Allied Health Rural Generalist Education Framework

Version 4.0

Queensland Government

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Office of the Chief Allied Health Officer, Clinical Excellence Queensland, Queensland Health, GPO Box 48, Brisbane QLD 4001,
email allied_health_advisory@health.qld.gov.au, phone (07) 3328 9898.

An electronic version of this document is available at
https://www.health.qld.gov.au/ahwac/html/rural-remote

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1 Overview

1.1 Background

Since 2013 the Office of the Chief Allied Health Officer (OCAHO) has worked with other state and territory health services and a range of other local and national stakeholders to progress the development of an allied health rural generalist pathway. The rural generalist pathway is a workforce and service development initiative. Work on the rural generalist pathway aligns to the goal of stakeholder groups to support rural and remote communities to improve health outcomes through increasing access to multi-professional team-based healthcare. Allied health professionals are integral to the delivery of high quality multi-professional services that address the health needs of rural and remote communities, particularly for primary care, sub-acute/rehabilitation and complex or chronic conditions. The rural generalist pathway aims to address some of the known challenges of small allied health workforces delivering services to widely dispersed populations including professional isolation and difficulty accessing supervision and peer learning, problems sourcing training of adequate breadth to meet the needs of generalists with a wide scope of practice, and professional recognition and career pathways that are not well aligned to generalist practice.

The OCAHO implemented trials of rural generalist training positions in Queensland hospital and health services from 2014. Southern Cross University (SCU) completed an evaluation of the first cohort of eleven training positions. The OCAHO has also produced reports on the trials in the period 2014-18.[1] The SCU evaluation identified that the lack of a formal education program for rural generalist practice in the allied health professions was a barrier to progressing the development of a rural generalist pathway. Following development of the Allied Health Rural Generalist Education Framework (V1.0) in 2015-16, and the first post-graduate course in rural generalist practice in Australia that commenced in 2018, a research consortium led by James Cook University conducted an evaluation with a focus on education, training and support of trainees in Queensland, the Northern Territory and Western Australia[2]. Griffith University led an evaluation of Queensland Health Allied Health Rural Generalist Pathway in 2019-2021[3].

Information on the allied health rural generalist pathway and the concepts underpinning rural generalism in the allied health professions is available on the OCAHO[1] and Services for Australian Rural and Remote Allied Health (SARRAH) websites.[4]

[1] Queensland Health. Allied Health Rural Generalist Training Positions: Evaluation Reports 2014, 2015-16, 2017-18; and Allied Health Rural Generalist Pathway information at https://www.health.qld.gov.au/ahwac/html/rural-remote.

2 Barker R, Chamberlain-Salaun J, Harrison H, Nash R, Nielsen I, Harvey D, Sim J, Ciccone N, Carr J, Bird K, Palermo C, Devine S. Evaluation of the Allied Health Rural Generalist Program 2017-2019. Aust J Rural Health. 2021 Apr;29(2):158-171. doi: 10.1111/ajr.12745. PMID: 33982849.
Harrison H, Palermo C, Devine SG, Chamberlain-Salaun J, Nash R, Barker RN. Building the capacity of rural allied health generalists through online postgraduate education: a qualitative evaluation. Rural Remote Health. 2023 Aug;23(3):7754. doi: 10.22605/RRH7754. Epub 2023 Aug 15. PMID: 37622465.

[3] Publication pending

[4] SARRAH. Allied Health Rural Generalist Pathway at Allied Health Rural Generalist Pathway - SARRAH

Purpose and objectives

The Allied Health Rural Generalist (AHRG) Education Framework was developed by Queensland Health in 2015-16 to guide the development of rural generalist training for allied health professionals. Supplementary projects were completed in December 2018 that added profession-specific content for social work and psychology, and in November 2023 that added profession-specific content for exercise physiology and occupational therapy.

The objectives of the projects that created the AHRG Education Framework were to:

- develop a proposed structure for a rural generalist education program to be implemented in designated rural generalist training positions,
- describe the needs and expectations of Queensland Health stakeholders with regard to profession-specific and inter-professional rural generalist practice for nine allied health professions, and
- produce an AHRG Education Framework that will guide Queensland Health's approach to the education sector to develop a formal education program.

Scope

The AHRG Education Framework presents the needs and expectations of Queensland Health with regard to rural generalist practice for nine professions. The AHRG Education Framework includes descriptions of rural generalist

- inter-professional requirements (also called "professional skills" or "service skills"),
- profession-specific clinical requirements, and
- if required by the local service model and safe and appropriate to implement, service-specific clinical skills.

Professions

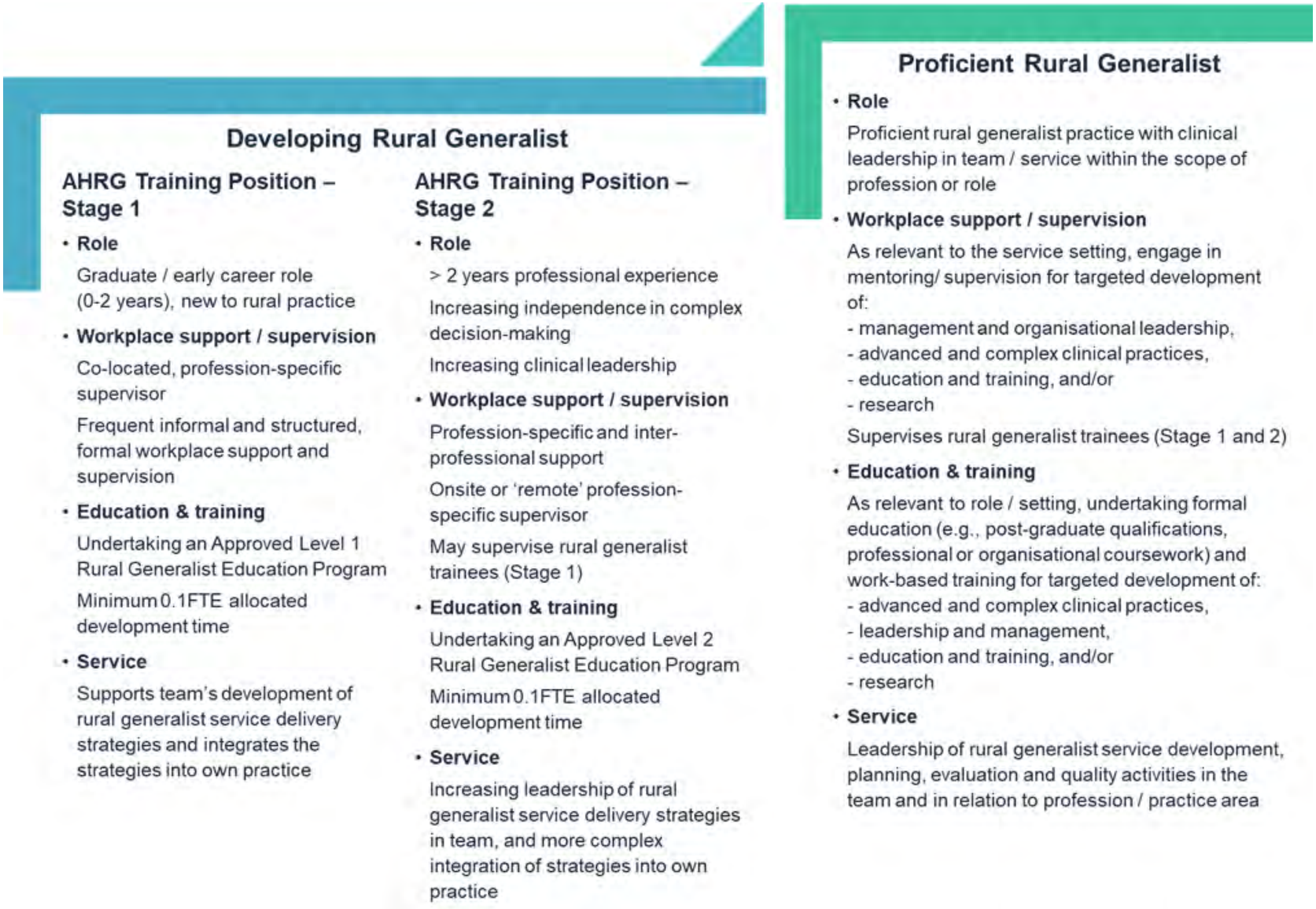
The professions included in the scope of the AHRG Education Framework are: exercise physiology, nutrition and dietetics, occupational therapy, pharmacy, physiotherapy, podiatry, psychology, radiography, social work and speech pathology.

Roles

The workforce and training components of the rural generalist pathway reflect the continuum of rural generalist capabilities for allied health professionals from graduate through to a "proficient rural generalist", and into advanced and complex practices where this is required by the local service. This is shown in Figure 1.

The AHRG Education Framework describes the outcomes of Stage 1 and 2 "Developing rural generalist". That is, the Education Framework aims to describe the service and practice requirements of rural generalists at the conclusion of Stage 1 (early career), and the transition from Stage 2 to "Proficient rural generalist" roles.

Figure 1 **Allied health rural generalist pathway – graduate to proficient stages**



Projects

The AHRG Education Framework was designed in four stages:

Stage 1

This project stage drafted the AHRG Education Framework using source documents and consultation with key stakeholders. The OCAHO sponsored the project which was managed by the Allied Health Education and Training (AHET), Darling Downs Hospital and Health Service. The project term was February to September 2015.

Stage 2

This project stage involved expert review of the AHRG Education Framework drafted in Stage 1. The OCAHO funded the project which was managed by the Greater Northern Australia Regional Training Network (GNARTN) and Kristine Battye Consulting (KBC). The term of this project was November 2015 to March 2016.

Stage 3

This project stage replicated the process of stage 1 and 2 projects to develop the profession-specific components of the AHRG Education Framework for social work and psychology. Social work and psychology were not included in the scope of the Framework in 2015/16 as there were no training positions for these professions at that time. This gap was addressed by the Allied Health Rural Generalist Education Framework: Social Work and Psychology project. The project ran from July to December 2018. It was a joint initiative of the OCAHO and AHET.

Stage 4

This project stage replicated the process for Stage 3 to integrate profession-specific components of the AHRG Education Framework for the exercise physiology profession, which had not previously been included in the scope of the Framework. Stage 4 also included integration of mental health clinical content into Domain 3 for occupational therapy, as this clinical focus area had not been developed in Stage 1 and 2. The project was a joint initiative of the OCAHO and AHET and ran from April to November 2023.

1.2 Methods

Stage 1 project

a) Desktop review

A desktop review of relevant documents was undertaken by the two project managers to design a preliminary structure and draft content. The key source documents were:

- Greater Northern Australia Regional Training Network (GNARTN). Rural and Remote Generalist: Allied Health - Project Report, 2013 at https://www.health.qld.gov.au/__data/assets/pdf_file/0025/656035/GNARTN-project-report.pdf,
- Queensland Health. Allied Health Rural Generalist Training Positions 2014 Implementation Report, 2015 at https://www.health.qld.gov.au/ahwac/html/rural-remote,
- Queensland Health. Allied Health HP3 to HP4 Rural Development Pathway Framework, in Human Resources Policy B66 HP3 to HP4 Rural Development Pathway, 2014 at https://www.health.qld.gov.au/__data/assets/pdf_file/0015/164103/qh-pol-382.pdf,

- Queensland Health profession-specific capability frameworks and relevant profession association documents relating to post-entry competencies or training including post-graduate education programs,
- other health workforce education or competency documents such as Health Workforce Australia, Health LEADS Australia, 2013 at https://www.aims.org.au/documents/item/352, and
- Services for Australian Rural and Remote Allied Health (SARRAH) draft position statement on Allied Health Professions and Rural Generalism. This paper was published in 2016 and is available at https://sarrah.org.au/publications/tpost/dz559c6ju1-sarrah-position-statement-on-allied-heal.

b) Consultation and feedback

The consultation process initially involved targeted discussions and feedback to test the desktop review outputs. Key stakeholders for the initial consultation included allied health rural generalist training site supervisors, senior rural and remote allied health leaders, statewide profession leads and clinical educators (and similar roles) responsible for providing training for early career rural health professionals in the priority professions. Advice was specifically sought on the key areas of capability required within each profession for effective rural and remote practice, with a focus on clinical areas that had less published information available. Initial drafts of profession-specific sections of the Framework were then circulated to a broader range of stakeholders within each profession for checking and to obtain further feedback. This stakeholder group was identified through Queensland Health networks and included early career and experienced rural and remote clinicians, managers, educators and supervisors. A limited number of individuals from other organisations and jurisdictions were also consulted to address identified gaps or to broaden the perspective of information presented in the draft document. Stakeholders were contacted using a variety of methods including email, phone, group video-conference and face-to-face discussions. Stakeholders were given two to four weeks to provide written or oral feedback on the draft AHRG Education Framework in two consultation rounds.

c) Finalisation and endorsement

The AHRG Education Framework was provided to the Chief Allied Health Officer as a deliverable of the project. It was presented to the Queensland Health Allied Health Learning and Development Governance Group and the national Allied Health Rural Generalist Pathway Project Governance Group for feedback and finalisation.

Stage 2 project

a) Recruitment of expert panels

GNARTN recruited three expert panel members to each of the seven profession-specific expert panels. Experts were identified through national allied health networks. Panel members possessed one or more of the following characteristics:

- a senior academic and/or professional leader at national level,
- recognised expertise or involvement in developing education programs (interpreting accreditation standards) and/or designing or implementing accreditation standards for the profession, and
- previous experience in rural or remote clinical practice, and/or education or research related to rural and remote service and workforce topics for the relevant profession.

b) Panel orientation and feedback

KBC, GNARTN and the OCAHO facilitated an orientation teleconference of all panel members to introduce the AHRG Education Framework, outline the review priorities and establish the project timelines. Panel members had five weeks to review the AHRG Education Framework and document feedback and recommendations. Two panels met by teleconference to consolidate their recommendations prior to submission but most completed the review individually.

c) Synthesis of feedback and finalisation of the AHRG Education Framework

Feedback and recommendations were received by KBC from the majority of expert reviewers by the due date and were collated, synthesised and incorporated into the finalised AHRG Education Framework. A limited amount of post-deadline feedback and checking or discussion of divergent views was undertaken. General comments from panel members on matters not related to the content were provided to the OCAHO in a project report. This included discussion of the use of the Framework and its structure.

Stage 3 project (social work and psychology)

The project was guided by a Project Advisory Group that included senior social work and psychology profession leaders and rural and regional service managers from Queensland hospital and health services. Project activities included:

- a desktop review of relevant Queensland Health and external documents, and statewide consultation and feedback on the draft social work and psychology additions/changes to the existing AHRG Education Framework (replicating the Stage 1 project methods),
- an expert review of the draft by senior social work and psychology academics (replicating the Stage 2 project methods), and
- mapping development topics to publicly-available information on post-graduate education offerings of Australian universities.

Stage 4 project (exercise physiology and occupational therapy - mental health)

The project was led by an experienced project officer and included:

- exercise physiology
  - a desktop review of relevant Queensland Health and external documents including Exercise and Sports Science Australia (ESSA) Professional Standards, consultation and feedback from Queensland Health leaders in exercise physiology and ESSA representatives on the draft exercise physiology additions/changes to the existing AHRGP Education Framework
  - an expert review of the draft by senior exercise physiology academics (replicating the Stage 2 project methods)
- occupational therapy
  - Drafting of the mental health clinical focus area to be added to occupational therapy Domain 3 to align with social work and psychology mental health content, and review by a senior rural mental health occupational therapist.

2 Allied Health Rural Generalist Education Framework

2.1 Structure

The AHRG Education Framework is structured in two "Levels" that broadly reflect Stage 1 and 2 of the AHRG Pathway shown in Figure 1, although do not necessarily imply that training in these capabilities should be strictly confined to trainees in the related stage of the Pathway. The content is clustered in four "Domains", which contain a number of "Units" covering key topics.

Domain 1: Rural generalist service delivery

- Unit: Project management and leading change
- Unit: Evidence-based decision-making
- Unit: Service development and planning
- Unit: Quality improvement and clinical risk management
- Unit: Management skills
- Unit: Education and supervision
- Unit: Applied research in rural and remote contexts

Domain 2: Rural and remote practice

- Unit: Health care systems and rural service models
- Unit: Primary health care
- Unit: Cultural safety
- Unit: Community engagement
- Unit: Ethical practice
- Unit: Telehealth
- Unit: Delegation
- Unit: Skill sharing
- Unit: Partnerships and new services

Domain 3: Profession-specific clinical practice

- Rural generalist clinical practice (separate Domain 3 for each profession)
- Core practice and clinical focus areas

Domain 4: Service-specific clinical skills

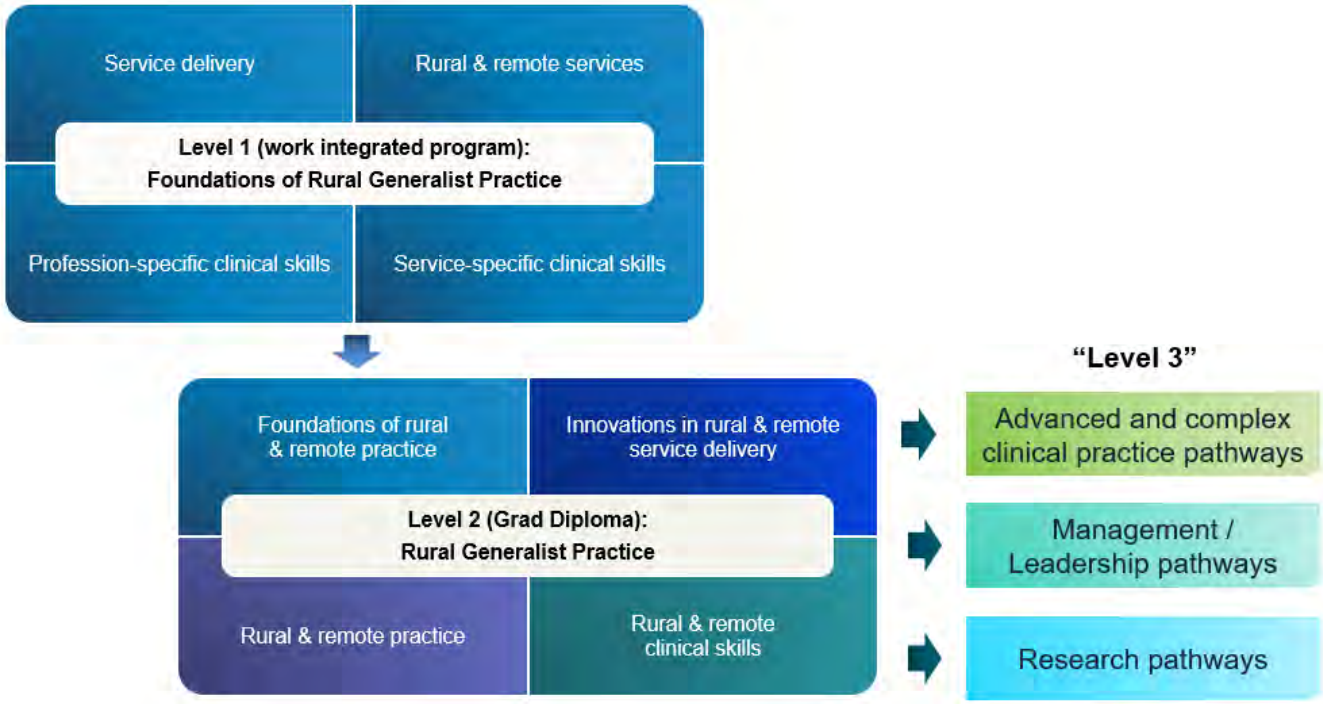
- Clinical skills that require implementation supporting systems/structures in the service:
  - Advanced scope (complex practice) and dual qualifications, which are generally linked to existing standards and training for the profession and the scope,
  - Skill sharing (trans-professional practice).

The basic structure of the AHRG Education Framework is shown in Figure 2. Articulation between Level 1 and Level 2 is assumed, with capabilities, skills and knowledge built through both levels. The exception is skill sharing (Domain 4) and a limited number of other advanced and complex practice areas that are not divided into Level 1 and 2 development stages.

In drafting the AHRG Education Framework, articulation with advanced clinical and professional practice programs and frameworks was not specifically mapped but was considered. Existing post-graduate degree courses in these topics and work-based programs for advanced and complex clinical practice, organisational management, leadership, research and education are shown collectively as "Level 3" in Figure 2 but are out of scope of this Framework. Proficient rural generalist practitioners seeking advanced training in these areas should consult their employer or professional association for training options and support programs / resources.

Domains 1 and 2 are inter-professional; an important strategy to support the viability and sustainability of an education program developed using the Framework. It also reflects the inter-disciplinary nature of rural and remote practice. The skill sharing component of Domain 4 is also inter-professional.

Figure 2 AHRG Education Framework structure



2.2 Sections

Unit

All domains are presented as a group of "units" (topics). A unit covers an aspect of rural generalist practice. Use of the term does not imply that unit topics reflect a recommended component of an education program i.e. subjects or modules.

Core Unit

Core units have been identified by the OCAHO and health sector partners as common to rural generalists across professions and in the majority of settings. The topics in core units should be considered to be highly recommended core elements of an education program developed using the AHRG Education Framework, and generally reflect an extension to entry-level training and its application and contextualisation in rural and remote settings.

Optional Unit

Optional units would be relevant for some rural generalist health professionals in some service settings and organisations, but not all. For example, the unit may relate to a service delivery strategy not used in some services such as telehealth or skill sharing, or a professional capability not required in detail by some rural generalists due to organisational structure and role responsibilities such as financial management. The topics of optional units should be considered for non-mandatory components of an education program (e.g. elective subjects).

Service outcomes

Units in the Framework include a concise list of service outcomes. Service outcomes were the starting point for the units and place the rural generalist in the context of the work of their team and organisation. In general, and particularly for Level 1, the service outcomes should not be misunderstood to be the responsibility of a rural generalist trainee. Generally the service outcomes will be achieved as a collaborative team activity with the accountability resting with the manager or other senior staff.

Development objectives

Development objectives identify what the service needs the rural generalist trainee to know or do to contribute to the service outcome. Some are translatable into learning outcomes for a training product (subject, module, short course). Others are quite operational and may not fit well in a formal education program but can be supported through workplace based activities and supervision.

Sample activities / outputs

Sample activities and outputs were suggested by health sector contributors as activities that can provide applied learning and also produce value for the service. Some are intermediate products of the service outcomes e.g. developing a student orientation manual that supports the service outcome of the team providing student placements. They are recommendations for value-adding activities and not meant to be prescribed learning/assessment activities in an education program. Some examples are quite procedural tasks and others are more substantial activities. Consequently, some sample activities may be appropriate as a focus area for learning and assessment, and others may have limited application to a formal education program but be useful for work-based training.

Both the development objectives and sample activities/outputs are presented in the AHRG Education Framework as stakeholder feedback in the drafting phase was provided from an employee development and service development perspective. Each was seen to provide valuable information and so both were integrated into the Framework structure.

2.3 Use of the AHRG Education Framework

The primary purpose of the AHRG Education Framework is to guide the development of formal rural generalist training for the allied health professions. The AHRG Education Framework has a focus on rural and remote service needs and provides information on training and development of a health professional that is expected to be integrated into, and reflect the requirements of, a rural generalist work role. The AHRG Education Framework is not a finely polished outcome document, but rather an intermediate product with information collated from wide consultation and scoping projects that can support training strategies, the development of formal education programs or other outputs. It is acknowledged that translation of the AHRG Education Framework content into education products will be required, but the strong link to practical rural generalist service requirements should be retained in derivative products.

The AHRG Education Framework presents an "industry" perspective on the skills, knowledge and capabilities required of allied health professionals working in rural and remote generalist roles and service settings. The Framework reflects the needs of employers and the experience of stakeholders, primarily in the public and not-for profit sectors, that contributed to its development. It does not seek to duplicate existing regulatory instruments that define professional and clinical standards and minimum expectations for practice in each profession.

Rural generalist education programs

In 2016 Queensland Health engaged James Cook University (JCU), working in partnership with QUT, to develop a formal rural generalist education program for seven professions represented in the AHRG Education Framework. The development, trial and evaluation of a Rural Generalist Program was undertaken from December 2016 to December 2019. The program structure was comprised of an academic pathway (non-award) course and graduate diploma course. A master's level course was added in 2023. The AHRG Education Framework is the foundation of the program.

The AHRG Education Framework was subject to an exclusive license period during the first 12 months of the service agreement between Queensland Health and JCU. Following the expiration of this period the Framework can be used by all education providers to support the development of training courses.

Local rural generalist trainee development plans

An abridged version of the AHRG Education Framework was used by Queensland Health rural generalist training sites to develop local development plans for trainees prior to the implementation of the JCU Rural Generalist Program. More recently, it has been used as a reference document for work-based training plans. Feedback has indicated that the Framework provides valuable support for supervisors and managers.

