

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.

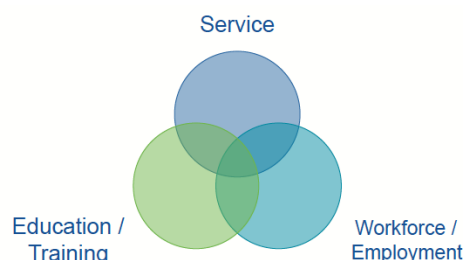
The Allied Health Rural Generalist Pathway is part of the [Optimising the allied health workforce for best care and best value: A 10-year Strategy 2019-2029](#) and the [Allied Health Clinical Education and Workforce Training Plan 2020-2029](#).

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 Office of the Chief Allied Health Officer (OCAHO) 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 (AHRGTP) provide a supportive entry into rural and remote practice for graduates and early career professionals.

Roles and responsibilities

Office of the Chief Allied Health Officer (OCAHO)

- provides funding support packages for an agreed number of rural generalist training positions implemented in HHS
- provides advice for HHSs and external stakeholders on AHRGTP implementation
- coordination of networks
- evaluation and system monitoring of risks and outcomes.

Hospital and Health Services (HHS)

- implementation of AHRGTPs
- management of funding support packages provided by the OCAHO including oversight of reporting and local implementation risks and outcomes
- creation of AHRGTPs that comply with mandatory position specifications and support requirements
- recruitment and management of trainees, consistent with HR policy and local processes
- collaboratively create and maintain a development plan for the trainee, and fund trainees' post-graduate fees and other activities that meet the agreed development goals
- collaboration with OCAHO and other agencies to support promotion of the AHRGTP and rural generalist workforce.

Trainees

- actively engage in training, development, supervision and project activities outlined in the mandatory position specifications and support requirements
- understand the benefits and responsibilities for training that are held by the HHS and trainee, and work collaboratively to create and manage a development plan that aligns to local service demands and community needs, and development goals of the individual.

Note: the AH Rural Generalist Pathway provides benefits for the health service and the trainee. Consequently, responsibilities for education and development activities are shared by the organisation and the employee. Trainees can expect to allocate both work time and personal time to education and training activities, particularly post-graduate studies. For this reason, the Approved Level 1 Rural Generalist Education Program has modest time investment requirements and a focus on supporting the application and contextualisation of knowledge in the employee's work setting, rather than extensive content learning. Approved Level 2 Rural Generalist Programs focus more on new knowledge and skills, and has more complex learning requirements, and greater time allocation to study.

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 Modified Monash Model MM4 and MM5 (medium and small rural towns) or MM6 and MM7 (remote and very remote communities) in Attachment 1 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:

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

*Exercise physiology will be available in 2024 for Level 1 trainees only with inclusion into the Graduate Diploma/ Masters program commencing in 2025.

Supervision, support and training

An Allied Health Rural Generalist Training Position is described as either “Stage 1” or “Stage 2”. The levels 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 Level 1 or Level 2 Allied Health Rural Generalist Training Position. The experience of the incumbent will determine the education program undertaken and the total duration of the training pathway.

(a) Allied Health Rural Generalist Pathway – 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 Pathway – 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-034-1:2015](#)) 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.
A Stage 1 trainee may transition to the Level 2 education program early (prior to completion of the Level 1 program) if indicated by the development needs of the trainee, the trainee is eligible for enrolment (university requirements) and the trainee, manager and professional supervisor regard this as most appropriate, noting the increase in study time, including non-work study time, required. The trainee should consult the university regarding whether credit for any Level 1 study is available if entering the Level 2 program prior to completion.

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, Office of the Chief Allied Health Officer. 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 November 2023 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 Office of the Chief Allied Health website.

Figure 2 Approved Programs of Study

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: exercise physiology*, medical imaging, nutrition and dietetics, occupational therapy, pharmacy, physiotherapy, podiatry, psychology, social work, speech pathology.

