



Health Workforce  
Queensland

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

Project Report

June 2021





## Executive Summary

Local health service providers and funders participated in a five-month Inter-agency Allied Health Workforce Strategy Scoping Project for south west Queensland in 2021.

The project aim was to work with key stakeholders to develop a strategy that supported an inter-agency, collaborative, regional approach to allied health workforce development including recruitment, retention and capacity building, in health services in south west Queensland. The focus of the project was the education and training pathway action area; one of four action areas identified by South West Allied Health Workforce Collaborative members.

The rationale for the project included:

- reported difficulties with allied health professional recruitment and retention,
- challenges implementing sustainable integrated training in small multi-professional teams, and
- supporting clinical governance and facilitated upskilling in profession-specific generalist practice across the career stages of the allied health workforce.

The strategy was structured to provide consistent, high quality professional support and training in relevant rural generalist skills that was sufficiently flexible, inclusive and responsive to local need. Adopting a dual focus enabled the development of clinical and practice training for early career allied health professionals and the contextualisation of learning for allied health professionals in the established / mid-career phase. The mid-career focus also supports leadership development through proposed inter-agency collaboration and project implementation.

An inter-agency approach that maximised participation of local health service providers in collaborative workforce and service development strategies and projects was also identified as a key component. The approach needed to be sufficiently flexible to include services with or without current allied health professionals to participate in the inter-agency collaborations, as well as including new services and allied health professionals over time. The dispersed services and varied allied health professionals' experience levels suggested that coordination of a series of time-limited, project-based, inter-agency learning sets supporting both workforce and service development may be appropriate.

Importantly, an overarching, inter-agency governance / implementation group would support the strategy implementation.

The project was conducted over 22 weeks (1 February 2021 to 30 June 2021) and was co-funded by Health Workforce Queensland and the Allied Health Professions' Office of Queensland. In-kind resourcing was provided by project partners in terms of the allocation of staff time to meetings, consultations and review of project documents.



## Recommendations

### *Recommendation 1.*

The scoping project partners endorse the project report and the sponsor and funders approve the completion report and deliverables.

### *Recommendation 2.*

The project partners support a two-year implementation of the South West Queensland Inter-agency Allied Health Workforce Strategy scoped in this project including:

- Participating health services redesign one or more early career allied health roles into designated rural generalist training positions,
- A training cohort is formed that will participate in inter-agency support and application of learnings through learning set projects that are led and facilitated by identified senior allied health professionals and maximise inter-agency collaboration,
- In-kind resourcing is allocated to provide a Local Strategy Coordinator who will support rural generalist trainees, learning sets and overall coordination of the strategy in partnership with partners, and
- Funders, including Health Workforce Queensland, Allied Health Professions' Office of Queensland and Services for Australian Rural and Remote Allied Health, continue to provide funding grants for organisations supporting rural generalist trainees, in order to address implementation barriers.

### *Recommendation 3.*

Health Workforce Queensland implement the dissemination strategy that includes:

- Outcomes and next steps information for project partners, and
- Advice for a range of state and national bodies on the outcomes of the project and the opportunities for use of the model in other rural and remote locations.



## Table of Contents

Executive Summary ..... 2

Project background and overview ..... 5

Acknowledgments ..... 18

List of Appendices ..... 19

List of Attachments ..... 19

List of Abbreviations..... 20

Appendix A – Evidence Review and Context..... 21

Appendix B – Allied Health Rural Generalist Pathway..... 25

Appendix C – Terms of Reference ..... 28

Appendix D – South West Queensland Allied Health Workforce Strategy Components ..... 31

References ..... 35



## Project background and overview

In October 2020, allied health service providers and funders and education providers in south west Queensland came together to discuss 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

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.

Support for the scoping project in the education and training pathway action area was confirmed at the first formal meeting of the South West Allied Health Workforce Collaborative on 24 February 2021. Local health service providers and funders, and education providers participated in a five-month, Inter-agency Allied Health Workforce Strategy Scoping Project for south west Queensland in 2021.

### Scoping project context and rationale

The challenges of building and sustaining a stable, high-performing allied health workforce in rural and remote areas are well known. Difficulties recruiting experienced allied health professionals (AHPs), challenges providing supervision and work-based training for early career practitioners, or releasing staff for professional development, and flat workforce structures contribute to the vulnerability of small multi-professional rural teams in many health services.

Recent research indicates that the location of early career rural employment is the clearest predictor of a rural or remote career for the allied health and nursing professions (Playford, Moran, Thompson, 2020). Turnover has been shown to be influenced primarily by life stage, with early career practitioners and non-local newcomers expressing greatest turnover intention and more experienced workers in middle adulthood the least (Cosgrave, Maple, & Hussain, 2018).

Further, leadership has been identified as a key factor in an integrated package of components for workforce retention (Humphreys, Wakerman, Pashen, & Buykx, 2009), with clinical leadership noted to be important in implementing organisational change and creating a culture that is responsive to change (Nancarrow, 2013). Yet a recent New South Wales study found a lack of clearly defined paths, support services and processes within organisational structures can hamper leadership trajectories (Bradd, Travaglia, & Hayen, 2018).

Combined, these findings suggest building and sustaining a high performing allied health workforce requires a multipronged approach that supports practitioners



across career stages. A workforce strategy incorporating components aimed at developing early career staff and leveraging the expertise of more experienced staff through structured leadership development opportunities may be beneficial. An 'own grown' workforce strategy that can produce, at a minimum, a modest extension to the average tenure of early career staff, while developing longer term experienced practitioners, has the potential to generate substantial benefits for a service and a region.

A more detailed description of the national rural and remote allied health workforce context is provided in Appendix A – *Evidence Review and Context*.

South west Queensland has a range of allied health service providers and a local University Department of Rural Health (UDRH), Southern Queensland Rural Health (SQRH).

South west Queensland is well placed to develop a collaborative workforce strategy that leverages the resources, talents and strengths of each organisation in order to draw AHPs to the region and support them to address the demand for services.