Accreditation standards and systems for rural generalist education

An accreditation system for rural generalist education programs for the allied health professions project 2018

Health service partners to the allied health rural generalist pathway have identified the need to have a common understanding of the capabilities and competencies developed in rural generalist education programs. This is required for health services to integrate the qualification into industrial instruments, employment models and business/commissioning processes. Accreditation standards for rural generalist education programs will provide quality assurance for health services, commissioning agencies and for potential participants that the program meets the published standards. Queensland Health commissioned the Australia Healthcare and Hospitals Association (AHHA) to develop accreditation standards and systems for the seven professions covered in the Framework. The AHRG Education Framework is one of four components of the suite of accreditation resources developed by this national project. The four components are the

- Program Accreditation Handbook – which describes the policies and procedures by which the accreditation entity applies the accreditation standards when accrediting education programs
- Program Accreditation standards – which describe the qualities of an education program in rural policies and procedures by which the accreditation entity applies the accreditation standards when accrediting education programs and provides guidance on the evidence to be submitted by education providers in demonstrating standards are met for their education programs
- Education Framework – (this document) which describes unit topics recommended for inclusion in education programs in rural generalist practice for the allied health professions. For Levels 1

and 2, there is reference to service outcomes; development objectives; and sample activities. However, it is important to note, some of the content used to described unit topics may be translatable to learning outcomes and assessment within the education program, while others relate more to the responsibility of the workplace support and supervision.

- Competency Framework – which describes the performance expected of an individual developing as a rural generalist in their chosen profession and who has completed an accredited education program. Performance is described at two levels: Level 1 and Level 2, reflecting the progression of an individual in the AHRG Pathway after achieving competence in their chosen profession.

The project outcomes are available at https://www.health.qld.gov.au/ahwac/html/rural-remote/education.

In accreditation in Australia and internationally, there is a continuing emphasis on outcome-based standards, partly from recognition that prescriptive input standards such as curriculum inhibit innovation. However, it is also well-recognised that both input and outcome-based standards are necessary for assessment and accreditation of an education program. A purely input-based accreditation cannot provide confidence that graduates have achieved the desired competencies, while a purely output-based approach will provide no hint of where to look for improvement when graduate performance varies[5]. It is expected that the Competency Framework forms a core part of an outcome-focused approach to accreditation. Education providers are expected to provide evidence of how their program learning outcomes map to the relevant level in the Competency Framework.

However, with defined rural generalist training roles for the allied health professions being relatively new in Australia, education providers developing programs will see a greater emphasis initially on inputs in the accreditation process. At least initially, education programs will be expected to be developed with strong reference to the specifications in the Education Framework, which describes the service and practice requirements of rural generalists at the conclusion of education (i.e. more input-based). Over time, as familiarity with the AHRG concept increases, the emphasis in accreditation is expected to shift further towards education programs meeting the performance requirements defined in the Competency Framework, rather than the specifications in the Education Framework.

The Program Accreditation Standards describe the qualities required of an education program in rural generalist practice for the allied health professions. They are based on a template set of accreditation standards currently being used in the accreditation of education programs for a number of different health professions, including for entry-level programs and for post-graduate programs leading to endorsement or other recognition.

Allied Health Rural Generalist Accreditation Council

The Allied Health Rural Generalist Accreditation Council was established as an independent council under the Services for Australian Rural and Remote Allied Health (SARRAH) corporate governance structure in 2022. The role of the Council will be to accredit post-graduate education programs in rural generalist practice for allied health professions as part of the Allied Health Rural Generalist Pathway.

[5] Health Professions Accreditation Collaborative Forum Publications. Available at: http://hpacf.org.au/publications/

Appendix 1: Allied Health Rural Generalist Education Framework Domain 1

Rural generalist service delivery

Notes on Level 1 Core Units

The four core units focus on the skills and knowledge required of a rural generalist trainee to **actively participate** in strategies that improve their team's service performance and outputs and the outcomes for clients. Two units provide skills in project management and evidence-based decision making, which should be applied in the service development & planning and quality improvement (QI) units.

The Level 1 trainee will apply learning through actively participating in a

- service development project and
- a QI activity in their team.

This should include providing input and contributing to the project proposal, project plan, evaluation, monitoring and reporting processes; completing specific components of the project/activity assigned by the manager and collaborating with the manager and team members to complete the project activities; and critical reflection on the process and outcomes.

Although the focus of the Level 1 core units should be on completing these two major outcomes, there are a range of smaller supporting activities that may be done to develop skills and knowledge in related areas of service delivery such as contributing the team's operational plan, quality reporting, accreditation and audit of compliance with standards etc.

Notes on Level 2 Core Units

The four core units focus on the skills and knowledge required of a rural generalist trainee to **manage** work-based strategies that improve the team's service performance and outputs and the outcomes for clients. As for Level 1, two units focus on project management and evidence-based decision making. These skills should be applied in the remaining two units; service development & planning and quality improvement (QI) units.

The Level 2 rural generalist trainee will apply learning through **leading/managing**

- the development of the team's operational / service plan (or components of plans for large teams /organisational units)
- a service development project and
- a QI activity of modest scope or a component of a larger project activity in their team.

Whether a small self-contained project, or a specific component of a larger project, the trainee should be the lead. However, reflecting that the rural generalist trainee will be a novice, the activities should be done with support and supervision of the manager and senior team members. Foundation level skills and knowledge should be covered in education materials. Critical reflection on the rural generalist trainee's own performance of leadership/management functions, as well as the process and outcomes should be a core component of assessment. Ideally the timeframe for the service development project and QI activity will be 12 months. Education providers should consider realistic timeframes for progressing projects in healthcare settings and reflect this in the learning program i.e. a complete project cycle may not fit into a 13-week subject, unless the scope is tightly contained.

Flexible assessment processes may be required for education program participants who are not employed in a health service. This may include completing the project scoping, design and planning stage for a service development and QI projects in a scenario-based service setting.

Service Development

Service development projects focuses on implementing new services or expanding the range of services available and changing service models to better meet community needs and enhance clients' access and experience of care. The key service development strategies for rural generalist services are:

- delegation and better use of support workers
- skill sharing
- advanced and extended scope of practice
- telehealth
- partnerships that support generalist services and providing care "closer to home" for rural and remote clients, including metropolitan-rural collaborative practice and inter-agency service integration.

Quality improvement

Quality improvement activities focus on enhancing the alignment of existing services to quality standards, including managing risks and enhancing client safety, improving governance, and implementing best practice approaches to the delivery of clinical tasks and programs. Examples of quality improvement activities including auditing referrals and implementing changes to referral criteria or pathways to improve the client experience and efficiency of the client journey; auditing clinical outcomes of a client group and developing new local clinical guidelines or procedures.

Stage 3 project (social work and psychology)

The 2018 project examined if there were any conflicts between the existing AHRG Education Framework and the regulatory or professional standards for social work and psychology. No critical changes were recommended to the multi-professional content of Domain 1.

Stage 4 project (exercise physiology and occupational therapy - mental health)

The 2023 project examined if there were any conflicts between the existing AHRG Education Framework and the regulatory or professional standards for exercise physiology. No changes were recommended to the multi-professional content of Domain 1.

Domain 1 Core Units

Domain 1 – Rural Generalist Service Delivery: Core Units		
	Level 1	**Level 2**
Service outcomes	• Development activities will support the team to achieve the following outcome/s: – Service development project related to a change to the service model (aligned to 'rural generalist' service strategies) is scoped, developed, implemented and evaluated. – QI activity related to a change to improve the quality and standard of care is scoped, developed, implemented and evaluated.	• Development activities will support the team to achieve the following outcome/s: – Service development project related to a change to the service model (aligned to 'rural generalist' service strategies) is scoped, developed, implemented and evaluated. – QI activity related to a change to improve the quality and standard of care is scoped, developed, implemented and evaluated. – Operational (service) plan.
Core unit 1: **Project management and leading change**	**Development objectives** • Describe principles of project management and change management, and use them to evaluate projects undertaken in Core Units 1 & 2. • Apply project management knowledge and skills to contribute to a project within the service/team (in collaboration with the project sponsor and stakeholders) • Support and assist with the uptake of changes related to service development or quality improvement initiatives. **Sample activities/outputs** • Project management short course or independent learning package. • Contribute as a team member to and critically reflect on: – Problem identification and scoping stage. – Project planning (including evaluation plan, communication plan). – Project monitoring and risk management.	**Development objectives** • Identify an area of need for the service in relation to service development (Unit 1) and/or quality improvement (Unit 2) (i.e. problem identification). • Apply project management knowledge and skills to lead and manage a work-based project including: – Problem identification and project scoping (diagnostics and research to inform the recommended change) – Prepare and present a project proposal (or business case, project brief and/or grant/funding/resourcing proposal) in order to secure necessary approvals to commence the project and obtain required resourcing. – Develop and oversight the implementation of the project plan including description and evidence-based rationale for the proposed change, strategy/method of implementation, evaluation plan including objectives and outcomes, indicators, data sources and collection

	– Reporting to project sponsor and stakeholders. – Project completion and embed changes in 'usual business'. – Communication of project outcomes to relevant stakeholders.	processes; timeline/schedule; resourcing plan/budget; risk analysis and monitoring. – Implement a project governance and reporting structure and communication strategy. – Analyse potential facilitators and barriers for change and develop change strategies, including governance strategies. – Design and implement embedding strategies for successful changes including communicating project findings. – Develop a review plan for project outcomes. **Sample activities/outputs** • Formal project management course or independent learning package. • Change management and leadership course or independent learning package • Leadership, management and critical reflection on project stages: – Problem identification and project scoping. – Project planning. – Project initiation and management. – Project completion, communication, embedding and review plan.
Core unit 2: **Evidence-based decision-making**	**Development objectives** • Apply evidence based practice in the rural/remote context including sourcing and integrating evidence of rural generalist service delivery strategies into practice. • Use evidence to support decision making related to the provision of the rural generalist trainee's own clinical services.	**Development objectives** • Apply EBP principles and skills in the design, implementation, evaluation and/or critical reflection on service development and quality improvement initiatives. • Design and/or evaluate clinical or service procedural documents (e.g. a service guideline or Clinical Task Instruction) for consistency with current evidence of best

	• Source and incorporate evidence into professional practice and into service development and quality improvement initiatives. **Sample activities/outputs** • Evidence-based decision-making skills & knowledge development: – PICO framework training – Knowledge Translation (or similar) problem analysis training in sourcing research evidence. – Evidence-based decision-making skills & knowledge application in practice: – Case reports/summaries demonstrating evidence-based service delivery. • Demonstrated sourcing, analysis and integration of evidence in service development/quality improvement activities e.g. identification and critical synthesis of relevant evidence regarding health needs of the community or service strategies etc.	practice and present to peers, including addressing known evidence gaps in the rural/remote context (if any). **Sample activities/outputs** • Evidence summaries and inclusion of key evidence in business cases and service change proposals, quality improvement projects and other change strategies. • Clinical audit (or similar) supporting scoping/diagnostic phase of a project. • Evaluation plan for a project (and outcomes report if available). • Report on the development or review of procedural documentation and output document/s. • Presentations of evidence to peers, managers, executive.
Core unit 3: **Service development and planning**	**Development objectives** • Understand the purpose, fundamental processes and intended outcomes of service planning and service development and relate these concepts to relevant organisational documents (e.g. planning frameworks). • Interpret community demographic and health information in relation to the service. • Describe the services provided and function of own team and other relevant teams in the facility/organisation. • Participate in the evaluation of a service including examining referral/activity trends and gaps, alignment to key performance indicators, service standards, targets and strategic documents. • Integrate knowledge of service performance targets into service development/planning initiatives of the team.	**Development objectives** Service planning: Apply knowledge of: • service planning processes/frameworks including accessing organisation-specific planning resources, • local service needs, available resources, current and potential service models and • service evaluation findings. Collaboratively (and with guidance and supervision of senior staff) develop, implement and evaluate the operational/service plan for either (depending on local organisational structure, size of the team etc.): • the team (for a small team), or

	• Participate in collaborative service planning and coordination activities in relation to own service delivery and service development activities with health professionals in own team and from other agencies, teams and facilities where relevant. **Sample activities/outputs** Service planning: • Profile local community, health needs and available health services and supports/resources. • Review the current operational or service plan for the team and discuss findings with supervisor. • Analyse current referral/activity trends and gaps in service provision. • Critical reflection on service performance and planning. Service development: • Using findings from information gathering activities (above), contribute to the team's scoping, planning, implementation and evaluation of a service development project. • Service development project activities (completed in collaboration with team and project lead). • Critical reflection on service development process and outcomes.	• a component of the team's operational/service plan e.g. a specific aspect of service model such as outreach services or telehealth, or a specific client group such as paediatrics, or specific aspect of the business model such as revenue or stock management. The service planning objective will include: • Analysis of the performance indicators and reporting requirements relevant to the team/service and producing justifiable recommendations for improvement. • Development of recommendations to align the team's role with broader service plans and current service priorities and initiatives. • Analysis of activity/output targets relevant to the team/service and produce recommendations for improving activity and client access, experience and outcomes where indicated. • Comparing and contrasting service models best suited to community health needs in the local context and propose alternatives where indicated (drawing on Core Unit 2: Evidence-based decision-making). Service development: Lead (with support of senior staff) a service development project. This should integrate skills and knowledge obtained in Core Unit 1 and Core Unit 2 and also reflect application of knowledge of: • health needs of the community, service goals/indicators etc. (as per Service Planning above) • service models, • project planning, management and change leadership (see Core Unit 1). **Sample activities/outputs** Service planning: • Formal service planning coursework and/or independent learning.

		• Service/operational plan outputs e.g. draft and approved plans, working group details. • Critical reflection on service performance and planning. Service development: • Service development project outputs e.g. proposal, plan, report (see Core Unit 1) • Critical reflection on service development process and outcomes.
Core unit 4: **Quality improvement and clinical risk management**	**Development objectives** • Identify components of a quality improvement cycle and describe in relation to a current or planned quality improvement activity. • Identify relevant quality, safety and professional standards and audit compliance with selected standard/s. • Identify and comply with local policies, procedures and guidelines to ensure quality and safety of practice. • Contribute to quality improvement initiative/s within the team/ service. • Identify and report clinical risks, hazards and opportunities for improvement in the practice context. **Sample activities/outputs** • Complete component activities in a quality improvement project in collaboration with team members. • Review/use an existing quality audit report for a team/service process to support decision making or change. • Monitor a team/service process against relevant quality legislation /regulations/standards. • Review risk reports relevant to clinical service/team and collaboratively identify and implement strategies for risk remediation or mitigation.	**Development objectives** • Identify, develop, implement and evaluate a quality improvement activity for the team/service. • Lead the review of a workplace instruction or similar quality/ safety procedural document. • Identify and lead the team in compliance with legislation and/or quality, safety and professional standards relevant to the role/ service and review the process for ongoing monitoring of requirements. • Examine clinical risks in the local service/team and develop recommendations to prevent or manage identified risks (with the support from senior colleagues where required). **Sample activities/outputs** • Quality improvement activity scoped, developed, implemented, evaluated, reported and communicated with relevant colleagues and stakeholders. • Activities may also include: – leading focused workgroups as part of large quality improvement activity, – undertaking stakeholder analysis and consultation as part of a quality improvement activity,

		– developing a comprehensive list of legislation and/or regulations relevant to the role/service and review the process for ongoing monitoring of requirements, and – presenting a Clinical Risk Management Plan.

Domain 1 Optional Units

Domain 1 – Rural Generalist Service Delivery: Optional Units		
	Level 1	**Level 2**
Optional unit 1: **Management skills** (including financial, resource, operational risk and people management skills)	**Service outcomes** Development activities will support the team to achieve the following outcome/s: • Increased capacity for effective and compliant financial and resource management within the service. • Increased capacity for effective people management within the service to improve performance and drive effective change. • Increased capacity for identifying and appropriately documenting and presenting operational risks and service management issues and proposed solutions to managers.	**Service outcomes** Development activities will support the team to achieve the following outcome/s: • Effective and compliant financial management, including cost centre management, budget forecasting, monitoring, reporting. • Effective management of human resources including recruitment and selection, performance management, utilisation of skill sets, and workforce planning. • Effective operational risk reporting, monitoring and management. • Appropriate identification, critical analysis, documentation and presentation of service management issues and proposed solutions to managers and executive.
	Notes on structure of Level 1 Optional Unit 1: • The Level 1 rural generalist trainee will apply learning through ***actively participating*** in management processes in the team. The Level 1 program will not prepare or support the rural generalist trainee to be independently responsible for these functions. • It is important that the activities in the unit are not just passive – reviewing operational guidelines, observing team members, work shadowing. The unit should provide rural	**Notes on structure of Level 2 Optional Unit 1:** • The Level 2 rural generalist trainee will apply learning through a combination of ***actively participating*** and ***undertaking with support*** tasks that develop experience and capacity to manage/ lead operational management processes in the team. Management will largely be outside the individual responsibility of the Level 2 rural generalist trainee at this stage. However, the end point of the Level 2 program should

Domain 1 – Rural Generalist Service Delivery: Optional Units		
	Level 1	**Level 2**
	generalist trainees with a solid understanding of the role of health professionals in maintaining a sustainable and efficient health service, and have a number of targeted activities that will involve the rural generalist trainee providing a practical contribution to service management functions (i.e. critically analysing performance, providing a short written report or critical analysis and recommendations to managers). Concrete outputs are important for developing the decision-making of the rural generalist trainee that will be required to progress to higher level responsibilities.	provide a platform for the trainee to enter a rural/remote clinician-manager role. • The unit should continue the active focus (critical analysis, solution development, recommendations, and actions) of Level 1, though with greater focus on completing tasks with limited direction of the manager. Health services management education in human resource management, financial, resource and operational risk management should feature in practical work-based activities (or scenario-based activities for rural generalist trainees who are not employed).
	Development objectives • Understand the role of health professionals in maximising efficient allocation of resources and budget compliance. • Describe and comply with resource and financial management processes of the business unit including procurement and stock control, asset management, budget management and reporting. • Understand and support team/unit financial management processes including the budget build, management and reporting processes. • Identify and comply with operational (i.e. non-clinical) risk frameworks and reporting requirements of the service. • Participate in workforce management and planning processes within the service/team. **Sample activities/outputs** • Complete training in the use of resource management/risk reporting systems.	**Development objectives** • Demonstrate application of, and compliance with, financial management processes of the service/team. • Analyse the efficiency of resource use (finance, stock, capital, equipment and other assets) and develop/propose recommendations for improvement based on health service management knowledge. • Demonstrate compliance with human resource management policies/processes in the service/team and propose recommendations to address areas of non-compliance. • Understand the fundamentals of workforce management and planning in relation to rural and remote workforce models and formulate strategies to propose for local planning e.g. succession planning. • Prepare a business case and brief managers or executive in relation to resourcing or workforce matters. • Establish and lead teams and working groups.

Domain 1 – Rural Generalist Service Delivery: Optional Units		
	Level 1	**Level 2**
	• Review of resource management in the service (i.e. stocktake and inventory of equipment, asset lifecycle planning, assessment of ongoing needs and recommendations for stock control). • Contribute to cost centre monitoring and reporting. • Contribute to budget development and reconciliation (for a team, service or project). • Review and contribute to an operational risk log or register, including presenting identified issues/risks and potential solutions to managers in writing or face-to-face. • Participate in workforce management activities (e.g. on-boarding/ orientation of new staff, focused workforce planning workgroups).	• Identify and manage operational risks (budget, performance indicators, resource etc.) in consultation and with support of the manager/delegate. **Sample activities/outputs** • Produce accurate financial reports for the service or a project in collaboration with the cost centre manager • Establish and effectively lead a working group to complete a service activity/task related to Core Unit 1 or 2, or Optional Unit 1 activities e.g. a role review for a vacant position in line with workforce planning principles and in collaboration with the work unit manager. • Produce a business case (or similar) and support relevant stages of the process e.g. scoping, drafting, approval of the business case, briefing stakeholders, etc. • Undertake training and participate in a selection panel to develop understanding of a recruitment process +/- work shadowing with the operational delegate for other operational processes such as recruitment paperwork, appointment process etc. • Complete a risk management plan for operational / service risks (e.g. finance, resources, health and safety compliance).
Optional unit 2: **Education and supervision**	**Service outcomes** • Development activities will support the team to achieve the following outcome/s: – Professional support requirements of the Credentialing and defining the scope of clinical practice health service directive (QH-HSD-034:2014), and the associated guideline	**Service outcomes** • Development activities will support the team to achieve the following outcome/s: – Professional support requirements of the Credentialing and defining the scope of clinical practice health service directive (QH-HSD-034:2014), and the associated guideline (QH-HSDGDL-034-1:2015) are met

Domain 1 – Rural Generalist Service Delivery: Optional Units		
	Level 1	**Level 2**
	(QH-HSDGDL-034-1:2015) are met (or similar document in other organisations) – Training activities provided for staff and students (e.g. in-service, work-based training, clinical placements)	– Clinical education and assessment for staff and students provided – Training activities (and competency assessment where relevant) provided for staff and students (e.g. in-service, work-based training, clinical task instructions)
	Notes on structure of Level 1 Optional Unit 2: The Level 1 rural generalist trainee will apply learning through ***actively participating*** in education and supervision of students. The Level 1 rural generalist trainee can lead/manage with support as required, some education activities including providing work-based training to colleagues (AHAs, other professions) and providing professional support for AHAs in particular.	**Notes on structure of Level 2 Optional Unit 2:** The Level 2 rural generalist trainee will apply learning through a combination of ***actively participating*** and ***undertaking with support*** tasks that develop experience and capacity to manage/ lead education and supervision of students. The Level 2 rural generalist trainee can ***deliver and manage with supervision*** and support of senior colleagues, education for students and staff and provide professional support for AHAs and less experienced staff.
	Development objectives • Describe the principles of effective student supervision and identify how they can be incorporated into student placement/intern/PDY. • Apply principles of clinical/professional supervision in own supervision and/or supervision of other staff e.g. AHAs. • Describe and apply principles and methodologies which promote learning in a clinical environment. • Design and deliver work-based training for staff with support. • Participate in formal student and staff training. **Sample activities/outputs** • Complete clinical supervision training.	**Development objectives** • Awareness of the organisational structures involved in driving/ facilitating professional development. • Identify skill gaps and training needs in line with the organisational objectives/requirements. • Organise a program of education for students and staff and evaluate the impact and outcomes of the education program. • Initiate/lead initiatives to facilitate development of team members. • Organise and facilitate student placements within the team/ service, including operational aspects of arranging placements e.g. timetable, liaison regarding student deeds, liaison with the accommodation provider.

Domain 1 – Rural Generalist Service Delivery: Optional Units		
	Level 1	**Level 2**
	• Effective participation in professional supervision or peer group supervision. • Produce/review a local student orientation manual. • Support/assist with student placements (or intern year) through delivering task training, providing observation opportunities and supporting supervision. • Deliver training session/s to students and staff (e.g. training program for nursing staff, train an AHA in a Clinical Task Instruction). • Profession-specific examples could be: – effective delivery of education to food services staff regarding nutrition and special diets, and – understanding the framework for pharmacy intern training requirements and map to clinical service requirements of team to identify learning opportunities.	• Demonstrate and apply learning facilitation, assessment and supervision skills with AHAs, students and team members. • Review the outcomes of student placement/s (or intern/PDY). **Sample activities/outputs** • Complete clinical education training requirements (in relation to supervising students). • Develop, promote, deliver and evaluate a work-based training program for staff e.g. AHA training in CTIs. • Organise and facilitate student placements including a primary or secondary supervisor role (i.e. responsible/jointly responsible for planning, supervision, education and assessment). • Professional supervision/mentoring of staff. • Report on the outcomes of student placements (or intern/PDY).
Optional unit 3: **Applied research in rural and remote contexts**	**Service outcomes** • Development activities will support the team to achieve the following outcome/s: – Service development or quality improvement projects in Domain 1 Core Unit 3/4 (or other projects relevant to the team) are implemented as a formal research project (i.e. ethics approval and site specific approval).	**Service outcomes** • Development activities will support the team to achieve the following outcome/s: – Service development or quality improvement project/s in Domain 1 Core Unit 1 or 2 are implemented under research ethics and site specific governance requirements.
	Notes on structure of Level 1 Optional Unit 3: The Level 1 rural generalist trainee will apply learning through ***actively participating*** in research activities in the team and lead/	**Notes on structure of Level 2 Optional Unit 3:** The Level 2 rural generalist trainee will apply learning through ***leading and managing with support*** research and/or knowledge

Domain 1 – Rural Generalist Service Delivery: Optional Units		
	Level 1	**Level 2**
	manage with support some specific component activities such as data collection or protocol development.	translation activities relevant to the team, particularly in relation to service development and quality improvement projects.
	Development objectives • Demonstrate application of fundamental concepts and processes in research ethics and governance. • Describe and demonstrate the principles of ethical integrity as they relate to research practice. • Operate as a collaborative researcher, identifying, seeking and securing appropriate research support and collaboration as required. • Demonstrate the ability to identify an area of research need and frame a research question. • Demonstrate an ability to complete basic data collection, analysis and presentation activities. • Demonstrate an ability to adhere to sound data management and data protection processes. **Sample activities/outputs** • Complete with support or participate in and evaluate/critically reflect on: – Applying learning from Core Units 1, 2 or 4 to develop a research question. – Development of the research methodology. – Planning and protocol development. – Ethics and governance approval and reporting process. – Research project activities including data collection, analysis, reporting and dissemination.	**Development objectives** • Design and integrate formal research application, management and reporting processes into a work-based project. • Develop a research protocol which incorporates research need, project plan, methodology, data sources, timeline and communication and reporting processes. • Develop an ethics application and research governance application for an identified area of research. • Coordinate a small research team and project with the support of managers and senior research mentors. • Prepare a research report. • Identify, seek, secure and coordinate appropriate research support and collaboration as required. • Disseminate research findings to peers. • Gain input from peers and community representatives (where applicable) on the best methods to disseminate research findings. **Sample activities/outputs** • Research skills training (short course, learning module). • Leadership (with supervision and support) of: – Planning and protocol development. – Ethics and governance approval and reporting processes.

