North West Queensland Inter-agency Allied Health Workforce Strategy
Two-year Implementation Plan (2020-22)

Background

Allied Health service providers and commissioners in north west Queensland met in Mount Isa in November 2019 to discuss the challenges and opportunities for workforce sustainability in the region. A significant outcome of this meeting was broad endorsement of a scoping project focused on improving allied health workforce sustainability in the region. The project aim was to develop a strategy that enabled an inter-agency, collaborative, regional approach to allied health workforce development including recruitment, retention and capacity building, in health services in north west Queensland.

The scoping project was conducted between March and June 2020. Key project findings are provided in north west Queensland Inter-agency Allied Health Workforce Strategy – Scoping Project Report (refer to Appendix A – *Key Findings*). Extensive consultation with key stakeholders identified challenges, risks and possible solutions (refer to Appendix B – *General Background*). The scoping project proposed a 2-year implementation of a collaborative, inter-agency regional strategy comprised of the following enabling components:

- Allied health rural generalist training positions established in health services employing early career practitioners,
- 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,
- A commissioning model that enables allocation of training and supervision time,
- Inter-agency collaboration to generate a critical mass of resources for supporting early career allied health professionals that each individual agency would not be able to source or allocate independently, and
- Building a critical mass of allied health rural generalist trainees and adopting a training cohort approach to optimise supervision, learning support and peer engagement while moderating each individual organisation's investment.

For general background on rural and remote allied health workforce challenges and details on the Allied Health Rural Generalist (AHRG) Pathway see the Scoping Project Report.

Context

North west Queensland allied health services are delivered by a range of providers including state government, primary care, community controlled and education sector organisations. The allied health staffing profile of the region historically and currently includes a substantial early career allied health workforce, with some experienced

clinicians and leaders. An opportunistic sample of 30 allied health professionals working in North West Hospital and Health Service (NWHHS), North West Remote Health (NWRH), Gidgee Healing and the Centre for Rural and Remote Health (CRRH) was collected in March 2020 as part of the scoping project. Forty-eight per cent (48%) of Allied Health Professionals in this sample had ≤ 2 years' experience, with 77% having ≤5 years' experience. Ninety per cent (90%) had been in the region for less than 2 years. Stakeholders report difficulties retaining staff and challenges attracting experienced clinicians. Service continuity and capacity can be impacted by workforce sustainability.

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

Aim

The primary objective is to implement and evaluate the strategy that was collaboratively developed in the north west Queensland inter-agency allied health workforce strategy scoping project 2019/20.

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

Outcomes

The outcomes of the initial 2-year phase of the strategy's implementation will be:

- Implementation of the Allied Health Rural Generalist (AHRG) Pathway as a focus for inter-agency early career allied health professional support and development,
- Evaluation of the strategy to inform local decision-makers of the indications for further investment in the strategy in north 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,
- Value derived from implementing the AHRG Pathway in participating health services including service development project and work-integrated learning activity outputs, and
- Training and qualifications for early career allied health professionals in rural generalist practice that is relevant to their profession and contextualised through local profession-specific supervision and learning facilitation to their service context.

The strategy was developed through the scoping project in collaboration with north 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 talents of allied health professionals and managers in the region,

- The benefits of cross agency collaboration to maximise capacity and build critical mass whilst spreading responsibility, and
- The opportunity to build the profile of north west Queensland as a centre of excellence for allied health rural generalist training and employment for early career practitioners, and for career progression and development opportunities for senior clinicians.

Deliverables

The deliverables of the 2-year strategy implementation are:

1. Implementation of designated rural generalist training positions in partner organisations

Development and implementation of a minimum of seven early career allied health rural generalist training positions across a minimum of three health service providers in the 2-year term of the strategy implementation. Training positions will:

- Be filled by early career allied health professionals who may be current staff or recruited specifically to the training role,
- Have 0.1 FTE (approx. 4 hours per week) allocated to training, supervision and project activities,
- Be supported by a profession-specific supervisor,
- 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 in a training cohort of allied health rural generalist trainees including attending fortnightly, facilitated 'development days', and
- Contribute to a service development project in their organisation / team in collaboration with their supervisor and manager.