## Aim

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

The outputs of the scoping project are a report and draft implementation plan describing:

- A proposed inter-agency, collaborative allied health workforce strategy with a focus on the education and training pathways, including examining the use of the Allied Health Rural Generalist (AHRG) Pathway, as a cross-agency approach to attraction and support and catalyst for collaboration on workforce strategies, and
- Clear guidance for partner organisations regarding opportunities/benefits, enablers, risks, and resources required to trial the proposed strategy.

## Term

February 2021 – June 2021 (5 months)

## Resourcing

The project was co-funded by HWQ and AHPOQ. In-kind resourcing was provided by project partners in terms of the allocation of staff time to meetings, consultations and review of project documents.

Staffing resources were:

- 0.4FTE Project Manager (Townsville)
- 0.1FTE Project Manager (Toowoomba) – seconded from SQRH



## Scope

The scoping project focussed on a regional approach to sustainable rural generalist allied health attraction / recruitment, training, development and supervision, and retention. Recognising considerable existing work undertaken by SQRH and other partners in pre-entry clinical education, the scoping project focussed primarily on post-professional entry education and training pathways, but with candidate flow into early career training pathways from local clinical placement experiences worthy of consideration at a later stage.

The professions primarily in scope of the strategy are those that can undertake the AHRG Program through James Cook University (JCU):

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

Other professions could be considered but would require an alternative education program to be identified to support training.

The following were not in scope of the scoping project:

- Joint or shared positions due to known complexities and barriers including differing wage rates / industrial framework, HR requirements, entitlements, employer expectations e.g. travel, etc.,
- Proposals that involve funding/resource allocation over and above that which is already available in the partner organisations or from existing funding programs or providers. That is, the proposal does not include a business case to partner organisations for additional FTE or funding, but does include a proposed allocation of staff time e.g. to training activities or supervision, and
- Support workers (e.g. assistants) and education pathways from VET to professional training.

## Project Partners

Service and education providers in scope of the strategy at commencement of the scoping project were:

- 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)
- Southern Queensland Rural Health (SQRH) South West Hospital and Health Service (SWHHS)
- Spot Family



- Vital Health

Other partners in the scoping project were:

- Western Queensland PHN (WQPHN) – funder / commissioner of primary care services
- Health Workforce Queensland (HWQ) – training / workforce development funding for non-government organisation / primary care sector
- Allied Health Professions' Office of Queensland (AHPOQ) – training / workforce development funding for public sector.

## Governance

A project governance group was formed to support the collaborative management of the project. Representatives were invited from HWQ, AHPOQ, SWHHS, CWAATSICH, CACH, Goondir Health Services, Spot Family, Vital Health, SQRH and WQPHN.

Terms of Reference for the Project Partners Group (PPG) were approved (Appendix C).

## Key Concepts

### *Allied Health Rural Generalist*

The term “rural generalist” refers to a service, or to a position or practitioner delivering the service, that can respond to the broad range of healthcare needs of a rural or remote community. This includes delivering services to people with a wide range of clinical presentations, from across the age spectrum, and in a variety of clinical settings (inpatient, ambulatory care and community) (Services for Australian Rural and Remote Allied Health, 2017). Rural generalists practice under the regulatory instruments of their specific allied health profession and the policies of their employer. The term “Rural generalist” should not be confused with the term “generic health worker” that does not have a primary health professional qualification.

The AHRG Pathway is designed to improve workforce sustainability through attraction, targeted training and support of early career professionals, along with a focus on service development and continuous improvement. It was selected as the basis of the strategy developed in this project as it aligns to the workforce and service development needs of the participating organisations. In a recent evaluation the rural generalist post-graduate training program, when implemented for rural generalist training positions was found to provided benefits for trainees, employing organisations and consumers (Barker et al., 2021).

### *Allied Health Rural Generalist Pathway*

The AHRG Pathway aims to support the growth, sustainability and value of the rural and remote allied health workforce and the proliferation of rural generalist service models that deliver accessible, safe, effective and efficient health services for rural and remote health consumers. The key components of the AHRG Pathway are:





1. Rural generalist service models that support and engage AHPs to implement innovative and effective solutions to the challenges of delivering care across geographically dispersed and culturally diverse populations.
2. Workforce policy and employment structures that align to development requirements and facilitate progression from entry-level competency to proficient rural generalist in the relevant allied health profession and into extended scope roles where this is required by the service.
3. A formal education program that supports the development of the clinical and non-clinical rural generalist practice requirements of the relevant allied health profession.

Further details on the AHRG Pathway are provided in Appendix B.

## Method and project activities

The project focused on the Education and Training Pathways action area identified by the South West Allied Health Workforce Collaborative and leveraged the outcomes of the North West Queensland Inter-agency Allied Health Workforce Strategy Scoping Project (<https://www.healthworkforce.com.au/north-west-queensland-inter-agency-allied-health-workforce-strategy>).

The project methods included:

- A desktop review of relevant published and grey literature,
- Collating available allied health workforce data from key service providers in south west Queensland,
- Four stakeholder group meetings that progressively developed and refined the proposed strategy,
- Multiple individual consultations with allied health service leaders to examine organisation-specific challenges, resources and implementation considerations for the emerging strategy.

## Concept

Similar to work undertaken in the north-west, the AHRG Pathway was examined in south west Queensland as a potential core component of the collaborative workforce strategy. However, differences between the regions in workforce profiles, service models and inter-agency relationships were acknowledged, carefully considered and approached in consultations. The unique needs, challenges and opportunities of the South West are reflected in this scoping project.

## Activities

The project examined:

- Education and training pathway needs and challenges in south west Queensland with a focus on the “resident” AHP workforce in the region,
- The AHRG Pathway implementation barriers, enablers and methods relevant to each of the organisations,



- The extent to which a collaborative, regional approach may:
  - Leverage local education capacity and infrastructure to support training, and capitalise on peer learning to support education outcomes,
  - Reduce time investment of individual supervisors and improve inter-agency networking,
  - Improve capacity across organisations to support AHP development including AHRG trainees,
  - Increase capacity as a region to attract high quality graduates and early career practitioners, and
  - Enhance and support leadership development of senior AHPs and emerging clinical leaders, particularly with regard to supervision, work-based training and education, and project-based learning.