Domain 1 – Rural Generalist Service Delivery: Optional Units		
	Level 1	**Level 2**
	– Sound data management including ensuring data protection is in line with institutional and legal requirements. – Reporting on research project outcomes at a conference of local forum.	– Research project activities including data collection, analysis, reporting and dissemination. – Poster or oral presentation at a conference or local forum.

Appendix 2: Allied Health Rural Generalist Education Framework Domain 2

Notes on Level 1 Core Units

The five core units in Domain 2 aim to equip the Level 1 rural generalist trainee with the skills and knowledge required to understand the demands, strategies and best practice approaches to delivering healthcare in rural and remote areas. The core unit topics are generally not unique to rural and remote practice but are very important in these settings.

Level 1

The Level 1 rural generalist trainee will apply learning through

1. **actively participating** in activities within their service and **actively participating with support** in activities that relate to external engagement with other agencies, community groups etc.
2. **implementing with support** activities that relate to their own practice (i.e. ethical practice, cultural competency).

Notes on core unit 1 and 2: The distinction between these two units has been difficult to clearly elicit from stakeholders and the units continue to overlap. Both units require further consideration of their end points in terms of development objectives. The units remain somewhat unrefined as the decision to combine or separate the topics can be progressed by education providers.

Notes on Core Unit 3 and 4: There is overlap in relation to engagement activities in these modules. In this regard the units remain somewhat unrefined as the decision to combine or separate the topics can be progressed by education providers.

Level 2

The Level 2 rural generalist trainee will apply learning through:

1. **leading or providing a major contribution** to activities within their service
2. **leading with support or collaboratively managing** activities that relate to external engagement with other agencies, community groups etc.
3. **implementing** activities that relate to their own practice with limited need for support from supervisors/managers (i.e. ethical practice, cultural competency).

Notes on Core Unit 1 and 2: see Level 1 comment above.

Notes on Core Unit 3 and 4: see Level 1 comment above.

Notes on Domain 2 Optional Units

The optional units in Domain 2 of the AHRG Education Framework cover practice in specific service delivery strategies common in rural and remote areas including telehealth, delegation and skill sharing. The focus of the units is on equipping the rural generalist trainee with the capabilities to provide their clinical services in the model that is used (or is being developed) by their team. This does not include training in the specific clinical tasks (which is the topic of Domain 3 and 4) but is about developing knowledge and skills to practice using rural and remote service delivery models and strategies, safety and governance requirements, quality management and monitoring, task and client selection for the model, and interface with other services or team members (particularly for skill sharing and delegation). The units may provide information to support the service development project output in Domain 1, or may assist the trainee to work in the team's existing service model.

The trainee should undertake learning in whichever service delivery strategies are relevant to their practice.

Level 1

The Level 1 rural generalist trainee will apply learning through:

- **actively participating** in activities required to scope, develop (or review / revise), implement and evaluate the service model, and
- **implement with supervision and support** the service model in the context of their own practice.

Level 2

The Level 2 rural generalist trainee will apply learning through:

- **leading with support or providing significant contribution** to the scoping, development (or review/revision), implementation and evaluation of the service model, and
- **implement with limited supervision/support** the service model in the context of their own practice.

Stage 3 project (social work and psychology)

The 2018 project examined if there were any conflicts between the existing AHRG Education Framework and the regulatory or professional standards for social work and psychology. No critical changes were recommended to the multi-professional content of Domain 2. The consultation did identify progression of terminology effecting Domain 2 Core unit 3, that was titled “cultural competence”. This core unit was amended in the April 2019 published revision to be title “cultural safety”.

Domain 2 Core Units

Domain 2 – Rural and Remote Practice – Core Unit		
	Level 1	**Level 2**
Service outcomes	• Development activities will support the team to achieve the following outcome/s: – Improved responsiveness to community needs, values, expectations and context (including cultural context), and health system drivers, strategy and policy. – Deliver high value healthcare in a rural or remote context that maximises outcomes measured by relevant health system performance indicators including equity, access, appropriateness, responsiveness, quality and sustainability.	• Development activities will support the team to achieve the following outcome/s**:** – Improved responsiveness of the local team to community needs, values, expectations and context (including cultural context), and health system drivers, strategy and policy. – Deliver high value healthcare in a rural or remote context that maximises outcomes measured by relevant health system performance indicators including equity, access, appropriateness, responsiveness, quality and sustainability.
Core unit 1: **Health care systems and rural service models**	**Development objectives** • Describe the broad structure of the health system and the role of government and non-government agencies in funding, commissioning and providing health services, particularly in rural and remote areas and describe one's own role in this system. • Apply knowledge of the health system, including layered responsibilities of local, state and national governance to describe implications for local service delivery. May include a specific focus on profession-specific areas e.g. Pharmaceutical Benefits Scheme for pharmacy; housing for occupational therapy. • Describe and identify local examples of how inter-sectoral relationships influence the delivery of health care in rural communities, e.g. private health, education, justice, business, social services. • Discuss the main forms of rural generalist service delivery models, and compare strengths and challenges of each.	**Development objectives** • Apply knowledge of key rural health service delivery models, strategies and policies to identify impacts and opportunities for the local service, and where relevant, propose recommendations to support service development or improvement (see Domain 1). • Apply knowledge of rural and remote health and health service strategic priorities of national, state or territory governments and organisations, to service planning and development, business plans. • Demonstrate an ability to draw on an understanding of the wider health system and relationship to the local context, to develop business/service models to address health needs. • Work collaboratively with providers in other services/agencies to progress rural and remote service priorities including working in partnership with local community stakeholders.

	• Explain the principles which underpin the successful implementation of rural generalist service models. • Describe the role and interaction between workforce groups in/with your service, e.g. medical, nursing, allied health, Indigenous Health Workers. **Sample activities/outputs** • Independent learning on rural and remote health needs and strategies for improving service access and health outcomes. • Review how the local health service and its governance, as well as other contributors to healthcare in the local area, are described in the broader healthcare context in service development/quality improvement and service planning documentation. • Identify the key interface points between own service and other agencies/services and the communication, governance, collaboration instruments that support integrated care. Detail examples of how the trainee supports these processes and reflect on challenges and solutions, successful strategies etc. • Reflective diary capturing personal roles, relationships, organisational networks and the impact of these on every day work and processes. • Examine how the local service is described within a wider inter-sectoral context, clearly articulating the inter-relationships between key stakeholders influencing your service delivery, for instance education, local government, the judicial system and disability services.	• Integrate awareness of rural and remote health service models, including inter-agency responsibilities, into service development and planning activities (see Domain 1). **Sample activities/outputs** • Review and develop the service plan in consideration of rural service delivery models, strategies and policy. • Demonstrate contributions to rural and remote health priority setting through participation in consultation processes (in organisation, profession, state-level, national consultations) or provide rural and remote engagement and input in broader consultations, projects or networks. • Critically review the role of the team/service in the context of rural and remote service strategies (national, state or territory, profession) and integrate relevant information into service plans, service development, change to business models etc. (e.g. public/ private partnerships, use of enhanced primary care payments or telehealth).
Core unit 2: **Primary health care** (Medical Imaging may substitute with a Domain 2 Optional unit)	**Development objectives** • Apply the principles and key features of primary health care (PHC), according to the World Health Organisation (WHO), in local service provision and planning. • Identify and describe local health prevention/promotion programs (primary, secondary, tertiary prevention) relevant to your service area.	**Development objectives** • Apply primary healthcare principles to enhance the service of own team +/- partnerships with other organisations, practitioners and community assets and/or integrate this focus into QI or Service Development strategies (see Domain 1).

	• Identify and describe the application of integrated care in the local service context. • Identify service partnerships relevant to the trainee's professional role that are likely to support local health prevention/promotion programs and/or integrated care across sectors/organisations. • Demonstrate integration of PHC principles into own service delivery (e.g. including "upstream" programs, interventions). **Sample activities/outputs** • Review one or more local health prevention/promotion programs against the WHO PHC principles. • Review available programs and service demands to identify gaps in primary care/health prevention strategies. • Contribute information and recommendations to support service planning and development strategies to enhance primary health care outcomes. • Explore the way that the primary health care principles are embedded within the local organisational strategy, vision and values and how these are operationalised. • Review existing partnerships, examining their governance structures, and identify ways to promote inter-service coordination of health service activities.	• Work collaboratively with partners to scope, implement and evaluate strategies that enhance integrated care between service providers/sectors. **Sample activities/outputs** • Lead (with support) or provide significant contribution to planning and implementation of primary health care initiative (of modest scope), possibly in collaboration with other organisations, practitioners and community assets. May include development or review of a PHC program offered by the team, or development of a more "upstream" approach to clinical service delivery. OR • Provide health service representation or other significant contribution to a primary health care initiative developed by another health or community service or community group including participating in working parties, managing internal (health team) consultations, or completing working group activities. • Activities for either option above include scoping, consultation with internal and external stakeholders and engagement planning, needs analysis, planning strategy and approvals, implementation and evaluation e.g. – develop recommendations for service planning to address gaps in primary healthcare care / health prevention strategies. – develop a plan to engage with community reference group and review primary health care initiatives.
Core unit 3: **Cultural safety**	**Development objectives** • Use local demographic/service information and knowledge provided by relevant cultural advisors to describe the cultural profile, norms, values and key reference groups of the community. • Discuss the needs of the community in terms of cultural specifics with other health professionals and cultural experts	**Development objectives** • Incorporate cultural safety principles into local service planning (Domain 1) in collaboration with senior staff and key cultural supports. • Action changes to service delivery to enhance cultural appropriateness and service outcomes.

	(e.g. health action team members, Indigenous Liaison Officers) to build a comprehensive picture of cultural needs. • Propose changes to own practice and team's service delivery to enhance cultural appropriateness and outcomes in collaboration with the community, and implement with guidance of senior staff and cultural experts. • Communicate effectively and in a culturally safe manner, using interpreters, key community contacts and networks as appropriate. **Sample activities / outputs** • Complete cultural safety training prescribed by the health service or community. • Review research evidence, guidelines, online resources relevant to cross-cultural practice and cultural competencies, and reflect on findings in the context of own service. • Reflective diary to document issues, tensions and personal learning regarding cultural competence. • Resource amendment/development to support culturally safe and appropriate practice. • Case report demonstrating implementation of cultural safety principles or cultural support systems e.g. interpreters.	• Identify and utilise resources available to support culturally appropriate and safe service delivery, and identify resource gaps (including the wider policy context to support this). **Sample activities/outputs** • Profile of community health needs relevant to service and cross-cultural principles incorporated into the service plan. • Participate and reflect on participation in reference groups or networks that contribute cultural advice in healthcare planning at a local or regional level. • Work place instructions reviewed in collaboration with the team and community reference group to reflect changes to enhance cultural appropriateness and service outcomes. • Review clinical resources (e.g. client / carer information) for cultural appropriateness including management of the review process, consultation and collaboration with content experts, and approvals.
Core unit 4: **Community engagement**	**Development objectives** • Identify community groups, including key reference groups, organisations and other community assets (e.g. ovals, walking or bike tracks) relevant to service provision, and describe their roles. • Explain the mechanisms for community engagement in service planning and delivery. • Contribute recommendations for appropriate and relevant community engagement mechanisms for your local service, and implement modest changes in collaboration with the manager and team.	**Development objectives** • Develop consultation and facilitation skills to support community engagement • Initiate and/or lead (or provide significant contribution to) effective community engagement activities (such as in relation to service changes linked to Domain 1 activities) • Develop clear description of community needs in relation to a specific service area (i.e. narrow focus on a portion of own/team practice) or contribute to broader community needs analysis process and integrate information into planning (e.g. Domain 1 activities).

	• Participate in existing service/facility community engagement activities. **Sample activities/outputs** • Completed profile of community groups, organisations, practitioners and other assets relevant to the service. • Reflective diary to capture learnings about the engagement processes in the local health service. • Participate and reflect on existing service/facility community engagement activities • Proposal for appropriate community engagement prepared for managers or senior staff.	**Sample activities/outputs** • Lead with support, or provide significant contribution to engagement with key community members e.g. in relation to specific service development initiatives (see Domain 1). • Community needs assessment process (of modest scope) in relation to a specific service requirement (i.e. specific area of service delivery/development relevant to own profession/work unit) completed in close collaboration with senior staff. • Training for group facilitation/community engagement and consultation skills. • Community engagement initiative/activity completed, including reporting and feedback cycles to relevant stakeholders.
Core unit 5: **Ethical practice**	**Development objectives** • Describe challenges to professional and ethical standards common to rural and remote settings and demonstrate application of appropriate ethical practice standards/principles. • Understand the process for raising ethical concerns in the workplace. **Sample activities/outputs** • Reflective diary to capture personal challenges and learning regarding ethical practice and issues in rural and remote settings. • Identify ethical challenges common in rural and remote areas, reflect on their relevance to own practice and propose strategies to manage these. • Case based discussions/activities that apply own profession and organisation's Code of Ethics/Conduct including reflections on outcomes, improvements or changes for next time etc.	**Development objectives** • Design/revise processes to promote adherence to ethical and professional practice standards for self and any subordinate staff and students. **Sample activities/outputs** • Review workplace instructions/resources for staff and student orientation to ensure compliance with ethical and professional practice standards. • Deliver an overview of professional practice standards to staff and students. • Participate in ethical standards of practice activities at the service level, e.g. research ethics committee, incident review, performance management.

Domain 2 Optional Units

<table>
<tr><th colspan="3">Domain 2 – Rural and Remote Practice: Optional Units</th></tr>
<tr><th></th><th>Level 1</th><th>Level 2</th></tr>
<tr><td>Service outcomes
(Level 1 and 2)</td><td colspan="2">Development activities will support the team to achieve the following outcome/s:
A safe, effective and efficient service model is implemented that integrates rural generalist service delivery strategies. This will include:
Service delivery strategy is scoped, developed, approved and implemented (for a new service development, or reviewed/ revised for an existing service model).
Governance and operational supporting systems implemented in accordance with relevant organisational policy, legal and regulatory frameworks.
Training and competency assessment processes implemented as relevant to the service model e.g.
for telehealth: all relevant staff are trained in the use of devices, peripherals, applications etc.
for skill sharing and delegation: Clinical Task Instructions (CTIs) are acquired, or developed and validated, and approved for local implementation.
for advanced (complex) practice or extended scope: training program including assessment requirements are identified, service model including the practice is approved.
If relevant, credentialing and defining scope of clinical practice process implemented
(NOTE: not all scopes of practice will require formal credentialing e.g. many skill sharing tasks are low complexity/low risk and may be implemented without a review being conducted beyond the team's operational and professional management structure).
Evaluation, monitoring and reporting processes implemented.</td></tr>
<tr><td>Optional unit 1:
Telehealth</td><td>Development objectives
Compare and contrast telehealth health service delivery models, differentiating key elements that would inform local application.
Identify benefits, risks, risk management strategies, and challenges of telehealth approaches to inform decision-making regarding context-specific relative value/benefit of telehealth approaches.</td><td>Development objectives
Apply knowledge of service demands, evidence-based telehealth models and service development principles to
review the team's current telehealth services to scope and implement improvements/expansion,
OR
identify opportunities to improve service outcomes through implementation of telehealth services, including funding and workforce requirements.</td></tr>
</table>

Domain 2 – Rural and Remote Practice: Optional Units		
	Level 1	**Level 2**
	• Identify/review the model of telehealth service delivery most appropriate to the local setting and in line with the organisational strategy and ethical principles. • Examine/review operational processes related to telehealth implementation (scheduling, funding, data capture and reporting) to optimise operational efficiency of a current or proposed telehealth-supported service. • Describe task, session and practice adaptation requirements for the implementation of telehealth in relation to own caseload. • Implement (with support as required) training of recipient site staff in telehealth clinical support activities (shared care, delegation) NOTE: implementation of major review or service development should align to Domain 1 QI/Service Development projects respectively. **Sample activities/outputs** • Complete training in telehealth service delivery, technology and operations. • Review guidelines and resources on the use of telehealth relevant to the service setting. • Contribute to the introduction or review of telehealth service delivery models to enhance client access/outcomes. • Case report or peer review (or similar) demonstrating appropriate, safe and effective client selection, session selection, task selection /adaptation and evaluation of the use of telehealth in own practice. • Case report, audit or peer review (or similar) demonstrating use/ review of scheduling, client information collection, collaborative practice requirements and compliance with	• Apply service re-design principles to support telehealth implementation • Review and adapt clinical tasks or program for delivery via telehealth, including comprehensive risk assessment and implementation of safety and quality measures. • Scope feasibility, barriers and solutions to implement telehealth (e.g. data speeds, technology access, workforce and consumer IT literacy/confidence, resource availability). NOTE: implementation of major review or service development should align to Domain 1 QI/Service Development projects respectively. **Sample activities/outputs** • Lead a service development project focussed on the review/ development, implementation and evaluation of telehealth services. • Develop a business model to underpin a telehealth service delivery program. • Establish appropriate partnership arrangements to facilitate innovative telehealth solutions to benefit clients (e.g. with tertiary centres, specialist practitioners or other local agencies like GP surgeries). • Develop an ongoing evaluation process to ensure the service continues to meet community requirements. • Disseminate information and outputs of successful telehealth models in order to support uptake by other teams and reduce duplication of development work. • Case report or peer review (or similar) demonstrating appropriate, safe and effective client selection, session selection, task selection /adaptation and evaluation of the implementation of telehealth in own practice, and contribution to peer review for other staff (where relevant).

Domain 2 – Rural and Remote Practice: Optional Units		
	Level 1	**Level 2**
	safety and governance processes/procedures for telehealth implementation in relation to own practice.	• Case report, audit or peer review (or similar) demonstrating use/ review of scheduling, client information, collaborative practice requirements and compliance with safety and governance processes/procedures for telehealth implementation in relation to own practice, and contribution to peer review for other staff (where relevant).
Optional unit 2: **Delegation** (clinical support workers e.g. allied health assistants)	**Note on Optional Unit 2:** An education program developed using the AHRG Education Framework should allow the rural generalist trainee to contextualise the content to the form of support worker relevant to the profession e.g. Allied Health Assistant (AHA), Pharmacy Assistant. Radiographers working with licensed X-ray Operators should also be included in this unit. X-ray operators do not work under a delegation framework but many of the requirements including training, supervision/quality monitoring, support and governance are similar to delegation.	
	Development objectives • Describe the role and principles that underpin delegation within the organisational accountability framework i.e. who is responsible for what, and how does this fit within the organisational quality and safety framework? • Describe delegated service models within own service/profession and identify opportunities to implement/improve delegation in the local team. • Describe and apply delegation frameworks (including Clinical Task Instruction workbooks) to ensure delegation is undertaken effectively and safely and in accordance with relevant quality and safety and regulatory frameworks. • Provide appropriate communication and supervision when working in delegated practice models. • Contribute to quality and safety monitoring and risk management processes for delegated practice areas. • Describe current education and training status of clinical support workers and where applicable, equipment and resources available at remote sites.	**Development objectives** • Apply knowledge of service demands, evidence-based delegation models and service development principles to: – review the team's current delegated practice to scope and implement improvements/expansion OR – identify opportunities to improve service outcomes through implementation of delegated practice. • Apply service re-design principles to support quality delegation practice implementation/expansion in the team in accordance with relevant quality and safety and regulatory frameworks. • Lead with support the organisation of assistant education and training in relevant clinical tasks/areas. • Lead with support or provide significant contribution to quality and safety monitoring and risk management processes for delegated practice areas. • Provide professional supervision for assistants (see Domain 1: Education and Supervision).

Domain 2 – Rural and Remote Practice: Optional Units		
	Level 1	**Level 2**
	• Contribute to/Provide support and training for support workers including competency assessment where relevant. NOTE: implementation of major review or service development should align to Domain 1 QI/Service Development projects respectively. **Sample activities/outputs** • Complete delegation training. • Reflective diary exploring the challenges/roles and learning from implementing delegation as part of service model and own practice. • Demonstrated ability to provide training and competency assessment (with support), delegation instruction, supervision and monitoring to assistants. • Review assistant training and competency records for currency. • Case report or peer review (or similar) demonstrating appropriate, safe and effective client selection, session selection, task selection /adaptation, delegation instruction and feedback process and evaluation of implementation of delegation in own practice. • Case report, audit or peer review (or similar) demonstrating use/ review of compliance with safety and governance processes/ procedures for delegation implementation in relation to own practice.	NOTE: implementation of major review or service development should align to Domain 1 QI/Service Development projects respectively. **Sample activities/outputs** • Lead a service development project focussed on review/ development, implementation and evaluation of delegation to support service delivery. • Delegation framework implemented in team including identification of tasks, management of training and competency assessment, process for delegation, monitoring and supervision of clinical tasks; risk management and evaluation of the delegation model. • Assistant training and education conducted in conjunction with colleagues. • Disseminate information and outputs of successful delegation models in order to support uptake by other teams and reduce duplication of development work. • Case report or peer review (or similar) demonstrating appropriate, safe and effective client selection, session selection, task selection /adaptation, delegation instruction and feedback process and evaluation of delegation in own practice, and contribution to peer review for other staff (where relevant). • Case report, audit or peer review (or similar) demonstrating use/ review of compliance with safety and governance processes/ procedures for delegation implementation in relation to own practice, and contribution to peer review for other staff (where relevant).
Optional unit 3: **Skill sharing**	**Notes on Level 1 Optional Unit 3:** For Level 1, the rural generalist trainee is likely to be limited to skill sharing of low to medium complexity tasks (with or without telehealth support). The rural generalist trainee may also provide	**Notes on Level 2 Optional Unit 3:** For Level 2, the rural generalist trainee may develop capacity to deliver skill shared tasks with more complex knowledge and skill requirements. The rural generalist trainee may also provide training

Domain 2 – Rural and Remote Practice: Optional Units		
	Level 1	**Level 2**
	training and competency assessment for other staff in skill shared tasks (with support); and contribute to governance of skill sharing from the perspective of their own profession.	and competency assessment for other staff in skill shared tasks; and may lead (with support) the governance monitoring of skill sharing from the perspective of their own profession and/or clinical area.
	Development objectives • Understand concepts in relation to advanced / extended scope roles, complex and shared practices and skill sharing, identify examples relevant to own professions and other professions and review key governance documents relevant to the organisation and profession. • Describe relevant processes to implement change to the scope of skill sharing clinical practice including safety, quality and governance processes and compare/contrast with best practice guidelines. • Participate in team development/revision of the scope of practice for clinical roles (e.g. primary contact, skill sharing) that comply with relevant safety and quality, legal and regulatory frameworks. Skill sharing: • Describe and apply the skill sharing framework to ensure safety and effectiveness. • Contribute to quality and safety/risk monitoring processes for skill shared tasks. • Contribute to the implementation of training, monitoring and governance processes, including communication/ collaborative practice requirements, associated with a skill sharing model. • Contribute to embedding change in practice. • Identify other health professionals who may be impacted by changes to professional scope and describe how impact may be managed.	**Development objectives** • Apply knowledge of service demands, evidence-based practice models and service development principles to: – review the team's current scope of practice in order to implement improvements/expansion which comply with relevant safety and quality, legal and regulatory frameworks OR – identify opportunities to improve service outcomes through increasing/ changing scope of practice. • Apply knowledge of service models, organisational dynamics and structures to collaboratively scope and develop an implementation plan for advanced / extended scope of practice roles/functions. • Apply service re-design principles to lead or provide significant contribution to the implementation/broadening of an advanced / extended scope of practice model in the team (with support of senior staff). NOTE: implementation of major review or service development should align to Domain 1 QI/Service Development projects respectively. **Sample activities/outputs** • Scope, develop and (if appropriate) propose evidence-based changes to scope of practice models to meet service delivery demands.

