



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

## Project Report: Attachment 1 – Two-year Implementation Plan (2021-2023)

### Background

Allied Health service providers and commissioners in south west Queensland met in October 2020 to discuss the challenges and opportunities for workforce sustainability in the region. Participants at these formative meetings of the South West Allied Health Workforce Collaborative identified four action areas:

1. Education and training pathways
2. Workforce and service planning
3. Cultural safety and responsiveness
4. Professional development and health leadership

Stakeholders at the subsequent meeting on 25 November 2020 were supportive of progressing one or more collaborative projects in these action areas in 2021. Health Workforce Queensland (HWQ) and the Allied Health Professions' Office of Queensland (AHPOQ) allocated short-term project resourcing for the Education and Training Pathways action area through to June 2021.

A scoping project was undertaken between February and June 2021. Key project findings are provided in the South West Queensland Inter-agency Allied Health Workforce Strategy Scoping Project – Project Report. Extensive consultation with key stakeholders identified challenges, risks and possible solutions.

The strategy was developed through the scoping project in collaboration with south west Queensland service providers and commissioners to reflect:

- The challenges and realities of allied health workforce management and development, service delivery and funding in partner health services,
- The strengths, resources, organisational capabilities and individual talents of allied health clinicians and managers in the region,
- The benefits of cross-agency collaboration to maximise capacity and build critical mass while spreading the risks,
- The opportunity to address service priorities through outcome-focussed, time limited learning set projects, and
- The opportunity to build the profile of south west Queensland as a centre of excellence for AHRG training and employment for early career practitioners, and



for career development opportunities for senior clinicians and emerging allied health clinical leaders.

The scoping project proposed a two-year implementation trial of a collaborative, inter-agency regional strategy comprised of the following enabling components:

- Allied Health Rural Generalist (AHRG) training positions established in participating health services,
- Training position incumbents ("trainees") to undertake post-graduate coursework and work-based training in rural generalist practice,
- Access to training grants covering education costs and assisting the employing organisation to address barriers to training and support for early career practitioners,
- Inter-agency collaboration to generate a critical mass of resources for supporting both early career allied health professionals (AHPs) and emerging clinical leaders that each individual agency would not be able to source or allocate independently,
- Formation of 'learning sets', which include the south west Queensland AHRG trainees and identified senior staff who are developing leadership, service/workforce improvement or related professionals' skills,
- Inter-agency projects will form the focus of learning sets that enable participants to apply learnings from university and work-based training, further develop networking and collaborative working relationships across agencies and sectors, and address locally prioritised service or workforce issues, and
- Supporting a training cohort of early career rural generalist trainees through a learning set approach will optimise supervision, learning support, peer engagement and application of learning while moderating each individual organisation's investment.

For general background on rural and remote allied health workforce challenges and details on the AHRG Pathway see the Scoping Project Report which will be made available on the HWQ website.

## Context

South west Queensland allied health services are delivered by a range of providers including state government, primary care, community controlled and education sector organisations. The south west allied health workforce includes a somewhat even mix of graduates / early career, mid-career and very experienced practitioners. The representation of AHPs across the career spectrum was a key consideration when developing the strategy. Stakeholders reported small recruitment pools, considerable turnover of staff and challenges attracting experienced clinicians. Service continuity and capacity could also be impacted by workforce sustainability.

The allied health staffing profile of the region was collected for AHPs working in participating south west Queensland organisations during March and May 2021. The profile showed that:



- Sixty-six percent (66%) of the resident AHPs practitioner sample ( $n=51$ ) had been in the region for less than 2 years, and
- Thirty-seven percent (37%) of resident AHPs in this sample have just one to two years professional experience.

AHPs in the region work in small multi-professional teams, generally as one of a small number or the only one of their profession in the organisation. Most AHPs work within a generalist scope of their profession, requiring a wide range of clinical skills, in addition to service evaluation and development, cultural safety, community engagement, teaching and training, collaborative practice and other capabilities beyond direct clinical care.