## Deliverables

The primary deliverable for the scoping project is a proposal that aligns to the needs of local health service providers and evidence of allied health workforce enablers. The plan will be presented to each partner organisation for endorsement at the conclusion of the scoping project.

The proposal is in the form of a Two-year Implementation Plan (Attachment 1). The plan has been designed to align to the needs of local health service providers and evidence of allied health workforce development enablers.

The plan describes:

- The strategy, activities, timeframes, and outcomes for a two-year implementation,
- Inter-agency governance / collaboration structures for the strategy, and recommendations and drafts of governance / collaboration instruments (based on existing organisation examples for other purposes) e.g. service agreement, and
- Description of resource requirements and proposed sources (i.e. internal/in kind resources in each partner organisation; external resources e.g. HWQ, AHPOQ, SARRAH, WQPHN).

In addition to the primary deliverable, the project produced:

- A policy brief for external stakeholders (Attachment 2), and
- Abstract submission to the National Allied Health Conference.



## Findings

### *Literature summary*

Evidence from the published and grey literature indicates that a strategy to build a sustainable rural and remote allied health workforce should:

- Build and connect components of the AHP workforce pipeline (Battye, 2019; Durey, Haigh, & Katzenellenbogen, 2015).
- Comprise an integrated package of components (Humphreys et al., 2009).
- Increase the numbers of rural allied health public and private sector jobs, combined with senior workplace supervision and career paths, (O'Sullivan, 2020).
- Utilise the UDRH capability to provide additional education, professional development and mentoring support to new graduates and early career practitioners (KBC Australia, 2020).
- Include the development of new graduate support programs (Sooful, Williams, & Moore, 2020).
- Match experiences with early career AHPs' expectations (Cosgrave et al., 2018).
- Develop leadership and change champions (Humphreys et al., 2009; Nancarrow, Roots, Grace, Moran, & Vanniekerk-Lyons, 2013).
- Include strategies to limit the cost of high turnover / recruitment (Chisholm, Russell, & Humphreys, 2011; Russell, McGrail, & Humphreys, 2017; Zhao et al., 2019).

### *Findings from consultation*

Extensive consultation with key stakeholders identified challenges, enablers and opportunities for workforce development and service sustainability.

### *Recruitment and workforce establishment*

The south west has a relatively sizable resident allied health workforce, although there is significant variation in establishment size between organisations and a clear workforce gradient with remoteness. The workforce is primarily located in the three service hub sites: Roma, Charleville and St George, with Roma having the majority. Service access to remote and smaller settlements was noted to be challenging for all services.

Resourcing limitations were reported as an impediment to establishing allied health positions in several organisations, with revenue generation inadequate to fully cover staffing costs. However, some organisations with no/limited allied health staffing identified potential benefits for community access and continuity of care and interest in examining establishment resourcing further.

Recruitment is an issue for many services, but the extent of the challenges varies between services and professions. Allied health professions with the greatest recruitment challenges for South West service providers were reported to include podiatry, social work and physiotherapy. Experienced practitioners are also difficult



to find for all professions. Small recruitment pools were identified as common by multiple services.

### Retention

The South West Queensland Inter-agency Allied Health Workforce Strategy includes graduates / early career, mid-career and very experienced practitioners. The representation of AHPs across the career spectrum was considered in the developing strategy.

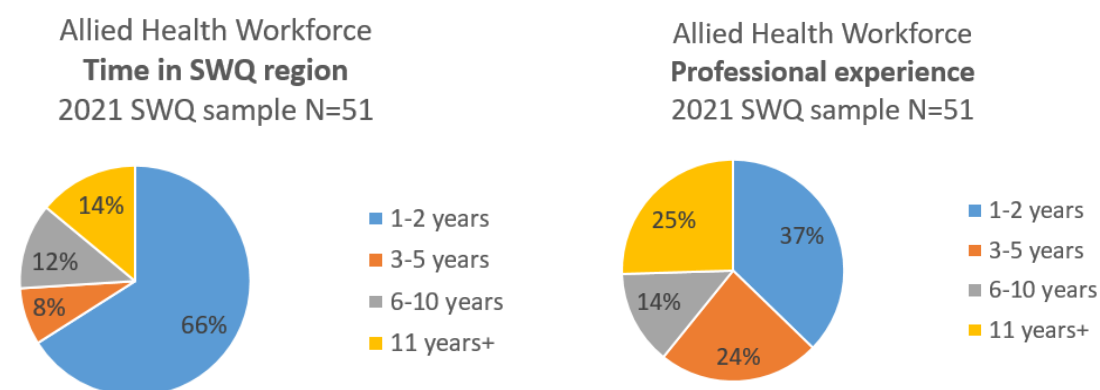
Available allied health workforce data was supplemented by local de-identified information on time since graduation and time in the area/organisation.

Workforce data was collected for AHPs working in project partner organisations in south west Queensland during March and May 2021.

The south west Queensland allied health workforce profile indicates that the workforce includes practitioners who are relatively new to the area through to those who are settled and have long-term residency. The workforce profiling showed that:

- Sixty-six percent (66%) of the resident AHPs in this 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.

**Figure 1: Cross-agency sample of AHPs in south west Queensland, April 2021 by professional experience and time in the region**



Interviews with stakeholders identified that sole practitioners are viewed to be particularly vulnerable to attrition. AHPs in small teams reported limitations to local career development opportunities.

### Capacity building

Expanding local workforce development, education and training opportunities is a focus for organisations with a resident AHP workforce in the region. AHRG Training Positions were considered a potentially useful structure for development of AHPs in



primary care services and are a potential component of the inter-agency workforce strategy. It is noted that South West Hospital and Health Service (SWHHS) has nine existing training positions. Potential benefits identified for adopting the AHRG Pathway included that it provides a structure for training and support. Challenges / barriers identified included access to supervision, funding and translating newly acquired knowledge and skills into practice.