2. Implementation of allied health rural generalist training cohort

The training cohort approach will ensure regular, fortnightly development time for trainees, and will be supported through an in-kind investment by the CRRH in the form of a 0.2 FTE Cohort Learning Facilitator and venue. Health services will support the cohort through contributing to oversight and coordination of a Learning Facilitation Group, contributing senior allied health staff time to learning sessions, and ensuring that trainees are released to attend each development day.

3. 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.

4. Completion report

The completion report will include:

- A description of strategy components, resource investment, activities undertaken,
- Evaluation outcomes, and

- Recommendations for sustainability and dissemination of outcomes.

Scope

The 2-year strategy implementation will build on the outcomes of the north west Queensland inter-agency allied health workforce strategy scoping project conducted between March and June 2020.

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

- The inter-agency training cohort for trainees,
- Support and advice for agencies implementing allied health rural generalist training positions including identifying barriers and solutions, risks and mitigation strategies, and
- The evaluation of the strategy implementation.

Collaboration will be critical to the success of the implementation. However, each organisation is independently responsible for their implementation activities, with pooled funding not considered in scope of the strategy implementation. Health services participating in the strategy's implementation 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.

Strategy Implementation Partners

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

- North West Hospital and Health Service (NWHHS),
- Gidgee Healing,
- North West Remote Health (NWRH), and
- Other organisations that identify a wish to participate prior to commencement of the strategy implementation.

Other partners in the strategy implementation are:

- Western Queensland Primary Health Network (WQPHN) – funder / commissioner of primary care services,
- Health Workforce Queensland (HWQ) – training / workforce development funding for NGO/primary care sector, administrative support for the Implementation Oversight Committee (IOC),
- Allied Health Professions' Office of Queensland (AHPOQ) – training / workforce development funding for public sector, and
- Centre for Rural and Remote Health (CRRH) – a health service provider through service-learning teams, CRRH is also the local health professional education and training provider, and has strategic links to JCU, which delivers the Rural Generalist Program.

A range of other stakeholders are not anticipated to participate directly but shall be informed of the progress of the strategy implementation. A communication plan will be agreed upon by the Implementation Oversight Committee.

Professions

The professions in scope of the 2-year strategy implementation 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.

Assumptions and dependencies

Assumptions include:

- Service providers are supportive of a regional approach to early career rural generalist training for allied health professionals,
- The AHRG Pathway is applicable and can be implemented in each service provider within its employment/industrial instruments, funding model, and organisational structure,
- The AHRG Pathway will produce recruitment / attraction, retention and service capacity building benefits for each participating organisation, and
- The regional approach will build inter-agency service awareness and partnerships that benefit clinical care integration.

Dependencies include:

- Partner health service organisations can integrate the requirements of the allied health rural generalist training positions into trainee and supervisor roles, and into business models, service schedules and other operational processes,
- Senior allied health professionals are engaged and available to provide supervision for early career professionals within their organisation and to contribute to learning facilitation for the cohort,
- Training grants and commissioning models that support the strategy implementation remain current, or alternatives can be identified,
- Partner organisations participate in a collaborative Implementation Oversight Committee for the 2-year strategy implementation, 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 for the entire 2-year term of the strategy's initial implementation phase.

Risks and risk management

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

Table 1. Risk matrix

Risk	Likelihood	Impact	Mitigation (M) / Contingency (C)
The strategy implementation does not align with organisational priorities for the allied health workforce for one or more partners and/or engagement in implementation activities or strategy implementation oversight is limited	Medium	High	M – preliminary scoping and source support for the plan from partners prior to commencement M - collaborative development of the outcomes and deliverables M – engagement with senior managers / executive and operational manager levels before and during the strategy implementation M/C – adjust outputs and scope of the strategy implementation as required
Partner organisation representatives unavailable or difficult to access for Implementation Oversight Committee or Learning Facilitation Group.	High	High	M – HWQ to maximise flexibility in scheduling and engagement strategies M – engagement activities (meetings / forum) scheduled at outset C – alternative representatives or alternative engagement strategies selected
Outcomes and deliverables are not endorsed by partners	Medium	High	M – collaborative development of the outcomes and deliverables M – collaborative, quarterly reporting of progress throughout the 2-year strategy implementation
Resourcing is inadequate to support the strategy implementation	Low	High	M - Use outcomes from the scoping project to inform resourcing requirements C – source additional resourcing or amend resource requirements (e.g. through collaboration between agencies)