## Aim

The primary objective of the South West Queensland Inter-agency Allied Health Workforce Strategy Scoping Project – Two-year Implementation Plan (2021-23) is to implement and evaluate the strategy that was collaboratively developed in the South West Queensland Inter-agency Allied Health Workforce Strategy Scoping Project (2021).

The aim of the strategy is to build an 'own grown' sustainable allied health workforce through structured workforce development in health services in south west Queensland.

## Scope

The implementation will build on the outcomes of the South West Queensland Inter-agency Allied Health Workforce Strategy Scoping Project conducted between February and June 2021.

The collaborative activities undertaken to support the trial will include coordination of:

- The inter-agency learning sets drawn from the south west Queensland allied health cohort,
- Support and advice for agencies implementing AHRG training positions including identifying barriers and solutions, risks and mitigation strategies,
- Support for the planning, scheduling and implementation of inter-agency learning sets, and
- The evaluation of the trial.

Collaboration will be critical to the success of the trial. However, each organisation is independently responsible for their implementation activities, with pooled funding not considered in scope of the trial. Health services participating in the trial will be responsible for their own training roles including position funding and human resource management. Jointly funded positions are not in scope. Each organisation will be responsible for applying for and administering funding grants for training positions and for implementation and reporting requirements associated with the funding. Collaboration may assist these processes.



## Implementation partners

The health service providers in scope of the strategy at commencement of the project are:

- Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health (CWAATSICH),
- Cunnamulla Aboriginal Corporation for Health (CACH),
- Goondir Aboriginal and Torres Strait Islanders Corporations for Health Services (Goondir Health Services),
- South West Hospital and Health Service (SWHHS),
- Spot Family,
- Vital Health, and
- Other organisations that identify a wish to participate prior to commencement of the trial.

Other partners in the implementation trial are:

- Western Queensland Primary Health Network (WQPHN) – funder / commissioner of primary care services,
- Southern Queensland Rural Health (SQRH) –SQRH is the local health professional education and training provider,
- Health Workforce Queensland (HWQ) – training / workforce development funding for NGO/primary care sector, administrative support for the Trial Oversight Committee,
- Allied Health Professions' Office of Queensland (AHPOQ) – training / workforce development funding for public sector.

A range of other stakeholders are not anticipated to participate directly but shall be informed of the progress of the trial. A communication plan will be developed with the finalisation of the implementation plan.

## Implementation Outcomes

The outcomes of the implementation will be:

1. Implementation of the AHRG pathway as a focus for inter-agency AHP support and development including establishment of early career rural generalist training positions and support for trainees to complete post-graduate coursework in rural generalist practice relevant to their profession,
2. Formation of a south west Queensland learning set structure for collaborative, inter-agency support of training and development of early career rural generalist trainees and emerging and established clinical leaders, with successive learning sets focussed on projects of relevance to partners,
3. Collaborative governance structure through the establishment of an Implementation Oversight Committee (IOC), and
4. Evaluation of the two-year implementation of the strategy to inform local decision-makers of the indications for further investment in the strategy in south west Queensland, and key stakeholders at state and national level of the value



of the strategy for other regions, including findings and recommendations for service commissioning, workforce structures and education funding.

## Deliverables

### 1. Implementation of Rural Generalist Training Positions

Development and implementation of AHRG training positions in south west Queensland with health service providers with this capacity.

AHRG Trainees are employed by their organisation, and are subject to the employment terms, policies and work directions of the organisation. Training positions are existing, established early career roles that are modified to have a specific training and development focus, or can be developed as part of growth funding (i.e. new FTE) where consistent with organisational staff planning. Over the two-year implementation period, opportunities to establish new positions as training roles should be examined when organisations experience the growth of allied health establishment.

Training positions:

- Have 0.1FTE (approx. 4 hours per week) allocated to education/training, supervision and project activities,
- Are supported by a profession-specific supervisor within the organisation or through a local partner organisation by negotiation,
- Undertake either the Level 1 Rural Generalist Program, or Level 2 Rural Generalist Program (depending on experience at commencement) through James Cook University (JCU),
- Participate as part of a south west Queensland allied health inter-agency training cohort in local learning sets to apply learnings and benefit from peer support and networking, and
- Contribute to, or where applicable, lead an inter-agency service or workforce development project identified for the learning set, in collaboration with their supervisor and manager and other south west Queensland AHRG trainees.