### *Inter-agency collaboration*

The value of increased collaboration across services was identified in each discussion with service providers. This included workforce development, but discussions with stakeholders identified more wide-ranging opportunities including improved service integration and collaboration, care pathways and collaborative service analysis and planning.

An inter-agency approach to support workforce development and capacity building was broadly supported. Stakeholders recognised potential value of cross-agency approaches to supervision or training, to address the limitations of each organisation's capacity to provide comprehensive in-house support for all allied health professions, particularly in locations and teams with small establishments. However, concerns were expressed for workload impacts, expectations and coordination of this approach.

### *Summary of opportunities*

- Collaboration across sectors and services may enable growth of allied health providers / establishment e.g. cross-agency mentoring or supervision where providers are experiencing barriers to establishing or retaining allied health in positions,
- Collaborative approaches for early to mid-career training and development, with the AHRG Pathway / Training Positions providing a potential structure within and across organisations for a local development pathway,
- A focus on developing and capitalizing on the capacity and skills of established and emerging allied health clinical leaders,
- Leveraging the collaboration and networking of an inter-agency workforce development and training strategy to produce service outcomes e.g. service integration, care coordination, and
- The dispersed services and the varied AHP experience levels suggests that smaller, networked learning sets may be more appropriate than the centralized, early career training cohort model adopted in north west Queensland.

### *Key enablers and issues for consideration in developing the strategy*

1. The availability of external funding to support the AHRG Pathway in the primary care sector, including redesign of early career positions into training roles e.g. funding for university fees, supervision etc.



- a. The 2021 budget included an announcement for the expansion of AHRG Pathway. \$9.6 million over three years from 2021-22 to expand the AHRG Pathway to provide:
  - i. Up to 90 workplace training packages Modified Monash (MM) 3-7 locations, and
  - ii. 30 packages allocated to Aboriginal Community Controlled Health Organisations (ACCHOs).
2. Options for organisations to work collaboratively to support and develop emerging clinical leaders and to apply their skills to local service and workforce challenges,
3. How a collaborative workforce strategy would be coordinated and maintained, and the resourcing required for this (in kind, funded etc),
4. Exploring and unpacking the career development/enrichment activities sought by AHPs, especially those in small teams in rural communities or with longer tenure in south west Queensland,
5. Relationship between this project and other action areas in the South West Allied Health Workforce Collaborative work plan including:
  - o Allied health student placements and recruitment pipeline from student to graduate level in the region, and
  - o Funding and employment models for allied health positions in ACCHOs and Aboriginal Medical Services (AMS).

## Proposed Strategy

### Overview

The findings suggest that the strategy adopted to support south west Queensland allied health workforce development should be sufficiently flexible, inclusive and responsive to local needs and to include:

- Inter-agency, collaborative approaches for allied health professional training and development,
- The AHRG Pathway / Training Positions to provide a structure within and across organisations for a local development pathway,
- A dual focus on early and mid-career AHPs,
- A focus on developing and capitalizing on the capacity and skills of established and emerging allied health clinical leaders,
- Leverage the collaboration and networking of an inter-agency workforce development and training strategy to produce service outcomes e.g. service integration, care coordination,
- Smaller, networked learning sets to reflect the dispersed services and the varied AHP experience levels,



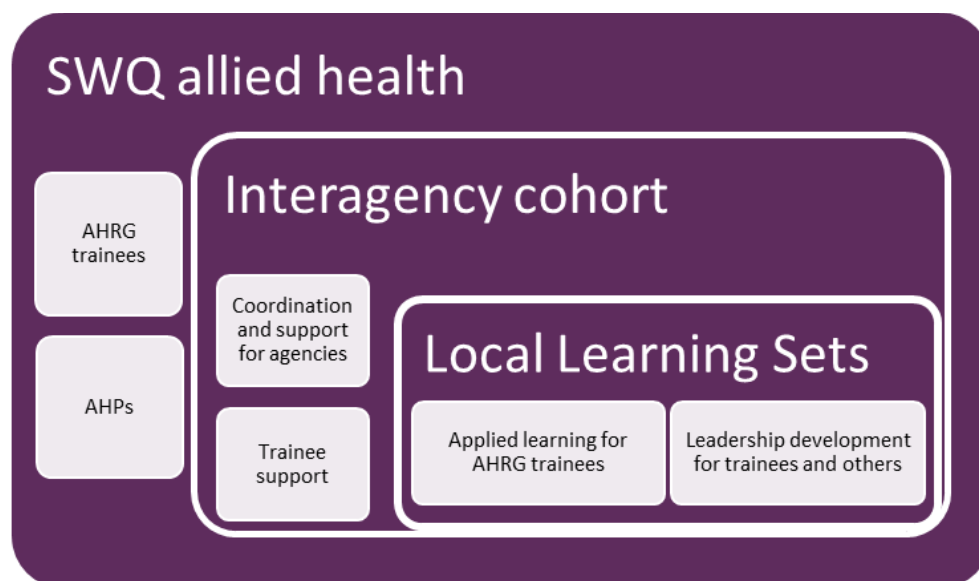
- A resource allocation to support the local strategy coordination,
- Utilisation of available AHRG training grants, and
- An inter-agency governance process.

### *Concept and rationale*

The proposed South West Queensland Inter-agency Allied Health Workforce Strategy incorporates needs and ideas expressed by stakeholders and reflecting the findings of the project:

- A primary focus on education and training, including
  - Application of formal clinical/practice and professional skills training for rural generalist trainees,
  - Work based / experiential learning in leadership, workforce development and service improvement, and related capabilities for senior / established AHPs, inter-agency networking, cooperation and peer support through collaborative projects that align to the organisational priorities of partner agencies,
- Opportunities for connections between established allied health trainees and supervisors, and organisations that are scoping or establishing allied health positions, allowing the strategy to be responsive to changing workforce in the regions,
- Support for ongoing connections that may support the development of new roles and services over time, which can integrate AHPs new to the region, and
- The need for coordination and oversight of the inter-agency strategy.