**exercise physiology will be available in 2024 for Level 1 trainees only with inclusion into the Graduate Diploma/ Masters program commencing in 2025.*

Approved Level 2 Rural Generalist Education Program

2. James Cook University – Graduate Diploma of Rural Generalist Practice award via the Master of Rural Generalist Practice program (exit at 24 credit points with Graduate Diploma of Rural Generalist Practice).

Information: <https://www.jcu.edu.au/courses/master-of-rural-generalist-practice>

Eligible professions: nutrition and dietetics, pharmacy, podiatry, occupational therapy, physiotherapy, psychology, social work, speech pathology.

- The Master of Rural Generalist Practice program has been allocated Commonwealth Supported Places (CSP), however CSP has not been applied to the Graduate Diploma or Rural Generalist Practice. This means the same subjects that are completed under the Masters will cost approximately one third of the cost of the Graduate Diploma.
- When the employee has completed 24 credit units of the Masters of Rural Generalist Practice, they will exit with the Graduate Diploma of Rural Generalist Practice award. The employee will conclude reporting requirements and separate from the Rural Generalist Training Position. The HHS will reallocate the OCAHO funding package.
- After exiting the Rural Generalist Training Position, if the trainee wishes to complete the additional 12 credit units required for the Master of Rural Generalist Practice award, the employee may self-fund, negotiate funding assistance with the HHS (if available), or apply for the Rural Generalist Leadership Development Program offered through an Expression of Interest (EOI) process twice a year for a January or July commencement.

3. Medical imaging Level 2 education

Medical imaging professionals in Level 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 up to the Graduate Diploma level (or credit unit equivalent).

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 be directed by the HHS to access Queensland Health information on FBT implications and seek independent financial advice. FBT advice provided by [Finance Branch, Corporate Services Division](#) at June 2023 is presented in Box 1.

Box 1: Fringe Benefits Tax

The payment or reimbursement of education expenses by Queensland Health may have Fringe Benefits Tax (FBT) implications. A course that is Commonwealth supported will result in a reportable fringe benefit and will impact those employees eligible to access the public hospitals FBT exemption cap (\$17,000 GUTV as at June 2023). Non-salary sacrifice fringe benefits such as taxable self-education expenses have first priority in applying the cap and will impact the amount an employee may salary package without incurring a personal cost for the FBT liability. For further information refer to FBT Fact Sheet – Public Hospital FBT Exemption Cap & Salary Sacrifice.

https://qheps.health.qld.gov.au/_data/assets/pdf_file/0031/680746/fbt-exemption-cap.pdf.

Employees in training roles are recommended to seek independent financial advice to determine whether an adjustment is required to their personal salary packaging arrangements. Please see links below for further information.

Queensland Health (2023) FBT and Self-Education at

https://qheps.health.qld.gov.au/_data/assets/pdf_file/0034/668329/self-education.pdf

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:

- service-specific clinical skills, including extended scope of practice
- 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:

- Level 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.
- Level 2 position: lead the majority of project activities, with support of the profession-specific supervisor and other senior colleagues, 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 Office of the Chief Allied Health Officer 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 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 Office of the Chief Allied Health Officer. 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 Development Program

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.

The Office of the Chief Allied Health Officer (OCAHO) fund 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.
- HP3 allied health practitioners who have completed the Level 2 Graduate Diploma of Rural Generalist Practice (or 24 credit points of the Master of Rural Generalist Practice) to complete the Master of Rural Generalist Practice (additional 12 credit points). Two optional streams are offered:
 - Option 1: Course work stream – Health services evaluation
 - Option 2: Research stream

All Allied Health Rural Generalist Leadership Development Program participants

- attend a learning set-style mentoring program to facilitate peer support and networking, and the application of learning in practice.
- 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 leadership and development 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.

Selection process

Two intake processes are held each year for a January and July commencement. The OCAHO will invite HHSs to submit an expression of interest (EOI) for eligible HP3, HP4 and HP5 rural and remote allied health professionals to participate in the Allied Health Rural Generalist Leadership Development Program.

For further information is available at [Rural and remote strategies \(health.qld.gov.au\)](https://health.qld.gov.au/rural-and-remote-strategies)