



North West Queensland Inter-agency Allied Health Workforce Strategy – Scoping Project

Project Report: Attachment 2 – Policy Brief

Background

A project in north west Queensland has scoped an inter-agency, inter-sectoral, collaborative allied health workforce development and sustainability strategy. Health services, the University Department of Rural Health (UDRH) and Western Queensland Primary Health Network (WQPHN) contributed to the project, which was facilitated by Health Workforce Queensland (HWQ) and co-funded by the Allied Health Professions' Office of Queensland (AHPOQ), Queensland Health.

Rural and remote allied health workforce challenges are well known. Consistent with many rural and remote areas, health services in north west Queensland report difficulties with recruitment, particularly of experienced practitioners, and retention of allied health professionals.

Effective rural and remote services require a multi-professional workforce that has the capacity to deliver the breadth and depth of services needed by the community. Rural and remote allied health professionals need to possess professional and clinical capabilities, service delivery skills and personal attributes required to work in these settings.

Project aim

The aim of the scoping project was to work with key stakeholders to develop a strategy that supports an inter-agency, collaborative, regional approach to allied health workforce development including recruitment, retention and capacity building, in north west Queensland.

Project output

The project has produced a detailed description of an inter-agency, collaborative allied health workforce strategy that provides guidance for partner organisations regarding opportunities/benefits, enablers, risks and resources required to implement the proposed strategy. The strategy focuses on attraction, development and support of the early career workforce using the Allied Health Rural Generalist (AHRG) Pathway. The proposed model will see the development of designated rural generalist training positions in multiple health services. Training position incumbents ("trainees") will



undertake post-graduate study in rural generalist practice relevant to their profession and have access to allocated development time and profession-specific supervision. A cross-agency training cohort, facilitated by the UDRH in collaboration with senior allied health professionals in public and non-government healthcare organisations, will support the trainees, and act as a catalyst for improved networking and service integration for participating organisations. The proposed strategy leverages funding and resources available from HWQ, AHPOQ and Services for Australian Rural and Remote Allied Health (SARRAH). Support of the WQPHN through its commissioning model is a critical enabler for primary care sector participation.

Proposed benefits

- This project provides direction for the development of an 'own-grown' allied health professional workforce model suitable for rural and remote health services with a number of multi-professional teams,
- Cross-agency collaboration, leveraging available training funding, and negotiation of commissioning models and education support can generate a critical mass of resources that each individual agency could not source or allocate independently,
- A common workforce strategy provides an opportunity to reduce intra-region workforce competition and provides a platform to promote workforce attraction and build service capacity across the region,
- The AHRG Pathway, as a foundation of the workforce development strategy, can provide investment returns to organisations through:
 - intensive development of clinical and non-clinical (service/professional) skills for the early career workforce, and
 - education outputs (activities, assessments) that can be tailored to service needs, and
- Implementing a common workforce development strategy can build a critical mass of rural generalist trainees to produce benefits from peer support and structured development time as well as shared supervision and learning facilitation across senior clinicians.

Policy and workforce implications

Workforce reform:

- Implementing an 'own-grown' approach to allied health workforce development has the potential to develop and strengthen the rural allied health workforce pipeline,
- Development of designated rural generalist training positions, if supported by required resources, education programs and professional supervision, has the potential to enhance the recruitment and retention of allied health professionals in



rural and remote areas through providing an impetus for skill development, new professional challenges, and increased job satisfaction, and

- Funding models for primary care that have explicit workforce development and capacity building support, in addition to clinical activity targets, is identified as a key enabler for rural and remote allied health workforce development.

Education and training:

- Adopting a collaborative, inter-agency approach can enable small multi-professional rural and remote allied health teams to implement structured workforce development based on high-quality rural generalist post-graduate training and local education expertise,
- Marginal investment is required at a regional level to develop an allied health professional education and training structure that supports clinical governance and service performance,
- There is potential to strengthen the alignment between allied health professions' pre-entry training programs and rural and remote competency requirements in order to address early career attraction and adjustment to rural and remote practice, and
- Consideration for funding opportunities for rural generalist training to be aligned to the organisation, rather than an individual practitioner, to recognise the need to build workforce capacity in rural and remote services, and to provide an attractive option for service delivery organisations and commissioning agents as the investment remains in their region.

Service reform:

- Supported by appropriate training and clinical governance, allied health teams have the capacity to enhance continuity of care through improving workforce stability, and improve service integration through collaborative partnerships, in an environment where these are significant challenges, and
- There is a need to recognise in the staffing, funding and commissioning of rural and remote services, the broad service requirements and drivers of retention; including access to career enrichment activities such as education and teaching.

For further information, please contact

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