**Figure 2: South West Queensland Inter-agency Allied Health Workforce Strategy components**





### *The process*

Key operational components of the proposed strategy include:

- AHRG Trainee positions are established in one or more primary care services, in addition to existing training roles in SWHHS, to form an inter-agency network of trainees.
- One or more inter-agency learning sets structured around cycles of successive workforce or service development projects. Projects can be designed to align to:
  - AHRG Program subjects/modules for rural generalist trainees, or to development activities or other post-graduate training for senior staff,
  - Service and quality improvement cycles of participating organisations i.e. to expand through inter-agency collaboration, rather than duplicate requirements for continuous quality improvement, and
  - A local service or workforce issue or opportunity.
- AHRG trainees from all organisations with training positions can participate in the learning sets. For Queensland Health staff, the learning sets project/s will meet the requirements for participation in a local service development project for the purpose of reporting to AHPOQ.
- Senior AHPs / emerging clinical leaders will take a lead role in the project that is the focus of their learning set and can apply knowledge and skills gained through their formal training (e.g. if participating 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.
- 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 (Appendix D – *South West Queensland Allied Health Workforce Strategy Components* provides further detail).

The following components are detailed in Attachment 1 – *Two-year Implementation Plan (2021-2023)*.

- Allied Health Rural Generalist training positions
- Inter-agency learning sets
- Local Strategy Coordinator (LSC)
- Governance, planning and coordination
- Resourcing

### *Evaluation*

An evaluation plan should be progressed by the Implementation Oversight Committee (IOC) if the strategy is supported.





## Recommendations

### *Recommendation 1.*

The scoping project partners endorse the project report and the sponsor and funders approve the completion report and deliverables.

### *Recommendation 2.*

The project partners support a two-year implementation of the South West Queensland Inter-agency Allied Health Workforce Strategy scoped in this project including:

- Participating health services redesign one or more early career allied health roles into designated rural generalist training positions,
- A training cohort is formed that will participate in inter-agency support and application of learnings through learning set projects that are led and facilitated by identified senior AHPs and maximise inter-agency participation and contribution to the outcomes,
- In-kind resourcing is allocated to provide a Local Strategy Coordinator who will support rural generalist trainees, learning sets and overall coordination of the strategy in partnership with partners, and
- Funders, including HWQ, AHPOQ and SARRAH, continue to provide funding grants for organisations supporting rural generalist trainees, in order to address implementation barriers.

### *Recommendation 3.*

HWQ implement the dissemination strategy that includes:

- Outcomes and next steps information for project partners, and
- Advice for a range of state and national bodies on the outcomes of the project and the opportunities for use of the model in other rural and remote locations.



# Acknowledgments

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## List of Appendices

Appendix A – Evidence Review and Context

Appendix B – Allied Health Rural Generalist Pathway

Appendix C – Terms of Reference

Appendix D – South West Queensland Allied Health Workforce Strategy Components

## List of Attachments

Attachment 1 – Two-year Implementation Plan

Attachment 2 – Policy Brief



## List of Abbreviations

ACCHO	Aboriginal Community Controlled Health Organisation
AHP	Allied Health Professional
AHPOQ	Allied Health Professions' Office of Queensland
AHRG	Allied Health Rural Generalist
AMS	Aboriginal Medical Service
CACH	Cunnamulla Aboriginal Corporation for Health
CWAATSICH	Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health
FTE	Full-time equivalent (staff)
HP3	Health Professional Level 3 (Allied health classification in Queensland Health)
HWQ	Health Workforce Queensland
IOC	Implementation Oversight Committee
JCU	James Cook University
LSC	Local Strategy Coordinator
MM	Modified Monash
PPG	Project Partners Group
SARRAH	Services for Australian Rural and Remote Allied Health
SQRH	Southern Queensland Rural Health
SWHHS	South West Hospital and Health Service
UDRH	University Department of Rural Health
WQPHN	Western Queensland Primary Health Network



## Appendix A – Evidence Review and Context

Addressing modifiable factors influencing AHP recruitment and retention that were identified in a recent review (Battye, 2019) can form a solid foundation for local workforce initiatives. Initiatives incorporating the strategies described in the review have the potential to produce positive impacts on the stability of the AHP workforce in remote, rural and regional areas of Australia. Strategies identified in the 2019 review include improved supervision and professional support, rural training experience including education and qualifications in rural and remote practice, supportive work environments, capacity to work to full scope of practice and the clear role and recognition of allied health in the wider healthcare team.

The pipeline model that has been proposed for building a rural and remote allied health workforce (Battye, 2019; Playford, Moran, & Thompson, 2020). Battye et al (2019) differentiated AHP career stages into early career, establishing career and mature career AHPs and described the elements and underpinning components that are required for a rural allied health pipeline. It is acknowledged that while many of the required elements and underpinning components of an allied health pipeline are in place further work is required to link the components into a comprehensive pipeline (Battye, 2019).

Understanding elements at each stage, including factors that inform decisions to stay or leave, is key to implementing strategies that target recruitment and then retention through career stage transition points.



### Student to new graduate/early career

Strategies to support the transition from student to new graduates identified in the literature suggest:

- Engaging with students on placement to provide career guidance outlining pathways to rural work and rural careers (KBC Australia, 2020),
- Preparedness for rural practice as new graduate is (Martin, Mandrusiak, Lu, & Forbes, 2020),
- Recognising that new graduates need extra support to assist in the undergraduate-to-practice transition (Devine, Williams, & Nielsen, 2013), and
- Developing mechanisms for UDRH's to support student transition to employment in rural, remote and regional Australia (KBC Australia, 2020).



## New Graduate / Early career

The single most significant factor predicting long term rural practice has been found to be early career rural practice (Playford et al., 2020) that is, the location of the first job. The implications of this research for organisational and policy initiatives include addressing reports of limited job availability for new graduates (Kumar, Tian, May, Crouch, & McCulloch, 2020) and augmenting the supervision capacity and capability of local health and community services to enable these agencies to establish graduate and early career positions (i.e., PGY 1-4) (KBC Australia, 2020).