Domain 2 – Rural and Remote Practice: Optional Units		
	Level 1	**Level 2**
	NOTE: implementation of major review or service development should align to Domain 1 QI/Service Development projects respectively. **Sample activities/outputs** • Reflective diary of learning, challenges, risks and responsibilities associated with advanced / extended role, including organisational dynamics, and practical challenges. • Participate in implementation or review of supporting systems that support skill sharing (e.g. clinical governance, training and evaluation). • Review own/team's compliance with skill sharing governance processes. • Case report or peer review (or similar) demonstrating appropriate, safe and effective client selection, session selection, task selection /adaptation, peer support sourcing, management of limits of own scope, and implementation and evaluation of skill sharing in own practice. • Case report, audit or peer review (or similar) demonstrating use/ review of compliance with safety and governance processes/ procedures for skill sharing implementation in relation to own practice.	• Lead with support or provide significant contribution to the implementation or review of supporting systems (e.g. clinical governance, training and evaluation) required to support the new skill share model of care. • Develop an ongoing evaluation plan to review the skill sharing scope of practice model as applied to the local service. • Disseminate information and outputs of successful skill sharing models in order to support uptake by other teams and reduce duplication of development work. • Case report or peer review (or similar) demonstrating appropriate, safe and effective client selection, session selection, task selection/adaptation, peer support sourcing, management of limits of own scope, and implementation and evaluation of skill sharing in own practice, and contribution to peer review for other staff (where relevant – skill sharing). • Case report, audit or peer review (or similar) demonstrating use/ review of compliance with safety and governance processes/ procedures for skill sharing scope implementation in relation to own practice, and contribution to peer review for other staff (where relevant – skill sharing).
Optional unit 4: **Partnerships and new services**	**Notes on Optional Unit 4 (Level 1 and 2):** This unit supports the rural generalist trainee to engage in the development and implementation of a new service model or review/ revision and implementation of an existing model that use partnerships to bring "care closer to home" for rural and remote clients. This includes: • new/expanded partnership model with agencies in other sectors and • new/expanded clinical services through partnerships and collaborative practice with tertiary referral services (moving services previously provided in larger centres into the rural / remote service).	

Domain 2 – Rural and Remote Practice: Optional Units		
	Level 1	Level 2
	Development objectives • Describe models of rural generalist service partnerships relevant to own team/service (e.g. partnerships, working with hub/larger centres, emerging models) and identify opportunities for implementation or further development. • Contribute to the implementation of training, monitoring and governance processes for the rural generalist services, including communication/collaborative practice requirements with service partners. **Sample activities / outputs** • Reflective diary to capture learning about local implementation of rural generalist service delivery approaches. • Participate in the development, implementation or review of a rural generalist service model (e.g. inter-agency governance, training and evaluation). • Review own compliance with agreed service roles and responsibilities of partners. • Undertake formal or work-based training (whichever level is appropriate to the model) to allow safe and effective implementation of the service partnership. • Case report or peer review (or similar) demonstrating appropriate, safe and effective client selection, session selection, task selection /adaptation, peer support sourcing, management of limits of own scope, and implementation and evaluation of rural generalist service model in own practice.	**Development objectives** • Apply knowledge of service demands, evidence-based rural generalist partnership models and service development principles to: – review the team's current model/s in order to identify and implement improvements/expansion, OR – identify opportunities to improve service outcomes through implementation of rural generalist service model/s. • Apply service re-design principles to lead with support or provide significant contribution to the implementation/expansion of rural generalist service model/s (in collaboration with senior staff). **Sample activities/outputs** • Rural generalist service delivery model is implemented/reviewed/ expanded. • Clearly delineate the roles, responsibilities and reporting requirements of service partners in delivery local service. • Develop local training/in-service program to support partners in best practice service delivery. • Develop/implement supervision program to support partners providing local service delivery. • Undertake formal or work-based training (whichever level is appropriate to the model) to allow safe and effective implementation of the service partnership. • Case report or peer review (or similar) demonstrating appropriate, safe and effective client selection, session

Domain 2 – Rural and Remote Practice: Optional Units		
	Level 1	**Level 2**
	• Case report, audit or peer review (or similar) demonstrating use/ review of compliance with safety and governance processes/ procedures for rural generalist service implementation in relation to own practice.	selection, task selection /adaptation, peer support sourcing, management of limits of own scope, and implementation and evaluation of rural generalist service model in own practice. • Case report, audit or peer review (or similar) demonstrating use/ review of compliance with safety and governance processes/ procedures for rural generalist service implementation in relation to own practice, and contribution to peer review for other staff (where relevant).

Appendix 3: Allied Health Rural Generalist Education Framework Domain 3

Generalist clinical practice

The generalist clinical practice section of the AHRG Education Framework is presented separately for each profession. Rural generalist roles will provide services to client groups across the lifespan and continuum of care, and with a large range of clinical conditions. The health professional requires a broad scope of clinical capabilities to deliver the service. The core clinical practice unit covers the most common clinical capabilities required of rural generalist trainees in the relevant profession.

The focus at Level 1 is applying, consolidating and extending upon entry-level clinical skills, knowledge and capabilities. The clinician will be developing their capacity to manage increasingly complex case with the support of a professional supervisor and other senior colleagues.

The focus of Level 2 is the further development of skills, knowledge and capabilities in order to manage the full generalist caseload, including complex cases, with a high level of independence and competence.

Clinical focus areas relate to management of specific client groups or categories of clinical presentations. Although common to many rural generalist roles, these units have some service specificity. Clinical focus areas should be selected that align to health needs of the local community and service model of the team.

Domain 3 - Generalist clinical practice (All professions)		
	Level 1	**Level 2**
Service outcomes	• Development activities will support the team to achieve the following service outcome/s: – Safe and effective clinical service delivery, with the support of senior professionals where relevant. – Delivery of clinical services in line with community health care needs.	• Development activities will support the team to achieve the following service outcome/s: – Safe and effective clinical service delivery, including management of an increasingly complex caseload with limited support. – Delivery of clinical services in line with community health care needs.

Exercise Physiology

Domain 3 - Generalist clinical practice (Exercise Physiology)		
	Level 1	**Level 2**
Core clinical practice – exercise physiology	**Development objectives** Consolidate, apply and extend on entry level knowledge, skills and abilities in practice and further develop key clinical capabilities required by the local service. Clinicians will be able to perform the following: • Assess movement capacity and health status in people of all ages and across the full health spectrum including readiness to participate in an exercise and/or activity intervention. • Develop safe, effective (evidence based) individualised exercise interventions to improve health and wellbeing for clients at risk of developing a chronic condition or injury, recovering from an injury (acute, sub-acute or surgical) or with chronic and complex medical condition/s or injuries. • Integrate the client's personal context into exercise interventions to improve program outcomes by including culture and gender preference e.g. Aboriginal and Torres Strait Islander, LGBTIQ, CALD, migrant and refugee populations. • Measure and monitor exercise responses and performance using subjective information, observation, physiological measurement and validated outcome measures. • Use clinical reasoning to ensure the ongoing safety and appropriateness of the prescribed exercise intervention, including devising innovative solutions for unique and infrequent presentations and/or in the absence of readily available resources/specialized equipment.	**Development objectives** • Demonstrate independent decision-making capability in increasingly complex situations. • Demonstrate exercise prescription consistent with evidence informed exercise guidelines and resources relevant to the specific needs of the clients in the rural and remote setting e.g. ESSA position statements, Heart Foundation, Lung Foundation Australia, Renal Society of Australia, Australian Indigenous Health InfoNet etc • Demonstrate capacity to effectively communicate advice and recommendations on the scope of the profession within new and established service models. • Meet the level 3 performance indicators of the National Common Health Capability Resource (NCHCR) Activity group 1.1: Performing healthcare activities. • Implement integrated care and collaborative practice with local and distantly located health professionals within and across organizations and support networks. **Sample activities/outputs** • Provision of safe, effective and evidence-based exercise physiology services for people with routine and more complex conditions living in the local community. • Implement referral options/pathways to support practice delivery.

Domain 3 - Generalist clinical practice (Exercise Physiology)		
	Level 1	**Level 2**
	• Support safe exercise by applying client action plans and criteria-based escalation processes for management and prevention of adverse events in the local environment. • Provide education, advice and support to enhance general health and wellbeing through self-management of healthy behaviours including facilitating access to community based physical activity programs for self-management and/or referral for other health conditions. **Sample activities/outputs** • Provision of safe, effective and evidence-based exercise physiology services appropriate to the local service/ community context. • Identification of available local and more distant or remote referral options/pathways that may support practice delivery.	
Clinical focus area 1: **Prevention and self-management**	**Development objectives** • Complete assessment and planning for disease specific self-management of health conditions to prevent disability or injury. • Develop care plans and case management strategies where indicated. • Implement measurement and monitoring processes relevant to the client/client population and engage the client in their own care. • Consider local community assets that might contribute usefully to preventative health and self-management regimes.	**Development objectives** • Apply current evidence and chronic disease self-management principles to local program development. • Evaluate effectiveness of current programs and develop and action recommendations for improvement. • Apply motivational interviewing skills and confidently implement a range of brief interventions relevant to people in the local community. • Assess the feasibility of peer led management groups and develop where feasible. • Demonstrate integration of chronic disease management principles and resources into own clinical practice e.g.

Domain 3 - Generalist clinical practice (Exercise Physiology)		
	Level 1	**Level 2**
	• Identify specific conditions and/or client cohorts that would benefit from improved access to exercise interventions e.g. paediatric, frail aged, post-partum women. **Sample activities/outputs** • Biannual audit of care plans for clients with chronic diseases. • Scoping and development of an 'upstream' approach to a relevant health problem. • Review community assets that might be useful in supporting preventative health and self-management regimes. • Review collaborative approaches and identify any gaps in practice for exercise integration into service activities e.g. pain service, diabetes team, child health centre, residential aged care facilities etc.	smoking cessation clinical pathway, brief interventions for a healthy lifestyle. • Collaborate with local councils and other community organisations to identify, develop and promote local community assets that might contribute usefully to preventive health and self-management regimes. **Sample activities/outputs** • Chronic disease programs revised with recommendations within the scope of the health professional implemented. • Development, implementation and evaluation of an 'upstream' approach to a relevant health problem. • Identify, develop and promote use of community assets that might be useful in supporting preventive health and self-management regimes.
Clinical focus area 2: **Subacute care/ step-down rehabilitation**	**Development objectives** • Conduct comprehensive assessments of clients with chronic conditions and/or rehabilitation needs including cardiorespiratory, neurological, orthopaedic, pain, metabolic condition/s and/or age-related conditions/illnesses within the service level capabilities of the local health service. • Develop and deliver evidence-based exercise rehabilitation programs. • Develop and promote increased participation in home and group programs for longer term sustainment (e.g. community walking groups), including referral as appropriate.	**Development objectives** • Independently manage increasingly complex rehabilitation presentations and effectively collaborate with specialised rehabilitation services though establishing and expanding protocols and networks. • Develop and implement a rehabilitation exercise program that addresses identified goals in exercise capacity and function e.g. musculoskeletal, stroke, cardiopulmonary, renal etc. • Demonstrate an increased depth of knowledge of the pathophysiology of conditions that can benefit from exercise rehabilitation e.g. liver disease, osteoporosis. • Provide evidence of improved access to exercise rehabilitation clinical services for more complex conditions and/or

Domain 3 - Generalist clinical practice (Exercise Physiology)		
	Level 1	**Level 2**
	Sample activities/outputs • Contribute exercise physiology knowledge and skills to increase the proportion of adults receiving rehabilitation for non-complex conditions closer to home. • Contribute to the development and implementation of a rehabilitation program bringing exercise physiology expertise to increase exercise capacity and function. • Review the referrals for rehabilitation services and identify gaps in service delivery.	infrequent presentations closer to home e.g. cancer, gastrointestinal, spinal cord injury etc. • Demonstrate application of rehabilitation clinical knowledge through the development or review of treatment procedures / protocols and modes of service delivery. • Establish referral pathways and partnerships, as appropriate, to longer term sustainment programs (e.g. walking groups). **Sample activities/outputs** • Increased proportion of clients requiring exercise rehabilitation for more complex conditions receiving care closer to home. • Collaborative rehabilitation treatment procedures/protocols developed. • Develop programs that addresses gap in local exercise rehabilitation service delivery. • Advocate for innovative step-down programs, involving referral to longer term community-based sustainment programs.
Clinical focus area 3: **Mental health across the lifespan** (Note: This CFA primarily applies to rural generalists working in a	**Development objectives** • Support clients with mental health and problematic substance use conditions to aid their recovery and strengths-based goals for increased activity and/or an exercise program. • Work collaboratively with the client's multi-disciplinary team and local care/service providers to achieve the client's activity/exercise goals as part of their recovery plan. • Apply knowledge of relevant mental health legislation, the client's own mental health risk recovery plan and the mental	**Development objectives** • Independently manage activity and exercise prescription for increasingly complex presentations of mental illness such as those that occur less frequently, with higher risk, have significant comorbidities and/or program modifications. • Effectively collaborate with the multidisciplinary team (where required) through establishing and expanding networks and/or use of protocols, validated mental health assessment tools and therapy practices.

Domain 3 - Generalist clinical practice (Exercise Physiology)		
	Level 1	**Level 2**
mental health/ drug and alcohol service but elements may be relevant to other settings)	health systems and procedures to support activity and exercise adherence. • Adapt and modify physical activities/program for clients experiencing challenges related to cognition, mood, motivation and/or pharmacological side effects, to improve exercise safety, effectiveness, adherence and outcomes. • Educate clients, carers and the multidisciplinary team on the neuroscience for the benefits of exercise and activity including reducing symptoms of anxiety and depression, improving self-esteem, general health and well being . **Sample activities / outputs** • Collaborative development of individualised recovery plans with people diagnosed and living with a mental illness that include exercise goals. • Evidence of the inclusion of defined and relevant exercise activities to support the recovery of the client living with a mental health presentation.	• Demonstrate an increased depth of knowledge of the application of exercise in mental health settings including the use of evidence-informed therapeutic interventions relevant to the mental health needs of clients (for example cognitive behavioural therapy, dialectical behavioural therapy. • Provide evidence of improved access to exercise services for clients with mental health conditions. • Demonstrate application of rehabilitation clinical knowledge through the development or review of treatment procedures / protocols and modes of service delivery. **Sample activities / outputs** • Increased proportion of clinical assessments collaboratively developed that include evidence-informed exercise intervention plans for and participation by, clients diagnosed with complex mental health disorders.

Nutrition & Dietetics

Domain 3 - Generalist clinical practice (Nutrition & Dietetics)		
	Level 1	**Level 2**
Core clinical practice – nutrition and dietetics	**Development objectives** Consolidation, apply and extend on entry level knowledge skills and abilities in practice and further develop key clinical capabilities required by the local service. Clinicians will be able to perform the following: • Obtain a clinical history that reflects contextual issues including presenting problems, epidemiology, culture and geographic location. • Use dietetic equipment as required for further assessment and/or interpretation of findings. • Perform a client-focused nutrition and dietetics assessment relevant to clinical history and risks, epidemiology and cultural context. • Communicate finding of assessment effectively and sensitively to the client/carer, and to the referring health professional (where relevant). • Formulate management plans in collaboration with the client/carer, judiciously applying best evidence and advice of expert colleagues. • Manage uncertainty and the need to evaluate the risks versus the benefits of clinical decisions. • Refer, facilitate and coordinate access to medical, diagnostic and other allied health and social support services. • Provide and/or arrange follow-up and continuing care (where relevant). • Apply a population health approach that is relevant to caseload and service/team context.	**Development objectives** • Demonstrate independent decision-making capability in increasingly complex situations. • Demonstrate capacity to assertively communicate advice and recommendations within the scope of the profession. • Meet the level 3 performance indicators of the National Common Health Capability Resource (NCHCR) Activity group 1.1: Performing healthcare activities. **Sample activities/outputs** • Provision of safe, effective and evidence-based nutrition and dietetic services for routine and more complex conditions.

Domain 3 - Generalist clinical practice (Nutrition & Dietetics)		
	Level 1	**Level 2**
	• Perform general, client-related documentation requirements consistent with professional and organisational standards. • Manage a clinical caseload effectively and efficiently including demonstrating good time management. **Sample activities/outputs** • Provision of safe, effective, efficient and evidence-based nutrition and dietetic services appropriate to the local service/community context.	
Clinical focus area 1: **Paediatrics**	**Development objectives** • Perform general dietetic assessment of children including anthropometric measurement, use of relevant growth charts or standardised tools. • Formulate management plans in collaboration with paediatric clients/carers for common presentations such as failure to thrive, food allergy/intolerance, weight management, fussy eating. • Identify and obtain advice from experienced paediatric dietitians on the management of more complex cases. **Sample activities/outputs** • Increased proportion of children receiving dietetic assessment and intervention for non-complex conditions as close to home as possible for the client and family.	**Development objectives** • Independently manage increasingly complex paediatric presentations and effectively collaborate with specialised paediatric services though establishing networks and protocols. **Sample activities/outputs** • Increased proportion of children receiving dietetic assessment/ intervention for more complex conditions as close to home as possible for the client and family. • Paediatric treatment procedures/protocols developed.
Clinical focus area 2: **Food service management**	**Development objectives** • Identify and describe food service delivery and management systems within the service.	**Development objectives** • Lead effective engagement with local stakeholders to support improvements to food service delivery and management systems and processes.

Domain 3 - Generalist clinical practice (Nutrition & Dietetics)		
	Level 1	**Level 2**
	• Assess performance of food service delivery and management systems against relevant nutritional and food safety standards. • Identify strategies to improve food service delivery and management systems and processes to ensure optimal nutritional outcomes for clients, and assist in their implementation. • Address issues identified as part of client/stakeholder feedback. **Sample activities/outputs** • Improvement strategies identified and implemented. • Gap analysis completed for inpatient food service (if relevant).	• Lead strategies to improve food service delivery and management systems and processes, and effectively monitor, evaluate and report on outcomes. **Sample activities/outputs** • Food service systems meet client needs and operate in line with nutritional and food safety standards.
Clinical focus area 3: **Diabetes management**	**Development objectives** • Provide evidence-based dietetic intervention for clients with: – Type 1 diabetes – Type 2 diabetes (insulin dependent, non-insulin dependent) – Gestational diabetes – Complications of diabetes • Support efforts/initiatives aimed at preventing diabetes in the local community. • Work effectively with other service providers to ensure holistic, client-centred care is provided to clients with diabetes.	**Development objectives** • Independently manage increasingly complex diabetic presentations and effectively collaborate with specialised services (where required) though the establishment of networks and protocols. **Sample activities / outputs** • Increased proportion of clients with diabetes receiving dietetic assessment/intervention for more complex conditions as close to home as possible for the client and family. • Diabetes treatment procedures/protocols developed.

Domain 3 - Generalist clinical practice (Nutrition & Dietetics)		
	Level 1	**Level 2**
	Sample activities/outputs • Increase access to evidence-based dietetic care for a client with diabetes as close to home as possible for the client and family.	
Clinical focus area 4: **Prevention and self-management**	**Development objectives** • Complete assessment and planning for disease specific management. • Develop care plans and case management strategies where indicated. • Implement measurement and monitoring processes relevant to the client/clinical population and engage the client in their own care. **Sample activities / outputs** • Biannual audit of care plans for clients with chronic disease completed. • Scoping and development of an 'upstream' approach to a relevant health problem.	**Development objectives** • Apply current evidence and chronic disease self-management principles to local program development. • Evaluate effectiveness of current programs and develop recommendations for improvement. • Apply motivational interviewing skills and confidently implement a range of brief interventions relevant to people in the local community. • Assess the feasibility of peer led management groups and develop where feasible. • Demonstrate integration of chronic disease management principles into own clinical practice. **Sample activities/outputs** • Chronic disease programs revised with recommendations within the scope of the health professional implemented. • Development and implementation of an 'upstream' approach to a relevant health problem.

Occupational Therapy

Domain 3 - Generalist clinical practice (Occupational Therapy)		
	Level 1	**Level 2**
Core clinical practice – occupational therapy	**Development objectives** Consolidation, application and extension of entry level knowledge skills and abilities in practice and further development of key clinical capabilities required by the local service. Clinicians will be able to perform the following: • Adopt a client-centred approach to practice. • Practice in a culturally safe professional manner, meeting ethical and legal responsibilities. • Promote and facilitate occupation through the application of professional knowledge, skills, attitudes and evidence appropriate to the practice context. • Incorporate the best available research evidence and professional reasoning into occupational therapy practice. • Perform a relevant, comprehensive, assessment of occupational performance through obtaining a clinical history including the client's occupational profile that reflects contextual issues including presenting concerns/problems, epidemiology, culture and geographic location. • Use specialised occupational therapy clinical equipment as required for further assessment and interpret findings. • Engage in critical, collaborative, professional reasoning processes to determine priorities for intervention. • Communicate findings of clinical assessment effectively and sensitively to the client and/or carer. • Develop, communicate and implement an effective, efficient plan for occupational therapy intervention. • Effectively communicate with referrers.	**Development objectives** • Demonstrate independent decision-making capability in increasingly complex situations. • Demonstrate capacity to assertively communicate advice and recommendations within the scope of the profession. • Meet the level 3 performance indicators of the National Common Health Capability Resource (NCHCR) Activity group 1.1: Performing healthcare activities. **Sample activities/outputs** • Provision of safe, effective and evidence-based occupational therapy services for routine and more complex conditions.

Domain 3 - Generalist clinical practice (Occupational Therapy)		
	Level 1	**Level 2**
	• Demonstrate client-centredness in assessment, planning and intervention. Promote occupational performance and participation in the selection and implementation of intervention strategies and methods appropriate to the client and the working environment. • Formulate management plans in collaboration with the client and/or carer, applying best evidence and the advice of expert colleagues. • Manage uncertainty and the need to evaluate the risks versus the benefits of clinical decisions. • Refer, facilitate and coordinate access to medical, diagnostic and other allied health and social support services. • Provide and/or arrange follow-up and continuing care. • Apply a population health approach that is relevant to the clinical practice profile. • Share professional information responsibly. Document and report relevant aspects of service provision. • Utilise available community resources, facilities and services. • Recommend referral to other services where required. • Plan cessation/completion of services and effective handover. • Manage uncertainty and evaluate risks and benefits of clinical decisions. • Apply a population health approach that is relevant to the caseload and service/team context. • Perform general, client-related documentation requirements consistent with professional and organisational standards. • Manage a clinical caseload effectively and efficiently including demonstrating good time management.	

Domain 3 - Generalist clinical practice (Occupational Therapy)		
	Level 1	Level 2
	Sample activities/outputs • Provision of safe, effective, efficient and evidence-based occupational therapy services appropriate to the local service/ community context.	
Clinical focus area 1: **Paediatrics**	**Development objectives** • Undertake assessment of paediatric occupational performance such as overall developmental competence, self-regulation, play, school participation (including readiness, behaviours and performance), adjustment to illness, social interaction and play, sleeping, feeding, dressing, toileting. • Analyse task requirements and contributing personal, environmental and body structure and function contributors such as overall developmental competence, sensory preferences and processing, motor capabilities including fine motor skills and postural control, social and interactive skills, cognitive and perceptual skills, family context and supports, personality traits, other environmental contexts (e.g. physical environment and access). • Provide strategies and interventions which support best performance in occupations of childhood. This may include positioning (and splinting) for best performance, psychosocial strategies to support adjustment to illness, strategies to support independence in the classroom, behavioural toileting interventions, feeding interventions (sensory and behavioural), strategies to promote developmental competence in early intervention and infant development, strategies to support self-regulation and positive interactions with others. • Demonstrate an ability to engage with families and deliver family-centred interventions. • Demonstrate ability to respond to child protection concerns.	**Development objectives** • Independently manage increasingly complex paediatric presentations and effectively collaborate with specialised paediatric services though the establishing networks and protocols. • Demonstrate an increased depth of knowledge in paediatric occupational therapy practice. • Provide evidence of improved access (closer to home) to paediatric occupational therapy clinical services for more complex conditions. • Demonstrate application of paediatric occupational therapy clinical knowledge through the development or review of treatment programs. **Sample activities/outputs** • Increased proportion of children receiving occupational therapy assessment/intervention for more complex conditions closer to home. • Paediatric treatment procedures/protocols developed.