Risk	Likelihood	Impact	Mitigation (M) / Contingency (C)
Attrition from training positions	Medium	Low	M – supportive contact from supervisor and other organisational supports encouraging completion current stage of the Pathway C – advertise the position as a training role to leverage the recruitment benefits
Attrition of profession-specific supervisor reducing support for trainee	Medium	Low	M – allocation of another senior practitioner from within the organisation M – use existing agreement or collaboration with other partner organisation to provide supervision during recruitment period. M – trainee is able to draw on support from the training cohort including peers and learning facilitator during the period of vacancy
Senior allied health training/education capacity in health services is limited	Low	Medium	M – current senior staff provide supervision and work-based training support M – targeted skills development and support from learning facilitator / CRRH / supervisor peers in Learning Facilitation Group C – augment work-based supervision through inter-agency agreement

Strategy implementation

Governance – Implementation Oversight Committee (IOC)

The 2-year strategy implementation will be managed through a 'partnership governance' arrangement that is coordinated through an Implementation Oversight Committee (IOC). HWQ will coordinate and provide secretariat support for the IOC. Each participating health service, the CRRH, WQPHN and the AHPOQ will be represented on the IOC. The purpose of the IOC will be to manage and monitor the

implementation plan, identify and initiate restorative measures to address risks or variances from the plan and to report to the executive of each partner organisation.

Draft Terms of Reference have been developed by HWQ and will be finalised after consultation with the membership. The group is proposed to meet quarterly during the strategy implementation.

Learning Facilitation Group

A Learning Facilitation Group will coordinate the operational aspects of implementing the training cohort and provide peer support and collaborative problem solving for supervisors in each organisation. The membership will include at least one representative from each health service participating in the strategy implementation, most likely a supervisor of one or more trainees, and the CRRH AHRG Pathway Cohort Learning Facilitator. The purpose of the Learning Facilitation Group is to collaboratively plan learning activities to occur in the fortnightly development sessions, discuss progress of trainees and strategies for supporting supervision. Terms of reference will be developed for the group, with meetings proposed to occur monthly, potentially reducing in frequency as implementation progresses. More information is available in Appendix C – *Training Cohort and Learning Facilitation Group.*

Term

Two years: (August 2020 to August 2022).

Project resources

Resourcing

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

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 24-months for a postgraduate course with an opportunity to reapply thereafter for further funding for Modified Monash Model 3 to 7 locations, 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), which provides trainee education fee grants of up to $8,000 for Level 1 and up to $28,000 for Level 2, and
- Funding is for the organisation to build training and supervision capacity and address implementation barriers, and implementation support.

Allied Health Professions' Office of Queensland (AHPOQ):

- The AHPOQ provide $30,000 per agreed training position to Hospital and Health Services (HHSs). 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 has been committed to specifically support this 2-year strategy implementation as follows:

Western Queensland Primary Health Network (WQPHN):

- Minor variations in contract specifications to adjust for possible modest impacts on service activity targets.

Centre for Rural and Remote Health (CRRH):

- 0.2 FTE in-kind contribution of an allied health educator to act as the Cohort Learning Facilitator, and
- Venue for fortnightly development sessions.

Investment and resource availability

Investment requirements for participating organisations and funding sources or other resourcing strategies is provided in Table 2.

Table 2. Resource requirements and sources

Costs / investment	Resources / Funding sources
University fees Level 1- Rural Generalist Program 12 modules in total: $9600; Level 2- Graduate Diploma of Rural Generalist Practice Total Tuition Fee approx.: $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 PHN: variations in contract specifications to adjust for possible impacts on service delivery. Public sector services: • AHPOQ
Senior allied health professional input to the Learning Facilitation Group on average 1 hour per week	Primary Care Services • ARHGWES employer grants • PHN: variations in contract specifications to adjust for possible impacts on service delivery Public sector services • AHPOQ
Senior allied health professional supervisor for AHRG trainees	No additional costs as supervision of early career professionals is provided to current staff
Staff participation in IOC and Learning Facilitation Group	Primary Care Services • ARHGWES employer grants Public sector services • AHPOQ
AHRG Cohort Learning Facilitator	CRRH in-kind contribution of 0.2 FTE allied health academic
AHRG development session venue	CRRH learning venue including computer access and teaching/collaboration space
Secretariat and project support: IOC	HWQ
Evaluation	Plan to be developed when the implementation plan is endorsed by partners (indication to proceed). Resourcing requirements for evaluation to be examined.

