

Allied Health Rural Generalist

Position Statement

November 2018

ACDHS

- supports further development of the allied health rural generalist (AHRG) pathway
- will work collaboratively with allied health leaders to progress implementation of the AHRG pathway
- advocates for the establishment of AHRG training positions
- recommends that rural allied health workforce scholarships include the AHRG pathway in the eligibility criteria and includes participants in public, private and non-government health services



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Position Statement

The Australian Council of Deans of Health Sciences (ACDHS) is the peak representative body of Australian universities that provide pre-professional education in the allied health sciences. The Council adopts a whole of health system perspective, and is a strong advocate for the role and contribution of the allied health professions.

ACDHS is a forum for representation, coordination and information sharing which aims to strengthen the education of allied health practitioners to meet community needs across Australia. With an ageing Australian population and the growth of chronic disease, the allied health professions are critical in providing adequate and appropriate health care to the Australian population.

Background

Workforce distribution

Australia requires a health workforce that is well distributed and has an appropriate mix of health professionals to work collaboratively in a range of settings across the professions of allied health, medicine and nursing. As with the medical workforce, it is likely that the most significant issue for the professions of allied health is no longer one of total supply, but of workforce distribution.

Workforce maldistribution across sectors, service and geography limits community access to the services provided by allied health professionals. Variable service access most often impacts populations of significant disadvantage. ACDHS advocates for equitable access to high quality allied health services and supports initiatives that seek to redress workforce maldistribution.

Rural clinical education

Opportunities for clinical placements in settings aligned to contemporary service models and settings are critical for the education of the future health workforce. Clinical placements in rural and remote communities are a key component of the rural allied health workforce development pipeline. While rural placements were challenged following the cessation of the Clinical Training Fund in 2015, ACDHS supports the expanded opportunities now delivered through the Rural Health Multidisciplinary Training Program.

Innovations in service learning models and work integrated learning in rural and remote areas are creating additional learning experiences that benefit local communities and students. However, conversion of positive student experiences into a sustainable and embedded rural allied health workforce face a number of challenges. Barriers that must be overcome to ensure a sustainable Allied Health workforce in remote, rural and regional Australia include limited access to established and funded positions, appropriate mentoring and supervision, and career progression.

Beyond Graduation

Pathways for allied health professionals to acquire the depth of skills required in specialised areas of practice and/or breadth of skills required in generalist areas of practice are not readily available. Post graduate university programs support knowledge and skill acquisition that are recognised by formal awards. While many individual professional associations recognise these awards within their professional development structures, alignment with employment structures could be strengthened.



ACDHS asserts that formalised pathways supported by well recognised, structured programs of study beyond graduation are required for the professions of allied health.

Allied Health Rural Generalist Pathway

Work has been underway over recent years to develop one such pathway for allied health professionals working in rural and remote communities. The development of the allied health rural generalist (AHRG) concept is providing a coherent body of work that has potential to address key components of a rural allied health workforce pipeline.

The allied health rural generalist concept is described as a pathway with several key components. Rural generalist allied health professionals practice to the full scope of their profession and with extended scope within their own profession. Where it is safe and appropriate within each service context, extended scope may include skill sharing with other cognate health professions. Rural generalism should not be confused with the concept of a "generic (allied) health worker" that does not have an existing role definition, qualification or regulatory instruments in the health sector.

The three Allied Health Rural Generalist Pathway components are:

- 1. A formal education program supporting development of the broad clinical and non-clinical practice skills required of rural generalists in the allied health professions.
- 2. Workforce policy and employment structures that align to development requirements and expedite progression from entry-level competency to full scope rural generalist practice.
- 3. Rural generalist service models that support and engage allied health professionals to implement innovative and effective solutions to the challenges of delivering care across geographically dispersed and culturally diverse populations.

Work on this concept is ongoing and provides one example of a post entry level pathway for the professions of allied health. Combined with strategies to expose pre-entry level students to the rural and remote practice settings, the allied health rural generalist pathway provides one strategy to build a rural allied health workforce pipeline to mitigate long standing workforce maldistribution and address areas of service need.

While recognising this is not the only path to gain additional knowledge, skills and experience relevant to service delivery in rural and remote communities, ACDHS

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Professor Esther May, ACDHS Chair. Endorsed by the ACDHS Council October 2018