

Allied Health Rural Generalist Pathway

Overview

A rural generalist pathway for the allied health professions has been in development in Queensland Health since 2013 and is informing and aligning to national work in this area. The Queensland Health Allied Health Rural Generalist (AHRG) Pathway supports hospital and health services (HHSs) to implement comprehensive service development, workforce/employment and training programs in rural and remote allied health teams.

The Allied Health Rural Generalist Pathway aims to support:

- the growth, sustainability and value generated by the rural and remote allied health workforce and
- the proliferation of rural generalist service models that deliver accessible, safe, effective and efficient health services for rural and remote consumers.

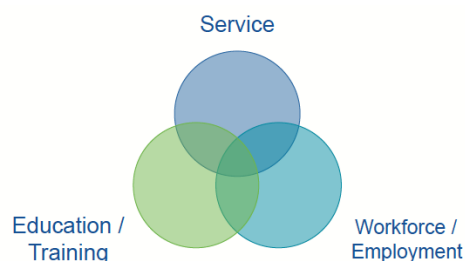
The Allied Health Rural Generalist Pathway is part of the [Queensland Health Allied Health Expanded Scope Strategy 2016-21](#).

This document describes Queensland Health strategies that support the development and implementation of the Allied Health Rural Generalist Pathway.

Structure of the Allied Health Rural Generalist Pathway

The Allied Health Rural Generalist Pathway has three key components:

1. **Workforce policy and employment structures** that align to training and support requirements of early career practitioners and facilitate progression from entry-level to proficient rural generalist competency in the relevant allied health profession.
2. A formal **rural generalist education program** that supports the development of the clinical and non-clinical practice requirements relevant to the profession and setting.
3. **Rural generalist service delivery models** that support and engage allied health professionals to implement innovative and effective solutions that address the challenges of delivering care across a wide breadth of clinical presentations, and to geographically dispersed and culturally diverse populations.



These components are inter-related and must be actively developed concurrently in a healthcare organisation implementing the Allied Health Rural Generalist Pathway.

Allied Health Rural Generalist: concepts and definitions

Rural generalist health professionals possess, or are developing, broad clinical competencies in their profession, plus one or more areas of “depth” or “special skills” that align to a specific service priority or community need. Rural generalists provide services to



a large range of consumers, for a wide breadth of clinical presentations, and usually work across the age spectrum and in a variety of healthcare delivery settings (inpatient, ambulatory care, community). Working in small teams and in inter-professional and inter-agency service models is common. This requires a range of non-clinical capabilities including collaborative practice, service evaluation and planning, leadership, education and training, community engagement and cultural safety.

Rural generalism is influenced by, but not exclusively defined by, geography. That is, an allied health professional cannot be described as a “rural generalist” solely because their workplace is in a rural or remote area. Allied health professionals with a narrower, more specialised scope of practice also work in rural and remote areas and provide valuable services for their community. Rural generalism is emerging as a recognised and definable skill set for a number of allied health professions. The Queensland Health Allied Health Rural Generalist Education Framework describes expected practice capabilities for nine professions in the early career phase through to a proficient rural generalist. Access the education framework at: <https://www.health.qld.gov.au/ahwac/html/rural-remote>. Rural generalists are a sub-set of allied health professionals working in rural and remote areas who possess or are developing this skill set.

The term “rural generalist” alone does not indicate a level of proficiency or expertise. That is, an individual health professional can be a “developing rural generalist”, “proficient rural generalist” or a rural generalist with extended scope or complex practice capabilities. The continuum of rural generalist development is described in Figure 1. The Allied Health Professions’ Office of Queensland (AHPOQ) does not support the use of the term rural “specialist generalist” for allied health as it is needlessly restrictive, as it pertains to only a minority of the rural generalist workforce that are very experienced and possess highly advanced capabilities in rural generalist practice. There is also the potential for confusion with specialist registration as defined by the *Health Practitioner Regulation National Law (Queensland)*.

“Rural generalist” should not be confused with the term “generic health worker”, that does not have a primary health professional qualification. The Allied Health Rural Generalist Pathway focusses on the development of rural generalist capabilities in relation to a health practitioner’s own profession. Rural generalists practice under the regulatory instruments of their allied health profession and the policies of their employer.

