

ARHEN POSITION PAPER

THE NEED FOR ALLIED HEALTH RURAL GENERALISM IN RURAL, REGIONAL AND REMOTE AUSTRALIA

May 2018

ARHEN is the representative and collaborative body for the national network of university departments of rural health (UDRHs) which are funded by the Australian Government through the Department of Health's Rural Health Multidisciplinary Training Program (RHMTTP).

This document outlines ARHEN's position on allied health rural generalism and the potential support the UDRH network may offer the initiative.

BACKGROUND

A significant body of research consistently shows that communities throughout rural and remote Australia bear a disproportionate burden of illness and have unequal access to healthcare services¹. To address this disparity and to meet the diverse health needs of rural and remote communities, a rural workforce development initiative—rural generalism—has emerged. Initiating in the medical profession, there are increasing calls for a similar approach to workforce development and service delivery for and by the allied health professions.

Rural generalists and rural generalism

Rural generalists are not 'generic' allied health workers. They hold a primary health professional qualification and practice under the regulatory instruments of their specific allied health profession and the policies of their employer. Their professional preparation and approach to the delivery of health care services is characterised by:

- breadth, depth, complexity and an extended scope of practice when required;
- resourcefulness in accessing, referring to and working with specialist services;
- innovative service and management models; and,
- the use of a variety of collaborative arrangements and delivery platforms.

A rural generalist approach to allied health care delivery requires clinicians and health care teams that can:

- provide access to the range of services required to meet the diverse healthcare needs of rural and remote communities;
- work effectively with geographically dispersed and culturally diverse communities; and,
- address a wide range of clinical presentations across the age spectrum in different contexts including inpatient, ambulatory care or community settings.

The goal of the generalist service model is to address healthcare gaps and provide access to high quality, safe, effective and efficient services as close to the client's community as possible. To achieve this aim, teams and individual health professionals need to develop strategies that maximise service access and quality through partnerships that enable the management of complex or low frequency clinical presentations, the use of telehealth where appropriate, and delegation to support workers.

¹ The Extent of the Rural Health Deficit. National Rural Health Alliance. Accessed at: <http://ruralhealth.org.au/sites/default/files/publications/fact-sheet-27-election2016-13-may-2016.pdf>

ARHEN'S POSITION

Rural generalism

ARHEN views allied health rural generalists as skilled professionals working to their full scope of practice. While this may involve some targeted or required skill-sharing and expanded scope of practice, allied health rural generalists practice under the regulatory instruments of their specific profession and the policies of their employer.

Rural generalism requires practitioners who have the skills and abilities to treat clients within their community where possible and who are able to:

- consider the economic, cultural, social and personal elements as well as clinical matters when addressing a client's needs;
- embrace a diverse caseload with the ability to treat with a range of conditions experienced by clients from different demographic groups in a variety of clinical contexts;
- access relevant information and best practice management plans;
- connect with specialist units and health professionals from other disciplines for information, co-management or referral; and,
- differentiate between situations which are better managed or co-managed in the community and those which require referral or are best supported by out-of-area specialists.

The need for an allied health rural generalist pathway

ARHEN supports the development of rural generalism in allied health and the establishment of educational and career pathways to enable and support this approach. The following elements are needed to advance this goal:

- formal education programs to support the clinical and non-clinical rural generalist practice requirements of the allied health professions in rural contexts;
- workforce policies which facilitate progression from entry level competency to proficient rural generalist in the relevant health professions and into extended scope roles where required;
- employment structures which offer opportunities and career pathways that enable clinicians to practice and develop as rural generalists; and,
- service models which support innovative and effective solutions to the challenges of delivering care across geographically dispersed and culturally diverse populations.²

In clarifying its support for allied health rural generalism, ARHEN notes that this generic term can potentially apply to 22 different disciplines.³ Each of these may have more, or less, in common with others in terms of their core base of knowledge and skills. In view of this, ARHEN supports the development of common educational components for an allied health rural generalist pathway in those disciplines which have common foundation knowledge and skills and that are part of the Queensland Health funded project (Occupational Therapy, Physiotherapy, Speech Pathology, Dietetics, Podiatry, Medical Imaging and Pharmacy). It also supports this approach for those disciplines which are registered under the Australian Health Practitioner Regulation Agency (AHPRA) but does not support the inclusion of non-university based allied health professions in this process.

² Services for Australian Rural and Remote Allied Health (2017); Rural Generalists in Allied Health. Accessed at: https://www.sarrah.org.au/sites/default/files/images/info_2._ruralgeneralists_ah_20170614_in_0.pdf

³ NSW Health undergraduate scholarships. List accessed at <http://www.heti.nsw.gov.au/funding/nsw-rural-allied-health-scholarships/>

ARHEN advocates for the development of career pathways and employment frameworks that support allied health rural generalism. These pathways should accommodate and adequately remunerate the nature of rural generalist practice when it requires a more sophisticated approach to care and a broader and deeper skills base. Pathways that extend beyond the training period are essential to ensure that the investment of the health professional and their employer is realised in continuing employment.

The role of UDRHs in supporting rural allied health generalism

ARHEN's 2018 pre-Budget submission to the Federal Government advocated for the allocation of resources to scope and support the development of allied health rural generalist pathways through UDRHs whose role is to prepare allied health professionals for rural practice and address health workforce maldistribution in rural, regional and remote areas,

With appropriate resourcing, UDRHs have the capacity to develop and provide some of the educational components required to establish and support rural generalism within an environment of educational, clinical and academic excellence. Embedding the development and delivery of the required educational components within the UDRH network would fast-track the establishment of high quality education and supervision programs. The existing infrastructure could be used to deliver rural generalist education sessions, provide practice visits and mentoring and ensure that the rural or remotely located allied health professional has access to support throughout their training. This approach would also develop better career pathways for allied health professionals, contributing in the longer term to the stability of the rural health workforce.

UDRHs can offer:

- strong regional relationships with local health districts, Aboriginal and Torres Strait Islander health services and other partners which can be leveraged to initiate and support rural generalist roles and pathways and assist in the development of innovative service models that address unmet healthcare needs in rural and remote communities;
- supervisory expertise supported by peer learning and mentoring. Likewise, to build local service capacity, experienced rural generalists can provide supervisory and mentoring roles for rural students undertaking vocational training;
- the promotion of allied health rural generalist pathways through university partners and as a career option to students undertaking clinical placements in a formative period; and,
- a research environment that can encourage work on the efficacy of rural generalism, facilitate the engagement of rural generalists in research and support pathway development and evaluation.

To facilitate active involvement in this initiative, the following resources are needed:

- sufficient funding and other resources to enable UDRHs to develop and participate in the delivery of allied health rural generalist pathway programs;
- a curriculum design that embraces flexible and appropriate supervision frameworks that include the capacity for supervision by experienced clinicians from other disciplines to facilitate better training opportunities; and,
- pathways and employment options for allied health rural generalists that are adequately funded and integrated into the design of rural workforce and health care delivery models.

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