## New graduate support and education

Professional and clinical support and supervision, supportive work environment and culture, mentoring and professional development are important for retention. Each contribute to job satisfaction, an important intrinsic motivator in retention (Campbell, McAllister, & Eley, 2012). The important role played by health services in having well defined, consistent, operational processes that orient and support new graduates particularly, in relation to supervision, mentoring and professional development, is acknowledged by key stakeholder groups (Devine, Williams, & Nielsen, 2013). Organizations that implement strategies to enhance both extrinsic and intrinsic motivation incentives are more likely to successfully address their AHP workforce shortage (Campbell et al., 2012). Recent recommendations include:

- Increasing rural allied health public and private sector jobs, coupled with senior workplace supervision and career paths, is needed for retention (O'Sullivan, 2020),
- [UDRH's to] provide additional education, professional development and mentoring support to new graduates and early career practitioners (KBC Australia, 2020), and
- Development of new graduate support programs (Sooful et al., 2020).

## Career transition points

Both intrinsic and extrinsic motivators of retention are important to understand as AHPs make decisions to stay or leave employment with an organisation.

*"Intrinsic motivation incentives are known to contribute to job satisfaction and come from within the individual, for example the pleasure derived from autonomy or challenge at work.*

*In contrast, extrinsic motivation incentives are provided by the job and include such factors as salary and professional development provisions. Extrinsic incentives are important because they prevent job dissatisfaction. Job satisfaction has been shown to be linked with increased retention". (Campbell et al., 2012).*

Negative work-related factors were found to be more significant when there is no personal connection to the community, highlighting the importance of addressing and maintaining a high level of professional satisfaction in order to retain clinicians (Miles, Adams, Anaf, & Sheppard, 2010) and also for identifying opportunities for developing local workforce.



An individual's decision to stay or leave their job is determined by the meeting of life aspirations, and the extent of the gap between individuals' professional and personal expectations and the reality of their current employment and rural-living experience (Cosgrave et al., 2018). A major finding from the identification of the basic social process was that, in the adjustment stages (initial and continuing), turnover intention was most strongly affected by professional experiences, in particular those relating to the job role, workplace relationships and level of access to continuing professional development (Cosgrave et al., 2018).

AHPs have been found to be attracted by advanced work roles in a context of generalist practice, while noting that access to CPD and inequitable resource distribution were strong 'push' factors in this group (Keane, Lincoln, & Smith, 2012).

### Establishing career

Recent findings indicated that structured career progression, access to appropriate continuing professional development opportunities, the ability to work at full scope of practice, and to expand scopes of practice where required is strongly supported by the sector (Australian Government National Rural Health Commissioner, 2020).

The AHRG Pathway has been identified as a means to meet these requirements (Australian Government National Rural Health Commissioner, 2020) and has been viewed as an effective education program that provided benefits for Rural Generalist Program participants, employing organisations and consumers (Barker et al., 2021).

### Mature Career

Previous research investigating rural recruitment and retention of nursing and AHPs, both in Australia and other developed countries, identifies three main influences: workplace conditions, career advancement opportunities (including access to continuing professional development (CPD), and social and personal factors (Cosgrave et al., 2018).

Understanding the interplay of these influencing factors at different career stages can inform organisational strategies to improve recruitment and retention. While noting that turnover intention in the adjustment stages was most strongly affected by professional experiences, having reached the 'adapted stage', the major influence on turnover intention shifted to personal satisfaction, and this was strongly impacted by an individual's life stage (Cosgrave et al., 2018). By drawing on the turnover intention theory and the basic social process, it is possible to make a risk assessment of individuals' turnover intention.

### Leadership development in rural and remote allied health

AHPs have a range of professional and organisation competencies and play a significant role in the delivery of health care. Frequent requirement to manage diverse professional teams and multiple deliverables positions AHPs to be well placed to assume leadership roles (Bradd et al., 2018). However this New South Wales study found a lack of clearly defined paths, support services and processes



within organisational structures can hamper leadership trajectories (Bradd et al., 2018).

Humphries et al pp9-10 (2009) suggest *“that workforce retention is a function of several critical factors - including enlightened leadership, continuing professional development, multidisciplinary teamwork, opportunities for career progression and new role development, effective recruitment and workforce succession planning and adequate infrastructure. It follows that an effective workforce retention strategy should comprise an integrated ‘package’ of components that take account of the context in which it applies, the groups to which it is targeted, and the process by which it can be implemented”*

Nancarrow et al. (2013) [quoting (Humphreys et al., 2009)] notes the importance of strong clinical leadership in implementing organizational change and creating a culture that is responsive to change...and continues to note that ...the context for workforce change must be supportive at all levels. This includes a supportive legislative and industrial environment, professional environment, and leadership and champions.





## Appendix B – Allied Health Rural Generalist Pathway

The AHRG Pathway has been developed to connect formal education, workplace policy and employment structures and rural generalist service models. The AHRG Pathway recognises that rural practice requires a broad skill set and a strong reliance on teamwork, multi-disciplinary and inter-professional practice and the development of innovative service delivery models. A key focus of the AHRG Pathway strategy is to address issues that influence workforce recruitment and retention in rural and remote areas, including ensuring access to professional development and providing effective supervision and support (Services for Australian Rural and Remote Allied Health).

Evaluation of the 2014 implementation phase of the Pathway in Queensland Health found that it was a successful strategy for addressing challenges associated with recruitment and retention of rural and remote allied health practitioners (Nancarrow, Roots, Grace, Young, & Barlow, 2015). Moreover, this initiative revealed that a structured, high quality training and support model for new graduates linked to a service development project can add significant value well beyond the additional clinical capacity created by the new role (Nancarrow et al., 2015). Building capacity in allied health services through service development strategies was an opportunity for innovation identified by Battye and colleagues (Battye, 2019).

Service outcomes from the Queensland Health 2015-16 AHRG Pathway implementation phase included services provided closer to home, better use of support workers, the clinical effectiveness of telehealth services and reduced patient waiting times (Allied Health Professions' Office of Queensland Department of Health, 2017). For example:

- A new physiotherapy telehealth service to remote facilities saved 2,940km of client travel in a 12-month period,
- A new speech pathology telehealth clinic to a remote facility reduced average patient waiting time by over ten weeks,

### Rural Generalist Service Strategies

The primary aim of rural generalist service models is to deliver high quality, safe, effective and efficient services as close to the client's community as possible.