The professions in scope of the AHRG Pathway are:

nutrition and dietetics	pharmacy	podiatry
occupational therapy	medical imaging	physiotherapy
speech pathology	social work	psychology

These professions have a clinical training stream in the JCU Rural Generalist Program. Other professions could be considered but would require an alternative education program to be identified.

### 2. Local Learning Sets

A learning set structure was identified in the scoping project as potentially beneficial for allied health workforce and service development across agencies in the region.



## **Purpose / Functions**

AHRG trainees need to be involved in and report to the funding provider on their participation in a local service or workforce development initiative. In the scoping project, partner organisations identified the value of taking a cross-agency approach to this aspect of the AHRG Pathway's implementation.

A learning set can support inter-agency engagement by:

- Facilitating cross-agency peer learning and assist participants to apply learnings from study/education and work-based training to locally relevant issues and opportunities,
- Developing networks between organisations that may support improved care integration and inter-agency and cooperation, and
- Producing service improvements for partner organisations and the community.

Forming inter-agency learning sets is a critical component of the strategy to:

- Enable participation of organisations with relatively larger and smaller allied health establishments,
- Foster networking and collaborative practice across the region at all levels (clinicians, clinical leaders and managers, and
- Pool skills and knowledge to achieve priority outcomes for multiple organisations and communities.

## **Learning set structure**

The learning set is a group of AHPs (and other colleagues as relevant) who will work together to progress a specific initiative or project and to provide support and learning opportunities.

Each learning set will be formed for a fixed term related to the duration of the project, most likely 3-6 months. Two to three learning sets may be formed and operating in the south west at the same time, each with a different project.

Learning sets may include 5-6 participants including a project lead (see "Participants" section below).

## **Learning set cycles**

Planning and implementation of learning sets will occur in cycles of approximately 6 months, to align with semesters. Cycles will enable:

- New organisations, Rural Generalist Trainees or other staff to come into a learning set group as it is being formed,
- Participants to 'opt-out' of a project cycle (e.g. period of leave or service demand escalation),
- Organisations to be responsive to changing priorities and service needs of common interest, and
- Participants to work with different colleagues in successive learning set project cycles, improving knowledge and connections with other organisations / sectors.

**Planning** will occur in advance of the start of the cycle to:



- Identify priority projects / initiatives and define objectives, outcomes and deliverables,
- Consider the skill sets required and opportunities for learning and collaboration of the proposed projects,
- Match potential projects to development goals and learning needs of AHRG trainees and other AHPs in the region (e.g. current and planned post-graduate modules/subjects, work-based development goals, and
- Allocate participants to projects including identifying project lead and the sponsor.

**Implementation** will include:

- Planning/scoping, implementation and evaluation stages for the group project/initiative, with support of the Local Strategy Coordinator and guidance of the sponsor, and
- Application of inter-professional education and peer mentoring concepts within the learning set to align to training and development goals for participants, supported by Local Strategy Coordinator (inter-professional educator).

**Finalisation, recognition and reflection** are key components of the cycle, including:

- Local showcase (or similar)
- Dissemination of outcomes through networks in and beyond the south west e.g. forums, conferences or publications,

### **Learning sets: collaborative projects**

Each learning set will have a defined project or initiative and are most likely to have a workforce or service development focus. Initiatives shall be designed to align to:

- A local service or workforce issue or opportunity,
- Organisational priorities and service/ quality improvement cycles of the Strategy partners,
- AHRG trainees' study schedules e.g. subjects/modules in the coming semester or recently completed, and
- Development activities or post-graduate training for senior allied health staff of Strategy partners.

The project is, in large part, a learning and development opportunity for AHRG Trainees and other staff and so is likely to be of modest scope and complexity. However, projects that support more extensive or complex changes may be prioritised by Strategy partners and implemented across multiple simultaneous or successive learning sets. Example topics may include:

- Service: care pathways between hospital and community services, collaborative primary /secondary prevention programs, health engagement opportunity at an upcoming community event, inter-agency outreach or telehealth collaboration to maximise community access etc., and
- Workforce development: shared student placement models, allied health assistant collaborative training.



