Allied Health Rural Generalists
Concepts and strategy for moving to national accreditation of training

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AHHA

• Independent peak membership body and advocate for the Australian healthcare system

OUR VISION
A healthy Australia, supported by the best possible healthcare system.

OUR MISSION
To conduct research, educate and influence the healthcare system to achieve better health outcomes, improved patient and provider experience, greater equity and sustainability.

OUR GUIDING PRINCIPLES
Healthcare in Australia should be:
• Effective
• Accessible
• Equitable
• Sustainable
• Outcomes focused

OUR MEMBERS
Our members include:
• hospitals or hospital and health service networks or districts
• Primary Health Networks and primary health service providers
• community health services
• aged care service providers
• other direct healthcare services
• Universities, university faculty, research institute or other academic entity
• State or Territory health departments
Today’s agenda

Session 1
• Why we are here: the health care needs in rural and remote areas
• A workforce solution: Allied health rural generalists (AHRG)
• Developing an AHRG Pathway
• Education and training

Session 2
• Next steps for the AHRG education program accreditation system project
Overview

• Overview of the rural health problem and a workforce solution: The Allied Health Rural Generalist Pathway (AHRGP).
• Brief History of the AHRGP Project.
• AHRGP: employing and training a rural generalist trainee.
• Evaluation, opportunities and challenges.
• Future Strategic Direction of the AHRGP.
• Conclusion – Q&A.

Defining the Rural Health Problem

• Rural & remote Australians experience barriers to accessing services - *a consequence is poorer health outcomes*.
• Rural & remote allied health workforce challenges include:
  • Workforce mal-distribution - less per capita AHPs with remoteness.
  • High workloads – quality & safety challenges.
  • Limited CPD opportunities for rural AHP workforce.
  • Insufficient professional supervision and mentoring.
  • Limited career progression.
  • High staff turnover.
Identifying A Workforce Solution

- Greater focus on ‘generalist skills’ and investment in allied health training (Mason Review, 2013).
- Relevant CPD for AHPs aligned to the needs of the community.
- Learnings from medicine:
  - Develop a “Pipeline” approach with a structured workforce pathway.
  - Integrate an employment model and training program.
  - Build the profile of a rural generalist career.

Allied Health Rural Generalist Pathway

- Goal: Improve health outcomes for rural & remote communities through better allied health services that:
  - Improve access to allied health services.
  - Better meet the needs of rural consumers.
  - Ensure greater service continuity through a more stable workforce.
  - Provide efficient & effective services - value for money.
  - Deliver a positive patient experience.
What is a rural generalist in the allied health professions?

- Rural generalist: recognised skill set within a specific profession that reflects the rural context and service requirements.
- Rural generalists are:
  - Not ‘generic’ health professionals.
  - Subject to the usual regulatory instruments of their particular profession, e.g. rural generalist podiatrist.
- Broad scope of clinical competency in own profession, plus areas of ‘depth’ or ‘special skills’.

What is the Allied Health Rural Generalist Pathway?

Pathway components:

- Rural generalist service models.
- Sustainable, ‘fit for purpose’ rural generalist education programs.
- Employment & workforce structures support a pathway:
  - From graduate to a “proficient rural generalist”.
  - Extended scope and advanced practice where relevant.
**Rural generalist services**

- Meet the broad range of healthcare needs of a rural/remote community:
  - Wide breadth of conditions and across the age spectrum.
  - Delivered in a variety of clinical settings (inpatient, ambulatory care, community).
  - Include partnerships with urban services & other agencies to deliver care as close to home as possible.
- Incorporates rural generalist service strategies:
  - **Telehealth** to address on the ground gaps in service provision.
  - **Delegation** to support workers/assistants.
  - **Extended scope** including skill sharing tasks with other professions.
  - **Partnerships** and shared care, particularly for complex/low frequency presentations.

