 cohorts and with guidance from profession-specific supervisors. Findings from the 2014 evaluation identified that the lack of a formal education program for rural generalist trainees was a barrier to the development of rural generalist training roles for allied health.³ Queensland Health developed the Allied Health Rural Generalist Education Framework to broadly describe the clinical and non-clinical development objectives of early career rural generalist practitioners in selected allied health professions.⁴ The Education Framework includes inter-professional and profession-specific components for seven professions. It provided a platform for local development planning in 2016. For the 2017-18 funding round, trainees' development plans included mandatory participation in formal, post-graduate training that aligned to the Education Framework, such as the Rural Generalist Program that was developed and delivered by James Cook University in partnership with Queensland Health.⁵ Evaluation of the Rural Generalist Program is due for completion in late 2019.

Service

Rural generalist training position host sites implemented and reported on a project to develop or expand the use of one or more rural generalist service delivery strategies. Four main strategies were identified by the funding provider, but sites could tailor their project to the local setting and health needs of the community. The four strategies were:

- telehealth
- delegation to support workers
- extended scope including skill sharing between professions
- partnerships, including rural-urban and inter-agency partnerships, that bring care “closer to home” for rural consumers.

These strategies proved relevant to most sites, with telehealth and delegation the most commonly selected for implementation. Outcomes and evaluation findings from service development projects were site-specific, reflecting the bespoke, locally-driven implementation. Example outcomes included:

- new telehealth clinics for dietetics, physiotherapy, pharmacy and speech pathology that reduced travel for clients and allied health teams and moved care closer to clients, and
- improved utilisation of allied health assistants in rural hospitals and primary healthcare clinics.

Conclusion and recommendation

The training requirements, supporting systems and employment model for the early career stage of an allied health rural generalist pathway have been successfully developed and evaluated in the five-year trial in Queensland Health. The model of early career allied health rural generalist training, can

be adopted and trialled by other organisations to support allied health workforce and service outcomes. A range of resources are available including a formal, two-level university program for seven professions. National implementation of a sustainable allied health rural generalist pathway will require multi-agency and multi-jurisdictional implementation, including resourcing to support readiness and capacity building activities.

References

1. Queensland Health. Allied Health Rural Generalist Training Positions: 2014 Implementation Report, 2015. Accessed 16/2/19 at https://www.health.qld.gov.au/__data/assets/pdf_file/0036/146799/ahrgtpreport2014.pdf
2. Southern Cross University. Evaluation of the Queensland Health Allied Health Rural Generalist Training Program (AHRGTP) Final Report, 2015. Accessed 16/2/19 at <https://www.health.qld.gov.au/ahwac/html/rural-remote>.
3. Queensland Health. Allied Health Rural Generalist Training Positions:2015-2016: Implementation Report, 2017. Accessed 16/2/19 at https://www.health.qld.gov.au/__data/assets/pdf_file/0033/683259/ahrgtpreport1516.pdf
4. Queensland Health. Allied Health Rural Generalist Education Framework, 2018. Accessed at 16/1/19 at https://www.health.qld.gov.au/__data/assets/pdf_file/0032/695390/ahrg-education-framework.pdf.
5. James Cook University. Rural Generalist Program. Accessed 16/2/19 at <https://www.jcu.edu.au/division-of-tropical-health-and-medicine/research/rural-generalist-program-rgp>.

Presenter

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