



S·A·R·R·A·H

Services for Australian
Rural and Remote Allied Health

Position Statement

**Allied Health Professions & Rural
Generalism**

September 2016

Background

Australia has more than 125,000¹ Allied Health Professionals (AHPs) working across a number of sectors, including: the public sector, private practice, community health, family services, non-government organisations, universities, education, justice and welfare systems, as well as programs funded by the Australian Government. Services for Australian Rural and Remote Allied Health (SARRAH) is a national, not-for-profit organisation, recognised as the key peak body representing those AHPs working in rural and remote Australia. These professions include, but are not limited to, Audiology, Dietetics, Exercise Physiology, Occupational Therapy, Optometry, Oral Health, Pharmacy, Physiotherapy, Podiatry, Psychology, Social Work and Speech Pathology.

Allied Health Professionals are qualified to apply their skills to retain, restore or gain optimal physical, sensory, psychological, cognitive, social and cultural function of clients, groups and populations. They hold nationally accredited tertiary qualifications (of at least Australian Qualifications Framework (AQF) Level 7 or equivalent), enabling eligibility for membership of their national self-regulating professional association or registration with their national Board. The identity of allied health has emerged from these allied health professions' client-focused, inter-professional and collaborative approach that aligns them to their clients, the community, each other and their health professional colleagues - Australian Allied Health Forum, May 2013.

Skilled services provided by AHPs are essential to improving quality of life and health outcomes for many rural and remote residents. SARRAH maintains that every Australian should have access to equitably distributed health services wherever they live and that allied health services are fundamental to Australian comprehensive primary health care and optimal patient/community wellbeing.

Rural and remote recruitment and retention

SARRAH has previously reported on reasons for allied health service deficiencies in rural Australia². Among these is lack of allied health workforce due to university training capacities, the consequence of inadequate public funding for AHP positions to service rural and remote regions and market failure for private AHP businesses in rural and remote Australia. However, there is also a lack of professional support and career structure for many rural practitioners and subsequent high turnover of AHP staff and attendant recruitment difficulties. The establishment of coordinated and well-supported rural generalist training pathways for the allied health professions might be one strategy to stabilise the rural AHP workforce and give it a stronger voice in arguments for more equity of health service provision for rural communities.

The Rural Generalist Concept in Australia

In the Australian context, the movement towards a training pathway and academic credentialing for a new entity called a 'rural generalist practitioner' has been led by the medical profession. In particular, the Australian Council of Rural & Remote Medicine (ACCRM) has teamed up with the Queensland Health Department to formalise a pathway. The Queensland Rural Generalist Program (QRGP) represents a state workforce strategy to address medical workforce shortages in rural

communities, specifically targeting public hospitals. The core changes being sought in this program include:

1. Recognition of rural generalist medicine as a unique medical discipline in its own right.
2. A supply line/pathway to vocational practice; and
3. Responsiveness to workforce redesign.

Recent evaluation of the QRG Program, which commenced student intake in 2007-08, suggests it is achieving good results against these change targets, with a significant contribution being made to addressing rural medical workforce needs across the state. It has also been acknowledged by trainees, graduates and supervisors that the pathway provides high quality training relevant to the context, a good level of support, and guaranteed jobs at the conclusion of the program (Queensland Health, 2015, p.2).

Scope of Rural Generalism in the Allied Health Professions

Post-qualification training and career pathways are currently ill-defined for AHPs in much of rural practice. In mainstream metropolitan practice it is generally assumed AHPs will progress into greater depth of specialisation within their profession (e.g. musculo-skeletal physiotherapy, mental health occupational therapy, paediatric dietetics), where career paths are clearer and more accessible. However, for rural and remote communities with more dispersed populations and less access to health services of all types, there is a requirement for AHP roles to encompass the following:

- Generalism: a broad range of skills across the full scope of an individual allied health profession to match the needs of a rural community.
- Rural generalism: broader generic contextual skills beyond the normal scope of a particular profession, but relevant for all rural professionals.
- Specialisation: a greater profession-specific clinical depth in key areas of particular relevance to a rural community.
- Extended scope of practice: clinical skills beyond the normal scope of a particular allied health profession, but which could be shared skills amongst two or more professions to improve service efficiency.

The Queensland Allied Health Rural Generalist Training Program

The concept of highly structured yet flexible training pathways for rural generalism in the allied health professions has been demonstrated by the Queensland Health Allied Health Rural Generalist Training Program (AHRGTP) project. The AHRGTP program was initiated by Allied Health Professionals Office of Queensland which also provided funding to rural and remote teams Queensland Hospital & Health Services to implement supernumerary early-career positions within their teams. The host teams were required to ensure that the AHRGTP supernumerary position was:

- Located in a rural and remote location.
- In a team with a co-located practitioner of the same profession.
- Supported with a mandatory allocation of 0.2 FTE to training and supervised work.
- Provided with a structured development plan aligned to the requirements of a rural generalist practitioner of the relevant profession.

Together with the service development objectives, the workforce development principles provide a foundation for broader application.

A key finding from the recent evaluation of the AHRGTP Project (March 2015) advised that “..... *strong models of supervision and support are required at professional, clinical, and personal levels*” for rural generalist training to be successful. This is consistent with professional support issues identified in the rural and remote allied health literature. The evaluation report goes on to recommend:

Recommendation 6: Establish a formal training pathway that outlines the key skills and pathways required for rural practice.

Benefits of Rural Generalism for Allied Health Professions

If future practitioners are attaining qualifications and recognition for vocational practice as Rural Generalists within their profession, the benefits are likely to be significant. For example, the following outcomes are possible:

- Greater rural practice competence and improved standing within the health domain.
- Improved health outcomes for rural clients due to a more skilled and stable workforce.
- Improved career structures, salary levels, recruitment and retention for rural AHPs.
- Improved employer confidence to recruit AHPs in expectation of improved service delivery and greater patient safety.
- Over time, improved workplace environments for student placements and new graduates.

Directions for the Future

SARRAH supports this work to create rural generalist pathways for the Allied Health Professions and commits to the following actions to advance the initiative:

1. Promote broad stakeholder awareness of rural generalist AHP models of training/practice, and advocate for agreed outcomes and recommendations from relevant rural generalist projects, particularly the Queensland Allied Health Rural Generalist Training Program.
2. Engage with stakeholders in the development of clinical governance, credentialing, and accreditation elements of the Rural Generalist training pathway.

References

1. Australian Institute of Health and Welfare 2013. Allied health workforce 2012. National health workforce series no. 5. Cat. no. HWL 51. Canberra: AIHW.
2. Literature Review Supporting the transition of Allied Health Professionals to Remote and Rural Practice. 28/06/16. <http://sarrah.org.au/content/challenges-remote-and-rural-allied-health-practice>.
3. Evaluation of the Queensland Health Allied Health Rural Generalist Training Program (AHRGTP) Final report March 2015, Queensland Health.