The Allied Health Rural Generalist Pathway supports post-professional entry training and development. That is, Stage 1 of the training pathway commences at the point that an individual allied health professional meets all requirements to practice independently in their profession. This may include completion of an accredited entry-level qualification or an intern year or period of provisional registration as prescribed by the profession’s regulatory body. A more extensive allied health rural workforce “pipeline” commencing in pre-entry training, vocational education or secondary schooling is not currently available.

Figure 1 Allied health rural generalist roles and development



Allied Health Rural Generalist Training Positions

Allied Health Rural Generalist Training Positions provide a supportive entry into rural and remote practice for graduates and early career professionals.

Employment and human resources

The term “Allied Health Rural Generalist Training Position” describes a range of training, supervision and support structures that are implemented by the health service for the role. Positions are subject to Queensland Health industrial instruments and human resource policies. Allied Health Rural Generalist Training Positions are Health Practitioner level 3 (HP3) roles. Hospital and health services are responsible for creating and managing the positions.

There are two forms of Allied Health Rural Generalist Training Position in Queensland Health:

1. HP3 Rural Generalist Pathway Positions (HP3 RGP) and
2. HP3 Rural Development Pathway Positions (HP3 RDP).

In this document the term “Allied Health Rural Generalist Training Position” refers to HP3 RGP and HP3 RDP roles unless stated otherwise.

1. HP3 Rural Generalist Pathway positions (HP3 RGP)

- The position can be a permanent or temporary HP3 role.
- The position title is “[Profession/Title] (Rural Gen Path)”.
- The HHS implements the mandatory position specifications and support requirements for an Allied Health Rural Generalist Training Position (see below).
- The employee can access enhanced support and education opportunities while appointed to the Allied Health Rural Generalist Pathway Position. The employee will complete the Approved Rural Generalist Education Program nominated by the HHS within the maximum course time allowed by the education provider.
- On completion of the Approved Rural Generalist Education Program the permanent employee remains at HP3 level, with application of HR Policy C27 Health Practitioners – Higher Education Incentive ([QH-POL-144](#)) if relevant.

2. HP3 Rural Development Pathway positions (HP3 RDP)

- HR Policy B66 HP3 to HP4 Rural Development Pathway ([QH-POL-382](#)) applies.
- The position title is “[Profession/Title] (Rural Dev Path)”.
- The HHS implements the mandatory position specifications and support requirements for an Allied Health Rural Generalist Training Position (see below).
- The HP3 Rural Development Pathway role is linked to a permanent HP4 position. The employee is permanently appointed to a full-time HP3 (Rural Development Pathway) role and can be transferred to the permanent HP4 role when the policy requirements are met.

Mandatory position specifications and support requirements

Position Location

The base location is classified as Category A (rural) or Category B (remote) in Schedule 2 of HR Policy B66 HP3 to HP4 Rural Development Pathway ([QH-POL-382](#)).

Scope of the role

The position should require rural generalist capabilities and scope of practice as described in the [Allied Health Rural Generalist Education Framework](#).

Eligible professions

The following professions have an Approved Rural Generalist Education Program and so can be implemented as an Allied Health Rural Generalist Training Position:

- medical imaging,
- nutrition and dietetics,
- occupational therapy,
- pharmacy,
- physiotherapy,
- podiatry,
- psychology
- social work,
- speech pathology.

Supervision, support and training

An Allied Health Rural Generalist Training Position is described as either “Stage 1” or “Stage 2”. The stages are not reflected in responsibilities, position titles or pay points. The terms are used to describe the supervision, training and support to be implemented for the position.

The HHS will determine whether a role will be implemented as a Stage 1 or Stage 2 Allied Health Rural Generalist Training Position. The training stage will determine the education program undertaken by the position incumbent and the total duration of the training pathway.

(a) Allied Health Rural Generalist Training Position – Stage 1

- Experience at commencement:
The position incumbent or “trainee” has less than two years’ professional experience at the date of commencement in the training position or the HHS determine that the trainee will commence the training pathway in Stage 1.
- Profession-specific supervision:
The Stage 1 position must have a profession-specific supervisor that is co-located with the trainee for 50% or more of work hours. Telehealth support can be used to augment supervision but does not replace the co-location requirement.