### **Learning sets: peer learning**

Inter-professional education and peer mentoring concepts will be applied within the learning set to align to training and development goals for participants, supported by Local Strategy Coordinator (inter-professional educator). The approach can provide opportunities for:

- Early career practitioners / AHRG trainees to gain experience in project management, teamworking, service evaluation and planning etc, and to broaden awareness of local service providers,
- Mid-career practitioners and emerging clinical leaders who are developing leadership, change facilitation, service and workforce development, evaluation and related professional skills, and
- Progressive development of regional service and workforce capacity.





### *Learning set example*

Several AHRG trainees in the South West are doing the same module in the Rural Generalist Program next semester **and** the module topic aligns to a **locally prioritised issue** which could form the focus of an **inter-agency project**.

The **inter-agency learning set** would be formed to progress the issue-based project while simultaneously applying the learning from the AHRG module. One or more senior AHPs join the learning set as the project lead and to support the project and learning outcomes of trainees. The project is sponsored by a senior allied health leader from a partner organisation.

#### **Example**

3 AHRG Trainees (2 HHS, 1 Vital Health) plan to do MO1028 - Child Health Conditions in August – October 2021.

South West Hospital and Health Service (SWHHS), Vital Health and Goondir Health Services identify a priority opportunity for collaborative work in relation to child health e.g. scoping whether telehealth-supported child development reviews that are currently done between HHS facilities may be offered in a Goondir Health Service facility with local staff operational and cultural support.

The inter-agency learning set is formed comprising the 3 trainees, one or more senior AHP supervisors, a team member from Goondir Health Services, and the Local Strategy Coordinator. One member of the learning set is the project lead (generally a senior practitioner but could be a more experienced trainee). The project may be co-sponsored by the SWHHS Executive Director of Allied Health and Goondir Service Manager.

- The learning set work together to complete the scoping project and present the outcome to the relevant services in a short report.
- AHRG Trainees are supported to apply learnings from their post-graduate course by the Local Strategy Coordinator and their profession-specific supervisors.
- The project lead uses their own professional supervision sessions to plan and reflect on their own development in relation to leadership, project management, service development, influencing and planning skills.

## **Roles**

### *Participants*

Learning sets will be curated to:

- Have a mix of agencies and professions,
- Potentially include participants from different hub sites (although focused activity in a single community should not be excluded), and



- Recognise and use existing skill sets in allied health and broader teams in the south west.

AHRG trainees from all organisations with training positions can participate in the learning sets. For Queensland Health staff, the learning group activities will meet the requirements for participation in a local service development project for the purpose of reporting to the AHPOQ.

Other early career practitioners and senior AHPs / emerging clinical leaders from any organization in the region can participate in a learning set.

Staff from workforce streams beyond allied health can participate in the learning set, particularly if the learning set project aligns to an area of capability or development for the individual participant e.g. cultural safety.

#### *Local Strategy Coordinator*

The Local Strategy Coordinator will:

- Assist organisations to implement AHRG Training Positions,
- Provide support for Rural Generalist Trainees and their supervisors involved in the South West Queensland Inter-Agency Allied Health Workforce Strategy, and
- Coordinate the Learning Sets including contributing to projects.

Previous similar projects suggest that an allocation of 0.2FTE is required to support an inter-agency initiative of this nature.

Activities of the Local Strategy Coordinator:

(a) Assist implementation of AHRG Pathway in partner organisations:

- Understand the AHRG Pathway including purpose, aims, structure and requirements for individuals and organisations, including an awareness of funding and reporting requirements specific to each partner organisation,
- Assist training and supervision capacity building in collaboration with partner organisations e.g. support AHPs who are new to the supervisor role, assist services to identify supervision gaps and develop solutions, and
- Orientate and support new trainees, supervisors and other stakeholders to understand the AHRG Pathway, their role and contribution, and the South West Queensland Inter-agency Allied Health Workforce Strategy.