Domain 3 - Generalist clinical practice (Occupational Therapy)		
	Level 1	**Level 2**
	Sample activities/outputs • Increased proportion of children receiving occupational therapy assessment/intervention for non-complex conditions closer to home.	
Clinical focus area 2: **Oedema & Lymphoedema**	**Development objectives** • Assess and manage oedema and lymphoedema where the frequency of presentations requires this service. • Provide occupational therapy assessment and management of peripheral vascular disease, including measuring, sourcing and fitting pressure garments and providing oedema and lymphedema self-management programs. **Sample activities/outputs** • Increased proportion of clients with oedema/lymphoedema receiving occupational therapy for non-complex conditions closer to home.	**Development objectives** • Independently manage increasingly complex presentations and effectively collaborate with specialised oedema/lymphoedema services though establishing protocols and networks. • Demonstrate an increased depth of knowledge in the oedema/ lymphoedema occupational therapy. • Improve access to oedema/lymphoedema occupational therapy clinical services for more complex conditions closer to home. • Demonstrate application of oedema/lymphoedema occupational therapy clinical knowledge through the development or review of treatment procedures /protocols. **Sample activities/outputs** • Increased proportion of clients with oedema/lymphoedema receiving occupational therapy for more complex conditions closer to home. • Oedema/lymphoedema management and treatment procedures/ protocols developed.
Clinical focus area 3: **Hand therapy**	**Development objectives** • Perform an occupational performance and impairment assessment to determine the need for interventions or enablement strategies which could be used such as education	**Development objectives** • Independently manage increasingly complex presentations and effectively collaborate with specialised occupational

Domain 3 - Generalist clinical practice (Occupational Therapy)		
	Level 1	**Level 2**
	relating to self-management, energy conservation, conservative management and advice related to daily occupations. • Demonstrate theoretical knowledge and practical components of static and dynamic splinting. • Demonstrate knowledge of anatomical structures and landmarks of the upper extremity and for lower extremity for foot drop splints. • Demonstrate clinical applications of common splints (e.g. dynamic finger flexion splint, dynamic wrist splint, extension splint, thumb spica). • Recognise indications, precautions and contraindications for splinting of the upper extremity. • Understand mechanical properties required to fabricate splints (e.g. low temperature thermoplastic mobilization splints). • Demonstrate knowledge of outrigger and / or coil designs of mobilisation splints. • Demonstrate the ability to identify risks associated with hand therapy interventions such as poor fitting splints, incorrect advice regarding mobilisation, incorrect course of treatment / advice and seek advice and support for ongoing management from senior clinicians. • Complete an effective and evidence-based musculoskeletal assessments of the hand/upper extremity. • Provide the occupational therapy components of stretching and active and/or passive ROM exercises and upper limb strengthening exercise program. **Sample activities/outputs** • Increased proportion of clients receiving splinting for non-complex conditions closer to home.	therapy splinting services though establishing protocols and networks. • Develop client follow-up support and monitoring of meaningful return of function for the client. • Demonstrate an increased depth of knowledge in splinting within occupational therapy practice. • Provide evidence of improved access to occupational therapy splinting services for more complex conditions closer to home. • Demonstrate application of splinting clinical knowledge through the development or review of treatment procedures or protocols. • Develop a client education program appropriate to community and client needs. **Sample activities/outputs** • Increased proportion of clients receiving splinting for more complex conditions closer to home.

Domain 3 - Generalist clinical practice (Occupational Therapy)		
	Level 1	**Level 2**
Clinical focus area 4: **Rehabilitation**	**Development objectives** • Conduct comprehensive assessment of occupational performance and impairment of clients with neurological, orthopaedic and aged-related conditions consistent with local service level capabilities. • Develop and implement an occupational therapy rehabilitation program that addresses identified occupational performance concerns/deficits. • Assess for, fabricate and apply splints for neurological conditions. • Develop home programs and group programs. • Complete neurological assessment of mobility, movement and neuromuscular assessment of the upper body. • Provide therapy programs in functional task retraining for clients with neurological conditions. • Complete comprehensive pain assessment. • Assess and treat clients with neurological conditions in accordance with the National Stroke Guidelines. **Sample activities/outputs** • Increased proportion of adults receiving occupational therapy rehabilitation for non-complex conditions closer to home.	**Development objectives** • Independently manage increasingly complex rehabilitation presentations and effectively collaborate with specialised rehabilitation services though establishing protocols and networks. • Demonstrate an increased depth of knowledge of conditions requiring occupational therapy rehabilitation. • Provide evidence of improved access to rehabilitation occupational therapy clinical services for more complex conditions closer to home. • Demonstrate the application of rehabilitation clinical knowledge through the development or review of treatment procedures/ protocols. **Sample activities/outputs** • Increased proportion of clients requiring rehabilitation receiving occupational therapy for more complex conditions closer to home. • Rehabilitation treatment procedures/protocols developed.
Clinical focus area 5: **Home modification and equipment prescription**	**Development objectives** • Complete screening and/or comprehensive assessment of domestic and personal activities of daily living (ADL), the home environment, personal aide requirements (e.g. showering, toileting, grooming), home modifications (major and minor) and community safety (activities and practice).	**Development objectives** • Independently manage complex equipment prescription and home modifications, and effectively collaborate with specialised services though establishing protocols and networks. • Complete comprehensive assessments and make recommendations for complex home modifications in line with the National Standards.

Domain 3 - Generalist clinical practice (Occupational Therapy)		
	Level 1	**Level 2**
	• Complete comprehensive assessment of non-complex conditions for seating, wheel chair and power mobility aides (power wheelchair, scooter). • Prescribe and provide ADL and mobility equipment where indicated. • Provide functional training (e.g. personal and domestic ADL) and carer training. • Establish or maintain partnerships with local community agencies to ensure home modifications and equipment orders have been completed. **Sample activities/outputs** • Clients receiving occupational performance assessments to determine safety and suitability for participation in the home environment. • Evidence of safe discharge home and interventions that improve functional activities and occupational engagement of clients.	• Make recommendations for complex equipment prescription such as pressure care. • Demonstrate an increased depth of knowledge of home modifications and equipment prescription through the ability to apply latest evidence to assessment and development or review of protocols. • Provide evidence of improved access to occupational therapy clinical services for more complex conditions closer to home. • Assist and train carers with the use of complex equipment needed to maximize participation of the client in their home environment **Sample activities/outputs** • Increased proportion of clients receiving local assessment for complex home modifications and equipment prescription. • Home modification and equipment prescription treatment procedures/protocols developed.
Clinical focus area 6: **Prevention and self-management**	**Development objectives** • Complete assessment and planning for disease specific management. • Develop care plans and case management strategies where indicated. • Implement measurement and monitoring processes relevant to the client/client population and engage the client in their own care. **Sample activities/outputs** • Biannual audit of care plans for clients with chronic disease.	**Development objectives** • Apply current evidence and chronic disease self-management principles to local program development. • Evaluate effectiveness of current programs and develop recommendations for improvement. • Apply motivational interviewing skills and confidently implement a range of brief interventions relevant to people in the local community. • Assess the feasibility of peer-led management groups and develop where feasible and indicated. • Demonstrate integration of chronic disease management principles into own clinical practice.

Domain 3 - Generalist clinical practice (Occupational Therapy)		
	Level 1	**Level 2**
	• Scope and develop an 'upstream' approach to a relevant health problem.	**Sample activities/outputs** • Chronic disease programs revised with recommendations within the scope of the health professional implemented. • Develop and implement an 'upstream' approach to a relevant health problem.
Clinical focus area 7: **Mental health across the lifespan** (Note: This CFA primarily applies to rural generalists working in a mental health service but elements may be relevant to other settings)	**Development objectives** • Conduct comprehensive mental health assessments informed by a range of tools and contemporary theories and approaches, including a Mental State Examination and use of a biopsychosocial approach that considers the social determinants of health and trauma-informed and recovery practice. • Assess and manage multiple domains of risk including harm to self or others and child protection concerns. • Establish and maintain a therapeutic alliance with the client and their carer or family member(s) that is reflective of the socio-cultural needs of small rural and remote communities (for example, respectful and sensitive approach to dual relationships). • Apply knowledge of assessment methods including appropriate selection, administration and interpretation of occupational performance within the local mental health context. • Independently select, tailor and implement a range of evidence-based interventions that retain a focus on the individuals' occupational functioning by utilising a range of appropriate occupational therapy framework relevant for the mental health rural and remote setting and lifespan.	**Development objectives** • Extend understanding of the practical applications of the Mental Health Act 2016 including applying to become an Authorised Mental Health Practitioner if working within a mental health service setting. • Independently assess and manage increasingly complex presentations of mental illness such as those that – occur less frequently and with higher risk – incorporate sensory, functional cognition, motivation and volition. • Demonstrate the application of at least two evidence-informed therapeutic interventions relevant to the mental health needs of clients across the lifespan in rural and remote settings (for example, solutions focused therapy, cognitive behavioural therapy, dialectical behavioural therapy, acceptance and commitment therapy etc). **Sample activities/outputs** • Increased proportion of clinical assessments collaboratively developed that include evidence-informed occupational intervention plans for clients diagnosed with complex mental health disorders.

Domain 3 - Generalist clinical practice (Occupational Therapy)		
	Level 1	**Level 2**
	• Apply knowledge of the Mental Health Act 2016 within a recovery-oriented approach to working with clients and families. **Sample activities/outputs** • New client comprehensive mental health clinical assessments that include occupational performance activities, across a range of mental health presentations. • Collaborative development of individualised recovery plans with people diagnosed and living with a mental illness. • Evidence of the inclusion of defined and relevant occupational performance activities to support the recovery of the client living with a mental health presentation.	

Pharmacy

Domain 3 - Generalist clinical practice (Pharmacy)		
	Level 1	**Level 2**
Core clinical practice – pharmacy	**Development objectives** Consolidation, application and extension of entry level knowledge skills and abilities in practice and further development of key clinical capabilities required by the local service. • Pharmacists will be able to perform the following: – Obtain and document a medication history or clarify a documented medication history. – Retrieve and assess relevant client information. – Assess current medicine management and adherence. – Reconcile currently prescribed medicines with those taken prior to admission. – Conduct a clinical review of prescribed medicines. – Identify, prioritise and resolve medicine related problems. – Document a medicines action plan. – Review medicine order and supply accurately and consistent with legislation and quality use of medicines principles. – Ensure ongoing supply of medicines for the service/ community. – Monitor client specific medicine outcomes. – Monitor drug concentrations where appropriate. – Document adverse drug reaction events.	**Development objectives** • Demonstrate independent decision making capability in increasingly complex situations. • Demonstrate capacity to assertively communicate advice and recommendations within the scope of the profession. • Improved self-efficacy ratings in relevant capability Indicators and overall capability components described in the Clinical Capability Frameworks of the profession. • Meet the level 3 performance indicators of the National Common Health Capability Resource (NCHCR) Activity group 1.1: Performing healthcare activities. • Demonstrate the competencies outlined in the SHPA ClinCAT tool. **Sample activities / outputs** • Provision of safe, effective, efficient and evidence-based pharmacy services appropriate to the local service / community context for routine and more complex conditions in accordance with relevant legislative, professional and ethical standards and requirements. • Use professional tools to reflect on own practice and develop an appropriate plan to address areas identified as in need of further development. • Demonstrate clinical practice capabilities through mentoring a junior pharmacist practicing in the local area. • Participate in professional networks/workgroups to collaboratively improve service delivery in the local area.

Domain 3 - Generalist clinical practice (Pharmacy)		
	Level 1	**Level 2**
	– Document interventions according to local policies/ procedures. – Reconcile medicines on discharge / transfer and provide an accurate and complete list. – Provide client education. • Provide community healthcare providers with relevant information regarding ongoing pharmaceutical care. • Implement systems and information to assure medication safety and quality use of medicines. • Demonstrate the competencies as outlined in the SHPA ClinCAT tool for general level pharmacists and identify an appropriate plan for improving practice in areas identified as requiring improvement. • Manage uncertainty and the need to evaluate the risks and benefits of clinical decisions. • Refer, facilitate and coordinate access to medical, diagnostic and other allied health and social support services. • Provide and/or arrange follow-up and continuing care (where relevant). • Apply a population health approach that is relevant to the caseload and service/team context. • Perform general, client-related documentation requirements consistent with professional and organisational standards and legislation. • Manage clinical caseload effectively and efficiently including demonstrating good time management. • Liaise with other health professional to optimise client care.	• Evaluate service delivery against professional requirements and community expectations.

Domain 3 - Generalist clinical practice (Pharmacy)		
	Level 1	**Level 2**
	Sample activities/outputs • Provision of safe, effective, efficient and evidence-based pharmacy services appropriate to the local service and community context and in accordance with relevant legislative, professional and ethical standards and requirements. • Review administration of prescribed medicines. • Review adverse drug reactions/events records. • Develop a community profile and interpret relevance for practice. • Liaise with community groups to build relationships and identify service needs. • Develop client education activities relevant to a local community need.	
Clinical focus area 1: **Quality use of medicines, including medication safety**	**Development objectives** Demonstrate knowledge of: • NSQS Standard 4: Medication Safety and application of pharmacy components. • NSQS Standard 3: Preventing and Controlling Healthcare Associated Infections, the pharmacy components contributing to safe and appropriate antimicrobial prescribing. • Quality Use of Medicine including: – selection of evidence-based management options, – choice of suitable evidence-based medicines if a medicine is considered necessary so that the best available option is selected, – use of medicines safely and effectively to get the best possible results.	**Development objectives** • Independently manage increasingly complex issues of medication safety and effectively collaborate with specialised services though establishing/expanding protocols and networks. • Demonstrate an increased depth of knowledge in the quality use of medicines. • Demonstrate application of quality use of medicines, including medication safety knowledge through the development or review of treatment procedures/protocols. • Optimise therapeutic choices according to best available evidence tailored to the client's specific clinical needs.

Domain 3 - Generalist clinical practice (Pharmacy)		
	Level 1	**Level 2**
	• Collaborate with other health professionals to ensure the best available therapeutic outcome for the client. **Sample activities/outputs** • Medication safety systems and strategies are implemented to ensure safe prescription, dispensing, administration and review of appropriate medicines to inform clients and /or carers in line with applicable standards of care. Review the NHSQS and identify any gaps in practice. • Monitor medicine related error/adverse event or near misses using the local clinical incident reporting system. • Participate and contribute to clinical rounds.	• Collaborate with other health professionals to ensure the best therapeutic outcome for the client according to available evidence. **Sample activities/outputs** • Medication safety systems and strategies are reviewed and updated regularly to ensure safe prescription, dispensing, administration and review of appropriate medicines to inform clients and/or carers in line with applicable standards of care. • Participate in Drugs and Therapeutics or Quality and Safety Committee/s or similar. • Participate in professional networks/workgroups to collaboratively improve service delivery in the local area.
Clinical focus area 2: **Distribution activities**	**Development objectives** Demonstrate knowledge of client specific and non-client specific distribution services, as follows: • Dispense items to individual clients, including compound aseptic and non-sterile products. • Purchasing and stock management. • Management of PBS / section 100 claims. • Understanding of the Closing the Gap PBS Co-payment measure, including eligibility, prescription requirements and processing ward / clinic imprest supplies. • Distribution services for enteral feeding and/or home dialysis clients. **Sample activities/outputs** • Contribute to the review of an aspect of distribution systems and processes.	**Development objectives** • Oversee and monitor distribution activities in base and satellite pharmacies in collaboration with senior pharmacists, and working collaboratively with prescribers and nurse dispensers. • Implement and monitor (trends, issues, changes) PBS claims, imprest supplies, stock control, compounding etc. **Sample activities/outputs** • Collect and audit drug usage data from base and remote / satellite pharmacies and update or work with remote area nurses to amend the imprest list for a specific clinical area or to address efficiency and clinical safety matters. • Identify stock distribution or compounding improvement strategies or changes required to meet service demand (e.g.

Domain 3 - Generalist clinical practice (Pharmacy)		
	Level 1	**Level 2**
	• Review drug usage data and update the imprest list for a specific clinical area. • Dispensing and subsequent processing of a Closing the Gap prescription. • Identify an area of practice relating to stock distribution or compounding which may be improved and develop possible improvement strategies to be presented to managers.	planning aseptic compounding cytotoxic agents for incoming rural chemotherapy service).
Clinical focus area 3: **Specific practice areas**	**Development objectives** • Where local community demands require, a level 1 rural generalist pharmacist will demonstrate a depth of knowledge in specific clinical areas consistent with SHPA Practice standards (e.g. renal, oncology, palliative care). Where indicated, the pharmacist will collaborate with more specialised services in regional or metropolitan facilities. **Sample activities/outputs** • Identify local community needs for specific clinical areas. • Demonstrate collaboration with more specialised services and/or experts to providing an appropriate level of support to the community, commensurate with the trainee's clinical scope of practice.	**Development objectives** • Independently manage increasingly complex presentations and effectively collaborate with specialised clinical pharmacy services though establishing or expanding protocol and networks • Demonstrate an increased depth of knowledge of the specific condition/s requiring clinical pharmacy. • Provide evidence of improved access to clinical pharmacy services for more complex conditions closer to home. • Demonstrate application of clinical pharmacy knowledge through the development or review of treatment procedures/protocols. • Demonstrate application of the Advanced Pharmacy Practice Framework to specific areas of practice with regular reviews and identification of areas for improvement. **Sample activities/outputs** • Review treatment procedures/protocols • Evaluate service delivery against the revised protocols and recommend areas of improvement • Develop staff training to deliver reviewed protocols/procedures

Domain 3 - Generalist clinical practice (Pharmacy)		
	Level 1	Level 2
		• An increased number of local community members can access specific clinical pharmacy services for more complex conditions closer to home
Clinical focus area 4: **Prevention and self-management**	**Development objectives** • Complete assessment and planning for disease specific management. • Develop care plans and case management strategies where indicated. • Implement measurement and monitoring processes relevant to the client/client population and engage the client in their own care. • Demonstrate awareness of public health measures that apply to the prevention and management of common illnesses. **Sample activities/outputs** • Biannual audit of care plans for clients with chronic diseases. • Contribute to prevention/medicines management education in the community (e.g. talks to special interest groups). • Scoping and development of an 'upstream' approach to a relevant health problem.	**Development objectives** • Apply current evidence and chronic disease self-management principles to local program development. • Evaluate effectiveness of current programs and develop recommendations for improvement. • Apply motivational interviewing skills and confidently implement a range of brief interventions relevant to people in the local community. • Assess the feasibility of peer led management groups and develop where feasible. • Demonstrate integration of chronic disease management principles into own clinical practice. **Sample activities/outputs** • Chronic disease programs revised with recommendations within the scope of the health professional implemented. • Development and implementation of an 'upstream' approach to a relevant health problem.

Physiotherapy

Domain 3 - Generalist clinical practice (Physiotherapy)		
	Level 1	**Level 2**
Core clinical practice – physiotherapy	**Development objectives** • Consolidation of entry level knowledge skills and abilities in practice and further development of key clinical capabilities required by the local service. • Demonstrate capabilities in the following domains – Assessment – Interpretation and planning – Intervention and evaluation – Communication with referrers and other team members, including those more distant/remote. • Demonstrate developing skills in core areas of practice including: cardiorespiratory, neurology and musculoskeletal skills across the lifespan (birth to end of life care) and across a range of settings (acute, rehabilitation and community practice), and where relevant to the local service, demonstrate skill development in areas such as orthopaedics. **Sample activities/outputs** • Provision of safe, effective, efficient and evidence-based physiotherapy services appropriate to the local service/ community context. • Identification of available local and more distant or remote referral options/pathways that may support practice.	**Development objectives** • Demonstrate independent decision making capability in increasingly complex situations. • Demonstrate capacity to assertively communicate advice and recommendations within the scope of the profession. • Meet the level 3 performance indicators of the National Common Health Capability Resource (NCHCR) Activity group 1.1: Performing healthcare activities. • Implement integrated care and collaborative practice with local and distantly located health professionals **Sample activities/outputs** • Provision of safe, effective and evidence-based physiotherapy services for people with routine and more complex conditions living in the local community. • Implement referral options/pathways to support practice delivery.
Clinical focus area 1: **Paediatrics**	**Development objectives** • Complete developmental and paediatric assessment in the following areas: gross motor development,	**Development objectives** • Independently manage increasingly complex paediatric presentations and effectively collaborates with specialised

Domain 3 - Generalist clinical practice (Physiotherapy)		
	Level 1	**Level 2**
	neuromusculoskeletal and paediatric orthopaedic conditions including talipes, CDH, torticollis and plagiocephaly. • Develop therapy, positioning and/or education programs to address assessment findings utilising advice of expert paediatric physiotherapists where indicated. • Where frequency and volume of caseload requires, develop competency in paediatric casting. • Conduct appropriate and effective group treatment approaches. **Sample activities/outputs** • Increased proportion of children receiving physiotherapy for non-complex conditions closer to home. • Refer client to specialised service e.g. state-wide children's services as appropriate.	paediatric services though the establishing and expanding protocols and networks. • Demonstrate an increased depth of knowledge in the paediatric physiotherapy. • Provide evidence of improved access to paediatric physiotherapy clinical services for more complex conditions closer to home. • Demonstrate application of paediatric physiotherapy clinical knowledge through the development or review of treatment procedures/protocols and modes of delivery. • Establish group treatment approaches, where appropriate and effective. **Sample activities/outputs** • Increased proportion of children receiving physiotherapy for more complex conditions closer to home. • Develop paediatric treatment procedures/protocols • Establish links with state-wide services and promote routine use for advice and collaborative care. • Use telehealth to increase access to specialised services/advice.
Clinical focus area 2: **Continence and women's health**	**Development objectives** • Develop knowledge of continence issues/complications that are likely to arise for conditions most prevalent in the community. • Complete continence and pelvic floor assessments. • Provide education and prescribe pelvic floor exercise programs for clients presenting with non-complex pelvic floor dysfunction.	**Development objectives** • Independently manage increasingly complex presentations and effectively collaborate with specialised continence and women's health services though establishing and expanding protocols and networks. • Demonstrate an increased depth of knowledge in the continence and women's health (CWH) physiotherapy

Domain 3 - Generalist clinical practice (Physiotherapy)		
	Level 1	**Level 2**
	• Prescribe, source, supply and trial continence aids where indicated. • Conduct group treatment approaches, where appropriate and effective. **Sample activities/outputs** • Increased proportion of clients receiving physiotherapy for management of pelvic floor non-complex conditions closer to home. • Review the current service provision for clients with continence issues and identify areas of most need. • Identify the diagnostic/treatment services in local area that support clients with continence issues. • Consider the needs of different populations in the local community and what local services to collaborate with to provide best practice.	• Provide evidence of improved access to CWH physiotherapy clinical services for more complex CWH conditions closer to home. • Demonstrate application of CWH physiotherapy clinical knowledge through the development or review of treatment procedures / protocols and modes of service delivery. • Establish group treatment approaches, where appropriate and effective. **Sample activities/outputs** • Increased proportion of clients receiving management of pelvic floor conditions closer to home. • Develop procedures/protocols for the management and treatment of pelvic floor conditions. • Establish strong links with continence related services e.g. urodynamics team in a regional service.
Clinical focus area 3: **Subacute care/ step-down rehabilitation**	**Development objectives** • Conduct comprehensive assessments of clients with cardiorespiratory, neurological, orthopaedic and aged care conditions within the service level capabilities of the local health service. • Develop and deliver a physiotherapy rehabilitation program. • Fabricate and apply splints for neurological conditions where indicated. • Participate in home programs and group programs and refer to longer term sustainment programs (e.g. Heartmoves program, walking groups), as appropriate.	**Development objectives** • Independently manage increasingly complex rehabilitation presentations and effectively collaborate with specialised rehabilitation services though establishing and expanding protocols and networks. • Develop and implement a rehabilitation physiotherapy program that addresses identified deficits in mobility, functional tasks and transfers. • Demonstrate an increased depth of knowledge of conditions requiring physiotherapy rehabilitation. • Provide evidence of improved access to physiotherapy rehabilitation clinical services for more complex conditions closer to home.

Domain 3 - Generalist clinical practice (Physiotherapy)		
	Level 1	**Level 2**
	Sample activities/outputs • Contribute physiotherapy knowledge and skills to increase the proportion of adults receiving rehabilitation for non-complex conditions closer to home. • Contribute to the development and implementation of a rehabilitation program bringing physiotherapy expertise to retrain mobility, functional tasks and transfers. • Review the referrals for rehabilitation services and identify gaps in service delivery.	• Demonstrate application of rehabilitation clinical knowledge through the development or review of treatment procedures / protocols and modes of service delivery. • Establish referral pathways and partnerships, as appropriate, to longer term sustainment programs (e.g. Heartmoves program, walking groups). **Sample activities/outputs** • Increased proportion of clients requiring rehabilitation receiving physiotherapy for more complex conditions closer to home. • Collaborative rehabilitation treatment procedures/protocols developed. • Develop programs that addresses gap in local rehabilitation service delivery. • Advocate for innovative step-down programs, involving referral to longer term community-based sustainment programs.
Clinical focus area 4: **Prevention and self-management**	**Development objectives** • Complete assessment and planning for disease specific management. • Develop care plans and case management strategies where indicated. • Implement measurement and monitoring processes relevant to the client/client population and engage the client in their own care. • Consider local community assets that might contribute usefully to preventative health and self-management regimes. **Sample activities/outputs** • Biannual audit of care plans for clients with chronic diseases.	**Development objectives** • Apply current evidence and chronic disease self-management principles to local program development. • Evaluate effectiveness of current programs and develop and action recommendations for improvement. • Apply motivational interviewing skills and confidently implement a range of brief interventions relevant to people in the local community. • Assess the feasibility of peer led management groups and develop where feasible. • Demonstrate integration of chronic disease management principles into own clinical practice.