Formal professional support requirements outlined in the Health Service Directive: Credentialing and Defining the Scope of Clinical Practice ([QH-HSD-034:2014](#)), and the associated guideline ([QH-HSDGDL-034-1:2013](#)) are implemented.

- **Dedicated development time:**
A minimum of 0.1FTE of the work role is allocated to training and development activities.
- **Education:**
The incumbent undertakes an Approved Level 1 Rural Generalist Education Program. For HP3 RDP positions, the education program (if available for the profession) can be integrated into the Intensive Development Plan.
- **Pathway duration:**
At the successful conclusion of an Approved Level 1 Rural Generalist Education Program, the incumbent will commence an Approved Level 2 Rural Generalist Education Program. The entire duration of the training pathway for employees entering in a Stage 1 Rural Generalist Pathway position, including Level 1 and Level 2 education programs, is a minimum of two and a half years and maximum of four years. The entire duration of the training pathway for a Stage 1 Rural Development Pathway position is reflected in HR Policy B66.

(b) Allied Health Rural Generalist Training Position – Stage 2

- **Experience at commencement:**
The incumbent has a minimum of two years' professional experience at the date of commencement in the training position.
- **Profession-specific supervision:**
The supervisor can be co-located with the trainee or work in a different location and provide support through regularly scheduled telehealth supervision sessions. If supervision is generally implemented remotely, the Stage 2 trainee should access face-to-face supervision several times per year through short clinical placements. This may be augmented by local inter-professional supervision and peer support.

Formal professional support requirements outlined in the Health Service Directive: Credentialing and Defining the Scope of Clinical Practice ([QH-HSD-034:2014](#)), and the associated guideline ([QH-HSDGDL-034-1:2013](#)) are implemented.
- **Dedicated development time:**
A minimum of 0.1FTE of the work role is allocated to training and development activities.
- **Education:**
The incumbent will undertake an Approved Level 2 Rural Generalist Education Program. For HP3 Rural Development Pathway positions, the education program (if available for the profession) can be integrated into the Intensive Development Plan (IDP).
- **Pathway duration:**
The entire duration of the training pathway for employees entering in a Stage 2 Allied Health Rural Generalist Training Position is a minimum of two years and maximum of three years.

Education

Allied Health Rural Generalist Training Positions require the position holder to enrol in and complete a formal program of study nominated by the HHS for the position. The HHS will

nominate an education program that has been approved by the Chief Allied Health Officer, Allied Health Professions' Office of Queensland. Study is undertaken as a mandatory requirement of the Allied Health Rural Generalist Training Position and academic progress should be monitored by the work unit.

Approved Rural Generalist Education Program

Approved Rural Generalist Education Programs have demonstrated alignment to the [Allied Health Rural Generalist Education Framework](#). The approved programs at January 2019 are listed in Figure 2. Changes and updates to the approved programs list may occur from time to time and will be circulated to HHSs and published on the Allied Health Professions' Office of Queensland website.

Figure 2 Approved Rural Generalist Education Programs

Approved Level 1 Rural Generalist Education Program

1. James Cook University Level 1 Rural Generalist Program
Information: <https://www.jcu.edu.au/rgp>.
Eligible professions: nutrition and dietetics, pharmacy, podiatry, occupational therapy, medical imaging, physiotherapy, speech pathology.

Approved Level 2 Rural Generalist Education Program

2. James Cook University – Graduate Diploma of Rural Generalist Practice
Information: <https://www.jcu.edu.au/courses-and-study/courses/graduate-diploma-of-rural-generalist-practice>
Eligible professions: nutrition and dietetics, pharmacy, podiatry, occupational therapy, physiotherapy, speech pathology.
3. Medical imaging Level 2 education
Medical imaging professionals in Stage 2 positions will undertake the following modules in the James Cook University Level 1 Rural Generalist Program (if not previously completed): any three of the modules in the Rural Service Delivery Domain (MO1001 – MO1007), plus MO1016, MO1027 and MO1025 (six modules in total).
The trainee will also complete any accredited, entry-level qualifying program in medical sonography. Medical imaging professionals do not undertake the James Cook University Graduate Diploma of Rural Generalist Practice.

University Fees

The employing HHS will pay the university fees for the nominated Approved Rural Generalist Education Program. Trainees will only have access to payment or reimbursement for the minimum number of modules / subjects required to complete the relevant program/s of study.