There are a range of rural generalist service strategies that can be implemented by teams and individual allied health professionals to maximise local service access and quality. Training position incumbents will develop experience with one or more of these strategies whilst they are also adopted by experienced practitioners.

The primary strategies comprise:

- Telehealth.
- Delegation to clinical support workers (for example allied health assistants).
- Extended scope of practice including skill sharing (trans-professional practice).
- Partnerships supporting the implementation of a 'generalist scope' for complex or low frequency clinical presentations, (including rural-urban, cross-agency and cross-sectoral partnerships that use shared care or collaborative practice models).

AHRG Resource # 1.

<https://sarrah.org.au/ahrgp>



- Utilisation of allied health assistants for delegated physiotherapy tasks increased by 35% between 2014 and 2016 in one rural hospital, and
- Clinical outcomes from a rural physiotherapy telehealth clinic supported by allied health assistants were at least equivalent to traditional face-to-face services.

Workforce outcomes for the same period included improved attraction and retention, for example:

- Recruitment pools generally out-performed regular [HP3] roles, and
- Training positions provided a local development pathway that supported an 'own grown' workforce strategy.

*[Note: following the 'proof of concept' trial phases 2014-18, AHRG implementation by Queensland public health services has used positions within an organisation's existing establishment rather than supernumerary positions].*

Information on the AHRG Pathway is available at <https://sarrah.org.au/our-work/ahrgpathway>. Key resources detailing the development, implementation phases and evaluation of the pathway in Queensland Health are available at <https://www.health.qld.gov.au/ahwac/html/rural-remote>.

The information sheet provides an overview of the Pathway including the early career component and senior allied health component of the Pathway: [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0038/839189/ahrg-pathway-information.PDF](https://www.health.qld.gov.au/_data/assets/pdf_file/0038/839189/ahrg-pathway-information.PDF).

Rural generalist trainees undertake the JCU Rural Generalist Program. Information is available at:

- Level 1 Program <https://www.jcu.edu.au/rgp>, and
- Level 2 Program: <https://www.jcu.edu.au/courses-and-study/courses/graduate-diploma-of-rural-generalist-practice>



Figure 3. Allied Health Rural Generalist Pathway



Queensland Health. Allied Health Rural Generalist Pathway Information Sheet, 2019 at [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0038/839189/ahrg-pathway-information.PDF](https://www.health.qld.gov.au/_data/assets/pdf_file/0038/839189/ahrg-pathway-information.PDF)



## Appendix C – Terms of Reference

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

#### Background

The challenges of allied health workforce sustainability in rural and remote areas are well known. The National Rural Health Commissioner's recent *Discussion Paper for Consultation: Rural Allied Health Quality, Access and Distribution* described building a "sustainable rural allied health workforce, applying the internationally recognised 'three-legged stool', by

- creating opportunities for rural origin students,
- enhancing structured rural training and career pathways, and
- creating sustainable jobs." (Australian Government National Rural Health Commissioner, 2020).

Preliminary meetings of a collaborative of local allied health service providers and funders and education providers working in south west Queensland took place in October and November 2020. Four action areas emerged with this project focusing on the first: Education and Training Pathways. The first formal meeting of the South West Allied Health Workforce Collaborative was held on Wednesday 24 February 2021.

The Collaborative meeting attendees were supportive of scoping an inter-agency, collaborative workforce strategy, with a primary focus on early career allied health rural generalist recruitment, retention, training and support. The project will examine the Allied Health Rural Generalist Pathway as a cross agency approach to early career attraction and support and a catalyst for collaboration on workforce strategies. An exploratory workshop was held in Roma on 5 March 2021.

#### Aim

The aim the scoping project is 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 health services in south west Queensland.

#### Outcomes

The outcomes of the scoping project will be:

- A proposed inter-agency, collaborative allied health workforce strategy with a focus on the Allied Health Rural Generalist Pathway as a cross-agency approach to early career attraction and support and catalyst for collaboration on workforce strategies, and
- Clear guidance for partner organisations regarding opportunities/benefits, enablers, risks, and resources required to trial the proposed strategy.



### *Briefing Paper*

A Briefing Paper was attached to provide further background on this topic.

### *Role of Project Partners Group*

The role of the Project Partners Group (PPG) is to:

- Enable collaboration and sharing of knowledge of allied health workforce management and development, service delivery and funding in project partner organisations (service provider and funding organisations),
- Identify barriers, enablers and considerations relevant to project partner organisations that will influence the project outcome/deliverable,
- Identify and leverage the strengths, resources, organisational capabilities and individual talents of allied health clinicians and managers in project partner organisations that can support the project outcome/deliverable, and
- Contribute to the scoping and design of a planned strategy that will be presented to each partner organisation for endorsement.

### *Role of Individual Project Partners Group members*

- Participation in meetings and review of materials tabled for each meeting,
- Appreciation of the significance of the project for many stakeholders and maintenance of confidentiality where required, and
- A Health Workforce Queensland representative will Chair meetings and email the Agenda one week prior to each meeting.

### *Proposed Project Partners Group members (to be specified through consultation)*

- South West Hospital and Health Service (SWHHS) X1
- Aboriginal Community Controlled Health Organisations (ACCHOs)
  - Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health (CWAATSICH) x1
  - Cunnamulla Aboriginal Corporation for Health (CACH) x 1
  - Goondir Health Services x1
- Vital Health x1
- Southern Queensland Rural Health (SQRH) x2
- Western Queensland Primary Health Network (WQPHN) x1
- Health Workforce Queensland (HWQ) x2
- Allied Health Professions' Office of Queensland (AHPOQ) x2
- Spot Family x1



### *Timeframe and Frequency of Meetings*

The Project Partners Group will operate from March to June 2021 and will meet as required.