**Rural generalist workforce**

- **Workforce design:** skills & knowledge align to requirements of the service (reflecting community needs).
- **Roles:** “rural generalist” relates to scope and requirements, not to experience or depth of practice – can be developing, proficient or extended scope.
- **Workforce policy & employment structures:** support development & progression of the rural generalist health professional.
- “Rural Generalist” is a continuum of development - a **pathway**.
**Workforce & employment structures**

- Designated training positions with a formal training pathway.
- Explicit development supports provided by the organisation:
  - Development plan that incorporates formal (university) rural generalist training.
  - Development time & funding to undertake education program.
  - Guaranteed supervision & support.
- Defined development requirements/responsibilities of the individual.
- Rural Generalist Training Positions trialed in QLD Health since 2014.
- See website for evaluation reports (2014 & 2015-16):

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**Rural generalist education and training**

- Prior to 2017, no formal rural generalist post-graduate training programs for the allied health professions.
- Queensland Health 2015-16 funded the development of an
  *Allied Health Rural Generalist Education Framework.*
- Purpose: describe health system requirements of rural generalists (7 professions).
- Development:
  - Phase 1: synthesis of source documents, consultation and preliminary framework.
  - Phase 2: expert review.
- The Framework forms the basis of an education program and accreditation standards.
AHRG Education Framework

Professions with clinical ‘streams’ in Framework:
- nutrition & dietetics, occupational therapy, pharmacy, podiatry, physiotherapy, radiography, speech pathology

- Domain 1: Service Delivery
  - Project management and leading change, Management skills, Evidence-based decision-making, Service development & planning, Quality improvement and clinical risk management, Education and supervision, Applied research in R&R contexts.

- Domain 2: Rural and remote services
  - Health care systems and rural service models, Primary health care, Cultural competence, Community engagement, Telehealth, Delegation, Ethical practice, Extended scope including skill sharing, Partnerships and collaborative practice.
AHRG Education Framework

• Domain 3: Profession-specific clinical skills
  • Rural generalist clinical practice – separate Domain 3 for each profession.
  • Core practice and specific clinical focus areas.
• Domain 4: Service-specific clinical skills
  • Clinical skills that require implementation supporting systems / structures in the local service (service model redesign, clinical governance):
    • Extended scope - complex practice, and dual qualification.
      • Generally linked to existing standards and training e.g. Sonography qualification for medical imaging, CDE for dietetics, endorsed prescriber training for podiatry.
    • Extended scope - Skill sharing (trans-professional practice).

Rural Generalist Program

• James Cook University in partnership with QUT, and Qld Health.
• Develop, trial and evaluate 2017-19.
• Two Domains:
  • Rural Generalist Service Delivery (professional skills).
  • Rural Generalist Practice (clinical skills).
• Two articulated courses:
  • Level 1 Rural Generalist Program:
    12 six-week modules, work-integrated learning.
  • Level 2 Graduate Diploma of Rural Generalist Practice.
• Evaluation:
  • World Health Organisation Collaborating Centre for Nursing and Midwifery Education and Research (commissioned research project).
### Rural Generalist Pathway: Stages

#### RG Training Stage
- **Role**
  - Early career role (0-3 year).
- **Support / Supervision**
  - Co-located, profession-specific supervisor.
- **Education & Training**
  - Level 1 Rural Generalist Program.
  - Intensive workplace support.
  - 0.1 – 0.2 FTE allocated time.

#### RG Development Stage
- **Role**
  - 2+ years experience.
  - Greater independence in complex decision-making.
  - Increasing clinical leadership.
- **Support / Supervision**
  - Profession-specific and inter-professional, onsite or ‘remote’.
- **Education & Training**
  - Level 2 Rural Generalist Program.
  - Increasing individual responsibility.
  - ~0.1 FTE allocated time.

#### Rural Generalist
- **Role**
  - ‘Proficient Rural Generalist’ with clinical leadership in RG service.
  - +/- extended scope.
  - +/- complex practice.
- **Support/Supervision**
  - Mentoring and leadership skills.
  - Practice supervision (ext. scope).
  - Supervise RG trainees.
- **Education & Training**
  - Extended scope/complex practice training programs.
  - Leadership and management.
  - Education & research.
  - Dual responsibility of individual and employer.