(b) Learning and supervision facilitation:

- Support supervisors to implement work-based learning for trainees through participation in the learning sets and work-based training,
- Collate and monitoring study plans of each trainee in the south west, including course stage and upcoming modules/subjects, and
- Assist trainees to reflect on how they have:
  - Applied or could apply their learning from their studies to their learning set project, and
  - Integrated activities and learnings from projects into their studies.



(c) Learning Set coordination:

- Coordinate planning for learning set cycles including sourcing and synthesising information on trainees' study plans and development priorities for senior AHPs (e.g. leadership development goals), and organisational priorities for collaborative service/workforce development initiatives,
- Drafting a preliminary plan for learning set/s for submission to the IOC for decision to progress,
- Supporting project leads and learning set members to plan, implement and evaluate the project, including integration with formal education and development goals for participants,
- Liaising with the project lead and sponsor to support monitoring, and
- Coordinating dissemination / showcasing of projects.

*Learning set project - Lead*

A senior AHP / emerging clinical leader (including more experienced rural generalist trainees) will take a lead role in the initiative that is the focus of their learning group. The project lead will oversight the project activities and engagement of members of the group, in collaboration with the Local Strategy Coordinator.

The project lead should be supported by their own supervisor to apply knowledge and skills gained through their own formal training (if engaged in formal post-graduate study in leadership, management or related areas), or through an organisation-specific development program of work-based training and supervision. This will provide flexibility to enable organisations with differing training approaches to participate.

*Learning set project - Sponsor*

A project undertaken by the learning set will be sponsored by a senior AHP from a partner organisation. The sponsor will provide high-level monitoring and oversight of the project to ensure alignment with the objectives of the partner organisations. The sponsor will determine their mechanism for involvement (e.g. meet with project lead and Local Strategy Coordinator, participate in working group, brief written updates).

### *3. Governance, planning and coordination establishment*

Forward-planning, facilitation and coordination of the model is critical, as without ongoing oversight and support it is likely to be unsustainable, and unable to be maintained as individual champions / participants turn over.

#### **Implementation Oversight Committee**

The Implementation Oversight Committee (IOC) will be organised through a 'partnership governance' approach including health services and funding / commissioning agencies involved in the collaboration. HWQ will coordinate and provide secretariat support for the committee. Terms of Reference will be developed by HWQ in consultation with the membership.

The purpose of the committee will be to:



- Manage and monitor the implementation plan, and identify and initiate restorative measures to address risks or variances from the plan, and
- Work collaboratively to provide updates / summary reports to the executive of each partner organisation and to the South West Allied Health Workforce Collaborative.

The IOC will also have responsibilities in relation to the implementation of the learning sets as a primary component of the Strategy. This will include:

- Identifying and deciding on priorities for inter-agency learning set projects / initiatives,
- Identifying staff to be involved in learning set project including proposed project leads,
- Ensuring implementation of the AHRG Pathway is consistent with funding and reporting requirements, including working collaboratively to enable short-term support strategies when risks are identified for one or more trainees, and
- Facilitating the role of the Local Strategy Coordinator to support AHRG trainees and supervisors e.g. communicating staff turnover and collaborating to orientate new trainees and supervisors, supporting staff to work with the Local Strategy Coordinator to map study / development plans, attend learning integration or reflection sessions in relation to learning set activities etc.

The IOC is proposed to meet quarterly, with meetings timed to provide planning, mid-point and end of cycle review for inter-agency learning sets.

#### *4. Evaluation of the inter-agency allied health workforce strategy*

The evaluation will report on service and workforce outputs/outcomes aligned to the requirements of local health service providers. A completion report will include:

- A description of strategy components, resource investment, activities undertaken,
- Evaluation outcomes, and recommendations for sustainability and recommendations of outcomes.

### **Implementation Details**

#### *Term*

2 years (August 2021 to August 2023).