Appendix A – Key Findings: North West Queensland Inter-agency Allied Health Workforce Strategy Scoping Project

As the current regional workforce profile was strongly weighted to early career allied health professionals, a strategy to provide high quality professional support, intensive training and recruitment and retention incentives for this group was prioritised. An inter-agency approach that optimally and efficiently used the senior allied health professional capacity available in all participating organisations was identified as an important component of the strategy.

Project Summary and Method

The primary partners in the project included North West Hospital and Health Service, North West Remote Health, Gidgee Healing, Centre for Rural and Remote Health, Western Queensland Primary Health Network, Health Workforce Queensland and the Allied Health Professions' Office of Queensland. The project was conducted over 20 weeks (17 February to 30 June 2020) and was managed by 0.5 FTE project manager/facilitator.

The project team worked with stakeholders to scope an inter-agency, collaborative, regional approach to allied health workforce development in health services in north west Queensland. The Allied Health Rural Generalist Pathway was used as the focus of the strategy.

Deliverables

The primary deliverable of the scoping project was 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 objectives. The deliverable was presented as a draft implementation plan for endorsement by project partners.

Project outputs also included:

- A final project report,
- A case for change document for internal stakeholders,
- A policy brief for external stakeholders, and
- Abstract submission to the Are You Remotely Interested Conference, and the Australian Journal of Rural Health special edition on health professional education.

Findings

The proposed strategy included:

- The implementation of the Allied Health Rural Generalist Pathway as an inter-agency, collaborative approach to workforce development,
- Each participating healthcare organisation implementing one or more designated allied health rural generalist training positions,
- Development of an inter-agency cohort of rural generalist trainees supported by in kind resourcing from the University Department of Rural Health and a collaborative group of supervisors from participating organisations,
- A governance structure coordinated by Health Workforce Queensland,
- Resourcing for participating organisations through existing state and national Allied Health Rural Generalist Pathway funding schemes, and support from service commissioners.

Key findings in relation to the proposed strategy included:

- The Allied Health Rural Generalist Pathway is accepted as a structure for allied health workforce development for primary care and public sector health services,
- A commissioning model that enables workforce development and sustainability strategies for remote allied health teams is critical for primary care services,
- An inter-agency, collaborative approach to supporting early career allied health professionals can mitigate risks associated with vacancies in senior roles, and provide a breadth of training and supervision resources that individual organisations could not source independently, and
- The University Department of Rural Health is well placed to support a cohort of early career rural generalist trainees, with education expertise and infrastructure available.

Recommendations

Recommendation 1.

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

Recommendation 2.

Collaboration partners support a 2-year initial phase of implementation of the 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,
- That Western Queensland Primary Health Network work with relevant health services to integrate the strategy into service commissioning models,
- A training cohort is formed, through in-kind support from the Centre for Rural and Remote Health, that is supported by senior allied health professionals from each participating health service, and
- Allied health workforce / education funders, including the Allied Health Professions' Office of Queensland, Health Workforce Queensland, Services for Australian Rural and Remote Allied Health and Centre for Rural and Remote Health, provide funding

or in-kind support for organisations implementing rural generalist training positions and participating in the inter-agency, collaborative workforce strategy.

Recommendation 3.

Health Workforce Queensland implement the dissemination strategy for the project completion report including highlighting:

- 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 potential opportunities for use of the model in other rural and remote locations.

Appendix B – General Background

Rural and remote allied health workforce challenges

SARRAH recently published a commissioned rapid review of rural allied health workforce challenges[1]. The summary of factors influencing recruitment and retention of Allied Health Professionals in rural areas across the professional lifespan is shown on the following page. The summary illustrates modifiable factors influencing workforce stability include:

- Supervision and professional support,
- Rural training and experience of students,
- Formal training and qualifications in rural and remote practice for Allied Health Professionals, and
- Underpinning components including incentives, supportive work environment, capacity to work to full scope of practice and the role and recognition of allied health in the wider healthcare team / service.