Domain 3 - Generalist clinical practice (Physiotherapy)		
	Level 1	**Level 2**
	• Scoping and development of an 'upstream' approach to a relevant health problem. • Review community assets that might be useful in supporting preventative health and self-management regimes. • Review collaborative approaches to pain management and identify any gaps in practice.	• Collaborate with local councils and other community organisations to identify, develop and promote local community assets that might contribute usefully to preventive health and self-management regimes. **Sample activities/outputs** • Chronic disease programs revised with recommendations within the scope of the health professional implemented. • Development and implementation of an 'upstream' approach to a relevant health problem. • Identify, develop and promote use of community assets that might be useful in supporting preventive health and self-management regimes.

Podiatry

Domain 3 - Generalist clinical practice (Podiatry)		
	Level 1	**Level 2**
Core clinical practice – podiatry	**Development objectives:** Consolidation, application and extension of entry level knowledge, skills and abilities in practice and further development of key clinical capabilities required by the local service. Clinicians will be able to perform the following: • Obtain a clinical history that reflects contextual issues including the presenting problems, epidemiology, culture, geographic location. • Perform a problem-focussed podiatry assessment relevant to clinical history and risks, epidemiology and cultural context. • Use specialised podiatry clinical equipment for assessment and interpret the findings. • Apply diagnostic reasoning to arrive at one or more provisional diagnoses, considering uncommon but clinically important differential diagnoses. • Communicate findings of the clinical assessment effectively and sensitively to the client and/or carer. • Formulate a management plan in collaboration with the client and/or carer, judiciously applying best evidence and the advice of expert colleagues. • Manage uncertainty and the need to evaluate the risks and benefits of clinical decisions. • Refer, facilitate and coordinate access to medical, diagnostic and other allied health and social support services. • Provide and/or arrange follow-up and continuing care. • Apply a population health approach that is relevant to the clinical practice profile.	**Development objectives** • Demonstrate independent decision-making capability in increasingly complex situations. • Demonstrate capacity to assertively communicate advice and recommendations within the scope of the profession. • Meet the level 3 performance indicators of the National Common Health Capability Resource (NCHCR) Activity group 1.1: Performing healthcare activities. **Sample activities/outputs** • Provision of safe, effective and evidence-based podiatry services for routine and more complex conditions.

Domain 3 - Generalist clinical practice (Podiatry)		
	Level 1	**Level 2**
	• Share professional information responsibly. Document and report relevant aspects of service provision. • Effectively communicate with referrers. • Order pathology tests that are within the health professional's scope of practice. • Order radiographic investigations that are within the health professional's scope of practice. **Sample activities/outputs** • Provision of safe, effective, efficient and evidence-based podiatry services appropriate to the local service and community context.	
Clinical focus area 1: **Prevention of foot morbidity in high risk groups**	**Development objectives** • Screen, assess, treat and educate clients/populations at risk to prevent foot morbidity using appropriate clinical skills/tasks. • Provide foot care education to all clients/populations with diabetes to assist with prevention of foot complications. • Promote referral pathways to access specialist services. **Sample activities/outputs** • Prevention of foot morbidity in at risk and high risk groups is incorporated into practice and service of the team.	**Development objectives** • Develop and deliver education and training regarding the assessment and management of at risk and high risk feet to other health professionals. • Integrate foot care and high risk foot surveillance into all facets of the service. **Sample activities/outputs** • Training for members of the healthcare team. • Clinical service plans integrate a focus on prevention and early detection and management pathways for high risk foot.
Clinical focus area 2: **Wound management**	**Development objectives** • Complete wound assessments (including clinical photography and videography). • Conduct comprehensive assessment of wounds of the foot including taking swabs.	**Development objectives** • Further develop wound management skills to include complex wounds of the foot and the lower limb, burns and where indicated, monitor and review pressure garments for wounds and scars.

Domain 3 - Generalist clinical practice (Podiatry)		
	Level 1	**Level 2**
	• Apply appropriate, evidence-based wound dressings, and use off-loading and footwear interventions as appropriate. • Relevant referrals are made to other services. **Sample activities/outputs** • Statewide High Risk Foot Form completed for each occasion of service of wound management. • Monitoring of associated KPIs via the state-wide clinical database.	**Sample activities/outputs** • Statewide High Risk Foot Form completed for each occasion of service of wound management. • Monitoring of associated KPIs via the state-wide clinical database and critically analysing and integrating information into service planning.
Clinical focus area 3: **Oedema management**	**Development objectives** • Assess oedema and peripheral vascular disease risk using standardised tools. • Strategies for early identification of disorders and/or disease and for early intervention are proposed and promoted. • Relevant referrals are made to other services. **Sample activities/outputs** • Increased proportion of clients with oedema receive assessment and management (where appropriate) for non-complex conditions closer to home.	**Development objectives** • Assess oedema and peripheral vascular disease risk using standardised tools. **Sample activities/outputs** • Increased proportion of clients with oedema receive assessment and management (where appropriate) for more complex conditions closer to home.
Clinical focus area 4: **Musculoskeletal**	**Development objectives** • Complete musculoskeletal assessment of the lower limb. • Analyse, interpret and diagnose musculoskeletal injury. • Provide appropriate exercise prescription programs for musculoskeletal injuries of the lower limb. • Utilise manual therapy, electrophysical agents, taping, orthoses and footwear interventions (where appropriate) for foot and lower limb conditions.	**Development objectives** • Complete complex musculoskeletal assessments of the lower limb. • Provide appropriate exercise prescription programs for complex musculoskeletal injuries of the lower limb. • Utilise manual therapy, electrophysical agents and taping orthoses and footwear interventions (where appropriate) for complex foot and lower limb conditions.

Domain 3 - Generalist clinical practice (Podiatry)		
	Level 1	**Level 2**
	• Provide preventative education and advice for the effective management of musculoskeletal symptoms. • Relevant referrals are made to other services. **Sample activities/outputs** • Increased proportion of clients receiving intervention for lower limb musculoskeletal conditions closer to home.	• Deliver preventative educational advice for the effective prevention and management of musculoskeletal conditions in the local community. **Sample activities/outputs** • Increased proportion of clients receiving intervention for complex lower limb musculoskeletal conditions closer to home.
Clinical focus area 5: **Prevention and self-management**	**Development objectives** • Complete assessment and planning for disease specific management. • Develop care plans and case management strategies where indicated. • Implement measurement and monitoring processes relevant to the client/client population and engage the client in their own care. **Sample activities / outputs** • Biannual audit of care plans for clients with chronic disease. • Scoping and development of an 'upstream' approach to a relevant health problem.	**Development objectives** • Apply current evidence and chronic disease self-management principles to local program development. • Evaluate effectiveness of current programs and develop recommendations for improvement. • Apply motivational interviewing skills and confidently implement a range of brief interventions relevant to people in the local community. • Assess the feasibility of peer-led management groups and develop where feasible and indicated. • Demonstrate integration of chronic disease management principles into own clinical practice. **Sample activities/outputs** • Chronic disease programs revised with recommendations within the scope of the health professional implemented. • Develop and implement an 'upstream' approach to a relevant health problem.

Psychology

Domain 3 - Generalist clinical practice (Psychology)		
	Level 1	**Level 2**
Core clinical practice – Psychology	**Development objectives** Apply and extend on entry level knowledge skills and abilities in practice and further develop key clinical capabilities required by the local service. Clinicians will be able to perform the following: • Demonstrate a broad knowledge and understanding of theories, principles and research relevant to practice in a rural and remote healthcare setting. These could include the following: lifespan and developmental psychology; Indigenous psychology; social and family systems; abnormal psychology, psychological disorders and atypical reactions and behaviours. • Undertake psychological assessment and measurement, demonstrating knowledge and skills in applying a range of assessment tools and methods across the span of rural and remote settings including: clinical interview; observation; gathering of collateral information; risk assessment and appropriate selection and administration of psychological measures. • Articulate case formulations and conceptualisations based on a thorough assessment and using a framework such as the biopsychosocial model for health psychology or the “5 Ps” framework that encompasses presenting, predisposing, precipitating, perpetuating and protective factors as well as prognostic indicators and an intervention plan. • Develop and maintain an effective therapeutic alliance with a range of clients utilising both traditional face to face methods of engagement as well as telehealth models of service where	**Development objectives** • Demonstrate independent decision-making capability in increasingly complex situations, including engaging and forming effective collaborative care arrangements with other health professionals locally and from specialised regional and metropolitan services where required. • Demonstrate capacity to assertively communicate advice and recommendations within the scope of the profession. • Meet the level 3 performance indicators of the National Common Health Capability Resource (NCHCR) Activity group 1.1: Performing healthcare activities. **Sample activities/outputs** • Provision of safe, effective and evidence-based psychology services for routine and more complex clinical matters relevant to the local service/community context.

Domain 3 - Generalist clinical practice (Psychology)		
	Level 1	**Level 2**
	geographical distance is a barrier to clients and families accessing psychological supports. • Maintain a client and family centred approach to facilitate collaborative setting of goals and development of meaningful and relevant treatment plans. • Integrate scientific knowledge of psychological theory and intervention with case formulation skills to flexibly apply contemporary evidence-based interventions in accordance with Australian Psychological Society and National Health and Medical Research Council guidelines that will: – reduce distress, – shorten the episode of care, – enhance psychological health and – reduce the likelihood of reoccurrence. • Evaluate intervention using common outcome measures. • Terminate treatment effectively. • Apply and further develop an understanding of psychopharmacology as it applies to psychological practice. **Sample activities/outputs** • Provision of safe, effective, efficient and evidence-based psychology services for routine clinical matters appropriate to the local service/community context.	
Clinical focus area 1: **Mental health across the lifespan** (Note: This CFA primarily applies	**Development objectives** • Apply knowledge of the theoretical foundations of mental health and mental illness to clinical assessment approaches including clinical interview, comprehensive history taking and psychometric assessment as indicated to develop case formulations for a range of commonly occurring mental health	**Development objectives** • Extend understanding of the practical applications of the Mental Health Act 2016 including applying to become an Authorised Mental Health Practitioner if working within a mental health service setting. • Extend skills in assessment and management of increasingly complex presentations of mental illness such as dual

Domain 3 - Generalist clinical practice (Psychology)		
	Level 1	**Level 2**
to rural generalists working in a mental health/ drug and alcohol service but elements may be relevant to other settings)	conditions across the lifespan in accordance with ICD-11 and DSM 5. • Assess and manage multiple domains of risk including harm to self or others and child protection concerns. • Establish and maintain a therapeutic alliance with the client and their carer or family member(s) that is reflective of the socio-cultural needs of small rural and remote communities (for example, a respectful and sensitive approach to dual relationships). • Apply knowledge of developmentally informed assessment methods (including observation) to appropriately select, administer and interpret psychometric assessment tools and outcome measures suitable for a range of mental health presentations across the lifespan. • Independently select, tailor and implement a range of evidence-based interventions suitable for the needs of clients with a range of commonly occurring mental health presentations across the lifespan in a rural and remote health setting such as: psychoeducation, cognitive behaviour therapy, problem-solving techniques and relapse prevention skills. • Apply knowledge of the Mental Health Act 2016 within a recovery-oriented approach to working with clients and families. **Sample activities/outputs** • Clinical assessment of a new client referred with a suspected mood disorder. • Conduct a risk assessment and management of a client with an open service episode who has a diagnosis of schizophrenia.	diagnosis and forensic mental health including administration of less commonly used psychometric assessment tools. • Apply assessment skills to undertake an accurate Mental State Examination and Mini Mental State Examination with increasingly complex client presentations in a range of rural and remote settings. • Extend skill level across at least two evidence-based therapeutic interventions (for example, interpersonal psychotherapy and trauma-focussed cognitive behaviour therapy). **Sample activities / outputs** • If working in a role that requires this competence, as an Authorised Mental Health Practitioner, conduct an emergency examination in accordance with the requirements of the Mental Health Act 2016 to determine the need for a recommendation for assessment after a client has been brought in to emergency by police with concerns for their mental state.

Domain 3 - Generalist clinical practice (Psychology)		
	Level 1	**Level 2**
Clinical focus area 2: **Drug and alcohol services** (Note: This CFA primarily applies to rural generalists working in a mental health/ drug and alcohol service but elements may be relevant to other settings)	**Development objectives** • Apply knowledge of contemporary models of substance use to manage increasingly complex presentations including polysubstance use, comorbidity/dual diagnosis, drug induced psychosis. • Independently formulate diagnostic impressions for substance use related categories such as: substance misuse; dependence; addiction; withdrawal and self-medication. • Assess and manage multiple domains of risk including harm to self or others, knowing when to obtain input from senior clinicians and applying understanding of the Mental Health Act 2016 if required. • Establish and maintain a therapeutic alliance with the client and their carer or family member(s) that is reflective of the socio-cultural needs of small rural and remote communities (for example, respectful and sensitive approach to dual relationships). • Apply principles of family-centred practice and ensure participation of clients as well as their carer/s and family in their care. **Sample activities/outputs** • Risk assessment and management for clients presenting with substance misuse disorders. • Provision of individual psychological interventions including motivational interviewing and mindfulness techniques.	**Development objectives** • Extend clinical skills to form diagnostic impressions for the full range of substance misuse categories including complex comorbidity and rare/atypical substances. • Extend upon standard psychological evidence-based interventions (such as psychoeducation, counselling, cognitive behaviour therapy) to apply a range of specialised psychosocial interventions relevant to substance use and mental health needs in a rural and remote setting including: brief interventions; motivational interviewing; sleep/dietary issues; management of crisis situations; intensive psychosocial therapies (e.g. narrative approaches, psychodynamic and interpersonal approaches, emotion regulation, mindfulness-based stress reduction) Self-help groups. **Sample activities/outputs** • Clinical assessment and provision of psychological interventions for clients with dual diagnosis.
Clinical focus area 3: **Health psychology:**	**Development objectives** • Expand and apply understanding of a range of health issues with a particular focus on the psychological implications (e.g. asthma, cancer, obesity, diabetes, cardiovascular diseases, dual diagnosis as well as complex comorbidities).	**Development objectives** • Develop, deliver and evaluate individual and group education and/or therapy for increasingly complex presentations with respect to known barriers of rural service delivery models.

Domain 3 - Generalist clinical practice (Psychology)		
	Level 1	**Level 2**
Chronic conditions and sub-acute care	• Implement individual and group education and/or therapy. • Independently select, administer and report on psychometric assessments for complex cases including provision of assessments and opinion of competency to make informed decisions. • Apply knowledge of pain-related diagnostic categories to provision of evidence-based psychological interventions for the breadth of presenting problems associated with management of pain. **Sample activities/outputs** • Delivery of a psychoeducation group program including demonstration of good clinical outcomes. • Conduct thorough psychological assessments that incorporate screening for sleep issues and history of trauma to inform multidisciplinary treatment approaches for a range of presentations. • Provide psychological interventions directly to clients experiencing pain-related concerns, applying gate theory and cognitive behaviour therapy.	• Extend understanding of the psychological issues associated with less commonly occurring and/or more complex health conditions. • Extend application of knowledge and skills in the area of pain-related diagnostic categories for complex presenting problems associated with pain e.g. somatic symptom disorder with specifiers of pain; neuropathic pain conditions; fibromyalgia; depression and anxiety; problematic sleep, relationships, sexual function or substance misuse associated with pain. • Apply an expanded knowledge base in pain management to provide psychological assessment and intervention for pain-related presentations including the delivery of individual and group psychoeducation and therapy for clients and their families as well as tailored relaxation training and mood management strategies. **Sample activities/outputs** • Delivery of psychoeducation group program via telehealth including demonstration of good clinical outcomes. • Provide psychological interventions directly to clients, applying motivational interviewing and health coaching approaches.
Clinical focus area 4: **Health psychology:** **Paediatrics**	**Development objectives** • Apply comprehensive knowledge of normal and abnormal development from infancy throughout childhood to undertake clinical assessment of children presenting with an array of difficulties including cognitive, communication, motor, emotional deficits and disorders affecting children. • Select, administer and report on psychometric tests of childhood development and provide recommendations and strategies to families and other stakeholders.	**Development objectives** • Expand clinical knowledge and skills regarding developmental, physical and psychological issues affecting premature infants. • Extend knowledge of perinatal mental health issues including post-natal depression, post-natal anxiety and postpartum psychosis to provide clinical services for parents and infants.

Domain 3 - Generalist clinical practice (Psychology)		
	Level 1	**Level 2**
	Sample activities/outputs • Conduct a clinical assessment of a client referred with suspected postnatal depression impacting on attachment and bonding with newborn infant.	**Sample activities / outputs** • Conduct a WISC-V or WIAT-III cognitive assessment with a primary school aged child, providing a comprehensive report with recommendations and strategies to support the child at home and school.
Clinical focus area 5: **Health psychology:** **Adult & older persons health**	**Development objectives** • Extend knowledge of lifespan development, brain-behaviour relationships and neuroanatomy to a range of health conditions affecting adults with disabilities or experiencing age related functional decline in the rural or remote community and relevant to the service context such as dementias, acquired brain injury, stroke, depression and pseudo dementia, mental health conditions, falls and fractures, informed decision making and capacity. • Independently select, administer and report on psychometric assessments for increasingly complex presentations. Undertake assessments and provide opinion of capacity to contribute to collaborative team decision making within the multi-disciplinary team. **Sample activities/outputs** • Assist a client to cope with aging and loss.	**Development objectives** • Extend the provision of psychological interventions for older adults, and younger people with disabilities, experiencing increasingly complex health problems including comorbidities involving dual diagnosis of disability and mental illness. • Expand clinical skills to provide a range of psychological interventions to individuals, carers/families and other stakeholders including support and develop behaviour management plans; psychoeducation and support to access a range of services to promote independence. **Sample activities/outputs** • Conduct a cognitive assessment for a client with suspected cognitive deficits and provide recommendations for the family and/or residential aged care facility regarding effective management of aggressive behaviour.
Clinical focus area 6: **Trauma and Crisis**	**Development objectives** • Expand clinical skills to undertake assessment and management of clients presenting with concerns around risk across multiple domains including suicide, self-harm, violence, child protection and vulnerability in rural and remote contexts, providing professional advice and liaising with colleagues in more remote health facilities where required including the use of telehealth as indicated.	**Development objectives** • Extend psychotherapeutic counselling skills to provide support to clients in the event of a critical incident or crisis including responding to sexual assault, traumatic deaths or disaster events.

Domain 3 - Generalist clinical practice (Psychology)		
	Level 1	**Level 2**
	Sample activities/outputs • Undertake a risk assessment with a client in hospital who has disclosed suicidal ideation.	**Sample activities/outputs** • Providing psychological first aid to clients and family members in the emergency department after an incident in the community such as a flood or bushfire.
Clinical focus area 7: **Prevention and self-management**	**Development objectives** • Complete assessment and planning for disease specific management. • Develop care plans/case management strategies where indicated. • Implement measurement and monitoring processes relevant to the client/clinical population and engage the client in their own care. **Sample activities/outputs** • Biannual audit of care plans for clients with chronic disease. • Scoping and development of an 'upstream' approach to a relevant health problem. • Provide standard and individually tailored education to clients and their families or carer(s) about health promotion and illness prevention strategies. • Independently identify and implement health promotion and/or harm reduction / minimization activities with routine cases or under supervision with more complex cases.	**Development objectives** • Apply current evidence and chronic disease self-management principles to local program development. • Evaluate effectiveness of current programs and develop recommendations for improvement. • Apply motivational interviewing skills and confidently implement a range of brief interventions relevant to people in the community. • Assess the feasibility of peer led management groups and develop where feasible. • Demonstrate integration of chronic disease management principles into own clinical practice. • Assess complex risk factors in the biological, social, environmental and economic domains which impact on health and wellbeing at a personal and community level. **Sample activities/outputs** • Chronic disease programs revised with recommendations within the scope of the health professional implemented. • Development and implementation of an 'upstream' approach to a relevant health problem. • Independently identify and implement health promotion and/or harm reduction/minimisation activities with clients.

Radiography (medical imaging)

Domain 3 - Generalist clinical practice (Radiography / medical imaging)		
	Level 1	**Level 2**
Core clinical practice – radiography (medical imaging)	**Development objectives** • Consolidation, application and extension of entry level knowledge and skills in practice and further development of key clinical capabilities within the framework of Fitness to Practise required by the local service. • To serve as an effective client advocate, health professionals will be able to demonstrate the following: – Obtain a clinical history of presenting problems to inform imaging examination. – Reflect on available clinical information (e.g. laboratory results) and seek relevant missing information to inform planning of imaging examination with the ultimate aim of addressing clinical questions. – Use imaging clinical equipment appropriate to the presenting condition/ problem. – Effectively communicate with referrers, colleagues and clients. – Provide effective examination when away from specialist diagnostic services. – Recommend referral to distant services where required. – Demonstrate knowledge and skills required to perform radiographic imaging across the lifespan. **Sample activities / outputs** • Production of images to inform diagnosis and management of presenting condition/s.	**Development objectives** • Demonstrate independent decision making capability in increasingly complex situations. • Demonstrate capacity to assertively communicate advice and recommendations within the scope of the profession. • Meet the level 3 performance indicators of the National Common Health Capability Resource (NCHCR) Activity group 1.1: Performing healthcare activities. **Sample activities / outputs** • Minimum standard of clinical skills and knowledge consistent with an imaging professional at the same career stage. • Safe practice is demonstrated in all areas of practice.

Domain 3 - Generalist clinical practice (Radiography / medical imaging)		
	Level 1	**Level 2**
	• Effective communication, and appropriate dose and image selection to support safe examination and timely, accurate diagnosis. • Provide recommendations to referrers.	
Clinical focus area 1: **Commenting**	**Development objectives** • Evaluate current ability to provide a written comment on images. • Implement a learning plan to acquire required competency. • Demonstrate capabilities for commenting appropriate to approved scope of practice. • Demonstrate knowledge of, and compliance with, commenting guidelines including organisational support, clinical governance, credentialing, monitoring and review processes. **Sample activities/outputs** • Complete education and training[6] required to provide comments on images with 90% accuracy for plain film imaging. • Complete a clinical audit of 20 randomly selected images to assess correlation with the radiologist's reports.	**Development objectives** • Develop an education and training plan to support junior staff in their image commenting competency. **Sample activities/outputs** • Written comments for images provided with 90% accuracy (to specify range with at least 40% of the imaging examinations of differing complexity coming from complex imaging). • Complete a clinical audit of 20 randomly selected images to assess correlation with the radiologist's reports.
Clinical focus area 2:	**Development objectives** • Develop knowledge of remote area X-ray operator (XO) sites in the health service and the equipment available at each site.	**Development objectives** • Demonstrate face to face training of X-ray operators.

[6] Queensland Health. Review of Medical Imaging competencies for image interpretation capability, 2013 and Radiographer written comment implementation toolkit, 2013 at https://www.health.qld.gov.au/ahwac/html/full-scope.asp

Domain 3 - Generalist clinical practice (Radiography / medical imaging)		
	Level 1	**Level 2**
Radiographic advice for remote area operators	• Apply knowledge of local remote area operator processes and available equipment to inform the provision of radiographic advice. • Provide phone advice to remote area operators regarding all aspects of radiography e.g. positioning, exposures and equipment. • Provide critical assessment and effective feedback to XOs on images. **Sample activities/outputs** • Provision of timely radiographic clinical advice and direction to XOs. • Increased number of XO images reviewed every day. • Updated list of XOs and available equipment.	• Demonstrate experience as a radiographic advisor enabling a supervision agreement with XOs. • Provide critical assessment and effective feedback to XOs on images. **Sample activities/outputs** • Registration with radiation health as a certified assessor radiographer for remote area operators. • Complete Certificate IV in Training and Assessment (if relevant). • Provision of education programs and competency assessment to XOs. • Increased diagnostic quality and accuracy of XO images through support and training initiatives.