#### *Resourcing*

Resourcing to support the trainees' education fees and to provide organisational capacity was identified as critical to progressing the strategy. Health services identified that funding solely for training fees would be inadequate to support the implementation of the AHRG Pathway. Funding for the organisation to expand and consolidate supervision and senior leadership capacity, offset activity impacts of development and supervision time, enable staff to engage in service development project activities and other implementation facilitators were seen as imperative.

Funding available for the AHRG Pathway can be leveraged to support the trial.



- Health Workforce Queensland (HWQ):
  - HWQ administers the Health Workforce Scholarship Program (HWSP) which provides a payment of up to \$10,000 per 12-month period for up to 24 months for a postgraduate course, and
  - In kind coordination and secretariat support for IOC.
- Services for Australia Rural and Remote Allied Health (SARRAH):
  - SARRAH administers the Allied Health Rural Generalist Workforce and Employment Scheme (AHRGWES).
- Allied Health Professions' Office of Queensland (AHPOQ):
  - The AHPOQ provides funding packages to HHSs for an agreed number of training positions. The funding is used to pay for university fees, with the remainder able to be used flexibly at the HHSs discretion to support implementation.

In addition, resourcing will be sought to support this trial as follows:

- 0.2 FTE contribution for the Local Strategy Coordinator.

#### *Investment and resource availability*

Investment requirements for participating organisations and funding sources or other resourcing strategies is provided in Table 1.



**Table 1. Resource requirements and sources**

Costs / investment	Resources / Funding sources
1. Establish RG Training Positions	
University fees Level 1 – Rural Generalist Program 12 modules in total: \$9,600 Level 2 – Graduate Diploma of Rural Generalist Practice Annual Tuition Fee: \$25,240	Primary Care Services: AHRGWES employee grants HWQ Public sector services: AHPOQ
0.1 FTE AHRG trainee development (approx. 4 hours per week allocated fortnightly)	Primary Care Services: AHRGWES employee grants HWQ Public sector services: AHPOQ
2. Establish Learning Sets as structure for inter-agency collaboration	
Senior AHP input to the Learning Facilitation Group (LFG) on average 1 hour per week	Primary Care Services: AHRGWES employer grants Public sector services: AHPOQ
Senior AHP supervisor for AHRG trainees	No additional costs as supervision of early career professionals is provided to current staff
Staff participation in IOC and Inter-agency Learning Sets	Primary Care Services: AHRGWES employer grants Public sector services: AHPOQ
AHRG Local Strategy Coordinator	0.2FTE allied health clinical educator (or similar)
AHRG learning sets session venue	Venue including computer access and teaching/collaboration space.



Costs / investment	Resources / Funding sources
3. Governance	
Secretariat and project support: IOC	HWQ, participating organisations
4. Evaluation	
Evaluation	TBC

## Risks and risk management

Risks will be identified and managed by the sponsor and partners over the course of the implementation. At project commencement risks are identified in table 2.

**Table 2. Risk matrix**

Risk	Likelihood	Impact	Mitigation (M) / Contingency (C)
The implementation does not align with organisational priorities for the allied health workforce for one or more partners and/or engagement in implementation activities or trial oversight is limited	Medium	High	<p>M – preliminary scoping and source support for the plan from partners prior to commencement</p> <p>M - collaborative development of the outcomes and deliverables</p> <p>M – engagement with senior managers / executive and operational manager levels before and during the trial</p> <p>M/C – adjust outputs and scope of the trial as required</p>