### AHRG Training Position specifications

<table>
<thead>
<tr>
<th>Development explicit in role</th>
<th>Graduate / Early career (AHRG Training Position)</th>
<th>Developing to Proficient Rural Generalist</th>
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<tbody>
<tr>
<td>Defined development outputs &amp; time (allocated time 0.1 - 0.2 FTE).</td>
<td>Structured but more flexibly applied, dual responsibility (allocated ~0.1 FTE).</td>
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<tr>
<th>Development plan and program</th>
<th>Level 1 Rural Generalist Program and workplace-based training.</th>
<th>Level 2 Rural Generalist Program and other formal training.</th>
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<tr>
<th>Supervision &amp; support</th>
<th>Co-located (&gt;0.5 FTE), profession-specific supervision &amp; inter-professional supports.</th>
<th>Structured on or off-site profession-specific &amp; inter-professional supervision &amp; support.</th>
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| Rural generalist services | Use and/or support development of rural generalist service delivery. | Clinical leadership and development of rural generalist service models. |
Development of the Pathway

- Platform: Queensland Health Rural Development Pathway, WACHS Frameworks and others.
- 2013 Stage 1: Rural & Remote Generalist AH project.
- 2014 Stage 2: Review/validation of Stage 1 outputs.
- 2014-18 Stage 3: AHRG (AHRC) training positions trial & evaluation.
- 2015 Stage 4: Develop AHRG “Education Frameworks”.
- 2016-19 Stage 6: AHRG Education Program.
- 2017-19 Stage 7: AHRG training positions cross-jurisdictional evaluated trial.
- 2017-18 Stage 8: Develop AHRG Education Program Accreditation System.

Progressive development of the concept

Five stages of development 2013-18:
1) Defined “rural generalist”.
2) Described Rural generalist service models.
3) Create and trial Rural generalist roles.
4) Develop and trial education program.
5) Develop accreditation standards.
Rural generalist training sites

**Rural Generalist Training Positions**
- medical imaging, nutrition and dietetics, occupational therapy, pharmacy, physiotherapy, podiatry, social work and speech pathology.

**Rural Generalist Development Positions**
- occupational therapy, pharmacy, physiotherapy and psychology.

Rural generalist training sites: examples

- Sites implement the mandatory position specifications (training time & $, supervision etc) but health services can establish positions
  - using their own HR/industrial structure and
  - address their own workforce and service priorities
- Some examples:
  - Queensland / NT: existing filled positions converted to RGT positions using central (DOH) funds for training fees (fee subsidy/scholarship).
  - NSW: redesign of vacant positions to RGT positions plus supervisor
  - WA: partnership between state health service, NGO, PHN
AHRG Education Accreditation System

- Project manager: AHHA.
- Project sponsor: QLD Health.
- AHHA will describe the project shortly.
- Purpose and importance to progressing the AHRG Pathway:
  - Grow the rural generalist training providers nationally.
  - Health services / commissioning agencies can clearly identify health professionals with a rural generalist skills set and integrate this into employment/industrial and commissioning models.
  - Recognise the rural generalist skill set and build the profile of rural generalists and rural generalist careers.

Opportunities

- Early career practitioners / students
  - Education program and training positions.
- Health services: develop a career pathway, own grown workforce, highlight existing resources available and networks.
- Commissioning bodies, system managers and purchasers.
- Professional bodies.
- Education providers and support agencies (UDRH), accreditation standards, URDH role.
Challenges

• Continued awareness raising & development of concept & clarity of messaging.
• Securing national funding for the AHRGP. All resourcing is currently contributed to by state health services and in kind support.
• Existing funding for allied health training poorly configured for AHPs undertaking the RGP (scholarships don’t cover the main primary care workforce in rural and remote; UDRH funding targets pre-entry clinical education support).
• Organisations – HR / Industrial changes, culture changes, support for existing workforce.

