Allied Health Rural Generalist Pathway: Advanced Training

Guide

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Allied Health Rural Generalist Advanced Training - Guide

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An electronic version of this document is available at https://www.health.qld.gov.au/ahwac/html/rural-remote/ahrgp.

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Allied Health Rural Generalist Pathway

This document provides information on the Queensland Health Allied Health Rural Generalist Advanced Training. It is a component program of the Queensland Health Allied Health Rural Generalist Pathway.

Overview

The Queensland Health Allied Health Rural Generalist Pathway supports hospital and health services (HHSs) to implement comprehensive service development, workforce / employment and training programs in rural and remote allied health teams.

The Allied Health Rural Generalist Pathway aims to support:

- the growth, sustainability and value generated by 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 consumers.

The Allied Health Rural Generalist Pathway is part of the Optimising the allied health workforce for best care and best value: A 10-year Strategy 2019-2029 and the Allied Health Clinical Education and Workforce Training Plan 2020-2029.

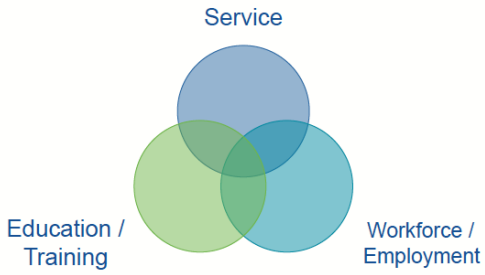
Structure

The Allied Health Rural Generalist Pathway has three key components:

Workforce policy and employment structures that engage and support allied health professionals to practice as rural generalists. Jobs should align to the training and support requirements of rural generalist practitioners and facilitate progression through all career stages from student to a highly experienced leader in rural generalist practice.

Education and training that supports the development of clinical, professional and personal capabilities and competencies relevant to the rural generalist's role, profession and community.

Service delivery models that support and engage allied health professionals to work at the top of their scope as a rural generalist, and enable the practitioner and their team to implement innovative and effective solutions that address the challenges of delivering care across a wide breadth of clinical presentations and to geographically dispersed and culturally diverse populations.



These components are inter-related and must be operationalised concurrently in a healthcare organisation implementing the Allied Health Rural Generalist Pathway.

Rural Generalist Advanced Training

Overview

The Allied Health Rural Generalist Advanced Training (RGAdvT) supports senior and experienced rural generalist allied health professionals to further acquire and apply skills and knowledge in leadership, service and/or workforce development.

Investing in senior leadership development can be transformative for a service and provides ambitious allied health practitioners with the learning, networks and confidence to stay rural and take on senior roles that influence their organisation and community.

This program was formally known as the Rural Generalist Leadership Development Program.

Key points

- The RGAdvT supports selected allied health professionals:
    - in Health Practitioner Level 4 (HP4) and HP5 roles to further develop skills and capabilities in leadership and one or more areas of professional practice. The 12-month program includes post-graduate study (graduate certificate) in either health services management, clinical leadership or health professional education, or
    - at any HP classification who have completed the James Cook University Graduate Diploma of Rural Generalist Practice (or 24 credit points of the Master of Rural Generalist Practice) to complete the Master of Rural Generalist Practice (additional 12 credit points), generally over a 18-24 month period.
- All RGAdvT participants
    - attend a 12-month learning set-style group mentoring program to facilitate peer support and networking, and the application of learning in practice, and
    - lead a work-based project that increases rural generalist education and training capacity (workforce development) or implements rural generalist service redesign and improvement (service development).
- There are up to two intakes per year, in advance of the start of university semesters. Expressions of interest are circulated through Queensland Health allied health email channels to all regional, rural and remote HHSs.
- The RGAdvT is funded and coordinated by the Office of the Chief Allied Health Officer (OCAHO), Queensland Department of Health, and supported by the Allied Health Education and Training team, Darling Downs HHS.