Costs may also be incurred for attending residential (block mode) subjects and other costs associated with study such as a student amenities fee, textbooks or software. Responsibility for these costs will be negotiated between the employee and HHS.

Fringe Benefits Tax (FBT)

The payment or reimbursement of education expenses by Queensland Health may have Fringe Benefits Tax (FBT) implications for an employee. When commencing in an Allied Health Rural Generalist Training Position, the employee should access Queensland Health information on FBT implications and seek independent financial advice.

Service development / re-design

Each team implementing an Allied Health Rural Generalist Training Position will complete a service development project. Projects will be formalised with a project plan and governance processes. The projects should aim to produce tangible improvements to service access, effectiveness, appropriateness, and/or efficiency, through implementing a change to the service model that improves alignment with the allied health rural generalist service delivery strategies as follows:

- extended scope of practice including skill sharing,
- delegation to support workers e.g. allied health assistants,
- telehealth-supported service delivery, or
- partnerships supporting inter-agency and rural-urban service integration that brings care “closer to home” for rural clients.

The trainee shall provide a contribution to the project, enabling learnings from the education program to be applied in the local setting. The trainee should provide the following contribution:

- Stage 1 position: contribute to and participate in project activities but not be responsible for the service development or redesign project. The project should be led and managed by senior practitioners in the team or the service manager.
- Stage 2 position: lead the majority of project activities, with support of the profession-specific supervisor and other senior colleagues, and with overall responsibility and oversight for the project sitting with the service manager or delegate.

Queensland Health Allied Health Rural Generalist Training Positions: funding and implementation model

The Allied Health Professions' Office of Queensland provides funding support packages to HHSs for an agreed number of designated Allied Health Rural Generalist Training Positions implemented in a financial year. The funding and implementation model aims to facilitate the redesign of relevant existing HP3 positions into Allied Health Rural Generalist Training Positions, as well as incentivise the designation of new positions as training roles where the mandatory position specifications and support requirements can be met.

Allied Health Rural Generalist Training Funding Support Packages

The funding support package per Allied Health Rural Generalist Training Positions implemented in 2019-20 is:

- \$25,000 p.a. for rural and
- \$30,000 p.a. for remote locations.

The HHS determines the positions to be allocated the funding support packages and notifies the Allied Health Professions' Office of Queensland. HHSs are responsible for paying enrolment fees for trainees' Approved Rural Generalist Education Program but are otherwise able to use the funding flexibly to support rural generalist pathway implementation outcomes.

Indicators and reporting

HHSs report on rural generalist workforce and service development outcomes including implementation of the Allied Health Rural Generalist Training Positions. The indicators include:

Workforce and education

- Number of weeks designated Allied Health Rural Generalist Training Position is filled
- Number of weeks designated supervisor role is filled
- Number of hours of development time accessed per week for each trainee
- Number of hours of formal supervision / professional support and work-based training time delivered by the supervisor and other relevant staff per week for each trainee
- Academic progress of the trainee in the Approved Rural Generalist Education Program.

Service development

Service development project outcomes including one or more indicators from each of the following elements of health service performance:

- Access to services
- Effectiveness, quality and safety including at least one clinical / health outcome measure
- Efficiency and/or cost-effectiveness

Allied Health Rural Generalist Leadership and Education Capacity Building

Trials of Allied Health Rural Generalist Training Positions between 2014 and 2018 highlighted that the leadership / management and education / training capacity of local supervisors and managers is critical to the success of local implementation.

Commencing in January 2019, the Allied Health Professions' Office of Queensland are funding selected HP4 and HP5 allied health practitioners to undertake a program of leadership/management or education capacity building. The 12-month program includes:

- post-graduate study (graduate certificate) in either health services management or health professional education, and
- a learning set-style mentoring program to facilitate peer support and networking, and the application of learning in practice.

Participants are located in rural or remote services that are implementing or developing capacity to implement Allied Health Rural Generalist Training Positions. Each supported employee will lead a work-based project that:

- increases rural generalist education and training capacity (workforce development)
or
- implements rural generalist service redesign and improvement (service development).

The program will be evaluated for its impact on local service and workforce development outcomes and for benefits to the implementation of the Allied Health Rural Generalist Pathway in Queensland Health.