Future Strategic Direction

• National (medical) rural generalist pathway.
• Health services can use the rural generalist pathway to address their workforce sustainability challenges: Resources (information sheets, templates), Networking and Education program.
• A sustainable Allied Health Rural Generalist Pathway needs integration into: Industrial frameworks and role expectations, Profession-specific development frameworks and Standards (curriculum) held by an accrediting body.
Conclusion – Q&A

Further Information

AHRG Education Program Accreditation System

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Australian Healthcare and Hospitals Association

Overview

- What we have been commissioned to do
- Where we are at now
- What we already know
- What we don’t know
- Your interest and input
Accreditation system for the allied health rural generalist training pathway

This involves:
• Assessment, certification and monitoring of formal programs of post-professional entry study (i.e. post-registration or equivalent) that leads to a qualification in/related to rural generalist practice for the 7 professions

This is NOT:
• Assessment and certification of individual health professionals to award / confer a qualification, title or other formal recognition of competency
• Credentialing of individual health professionals to meet employer/commissioner-defined service capability requirements

Does this fall under registration or professional regulation?
• No
• Changes to registration are not proposed for the professions regulated under NRAS
• Rural generalists will practise under the regulatory instruments relevant to the individual’s specific allied health profession and the policies of their employer.
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To develop an Accreditation System for education programs

**Accreditation System** means

‘a systematic, transparent, comprehensive, nationally recognised system of quality assurance that includes assessment, certification and monitoring and is implemented by an Accreditation Body, applying the Accreditation Standards and Accreditation Process.’
Outputs

• Accreditation Standards
• Accreditation Process
• Accreditation Body - Resources to facilitate and oversee its formation and implementation of its operations

Note: implementation of the standards, process and body sits outside the scope of this project

To be completed by 29 June 2018

Accreditation

Typical goals identified in research:
• Protecting public safety, especially where there is the potential to cause harm
• Ensuring an acceptable level of quality among providers of services
• Stimulating ongoing improvements in quality, through such mechanisms as self-assessment, external review, public reporting and enhanced standards
• Creating a mechanism between government and the programs it funds, providing more objective and less politicised performance measures
• Reducing variations in quality, particularly by eliminating or reducing risks and mandating improvements
• Facilitating portability between jurisdictions or institutions, guaranteeing a reliable level of performance
• Helping people make informed choices about services

Lewis 2007
Accreditation

Existing structures:

• Avoid duplication
• Look for opportunities to partner or leverage aligned interests or existing systems
• Looking at structures for entry-level and post-registration (or equivalent) education accreditation
Accreditation Standards

• Competency/capability framework
  – Reference point in the accreditation standards (not embedded)
  – Drawn from the comprehensive Education Framework
  – Does not pursue practice outside existing regulatory instruments
  – Builds on entry level competencies for 7 professions

• Accreditation standards
  – Based on the existing cross-profession template (ADC)
  – Adapted to reflect relevant aspects of Education Framework

Accreditation Body

• Solely responsible for the maintenance and regular review of the Accreditation Standards
• Be a new and independent entity
  – but it can have strategic and/or operational links to one or more existing organisations to support effectiveness and efficiency
• Reflect contemporary corporate governance
• Have a robust and sustainable business model
Who might have an interest?

How should they be involved – both in governance and accreditation activity?

Have you identified alignments or overlaps, reflecting opportunities for strategic or operational links?

Stakeholders

- Professions
- Governments
- Regulators
- Health services and commissioning agencies
- Education providers
- Health professionals (as students and employees)
- Community
Questions?
Thank you

https://ahha.asn.au/allied-health-rural-generalist

FAQs
Why these 7 professions?

1. When the education frameworks were being developed to define rural generalist capabilities, these 7 professions had rural generalist training positions and so the organisation needed to focus on them.
2. These professions represent 7 of the 8 largest professions by workforce numbers in Queensland Health, and many other public health services.

Can/should other professions be included in the work?

• Yes
• Standards cover clinical (some of which is profession-specific) and non-clinical requirements. The non-clinical standards will be inter-professional.
• Subsequent work by professional bodies, health services/sector or other groups may focus on the clinical/profession-specific standards but this is likely to be a minority of the standards so ensuring the inter-professional ones work for your profession is important.
Why is an accreditation system required?

• Health service partners have identified the need for a benchmark, quality assurance
  – Common understanding of capabilities and competencies
  – For integrating qualification into industrial instruments, employment models and business/commissioning processes
• Inter-professional focus
  – Service development and cross cultural service delivery, rural and remote health context
  – Not under the governance of a single profession
• Facilitate program development to health sector requirements