Background

Trials of Allied Health Rural Generalist Training Positions between 2014 and 2018 highlighted that the leadership/management and education/training capacity of local supervisors and managers was critical to the successful implementation of early career training roles. [1] However, many mid-career allied health professionals in rural and remote areas had experienced limited opportunities for targeted training in rural generalist practice, including leadership, service and workforce development. Stakeholders identified that this was also impacting staff turnover and the ability to implement service redesign, work-based training

[1] Nancarrow S, Roots A, Grace S, Young G, Barlow K. Evaluation of the Queensland Health Allied Health Rural Generalist Training Program, 2015 [cited 2024 Jun 25]. Available from: https://www.health.qld.gov.au/__data/assets/pdf_file/0020/145910/ahrgtpreportatta.pdf.

and supervision, student placements and other strategies. RGAdvT was launched in 2019 to build the capacity of mid-career (HP4 and HP5) allied health professionals to lead change in their workplaces. The program was designed to complement existing Queensland Health leadership courses but focus on the specific learning needs of rural generalist allied health professionals, and to provide participants with a nationally recognised qualification.

An evaluation of RGAdvT[2] undertaken between 2019-21 by Griffith University found that:

- relative to a comparison group of senior rural and remote allied health practitioners who had not participated in RGAdvT, participants reported greater understanding of their role as a rural generalist, and were more confident about leading new service innovations,
- the program positively influenced participants' development and built new capabilities related to service development, leadership, health systems understanding and health service management, business management, communications and networking, project management, and clinical education and/or research,
- education program completion was very good with 70% successfully completed, 21% ongoing and 8% withdrawn by the conclusion of the data collection period in 2021, and
- positive service changes associated with successful service improvement projects included new or expanded services, improved access, effectiveness and efficiency of services.

Following the launch of the James Cook University Master for Rural Generalist Practice in 2023, the RGAdvT was expanded to enable former rural generalist trainees, who had completed the Graduate Diploma of Rural Generalist Practice, to continue their studies to Masters level.

Program structure

The key components of the Allied Health Rural Generalist Pathway are reflected in the design of RGAdvT as follows:

Education and training: the participant completes an approved post-graduate course in health services management, clinical leadership, health professional education or rural generalist practice, and participates in group-based mentoring sessions with peers and senior/executive leaders,

Service delivery and development: the participant leads a work-based service or workforce development project designed to improve access, quality, safety, effectiveness, efficiency and/or sustainability of the team's services, and

Workforce and employment: the workplace supports participants to allocate time to education, mentoring and project activities, with guidance and support of senior leaders in the service.

Components

1. Education

Funding will be allocated for selected allied rural or remote health professionals:

- in HP4 and HP5 positions to complete a graduate certificate course in clinical leadership, health services management or health professional education. A graduate certificate is equivalent to four subjects (AQF Level 8) completed over a maximum of one year of part-time study, or
- at any HP classification who have obtained the award of Graduate Diploma of Rural Generalist Practice at James Cook University to complete the remaining 12 credit points required to be awarded the Master of Rural Generalist Practice.

[2] Griffith University. Final report: Allied Health Rural Generalist Pathway Evaluation, 2022 (unpublished)

The following are examples of courses selected by previous participants. The OCAHO will consider EOIs that nominate any relevant graduate certificate course delivered by an Australian university with learning objectives focussed on health professional education, clinical leadership or health services management and that is of comparable cost to the examples below. The course should be available for part-time study and delivered in external / off-campus mode.

- QUT - Graduate Certificate in Health Management and Leadership
- Southern Cross University - Graduate Certificate in Healthcare Leadership
- Charles Sturt University – Graduate Certificate in Health Management and Leadership
- Griffith University - Graduate Certificate in Clinical Leadership
- University of Tasmania - Graduate Certificate in Healthcare Redesign
- Griffith University - Graduate Certificate in Health Services Management
- James Cook University - Graduate Certificate of Health Professional Education
- Australian Catholic University – Graduate Certificate in Health Professional Education

Applicants who have previously completed the James Cook University Graduate Diploma of Rural Generalist Practice and wish to continue their studies:

- James Cook University – Master of Rural Generalist Practice

2. Mentoring

The successful applicant will access a facilitated, learning set-style program of mentoring and support that complements and applies their post-graduate training and assists the employee to develop their peer networks. Mentoring sessions of 90-minutes duration will occur approximately monthly via telehealth. There will be either nine or ten sessions over twelve months, each with a different topic.