North west Queensland service providers have reported difficulties with allied health recruitment, particularly for senior clinical and leadership roles, and with retention of staff. Challenges have also been identified by service leaders with regard to:

- Implementing supervision and professional support, and sustainable work-integrated training in small multi-professional teams, particularly risks associated with building training and supervision pathways that are reliant on a single senior practitioner to implement,
- Maintaining inter-agency collaborative strategies as senior allied health and organisational leadership changes, and
- Developing inter-agency workforce approaches given differences in employment models, terms and conditions, salary, role requirements in terms of clinical competencies and mandatory employment requirements e.g. immunisations.

North west Queensland service providers have also reported staff interest in:

- Gaining a broader experience of allied health practice in the north west i.e. hospital, community, outreach,
- Further developing collaborative links between agencies to facilitate care integration, and
- Inter-agency training and project collaboration opportunities.

[1] Services for Australian Rural and Remote Health (SARRAH) (2019) Strategies for Increasing allied health recruitment and retention in rural Australia at https://sarrah.org.au/system/files/members/rapid_review_-_recruitment_and_retention_strategies_-_final_web_ready.pdf

Figure 1. Summary of factors that influence recruitment and retention of Allied Health Professionals in rural areas across the professional lifespan (SARRAH, 2019)

Elements	University	Early Career AHP	Establishing Career AHP	Mature Career AHP
Attraction and selection	• Describe the role and service environment • Market and promote the professional and personal benefits of rural practice and lifestyle			Re-entry programs and support mechanisms
Training pipeline	Quality student placements: • Supervision • Rural practice and community immersion • Multidisciplinary exposure • Service learning	Rural and remote ready: • Clinical and non-clinical skills and capability development	Continuing professional development Advanced skills to meet community need	
Mentoring, supervision and support	Co-design support strategies with allied health stakeholders: • Vocational planning • Case management transition to rural practice and/or new location • Preceptorship • Mentoring • Flexible supervision • Business development			
Accreditation and recognition	Nationally accredited postgraduate education programs for rural and remote practice and qualifications that are recognised and transferrable across jurisdictional boundaries			
Underpinning components				
Incentives	• Financial incentives individually tailored to career and life stages • Non-financial incentives - partner/spouse employment, family and social connection to community, good living conditions			
Supportive work environment	• Adequate staffing and leave relief • Infrastructure "to do the work" • Effective workplace - orientation and induction; communication; culturally sensitive; career advancement • Sustainable service delivery model - caseload, outreach • Management by senior allied health professional with rural and remote experience			
System capability	Enable allied health professionals to work to their full scope of practice by implementing: • Delegation (AHAs) • Telehealth • Skill sharing • Infrastructure - equipment			
Recognition of contribution of allied health	Building the evidence for: • Allied health intervention in 'real world' rural and remote models of care • Workforce strategies • Cost effective service models			

Allied Health Rural Generalist Pathway

Information on the Allied Health Rural Generalist Pathway is available at https://www.health.qld.gov.au/ahwac/html/rural-remote. An information sheet provides an overview of the Pathway.

