Stepping stones to success – development of an education program to support ‘rural generalist’ allied health professionals

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Definitions

• Allied health rural generalist services:
  – Meet the health needs of the local rural/remote community
  – Provide services across the lifespan & continuum of care
  – Provide services across a range of clinical areas

• Allied health rural generalists:
  – Delivers rural generalist services as above
  – Provides a range of clinical and non-clinical functions to meet local health needs

• Generic (allied) health worker
A rural generalist ‘pathway’
AH rural generalist pathway

• Two primary aims:
  – To support rural generalist service development
  – To support development of allied health rural generalists

• Two primary components:
  – Workforce structures/opportunities to experience rural and remote practice
  – Structured education program
What is required?

Essentials
## Education framework

<table>
<thead>
<tr>
<th>Service delivery</th>
<th>Rural &amp; remote practice</th>
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<tbody>
<tr>
<td>- Service development &amp; planning</td>
<td>- Health care systems</td>
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<td>- Quality improvement</td>
<td>- Cultural competence</td>
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<td>- Project and change management</td>
<td>- Primary health care</td>
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<td>- Evidence-based decision making</td>
<td>- Rural generalist service models, including telehealth, delegation and skill-sharing</td>
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<td>- Management skills</td>
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<td>- Education and supervision</td>
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<th>Generalist clinical skills</th>
<th>Service specific clinical skills</th>
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<tr>
<td>- Broad clinical capabilities in own profession – full scope generalist</td>
<td>- Includes extended scope and skills sharing</td>
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<td>- Aligned to service needs</td>
<td>- Dependent on local community health and service needs</td>
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<td>- Core clinical practice and clinical focus areas</td>
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Framework development

• Two levels specified
  – Level 1 – full scope of practice
  – Level 2 – higher level skills, including extended scope, leadership of services

• For each topic area:
  – Service outcomes
  – Development objectives
  – Sample activities/outputs were identified
Review and revision

- Iterative process of review and revision of drafts
- Stakeholders included:
  - Allied health & profession leaders
  - Clinicians, educators
  - Rural allied health professionals
- Final drafts completed
What next?

• Expert review of frameworks
• Education program development
• Engagement of education providers
• Trial of ‘Modified Level 1’ program in 2016
• Full Level 1 program from 2017
• Full Level 2 program from ? 2019