Risk	Likelihood	Impact	Mitigation (M) / Contingency (C)
<p>Inadequate multi-agency involvement to warrant investment in learning set approach and training support</p>	<p>High</p>	<p>High</p>	<p>M – proactive planning of relevant learning set initiatives/projects to align with existing work / priorities</p> <p>M – clear messaging and support from senior/executive leaders in partner organisations to encourage collaboration and participation of staff</p> <p>M – revision of Strategy</p> <p>C – suspend inter-agency learning sets for one cycle (e.g. if only one agency has occupied AHRG Training positions)</p>
<p>Partner organisation representatives unavailable or difficult to access for the Implementation Oversight Committee, Inter-agency Learning Sets and support for AHRG Trainee cohort.</p>	<p>High</p>	<p>High</p>	<p>M – HWQ to maximise flexibility in scheduling and engagement strategies</p> <p>M – engagement activities (meetings / forum) scheduled at outset</p> <p>C – alternative representatives or alternative engagement strategies selected</p>
<p>Outcomes and deliverables are not endorsed by partners</p>	<p>Medium</p>	<p>High</p>	<p>M – collaborative development of the outcomes and deliverables</p> <p>M – collaborative, routine reporting of progress throughout the trial</p>
<p>Resourcing is inadequate to support the trial</p>	<p>Low</p>	<p>High</p>	<p>M- Use outcomes from the scoping project to inform resourcing requirements</p> <p>C – source additional resourcing or amend resource requirements (e.g. through collaboration between agencies)</p>





Risk	Likelihood	Impact	Mitigation (M) / Contingency (C)
Loss of Local Strategy Coordinator or inadequate coordination / support available	Medium	High	M – draw on partner resources (health services, SQRH, AHPOQ, HWQ) to cover key functions in short-term
Attrition from training positions	Medium	Low	<p>M – supportive contact from supervisor and other organizational supports encouraging completion current stage of the AHRG Pathway</p> <p>C – advertise the position as a training role to leverage the recruitment benefits</p>
Attrition of profession-specific supervisor reducing support for trainee	Medium	Low	<p>M – allocation of another senior practitioner from within the organisation</p> <p>M – use existing agreement or collaboration with other partner organisation to provide supervision during recruitment period.</p> <p>M – trainee able to draw on support from the training cohort including peers and learning facilitator during the period of vacancy</p>
Disengagement of AHRG trainees and profession-specific supervisors from learning set	Medium	High	<p>M – ensure alignment of learning set activities / outcomes to organisational priorities</p> <p>M – ensure learning set activities meet project engagement and reporting requirements of funding providers (AHPOQ, SARRAH).</p> <p>M – messaging and support from senior / executive leaders in partner organisations and support to allocate required time.</p>



Risk	Likelihood	Impact	Mitigation (M) / Contingency (C)
Senior allied health training/education capacity in health services is limited	Low	Medium	<p>M – current senior staff provide supervision and work-based training support</p> <p>M – targeted skills development and support from learning facilitator / SQRH / supervisor peers in Learning Facilitation Group (LFG)</p> <p>C – augment work-based supervision through inter-agency agreement</p>

## Assumptions and dependencies

Assumptions include:

- Service providers are supportive of a regional approach to rural generalist training for AHPs,
- The AHRG Pathway is applicable and can be implemented in primary care and public service providers within its employment/industrial instruments, funding model, and organisational structure,
- AHRG training positions will produce recruitment / attraction, retention and service capacity building benefits for each participating organisation,
- Learning sets as a structure for learning/training application to practice settings, peer support and inter-agency collaboration are supported by service providers and feasible to implement within resources available to partners, and
- The regional approach will build inter-agency service awareness and partnerships between service providers that benefit clinical care integration.

Dependencies include:

- Partner health service organisations can integrate the requirements of the AHRG training positions into trainee and supervisor roles, and into business models, service schedules and other operational processes,
- Senior AHPs are engaged and available to provide supervision for early career and AHPs within their organisation and to contribute to learning facilitation for the cohort and inter-agency learning sets,
- Training grants and commissioning models that support the trial remain current, or alternatives can be identified, for the term of trial,
- Partner organisations participate in a collaborative oversight group for the trial, including that a nominated organisation lead is actively engaged in decision-making, and
- A minimum of three health services remain engaged and committed to collaborative implementation activities during the two-year term of the strategy implementation.



The proposed Strategy is dependent on local coordination and training support to be available from the 0.2FTE Local Strategy Coordinator. It is unlikely that existing senior AHP and organisational leadership roles would be able to coordinate and manage the collaborative activities required for the proposed strategy without this resource. Therefore, the Local Strategy Coordinator role is likely to be a pre-requisite for implementation. Project partners will need to collaborate to identify potential resourcing and engagement opportunities (e.g. integrated into an existing allied health educator role).