Social Work

Domain 3 - Generalist clinical practice (Social Work)		
	Level 1	**Level 2**
Core clinical practice – social work	**Development objectives** Apply and extend on entry level knowledge, skills and abilities in practice and further develop key clinical capabilities required by the local service including: • Apply a person-in-environment and person-centred approach to client assessment, planning and intervention within a holistic biopsychosocial framework. • Apply knowledge of the social determinants of health in conducting comprehensive biopsychosocial assessments and developing clinical formulations with clients and families presenting with a range of complex health and social needs in rural and remote environments. • Apply cultural self-awareness and a willingness to develop and apply understanding of cultural diversity in order to work in a culturally responsive and inclusive way such as through adapting interventions to work effectively and inclusively with people who have different and diverse cultural identities, values, affiliations, beliefs and customs. • Provide evidence-informed therapeutic counselling approaches suitable to client needs and service context; for example cognitive behaviour therapy, motivational interviewing, and brief interventions. • Apply knowledge of grief, loss and bereavement to a range of social work interventions for clients and their carers/families within rural and remote settings experiencing grief and loss in a number of contexts including chronic sorrow, disability, anticipatory grief, death and dying as well as sudden trauma and grief associated with loss of meaning. • Collaboratively co-ordinate discharge planning and an integrated approach to continuity of care, especially when	**Development objectives** • Demonstrate independent decision-making capability in increasingly complex situations. • Demonstrate capacity to assertively communicate advice and recommendations within the scope of the profession. • Meet the level 3 performance indicators of the National Common Health Capability Resource (NCHCR) Activity group 1.1: Performing healthcare activities. **Sample activities/outputs** • Provision of safe, effective and evidence-based social work services for routine and more complex clinical matters relevant to the local service / community context.

Domain 3 - Generalist clinical practice (Social Work)		
	Level 1	Level 2
	complex psychosocial factors are identified as barriers to discharge and attainment of healthcare goals. • Facilitate client and family access to resources and supports with particular consideration of the biopsychosocial implications for clients transitioning to alternate models of care or accessing larger health facilities for specialised care outside of their local community. • Conduct social work informed assessments of risk and safety where there are concerns about self-harm and suicidal ideation for clients and their carers/families, providing social work interventions as part of a healthcare team response to client needs including facilitating access to specialised services and supports where required. • Provide advocacy for the client's biopsychosocial context and ensure that their needs remain integral to treatment planning within the healthcare team especially when liaising with regional or tertiary hospitals following client transfer for specialist care. • Coordinate supports and resources both within and external to the health service for clients with complex biopsychosocial support needs – supporting the clients to access services locally within their own community, regional centre and metro/tertiary centre, and enhancing client's capacity to confidently and independently navigate these diverse systems of care. • Apply comprehensive knowledge of multiple legislative and policy requirements to implement a range of statutory functions relevant to legislative requirements. This may include: human rights, child protection, vulnerable adults, enduring documents, privacy, informed consent, confidentiality and guardianship and administration. • Work in a community-embedded manner that demonstrates an understanding of the core community issues and dynamics, and supports natural and formal social care activities.	

Domain 3 - Generalist clinical practice (Social Work)		
	Level 1	**Level 2**
	Sample activities/outputs • Provision of effective evidence-informed social work services for routine clinical matters that are perceived and experienced as accessible and appropriate by the diversity of service users in the local service / community context.	
Clinical focus area 1: **Mental health across the lifespan** (Note: This CFA primarily applies to rural generalists working in a mental health service but elements may be relevant to other settings)	**Development objectives** • Conduct comprehensive mental health assessments informed by a range of tools as well as contemporary theories and approaches, including a Mental State Examination, as well as a biopsychosocial approach that considers the social determinants of health and trauma-informed and recovery practice. • Assess and manage multiple domains of vulnerability including child protection, ensuring a comprehensive understanding of the child protection legislation and its application within a mental health service context. Risk assessment should apply a structural approach and ecological-systems understanding of the environmental and relational stressors to prevent unplanned or multiple acute admissions and reduce situational crises through facilitating access to resources and enhancing the strength and quality of an individual's supportive networks • Establish and maintain a therapeutic alliance with the client and their carer or family member(s) that is reflective of the socio-cultural needs of small rural and remote communities (for example, respectful and sensitive approach to dual relationships). • Independently select, tailor and implement a range of evidence-based interventions that retain a dual focus on the individual as well as their family/contextual domains. Social work interventions should be suitable for the needs of clients with a range of commonly occurring mental health presentations across	**Development objectives** • Extend understanding of the practical applications of the Mental Health Act 2016 including applying to become an Authorised Mental Health Practitioner if working within a mental health service setting. • Extend skills in assessment and management of increasingly complex presentations of mental illness such as those that occur less frequently and with higher risk. • Extend skill level across at least two evidence-informed therapeutic interventions relevant to the mental health needs of clients across the lifespan in rural and remote settings (for example, mindfulness and family focussed interventions). **Sample activities/outputs** • Undertake clinical assessment and collaboratively develop, evidence-informed intervention plans with clients diagnosed with psychotic disorders.

Domain 3 - Generalist clinical practice (Social Work)		
	Level 1	**Level 2**
	the lifespan in a rural and remote health setting and may incorporate family/carer/parenting focussed interventions and facilitation of a range of social supports as well as more direct therapeutic counselling interventions • Apply knowledge of the Mental Health Act 2016 informed by a recovery-oriented philosophy and human rights framework that encourages the individual and their families to maintain control of their recovery and wellbeing where possible. **Sample activities / outputs** • Comprehensive and context sensitive clinical assessment of clients presenting with mood disorder. • Support a client to develop an Advance Health Directive – Mental Health • Clinical assessment of clients presenting with suicidal ideation. • Collaborative development of individualised recovery plans with people diagnosed with mental illness	
Clinical focus area 2: **Drug and alcohol services** (Note: This CFA primarily applies to rural generalists working in a mental health / drug and alcohol service but elements may be relevant	**Development objectives** • Apply knowledge of contemporary models of substance use to manage increasingly complex presentations including polysubstance use, comorbidity/dual diagnosis, and drug induced psychosis. • Establish and maintain a therapeutic alliance with the client and their carer or family member(s) that is reflective of the socio-cultural needs of small rural and remote communities (for example, respectful and sensitive approach to dual relationships). • Apply principles of family-centred practice and ensure participation of clients as well as their carer/s and family in their care.	**Development objectives** • Extend clinical skills to competently assess and provide evidence-informed interventions for the full range of substance misuse categories including complex comorbidity and rare / atypical substances. • Apply a range of specialised psychosocial interventions relevant to substance use and mental health needs in a rural and remote setting including: brief interventions; motivational interviewing; sleep / dietary issues; management of crisis situations; intensive psychosocial therapies; family support and self-help groups.

Domain 3 - Generalist clinical practice (Social Work)		
	Level 1	**Level 2**
to other settings)	**Sample activities/outputs** • Competently assess problematic substance misuse for clients presenting with a range of health concerns that may or may not be related to their substance misuse; utilise local referral pathways for more specialised intervention where this is considered appropriate to the client's needs. • Provision of individual interventions including motivational interviewing and mindfulness techniques • Provision of carer/family focussed interventions.	**Sample activities/outputs** • Conduct a psychoeducation and support group for friends and family members affected by the substance misuse of a loved one. • Provide a spectrum of direct client interventions to individuals presenting with substance misuse from motivational interviewing through to intensive psychosocial therapies, in accordance with local service delivery models.
Clinical focus area 3: **Health across the lifespan**	**Development objectives** • Expand knowledge and understanding of lifespan development with regards to women's and children's health including perinatal health and mental health, attachment theory, infant and early child development with consideration of the impact of access to general and specialised health services especially where transfer to regional and metropolitan health facilities is required. • Provide support to clients, families and multidisciplinary teams around psychosocial aspects of older person's health care such as when there are concerns about capacity and decision-making; end of life care planning; aged care placements including ACAT referrals; the impact of relocation to a different community for residential aged care placement; family meeting facilitation and psychosocial support to client and family through transition from hospital to aged care facility. • Perform general social work assessment and intervention within a rights-based perspective for a range of vulnerable clients where there may be statutory interventions required depending on legislative requirements. This may include: child protection, domestic and family violence, elder abuse, enduring documents or guardianship and administration.	**Development objectives** • Extend knowledge and application of understanding of trauma-informed practices, including a life span perspective of attachment and the neurodevelopmental effects of complex trauma. • Extend knowledge of legislative and policy issues around capacity and assessment to assist in development of organisational procedures that facilitate consistent approaches to supporting clients and their families where there are concerns about capacity and decision-making. • Extend knowledge and application of Family Systems Theory to biopsychosocial assessments, clinical formulation and provision of family focussed therapeutic interventions. **Sample activities/outputs** • Deliver parenting group programs in collaboration with child health and maternity staff.

Domain 3 - Generalist clinical practice (Social Work)		
	Level 1	**Level 2**
	• Work with clients/carers/families of all ages impacted by disability such as facilitating client access to services and supports within the community e.g. disability supports, education, employment, housing; as well as providing supports where clients/carers/families are impacted by accessing specialised services outside of their local community. **Sample activities/outputs** • Attend antenatal at-risk management meetings to provide clinical input around the psychosocial components of risk and protective factors resulting in supportive action plans for vulnerable pregnant clients. • Provide therapeutic counselling to a client who is distressed about residential aged care placement. • Facilitate a family meeting applying skills around mediation, conflict resolution, as well as grief and loss for a client awaiting aged care placement where there may be a range of complex psychosocial factors including: grief and loss associated with carer identity; financial stress; geographical distance from community of origin, estranged family members; cultural beliefs; cognitive decline resulting in concerns around capacity assessment.	
Clinical focus area 4: **Trauma and Crisis**	**Development objectives** • Expand knowledge and skill in the area of crisis intervention for a range of vulnerable clients, including the provision of profession-specific advice to colleagues in more remote facilities or direct service provision to clients in remote facilities using telehealth models. Examples of this may include:	**Development objectives** • Extend knowledge of the aetiology and effects of complex trauma, child abuse and neglect, domestic and family violence, intimate partner violence, elder abuse and exploitation to comprehensively assess risk and provide psychosocial and therapeutic interventions within a trauma-

Domain 3 - Generalist clinical practice (Social Work)		
	Level 1	**Level 2**
	– comprehensive assessment and management across multiple domains of vulnerability and – acute response to clients and/or family members for presentations involving victims of crime including sexual assault, as well as experience of traumatic death or injury. • Provide therapeutic social work interventions to clients and/or family members applying a range of evidence-informed counselling approaches. • Provide comprehensive psychosocial supports for families following a client death including application of knowledge of the role of resilience as well as the cultural aspects of death and bereavement. • Extend knowledge of available services and supports within the local community, developing effective referral pathways for clients to obtain specialised supports as required. **Sample activities/outputs** • Provide social work support to client / family following a traumatic event including responding to emotional distress as well as provision of psychological first aid as required. • Engage a client experiencing domestic and family violence in safety planning as part of an overall risk mitigation plan. • Provide social work intervention to a client where risk of homelessness is a barrier to achieving healthcare goals and heightening likelihood of readmission to hospital.	informed practice framework and in accordance with relevant policy and legislation. • Extend knowledge and application of understanding of trauma-informed practices, including a life span perspective of attachment, the neurodevelopmental effects of complex trauma and the effects of intergenerational trauma. • Contribute a social work perspective and skills to the health service response to community disaster events such as natural disasters including service planning and coordination with community stakeholders as well as the provision of direct client services where appropriate. • Lead the implementation of programs and initiatives aimed at increasing awareness and responsivity of the organisation to complex social issues such as child protection and family violence, including embedding trauma informed practice principles into organisational procedure and responses. **Sample activities/outputs** • Undertake a comprehensive social work interview with a pregnant mother where there is suspicion of domestic violence and offer a range of supports including safety planning, liaison and referral with colleagues and external agencies as required. • Psychosocial support for a client who has been a victim of assault. • Provide psychological first aid to community members affected by disaster event such as a cyclone or flood.
Clinical focus area 5:	**Development objectives** • Complete assessment and collaborative planning for disease-specific management that reflects community and structural issues.	**Development objectives** • Demonstrate understanding and application in practice of the complexity of the aetiology of chronic disease and how it relates to social disadvantage is reflected in assessments and intervention plans.

Domain 3 - Generalist clinical practice (Social Work)		
	Level 1	**Level 2**
Prevention and self-management	• Collaboratively develop care plans and case management strategies where indicated. • Implement measurement and monitoring processes relevant to the client/clinical population and engage the client in their own care. • Using knowledge of the social determinants of health, structural inequality and a thorough understanding of community vulnerabilities and strengths, identify and respond to upstream contributors to chronic disease development. **Sample activities/outputs** • Biannual audit of care plans for clients with chronic disease completed with a focus on ensuring continuity of care. • Scoping and development of an 'upstream' approach to a relevant health problem.	• Demonstrate understanding and application in practice of how social determinants influence health behaviour and take a leadership role in integrating this complexity into intervention planning of the multi-professional team. • Apply current evidence and chronic disease self-management principles to local program development. • Evaluate effectiveness of current programs and develop recommendations for improvement. • Apply motivational interviewing skills and confidently implement a range of brief interventions relevant to people in the local community. • Assess the feasibility of peer led management groups and develop where feasible. • Demonstrate integration of chronic disease management principles into own clinical practice. **Sample activities/outputs** • Chronic disease programs revised with recommendations within the scope of the health professional implemented. • Development and implementation of an 'upstream' approach to a relevant health problem.

Speech Pathology

Domain 3 - Generalist clinical practice (Speech Pathology)		
	Level 1	**Level 2**
Core clinical practice – speech pathology	**Development objectives** Consolidation, application and extension of entry level knowledge skills and abilities in practice and further development of key clinical capabilities required by the local service Clinicians will be able to perform the following: • Obtain a clinical history that reflects contextual issues including presenting problems, epidemiology, culture and location. • Use speech pathology equipment as required for further assessment and/or interpretation of findings. • Perform a client-focused speech pathology assessment relevant to clinical history and risks, epidemiology and cultural context • Follow the principles of culturally appropriate practice in all clinical focus areas. • Communicate finding of assessment effectively and sensitively to the client/carer, and to the referring health professional (where relevant). • Formulate and apply management plans in collaboration with the client/carer, judiciously applying best evidence and advice of expert colleagues in association with the health team. • Manage uncertainty and the need to evaluate the risks versus the benefits of clinical decisions. • Refer, facilitate and coordinate access to medical, diagnostic and other allied health and social support services. • Provide and/or arrange follow-up and continuing care (if relevant).	**Development objectives** • Demonstrate independent decision making capability in increasingly complex situations. • Demonstrate capacity to assertively communicate advice and recommendations within the scope of the profession. • Meet the level 3 performance indicators of the National Common Health Capability Resource (NCHCR) Activity group 1.1: Performing healthcare activities. **Sample activities/outputs** • Provision of safe, effective and evidence-based speech pathology services for routine and more complex conditions.

Domain 3 - Generalist clinical practice (Speech Pathology)		
	Level 1	**Level 2**
	• Apply a population health approach that is relevant to caseload and service/team context. • Perform general, client-related documentation requirements consistent with professional and organisational standards. • Manage clinical caseload effectively and efficiently including demonstrating good time management. **Sample activities/outputs** • Provision of safe, effective, efficient and evidence-based speech pathology services appropriate to the local service / community context.	
Clinical focus area 1: **Paediatric speech and language**	**Development objectives** • Perform general speech and language assessment of children, using standardised tools where applicable. • In association with the health team formulate management plans in collaboration with paediatric clients / carers for common presentations e.g. delayed communication skills, difficulty being understood by others, baby development, communication problems, failure to thrive. • Identify and obtain advice from experienced paediatric speech pathologists on the management of more complex cases. **Sample activities/outputs** • Increased proportion of children receiving speech pathology assessment/intervention for non-complex speech and language conditions closer to home.	**Development objectives** • Independently manage increasingly complex paediatric speech and language presentations and effectively collaborate with specialised paediatric services through establishing and expanding networks and protocols. **Sample activities/outputs** • Increased proportion of children receiving speech pathology assessment and intervention for more complex speech and language conditions closer to home. • Paediatric treatment procedures/protocols developed.

Domain 3 - Generalist clinical practice (Speech Pathology)		
	Level 1	Level 2
Clinical focus area 2: **Paediatric feeding**	**Development objectives** • Perform speech pathology paediatric feeding assessments, using standardised tools where applicable. • In association with the health team formulate management plans in collaboration with paediatric clients/carers for common presentations such as baby development, feeding difficulties and failure to thrive. • Identify and obtain advice from experienced paediatric speech pathologists on the management of more complex cases. **Sample activities/outputs** • Increased proportion of children receiving speech pathology assessment/intervention for non-complex feeding conditions closer to home.	**Development objectives** • Independently manage increasingly complex paediatric feeding presentations and effectively collaborate with specialised paediatric services though establishing and expanding networks and protocols. **Sample activities/outputs** • Increased proportion of children receiving assessment/intervention for more complex feeding issues closer to home. • Paediatric treatment procedures/protocols developed.
Clinical focus area 3: **Adult rehabilitation**	**Development objectives** • Perform general speech pathology assessment of adult rehabilitation clients, using standardised tools where applicable • In association with the health team formulate management plans in collaboration with clients/carers for common presentations such as swallowing and communication difficulties. • Identify and obtain advice from experienced adult rehabilitation speech pathologists on the management of more complex cases **Sample activities/outputs** • Increased proportion of adults requiring rehabilitation receiving speech pathology assessment/intervention for non-complex conditions closer to home.	**Development objectives** • Independently manage increasingly complex adult rehabilitation presentations and effectively collaborate with specialised adult rehabilitation services though establishing and expanding networks and protocols. **Sample activities/outputs** • Increased proportion of clients receiving speech pathology assessment and intervention for more complex conditions closer to home. • Adult rehabilitation treatment procedures/protocols developed.

Domain 3 - Generalist clinical practice (Speech Pathology)		
	Level 1	**Level 2**
Clinical focus area 4: **Adult neurology**	**Development objectives** • Perform general speech pathology assessment of adults with neurological conditions, using standardised tools where applicable. • In association with the health team formulate management plans in collaboration with clients/carers for common presentations such as dysarthria, aphasia and dysphagia. • Identify and obtain advice from experienced speech pathologists on the management of more complex cases. **Sample activities/outputs** • Increased proportion of adults with neurological conditions receiving speech pathology assessment/intervention for non-complex conditions closer to home.	**Development objectives** • Independently manage increasingly complex adult neurological presentations and effectively collaborate with specialised neurological services through establishing and expanding networks and protocols. **Sample activities/outputs** • Increased proportion of clients receiving speech pathology assessment and intervention for more complex conditions closer to home. • Adult neurological treatment procedures/protocols developed.
Clinical focus area 5: **Adult dysphagia**	**Development objectives** • Perform general speech pathology assessment of adults with dysphagia, using standardised tools where applicable. • In association with the health team formulate management plans in collaboration with clients/carers for common presentations. • Identify and obtain advice from experienced speech pathologists on the management of more complex cases. **Sample activities/outputs** • Increased proportion of adults with dysphagia receiving assessment/intervention for non-complex conditions closer to home.	**Development objectives** • Independently manage increasingly complex adult dysphagia presentations and effectively collaborate with specialised adult dysphagia services through establishing and expanding networks and protocols. **Sample activities/outputs** • Increased proportion of clients receiving speech pathology assessment/intervention for more complex conditions closer to home. • Adult dysphagia treatment procedures/protocols developed.
Clinical focus area 6:	**Development objectives**	**Development objectives**

Domain 3 - Generalist clinical practice (Speech Pathology)		
	Level 1	**Level 2**
Aboriginal and Torres Strait Islander ear health	• Identify community services and stakeholders relevant to Aboriginal and Torres Strait Islander Health and understand roles. • Demonstrate knowledge in practice of the importance/impacts of ear and hearing health for Aboriginal and Torres Strait Islander health. **Sample activities/outputs** • Contribute information and recommendations to service planning for hearing screening through community services e.g. Child Health and School Health.	• Apply knowledge and evidence-based principles related to ear and hearing health to local program development. **Sample activities/outputs** • Increased proportion of Aboriginal and Torres Strait Islander children receiving hearing screening and appropriate management.
Clinical focus area 7: **Prevention and self-management**	**Development objectives** • Complete assessment and planning for disease specific management. • Develop care plans and case management strategies where indicated. • Implement measurement and monitoring processes relevant to the client/client population and engage the client in their own care. **Sample activities/outputs** • Biannual audit of care plans for clients with chronic disease. • Scoping and development of an 'upstream' approach to a relevant health problem.	**Development objectives** • Apply current evidence and chronic disease self-management principles to local program development. • Evaluate efficacy of current programs and develop recommendations for improvement. • Apply motivational interviewing skills and confidently implement a range of brief interventions relevant to people in the local community. • Assess the feasibility of peer led management groups and develop. • Integrate chronic disease management principles into own practice. **Sample activities/outputs** • Chronic disease programs revised and implemented with recommendations within the scope of the practitioner. • Development and implementation of an 'upstream' approach to a relevant health problem.

Appendix 4: Allied Health Rural Generalist Education Framework Domain 4

Selection/implementation of service-specific clinical skills practice areas in this Domain

Translating the AHRG Education Framework to an education program will require clinical governance principles to be reflected in the program design. Minimum requirements for implementation of service-specific clinical skills are:

- an approved service model that supports/requires the trainee to implement the clinical tasks/function with appropriate supervision (in the training phase) and independently as part of their practice following the training period,
- supportive regulatory environment where relevant to the tasks/functions e.g. prescribing,
- supportive business/funding environment (e.g. skill sharing minor home modifications from occupational therapy to other professions may not be supported by the funding criteria of the relevant housing agency),
- appropriate governance structures within the employing organisation including, where relevant to the task credentialing (e.g. high risk/complexity tasks) and/or other clinical governance processes (e.g. skill shared tasks requiring significant underpinning knowledge and skill development beyond the core skills of the trainee's profession).

Allied health professionals will select and complete training in the service-specific clinical skill areas required for the current or planned service model of the employing organisation or service unit. Where a role is not currently used, a service development project should be implemented to ensure safe and effective implementation.

An education program should cover learning in clinical governance requirements for the role prior to the clinical training in that scope including:

- Domain 1: Core Unit - Service Development (if the service model does not currently exist),
- Domain 2: Core Unit 1 - Health care systems and rural service models, and
- Domain 2: Optional Units - common rural and remote practice service delivery strategies including telehealth, delegation, skill sharing and partnerships.

Development outcomes for all clinical practice areas in Domain 4

Practices described in Domain 4 will require an education program that provides training which allows the trainee to:

- demonstrate all underpinning knowledge requirements and safe and effective clinical decision-making to incorporate the clinical functions and tasks into the individual's scope of practice,
- complete the prescribed qualification (if relevant), supervised practice and/or clinical competency assessment requirements to demonstrate the ability to integrate the role/functions/tasks into the individual's scope of practice,
- understand and apply risk management and clinical governance strategies as they relate to the practice area, including engagement in supervision, clinical case reviews, assessment and re-assessment processes and any formal credentialing and defining scope of clinical practice processes required to implement the scope functions/tasks in the local service.

For information on credentialing and defining scope of clinical practice requirements refer to QH-HSD-034: 2014 and QH-HSDGDL-034-1:2015.

Domain 4: Service-specific clinical skills

This domain includes training in roles, functions and tasks that, although not unique to rural generalist practice in these professions, are likely to be required by many current and emerging rural or remote service models. Clinical focus areas in this section of Domain 4 relate to implementation of a specific practice or scope that are beyond the entry-level competencies of their profession. The scope of practice of a profession refers to the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within that profession are educated, competent and authorised to perform.[7]

Most of the focus areas below have existing accredited training programs, Board endorsement or organisation approval processes. An education program based on the AHRG Education Framework should integrate the focus areas below. A rural generalist trainee would select a focus area if it is supported and required by the local service model.

Advanced clinical practice roles involve high levels of clinical skill, knowledge and practice, clinical leadership skills, applied clinical research and evidence-based practice capacities, and competence in facilitating the education and learning of others.[8] In Queensland Health, the term 'complex practices' may also be used in relation to the clinical requirements of advanced clinical practice roles. Extended scope of practice is a form of complex practice that relates to a discrete knowledge and skill base additional to the recognised scope of practice of a profession and/or regulatory context of a particular jurisdiction.[9] There are several advanced or extended scope practices within this Domain that may be relevant to a minority of rural generalist roles. There are also a small number of practices / roles that are not advanced or extended scope but fit well into Domain 4 as they have similar training, governance and service implementation factors for the organisation and the practitioner (e.g. dual qualification roles). The decision to implement the services presented should be based on the needs of the client and the ability to maintain the service and governance processes, including during periods of staff vacancies.

Stage 4 project

The 2023 project examined the currency of concepts and terminology in relation to Domain 4. The OCAHO identified the need for minor amendments to some titles and descriptions in relation to extended scope and skill sharing concepts. Further detail and clarification was provided of the terms 'advanced (clinical) practice', 'complex practices', 'extended scope of practice' and 'first / primary contact'. Domain 4 was retitled 'service-specific clinical skills' to more clearly link the content with service models.