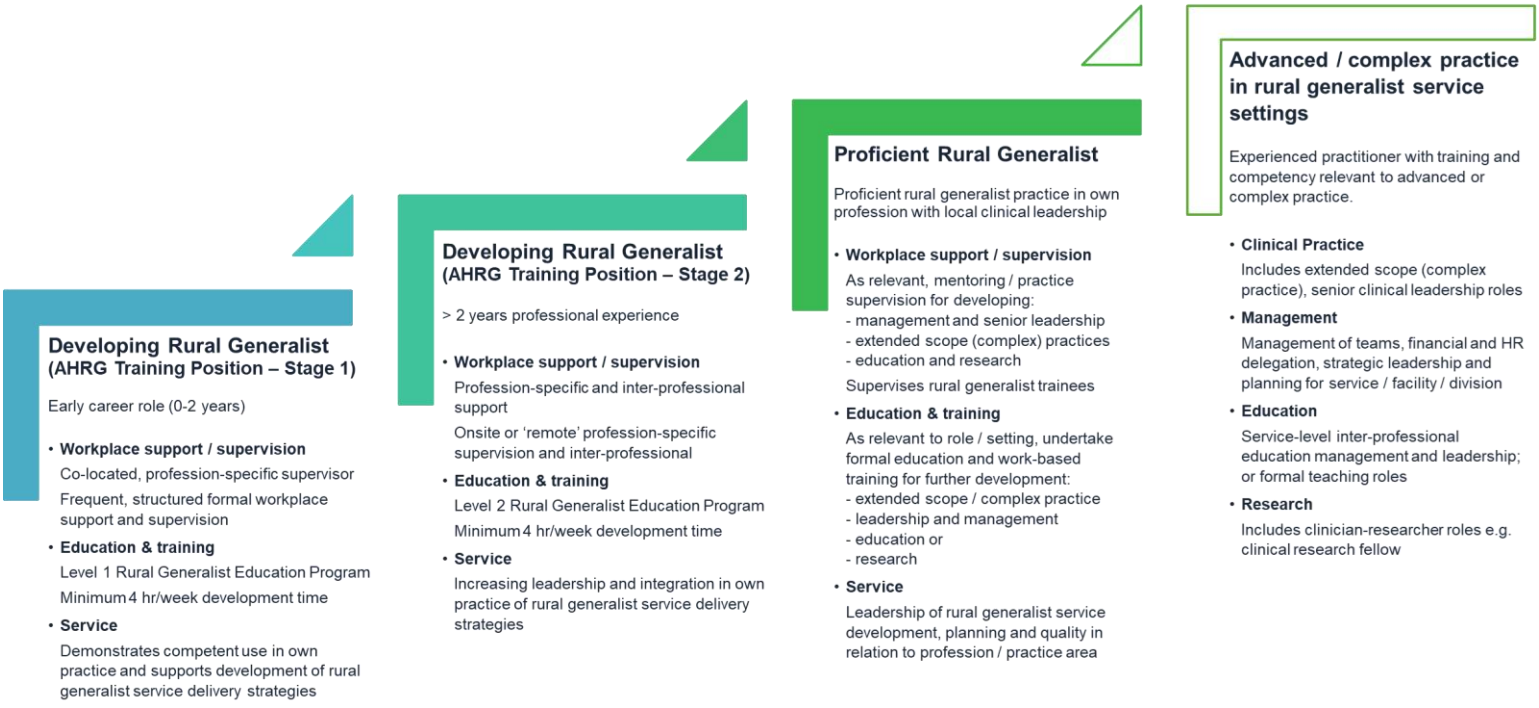
Rural generalist trainees undertake the Allied Health Rural Generalist Program through James Cook University. Information is available at:

- 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

North West HHS receive funding support from AHPOQ to implement designated rural generalist training positions. HWQ have funding programs that support training for the non-government sector. The Commonwealth-funded AHRGWES, administered by SARRAH, will also support non-government sector organisations to implement the rural generalist pathway with a focus on early career practitioners.[2]

Figure 2. Allied Health Rural Generalist Pathway [3]



[2] Department of Health (Commonwealth). 21 Nov 2019. Doorstop interview about allied health workers in regional Australia. https://www.health.gov.au/ministers/the-hon-mark-coulton-mp/media/doorstop-interview-about-allied-health-workers-in-regional-australia

[3] 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

Appendix C – Training Cohort and Learning Facilitation Group

Training Cohort

A key component of the strategy is a cohort of rural generalist trainees from participating organisations. The training cohort will participate in a common development day held fortnightly. The proposed benefits of the cohort are:

- Improved networks and peer support for early career allied health professionals in rural generalist training positions,
- Improved networking and collaboration for senior allied health professionals involved in supporting the cohort, with potential carry over to collaboration and integration of services through these links,
- Efficient use of available senior staffing in health services, and reduced duplication of training support between organisations for early career allied health professionals,
- Improved continuity of rural generalist trainee support, including reduced fragility of support arrangements during periods of senior workforce turnover / vacancy, and
- Opportunities for trainees and their supervisors to collaborate on service development projects, including the potential to work on inter-agency strategies.