### *Quorum Requirements*

A quorum for videoconferences will be the Chair and a minimum of four project partner organisations. If a quorum is not secured, the meeting may progress, with a log of advice and recommendations from members to be circulated and confirmed out of session. Attendance of all PPG members at the face to face meetings is encouraged. Members can nominate a suitably briefed proxy if unable to attend a meeting, by contacting the chair prior to the meeting.



## Appendix D – South West Queensland Allied Health Workforce Strategy Components

	Activities and requirements		Resource input
<b>South West Queensland Allied Health</b>	AHRG trainees	Enrol in Rural Generalist Program (post-graduate coursework).	Allocated AHRG trainee development time, supervisor, training fees
		Liaise with manager to develop study plan to reflect local service priorities and trainee development requirements.	L1 \$9,600 over 1-2 years L2 \$25,240 over 2 years
	AHPs not in AHRG position	Progress own clinical and leadership development and, with the support of management, participate in relevant inter-agency projects.  Project participation would be indicated where the project focus aligns with AHP development plan and addresses a service priority issue.	Project related time  Consistent with current clinical and professional development requirements
<b>Management</b>	Managers/ team leaders of AHRG trainees	Establish AHRG training position to meet specified requirements i.e.: <ul style="list-style-type: none"> <li>• 0.1FTE (approximately 4 hours per weeks) development, supervision and project time,</li> <li>• Profession-specific supervision, which for staff with less than two-years professional experience is co-located, and nearby for staff with &gt; 2 years professional experience,</li> <li>• Completion of an approved program of study in rural generalist practice for the relevant profession, and</li> <li>• Participation in a work-based service development project that is designed to produce tangible benefits for clients,</li> </ul>	Senior supervision- no extra costs as this is consistent with current clinical governance processes in each organisation



	Managers/ team leaders of AHPs <b>not</b> in AHRG training positions	<p>the community and organisation.</p> <p>Discuss and support professional development plans of AHPs.</p> <p>Where relevant to the AHP professional development plan, support participation in an inter-agency service/workforce development project that is designed to produce tangible benefits for clients, the community and organisation while progressing the development requirements/plans of the individual AHP.</p>	<p>Allocate the AHRG employer grants to accommodate the AHRG trainee study and service provision requirements.</p> <p>Consistent with current clinical governance and professional development within each organisation</p>
<b>Education support</b>	South West Queensland "Local Strategy Coordinator" (title TBC)	<p>The Local Strategy Coordinator (LSC) will:</p> <ul style="list-style-type: none"> <li>• Work with AHRG trainees across all agencies,</li> <li>• Liaise with each trainee to collate study plans and timelines for study modules/subjects,</li> <li>• Schedule monthly check-ins with each trainee to assist the trainee to reflect on: <ul style="list-style-type: none"> <li>○ The integration of workplace learning into study modules/subjects, and</li> <li>○ The integration of learning from study modules/subjects into the workplace and where applicable, inter-agency projects</li> </ul> </li> <li>• Liaise with management to identify priority issues that could be addressed through an inter-agency project,</li> <li>• Develop a schedule of possible inter-agency projects that align to: <ul style="list-style-type: none"> <li>○ AHRG trainee study plans,</li> </ul> </li> </ul>	<p>0.2 FTE allocation of allied health inter-professional clinical educator time from existing role in partner organisation or work to develop the role through securing additional funding</p> <p>Virtual meetings- via Teams/Zoom F2f Venue: tbc</p>





		<ul style="list-style-type: none"> <li>○ Prioritised issues identified by management, and</li> <li>○ Leave or other workforce requirements</li> <li>● Liaise with project leaders to assist with monitoring and reporting of project progress and outcomes.</li> </ul>	
<b>South west Queensland cohort</b>	Inter-agency Learning Sets	<p>AHRG trainees will form a south west Queensland cohort that will progress and apply their learning through issue related, inter-agency learning sets.</p> <p>Inter-agency learning sets will be formed around prioritised service or workforce issues. All AHRG trainees to be involved in some or all of the inter-agency projects relevant to their study plans. The Local Strategy Coordinator will schedule and support the inter-agency learning sets and liaise with the AHP allocated to lead the specific project.</p>	0.2FTE Local Strategy Coordinator
<b>Inter-agency Learning Set projects</b>		<p>The projects will be:</p> <ul style="list-style-type: none"> <li>● Outcome focussed and time limited,</li> <li>● Address a priority issue</li> <li>● Align to AHRG modules currently being studied,</li> <li>● Will likely be led by emerging clinical leaders in AHRG training positions for projects that align to their development plan, and</li> <li>● Will be up to 4-5 months in duration yet planned in 6 monthly cycles to allow for project planning and wrap up time.</li> </ul>	<p>Issue identification by south west Queensland leadership AHRG trainees and other AHPs participation.</p> <p>Local Strategy Coordinator time to map AHRG modules and align projects.</p> <p>Part of the 4 hours per week AHRG trainee allocated time.</p>
<b>Governance</b>	South West Queensland Inter-agency	<p>Provide oversight of the inter-agency implementation of the strategy, including:</p> <ul style="list-style-type: none"> <li>● Forward planning of inter-agency projects,</li> </ul>	<p>Monthly meetings in the establishment phase and then quarterly for 1 to 2 hours.</p> <p>Representatives to include:</p>



	<p>Oversight Committee (SWQ IOC)</p>	<ul style="list-style-type: none"> <li>• Inter-agency learning sets,</li> <li>• Support for project activities, and</li> <li>• Identify issues and solutions.</li> </ul> <p>Ensure organisations managers/Chief Executives receive regular reports on the overall implementation and the completion reports detailing outcomes of the inter-agency projects conducted by each inter-agency learning set.</p> <p>Provide updates to the South West Allied Health Workforce Collaborative.</p>	<ul style="list-style-type: none"> <li>• SWHHS</li> <li>• Vital Health</li> <li>• CACH</li> <li>• CWAATSICH</li> <li>• Goondir Health Services</li> <li>• Spot Family</li> <li>• SQRH</li> <li>• HWQ</li> <li>• AHPOQ</li> <li>• WQPHN</li> <li>• Local Strategy Coordinator</li> <li>• Others as required</li> </ul>
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