[7] New South Wales Health (2011). Health Professionals Workforce Plan Taskforce: Discussion paper to inform and support the NSW Government's Health Professionals Workforce Plan. Retrieved from https://www.health.nsw.gov.au/workforce/hpwp/Publications/hpwp-dis

[8] Queensland Health. Framework for Advanced Clinical Practice for Allied Health Professionals within Queensland Health, 2013 at https://www.health.qld.gov.au/ahwac/html/full-scope

[9] Queensland Health. Ministerial taskforce on health practitioner expanded scope of practice, 2014 at https://www.health.qld.gov.au/ahwac/html/hpmintaskforce

Domain 4 - Service-specific clinical skills: all professions	
Level 1	**Level 2**
Service outcomes • Development activities will support the team to achieve the following service outcome/s: – Service-specific clinical scope tasks identified in the team's service model are implemented by the trained rural generalist clinician with appropriate safety, evaluation, governance and reporting processes in place.	**Service outcomes** • Development activities will support the team to achieve the following service outcome/s: – Clinical scope tasks identified in the team's service model, that are beyond the entry-level competencies of their profession, are implemented by the trained rural generalist clinician with appropriate safety, evaluation, governance and reporting processes in place.

Domain 4 Optional Units

Option		Domain 4 - Service-specific clinical skills Level 1	Level 2
Diabetes and insulin dose adjustment advice	Exercise physiology Nutrition & dietetics Pharmacy Physiotherapy Podiatry	• Exposure of practice of a health professional with a scope of practice that includes comprehensive diabetes management: – Credentialed Diabetes Educator (CDE) – Advice on insulin dose[10]	• Scope approved for implementation in local service – CDE and provision of advice on insulin dose adjustment (Service Plan – Domain 1, Core Unit 1). • Complete diabetes education training qualification.[11] • Complete training for provision of advice on insulin dose adjustment. • Complete any required credentialing and defining scope of clinical practice requirements specified by

[10] Queensland Health. Guiding principles for the local credentialing of registered nurses and accredited practicing dietitians to provide advice on insulin dose - A guide for Hospital and Health Services, 2017 at https://qheps.health.qld.gov.au/caru/networks/diabetes/documents.

[11] Australian Diabetes Educators Association (ADAEA) website at https://www.adea.com.au/about-us/

Option	Domain 4 - Service-specific clinical skills	Level 1	Level 2
			legislation /regulatory agencies, local hospital and health service, registration boards and other agencies. • Provide diabetic education services within scope of practice and agreed service area. • Provide advice on insulin dose adjustment in line with current guidelines for the profession and approved service model.
Dual qualifications: **Sonography**	Radiography (medical imaging)	• Exposure to sonography services through clinical local supervisor/clinician (where available) or clinical placement. • Observation of ultrasound procedures with self-reflection to identify personal attributes required for delivery of sonography services and to complete training. • Observation of ultrasound procedures to identify local ultrasound service implementation considerations.	• Sonography model approved for implementation in local service. • Complete specified education and training to achieve required competency. • Complete any clinical governance requirements specified by local hospital and health service, or other agency. • Adhere to reporting and monitoring requirements.
Primary contact (complex practice)	Nutrition & dietetics Occupational therapy Physiotherapy	• Exposure through local supervisor/clinician (where available) or clinical placements to primary contact (complex practice)[12] roles/service models. • Common current practice examples include: – musculoskeletal/orthopaedic physiotherapy first contact specialist clinic e.g. Orthopaedic Physiotherapy Screening Clinic	• Primary contact/first contact model approved for implementation in local service (Service Plan – Domain 1, Core Unit 1) • Complete specified education and training to achieve required competency including advanced or extended scope tasks, pathology and/or diagnostic imaging, as relevant.

[12] Note: primary (first) contact is not an extended scope activity. This focus area includes primary contact (complex practice) roles that require highly developed clinical knowledge, skills and leadership to implement and are beyond entry-level competencies. In this model the clinician is generally responsible for intake, management and discharge from a service pathway (for a defined client group and with a governing protocol). The role includes requesting pathology and/or diagnostic imaging beyond tests included in entry-level scope.

Option		Domain 4 - Service-specific clinical skills Level 1	Level 2
		– rural emergency department primary contact role – dietitian first gastroenterology clinic	• Complete of any required credentialing and defining scope of clinical practice requirements specified by legislation/regulatory agencies, local hospital and health service, registration boards and other agencies. • Adhere to reporting and monitoring requirements.
Gastrostomy management	Nutrition & dietetics	• Exposure to dietetic gastrostomy management model through local supervisor/clinician (where available) or clinical placements.	• Dietitian gastrostomy management model approved for implementation in local service (Service Plan – Domain 1, Core Unit 1) consistent with evidence-based gastrostomy management guidelines. [13] • Complete additional training required by the service delivery model and the scope of practice for the dietitian. • Complete any required credentialing and defining scope of clinical practice requirements specified by legislation/regulatory agencies, local hospital and health service, registration boards and other agencies. • Provide dietitian gastrostomy management service within defined scope of practice (e.g. gastroenterology cases requiring long term nutrition support). • Adhere to reporting and monitoring requirements.

[13] Example: NSW Agency for Clinical Innovation. A Clinician's Guide: Caring for people with gastrostomy tubes and devices, 2015 at https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0017/251063/gastrostomy_guide-web.pdf

Domain 4 - Service-specific clinical skills			
Option		**Level 1**	**Level 2**
Prescribing/ administering (where not included in entry level qualification)	Physiotherapy	• Exposure to physiotherapy prescribing in the emergency department or specialist clinic through local supervisor/clinician (where available) or clinical placement.	• Physiotherapy prescribing model approved for implementation in local service consistent with Medicines and Poisons Act 2019 Extended Practice Authority 'Physiotherapists' Queensland Government[14] • Complete specified education and training to achieve required competency. • Ensure procedures are established that all authorised prescriptions for the supply of a medicine are only dispensed by a pharmacist at the practising hospital. • Complete any required clinical governance requirements specified by legislation/regulatory agencies, local hospital and health service, registration boards and other agencies. • Adhere to prescribing, reporting and monitoring requirements.
	Podiatry	• Exposure to podiatry prescribing through local supervisor/clinician (where available) or clinical placement.	• Complete specified education and training to achieve required competency. • Obtain registration endorsement for scheduled medicines from Podiatry Board of Australia. • Complete any clinical governance requirements specified by local hospital and health service, registration board, or other agencies.

[14] Queensland Government. Medicines and Poisons Act 2019. Extended Practice Authority 'Physiotherapists', 2021 at https://www.health.qld.gov.au/__data/assets/pdf_file/0028/1108945/epa-physiotherapists.pdf

Option	Domain 4 - Service-specific clinical skills		
		Level 1	Level 2
			• Prescribe within scope of practice and Podiatry Board of Australia clinical practice guidelines. • Adhere to reporting and monitoring requirements.
	Exercise physiology Nutrition & dietetics Occupational therapy Physiotherapy Speech pathology Psychology	• Exposure to the extended scope prescribing through clinical local supervisor/clinician (where available) or clinical placement	• Prescribing model approved for implementation in local service consistent with A framework for allied health professional prescribing trials within Queensland Health 2014. [15] • Complete specified education and training to achieve required competency. • Complete any required credentialing and defining scope of clinical practice requirements specified by legislation/regulatory agencies, local hospital and health service, registration boards and other agencies. • Prescribe/administer medications by protocol or limited formulary within defined scope of practice • Adhere to reporting and monitoring requirements
Vaccine administration	Pharmacy	• Exposure to pharmacist vaccination through clinical local supervisor/ clinician (where available) or clinical placement	• Vaccine administration model approved for implementation in local service consistent with Medicines and Poisons Act 2019 Extended Practice Authority 'Pharmacists' Queensland Government[16] • Complete specified education and training program to achieve required competency

[15] Queensland Health. A framework for allied health professional prescribing trials within Queensland Health, 2014 at https://www.health.qld.gov.au/__data/assets/pdf_file/0020/158024/prescribing-fwork.pdf

[16] Queensland Government (2022). Medicines and Poisons Act 2019 Extended Practice Authority 'Pharmacists' at https://www.health.qld.gov.au/__data/assets/pdf_file/0027/1108944/epa-pharmacists.pdf

Option	Domain 4 - Service-specific clinical skills	Level 1	Level 2
			• Ensure equipment and procedures detailed in the Australian Immunisation Handbook[17] are in place • Complete any required clinical governance requirements specified by legislation/regulatory agencies, local hospital and health service, registration boards and other agencies. • Adhere to reporting and monitoring requirements
Requesting diagnostic imaging tests (for tests not included in entry level qualification)	Occupational therapy Podiatry Physiotherapy Speech pathology	• Exposure to extended scope diagnostic imaging requesting through local supervisor / clinician (where available) or clinical placements.	• Requesting diagnostic imaging approved for implementation in local service (Service Plan: Domain 1, Core Unit 1) consistent with referrals and requests for a diagnostic procedure[18]. • Complete education and training to achieve required competency. • Complete any required credentialing and defining scope of clinical practice requirements specified by legislation/regulatory agencies, local hospital and health service, registration boards, other agencies. • Adhere to reporting and monitoring requirements
Requesting pathology tests	Exercise physiology Nutrition & dietetics	• Exposure to extended scope pathology requesting through local supervisor / clinician (where available) or clinical placements.	• Complete education and training to achieve required competency. • Complete any required clinical governance requirements specified by local hospital and health service and other agencies.

[17] Australian Technical Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook, Australian Government Department of Health and Aged Care, Canberra (2022) at https://immunisationhandbook.health.gov.au/

[18] Queensland Government (2021). Queensland Health: Request or prescribe a diagnostic or therapeutic procedure. Available at: https://www.health.qld.gov.au/system-governance/licences/radiation-licensing/overview/roles/procedure-requests

Domain 4 - Service-specific clinical skills			
Option		**Level 1**	**Level 2**
(for tests not included in entry level qualification)	Occupational therapy Podiatry Pharmacy Physiotherapy Speech pathology		• Adhere to reporting and monitoring requirements.

Domain 4: Skill sharing

Skill sharing and shared practice

Skill sharing and shared practice have been the subject of considerable development work in Queensland Health since 2011, with a range of resources developed including a framework[19], supporting documents and Clinical Task Instructions (CTI) (competency documents). Skill sharing is not necessarily a complex practice as the CTI limits implementation of the skill shared task to relatively low risk situations. Services implementing skill sharing in Queensland demonstrate that it generally used to effect a modest expansion of a health professional's scope or standardises the implementation of tasks that are already partly covered within accepted scopes of practice of multiple professions (shared practice).

Skill sharing and shared practice tasks in the AHRG Education Frameworks have been drawn from multiple projects in Queensland Health, the GNARTN Rural and Remote Generalist: Allied Health project[20], and stakeholder advice. Tasks have been determined to be appropriate for skill sharing in many settings based on the assumptions described in the *Skill Sharing Framework.* Terms and definitions used in skill sharing implementation and CTIs are published in skill sharing guides and supporting documents on the Queensland Health website.[21]

Skill sharing task clusters for training

The skill sharing section of Domain 4 is presented as a single document rather than profession-specific training. By definition, a skill shared task can potentially be implemented by a range of professions. The decision to implement skill sharing, and which tasks will be delivered by a specific rural generalist trainee, would be determined by the health service.

Some skill sharing tasks listed in the AHRG Education Framework have an existing or planned CTI published on the Queensland Health website[22]. Tasks are presented in topic clusters such as Mobility & Transfers and ADL & Function. Task clusters share underpinning knowledge and have pre-requisite or co-requisite training requirements e.g. CTI S-MT01 Functional Walking Assessment is a pre-requisite for CTI S-MT02: Prescribe, train and review of walking aids. An education program can use the CTIs as the basis for workplace-based training, including local competency assessment, and provide the structured training process and underpinning (theoretical) content and knowledge assessment that supports the acquisition of one or more competencies in the cluster.

[19] Queensland Health. Skill Sharing Framework, 2022 at https://www.health.qld.gov.au/ahwac/html/extended-scope

[20] Greater Northern Australia Regional Training Network. Rural and Remote Generalist: Allied Health - Project Report, 2013 at https://www.health.qld.gov.au/__data/assets/pdf_file/0025/656035/GNARTN-project-report.pdf

[21] Queensland Health. Extended scope of Practice at https://www.health.qld.gov.au/ahwac/html/extended-scope

[22] Queensland Health. Clinical Task Instructions at https://www.health.qld.gov.au/ahwac/html/clintaskinstructions

Some skill shared tasks do not have published CTIs and had limited information available in source documents. They would require further scoping prior to integrating into a training program. Guidelines are available to determine the need to develop and write a CTI.[23]

Domain 4 - Skill sharing all professions (Level 1 and 2)
Service outcomes Development activities will support the team to achieve the following service outcome/s: • Skill shared tasks identified in the team's service model are implemented by the trained rural generalist clinician with appropriate safety, evaluation, governance and reporting processes in place.

Domain 4 - Skill sharing: all professions	
Core skill shared tasks for rural and remote health professionals	Development objectives: • Perform the following: – High risk foot screen – Falls risk screen – Psycho-social screen – Carer strain index – Mental health first aid – Subjective screening assessment of pressure area risk including Waterlow (pressure risk screen) – Malnutrition risk screen (using MST)
Skill share option 1: **Activities of daily living (ADL) and function**	**Assessment** Administer/conduct, interpret and implement actions from screening and basic assessments: 1. Personal ADLs:

[23] Queensland Health. Guidelines for developing and writing clinical task instructions, 2022 at https://www.health.qld.gov.au/__data/assets/pdf_file/0021/1170507/Writing-Guidelines.pdf

Domain 4 - Skill sharing: all professions	
	• grooming • dressing • toileting • showering/bathing • basic meal preparation 2. Home environment: • Home environment assessment – with and without telehealth support or asynchronous telehealth (image capture) **Intervention** Provide bridging/basic intervention tasks as indicated by assessment (or reassessment/review): 1. Personal ADLs - grooming, dressing, toileting, showering/bathing, basic meal preparation: • Functional retraining and compensatory strategies (including carer education) • Review and progress rehabilitation program for personal ADLs 2. Home environment • minor home modifications – grab rails • environment modification to reduce risks and increase function in the home 3. Equipment/Assistive Technology • prescribe, fit, trial, train and review use of aids/equipment: – shower chair – static and mobile – over toilet frame – freestanding toilet surround – raised toilet seat – static commode – dressing aids

Domain 4 - Skill sharing: all professions	
	– transfer bench
Skill share option 2: Mobility and transfers	**Assessment** Administer/conduct, interpret and implement actions from screening and basic assessments: • mobility with and without usual aid (indoor - home or clinical environment) • mobility with usual aid (outdoor mobility) • mobility on stairs with usual aid • transfers – regular seating (including wheelchair) – bed – bathroom (including raised toilet seat, over toilet frame, shower chair) – vehicle • bed mobility • balance assessment including Berg Balance Scale (BBS) • Falls Risk for Older People in the Community (FROP-Com) tool • Falls Risk for Older People in the Community Screen (FROP-Com Screen) • Timed Up and Go (TUG) **Intervention** Provide bridging/basic intervention tasks as indicated by assessment (or reassessment/review): • prescribe, fit, trial, train and review use of mobility aids – single point stick (primary indications for skill shared task: fatigue, short term functional limitation) – crutches (primary indications for skill shared task: weight bearing relief and short term use) – four wheel walker (primary indications for skill shared task: fatigue, short term functional limitation) – hopper (pick up) frame (primary indications for skill shared task: weight bearing relief, short term balance deficit) • prescribe, fit, trial, train and review manual wheel chair (Note: excludes clients with high pressure injury risk and special seating requirements; main indications are short-term use of wheel chair e.g. temporary mobility / weight

Domain 4 - Skill sharing: all professions	
	bearing restriction; or periodic use of wheel chair to improve community access e.g. functional exercise tolerance limitation) • provide standard falls risk minimisation education, supported by client information resources • provide functional retraining and/or review and progress rehabilitation program: – mobility with or without aid – stairs with or without aid – bed mobility – transfers – standing balance/functional balance
Skill share option 3: **Cognition, Perception and Memory**	**Assessment** Administer/conduct, interpret and implement actions from screening and basic assessments: • Perception screening using standardised tools • Cognition screening using standardised tools – MOCA – RUDAS – MMSE – sKICA (Kimberly Indigenous Comprehensive Assessment – short form) & KICA-Cog Informant Questionnaire (if tools relevant to local service setting i.e. Aboriginal clients) - *requires further scoping* **Intervention** Provide bridging/basic intervention tasks as indicated by assessment (or reassessment/review): • Standard education for client and carer/family - behaviour management strategies, compensatory memory and perception strategies
Skill share option 4:	**Assessment** Administer/conduct, interpret and implement actions from screening and basic assessments:

Domain 4 - Skill sharing: all professions	
Developmental and Child Health	• Developmental assessment including protocol-supported subjective assessment and screening tool/s (Ages and Stages Questionnaire – *further scoping required to identify the most relevant screening tool/s*). • Mobility and gross motor – *requires further scoping* • Fine motor – *requires further scoping* • Musculo-skeletal – *requires further scoping* • Communication – *requires further scoping of component activities* – Receptive language skills using standardised tools (e.g. Preschool CELF) – Expressive language skills using informal measures (speech screening tool, gathering subjective information from caregivers, school, clinic) **Intervention:** Provide bridging/basic intervention tasks as indicated by assessment: • Standard education to promote physical function including positions/postures, principles for maximising engagement in functional activities, basic environmental modifications and compensatory strategies Review and progress prescribed therapy program: - *further definition of focus/scope of tasks required* • Language development (including receptive and expressive language) • Fine motor therapy program • Gross motor therapy program *NOTE: this area has had only limited scoping in skill share projects, so will require further consultation with clinical experts to refine.*
Skill share option 5: **Diet and Nutrition**	**Assessment** Administer/conduct, interpret and implement actions from screening and basic assessments: • Subjective assessment including diet history/nutritional intake • Height, weight, BMI (or Height, weight, BMI and waist circumference) • Malnutrition Screening Tool (also in core skill sharing skill set)

Domain 4 - Skill sharing: all professions	
	• Subjective Global Assessment • Mini Nutritional Assessment – Short Form - *requires further scoping* **Intervention:** Provide bridging/basic intervention tasks as indicated by assessment (or reassessment/review): • Nutrition education supported by standard client information resources and advice on food strategies relevant to local setting (includes high protein high energy [HPHE], healthy eating for diabetes, healthy eating for all - *may need further definition)*
Skill share option 6: **Musculo-skeletal**	**Assessment** Administer/conduct, interpret and implement actions from screening and basic assessments: • Subjective assessment (post-orthopaedic surgery) • Objective assessment (post-orthopaedic surgery lower limb) – observation, goniometry, manual muscle testing **Intervention:** *Review and progress* prescribed rehabilitation program: • Total Knee Replacement (TKR) program • Total Hip Replacement (THR) program • Lower limb home exercise program (non-operative, pre-operative) *NOTE: the musculoskeletal tasks focus on lower limb tasks as upper limb orthopaedic surgery review/rehab is in the scope of both the occupational therapy and physiotherapy professions (though individual practitioner skills may vary).*
Skill share option 7: **Foot care (high risk groups)**	**Assessment:** Administer/conduct, interpret and implement actions from screening and basic assessments: • Subjective screening assessment including high risk foot screen e.g. Qld Health Diabetic Foot Assessment of Risk Test (DART) • Basic vascular assessment including Ankle-Brachial Pressure Index (ABPI) • Neurological Screen Foot & Lower Leg including monofilament testing

Domain 4 - Skill sharing: all professions	
	• Basic wound assessment/review including photography (+/- store and forward) **Intervention:** Provide bridging/basic intervention tasks as indicated by assessment (or reassessment/review): • Education - foot self-care for clients at risk of foot ulcers; diabetes complications impact/risk for lower limb
Skill share option 8: **Pressure care, scars and wounds**	**Assessment** Administer/conduct, interpret and implement actions from screening and basic assessments: • Subjective screening assessment of pressure area risk including Waterlow (pressure risk screen) • Basic wound assessment/review including photography (+/- store and forward) **Intervention** Provide bridging/basic intervention tasks as indicated by assessment (or reassessment/review): • pressure care education for clients and carers • prescribe, fit, trial, educate and review - basic pressure relieving equipment (heel protectors, low pressure relief products) Provide telehealth supported intervention tasks as indicated by assessment (or reassessment/review): • prescribe, fit, trial, educate and review - pressure cushion for regular seating (including wheelchair) Review and progress prescribed rehabilitation program: • wounds and scars ongoing self-management program including scar massage, moisturisers, exercise program, positioning
Skill share option 9: **Social and psycho-social**	**Assessment** Administer/conduct, interpret and implement actions from screening and basic assessments: • Geriatric Depression Scale - Short Form • Psycho-social screen • Carer strain index

Domain 4 - Skill sharing: all professions	
	Intervention Provide bridging/basic intervention tasks as indicated by assessment (or reassessment/review): • Mental health first aid (also in 'core rural generalist skill share group') (Note formal training program, not CTI)
Skill share option 10: Swallowing	**Assessment** Administer/conduct, interpret and implement actions from screening and basic assessments: • Subjective screening assessment for dysphagia Provide telehealth supported assessment: • Client-end support for Speech Pathologist telehealth-delivered dysphagia assessment **Intervention** Provide bridging/basic intervention tasks as indicated by assessment (or reassessment/review): • Deliver standard education on swallowing risk minimisation and oral hygiene. Provide telehealth supported intervention tasks as indicated by assessment (or reassessment/review): • Deliver standard education to support implementation of management plan recommended by Speech Pathologist, (supporting speech pathologist real-time prescription via telehealth or prescription previously provided)
Skill share option 11 Communication	**Assessment** • Screening assessment of communication for adults. **Intervention** Provide bridging/basic intervention tasks as indicated by assessment (or reassessment/review): • Deliver standard education to support implementation of management plan recommended by Speech Pathologist

Abbreviations

Acronym	Term
AHA	Allied Health Assistant
AHRG	Allied Health Rural Generalist
CTI	Clinical Task Instruction (written competency for a skill shared clinical task)
HHS	Hospital and Health Service
HP	Health Practitioner as defined by the Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No.4) 2022.

Version history

Version	Publication	Comment
1.0	Released under embargo to James Cook University November 2016. Published February 2018	Output of Stage 1 and Stage 2 projects
2.0	April 2019	Output of Stage 3 project inclusion of psychology and social work
3.0	May 2023	Reformatted into new template Inclusion Mental Health as a clinical focus area within occupational therapy
4.0	November 2023	Inclusion of exercise physiology

Acknowledgments

Project managers / leads

Stage 1 project

Ms Vanessa Burge	AHET, Darling Downs Hospital & Health Service
Dr Robyn Adams	AHET, Darling Downs Hospital & Health Service

Stage 2 project

Dr Scott Davis	Greater Northern Australia Regional Training Network
Dr Kristine Battye	Kristine Battye Consulting

Stage 3 project

Ms Kimberly Curr	AHET, Darling Downs Hospital & Health Service

Stage 4 project

Ms Juanine Passfield	AHET, Darling Downs Hospital & Health Service

Expert panels

Dr Anne Hill	University of Queensland
Assoc Prof Ruth Barker	James Cook University
Assoc Prof Megan Smith	Charles Sturt University
Assoc Prof Rodney Pope	Bond University
Ms Lynda Cardiff	QUT
Ms Elaine Lum	QUT
Ms Karen Bettenay	QUT
Assoc Prof Katrina Reynolds	Central Queensland University
Assoc Prof Paul Tinley	Charles Sturt University
Prof Susan Nancarrow	Southern Cross University
Assoc Prof Jenny Sim	University of Auckland
Assoc Prof Kerry Thoirs	University of South Australia
Mr Tony Buxton	University of Newcastle
Dr Claire Palermo	Monash University
Prof Sandra Capra	University of Queensland
Adj Assoc Prof Merrilyn Banks	Queensland Health / QUT / University of Queensland
Assoc Prof Trish Wielandt	James Cook University
Assoc Prof Michael Curtin	Charles Sturt University
Dr Shelley Allen	University of Queensland
Dr Kerry McBain	James Cook University
Prof Caroline Hunt	University of Sydney
Prof Bob Lonne	University of New England

Prof Margaret Alston	University of Newcastle
Dr Roslyn Darracott	QUT
Prof Claire Drummond	Flinders University
Dr Michael Inskip	James Cook University
Ms Kirsten Russell	James Cook University

Contributors

- Statewide profession network chairs and members
- Clinical education program managers and clinical educators
- Directors of Allied Health
- Rural and remote allied health professionals and other stakeholders that contributed to consultations.