The principles of the training cohort are:

- Each healthcare organisation participating in the two-year implementation of rural generalist training positions as part of the North West Queensland Inter-agency Allied Health Workforce Strategy, will ensure that trainees are able to attend and participate in each fortnightly development day, and senior allied health professionals are able to engage consistently and contribute to the work of the Learning Facilitation Group.
- Inter-professional learning and peer support will be maximised to benefit trainees' development, including identifying opportunities for group work that is aligned to formal education requirements.
- The cohort supplements and compliments work-based training and supervision and does not replace or replicate organisation-specific human resource or clinical governance responsibilities and requirements to its staff.
- Each organisation with rural generalist trainees participating in the cohort will nominate one or more senior allied health professionals involved in supporting rural generalist trainees ("supervisors") who will contribute to the oversight of the cohort and provide learning facilitation support at nominate times / dates (see operational elements below).

Operational arrangements for the training cohort include:

- Fortnightly development day, scheduled for Friday (TBC), 9:00am – 2:30pm (TBC).

- Meet at a venue arranged by the CRRH, including access to computers or education materials if available.
- Development day will include:
  - Independent learning time, with each trainee undertaking their own study related to current subjects / modules, potentially with peer collaboration if trainees are undertaking the same modules/subjects or are partnered with another trainee who has completed the module/subject,
  - Access to individual or small group learning support from the learning facilitator e.g. time to talk through a plan for an assessment item or share a draft, discussion of a clinical case study or other learning activity in the education program,
  - Group work on a common topic or activity such as a presentation / inservice from a supervisor or trainee, journal article review or discussion related to education or project activities of one or more trainees, facilitated peer review and discussion of a draft project plan or report, clinical case presentations and discussion etc., and
  - Individual and group work on service development projects with support of the learning facilitator or supervisor/s present for the session.
- One or more supervisors from a partner organisation will attend each development day. The supervisor/s will generally attend for a structured component of the day's activities that they will contribute to, such as a presentation / inservice, journal article review, project presentation and discussion. This is likely to be 1-2 hours duration and will be shared across the participating services. The schedule of organisation and individual supervisor attendance will be planned by the Learning Facilitation Group adequately in advance to enable the supervisors to integrate the time into their calendars.

Learning Facilitation Group

The Learning Facilitation Group will plan, coordinate and monitor the implementation of the training cohort, including the development days. The Learning Facilitation Group will meet monthly (TBC) in the initial phase of implementation, with frequency potentially reducing as the strategy becomes embedded.

Terms of reference will be developed and approved by the IOC.

The Learning Facilitation Group will provide a brief written update to the IOC for tabling at each meeting. The report shall include the dates of development days held, participants (trainees and supervisors) at each day, brief description of group activities implemented (e.g. presentation and topic), issues / barriers to training identified and solutions implemented, and any matters that need to be escalated for advice / action or recommendations for the IOC.

Learning Facilitator role

A 0.2 FTE learning facilitator will provide coordination and support for the learning facilitation group and training cohort. The CRRH will provide the 0.2 FTE learning facilitator as an in-kind contribution to the strategy. The role will remain part of the CRRH establishment and will be operationally managed by CRRH.

The role of the Learning Facilitator will include:

- Coordination of the Learning Facilitation Group including working with nominated health service organisation members of the Group to:
    - Examine learning needs and upcoming subjects / modules being undertaken by rural generalist trainees participating in the cohort,
    - Examine progress on service development projects and opportunities for collaboration,
    - Plan development day schedules and learning activities including opportunities for inter-professional and peer learning that are aligned to the formal education program requirements, trainees' common development needs or projects,
    - Schedule supervisor attendance and specific contributions to activities,
    - Identify barriers to trainees' training and development and collaboratively identify and implement solutions, and
    - Provide brief reports to the IOC on progress, issues or recommended changes to the implementation of the Learning Facilitation Group.
- Coordination and acting as lead learning facilitator for the development day including:
    - Providing advice, and learning support for individual trainees during scheduled 'catch-ups' and as requested during independent study time,
    - Co-facilitating group learning activities with the relevant supervisor attending that session, and
    - Supporting peer learning through matching facilitators undertaking similar learning activities.
- Support and advice for health service-based supervisors to enable capacity building, particularly with regard to facilitating inter-professional education and work-based training.