Participants are expected to attend and actively contribute to a minimum of **eight out of ten sessions** over twelve months. If at risk of failing to attend a total of eight sessions, the participant should contact the OCAHO to discuss options for continued participation in the RGAdvT e.g. making up attendance in the following cohort.

All sessions are facilitated by a member of the AHET or OCAHO team, and each includes an ‘expert guest’ who will contribute to the discussion. Expert guests are generally HHS or Department of Health executive or senior leaders with experience in the session topic. For each session one or two nominated employees will be responsible for providing a ‘discussion resource’ and leading a section of the discussion. Over the twelve-month participation period, each participant will take a lead role in the discussion in up to two sessions. The discussion resource will reflect the topic of the session and be used as a focal point of collaborative examination of the topic. An orientation will be provided by the Mentoring Program Facilitator prior to the first session and all participants will complete a declaration of confidentiality prior to participating.

3. Service or workforce development project

The nominated employee will lead, implement and evaluate a project during the period of funding support with deliverables related to increasing and embedding either:

- rural generalist service redesign and development strategy/ies, or
- rural generalist workforce development strategy/ies.

The term of the project should be up to 12 months.

Rural generalist allied health service development strategies are:

- extended scope of practice and complex practices such as prescribing, imaging and pathology ordering and interpretation (where these sit outside the entry standards of the profession),

- skill sharing between allied health professions,
- delegation and improved use of support workers (e.g. allied health assistants) and related support functions for allied health services (e.g. X-ray Operator services),
- telehealth-supported service delivery, and
- partnerships including rural-urban partnerships and local inter-agency partnerships that “bring care closer to home” for rural consumers and expand the range of services and integration of care available locally.

Rural generalist workforce development strategies include:

- improved access, effectiveness and efficiency of training, supervision and development for rural and remote health professionals, support workers and/or students,
- increasing the breadth or depth of team skills and capabilities to enable service expansion or improve performance and sustainability,
- workforce redesign or new training models that improve workforce sustainability e.g., ‘own grown’ strategies such as HP1 trainees, rural immersion placement models, or rural generalist training positions; rotation/secondment programs for upskilling, and
- partnerships with education providers or other health services that support workforce development and sustainability in the rural or remote team.

Details

Duration

Participants undertaking a graduate certificate course

The term of the funding support for post-graduate study is not more than 12 months from the date of course commencement. The participant will complete their part-time post-graduate study within two semesters or three trimesters, whichever is relevant to the course delivery. The participant will engage in the mentoring program and complete their service/workforce development project within the same 12-month period.

Participants undertaking the Master of Rural Generalist Practice

The term of the funding support for post-graduate study is not more than 24 months from the date of course commencement. The participant will engage in the mentoring program and complete their service/workforce development project within the first 12 months of the program, with funding support for tuition fees and reporting requirements in relation to academic progress continuing until 24 months has elapsed and the participant has completed all requirements for the Master of Rural Generalist Practice.

Course selection and study schedule

An employee will nominate their preferred course of study in their expression of interest form. If selected to participate, the approved course will be listed in the offer memorandum. The participant must maintain enrolment in the course for the duration of their term in the RGAdvT.

The participant will submit a schedule of study to the OCAHO in their Commencement Report. The schedule will include the code, name and study period for each subject in the course. Changes to the study schedule, including subject selection and timing, can be provided to the OCAHO in regular reports if required. All changes must maintain compliance with the course rules.

Changes to the post-graduate course may be considered in exceptional circumstances, if the change will be cost-neutral for the OCAHO and the participant provides adequate rationale for the change.

Course fees and funding support

Course enrolment and progression

The RGAdvT participant will enrol in their approved course by the next available university intake date. The participant should accept an offer of a Commonwealth-supported place (CSP) if this is available from the university.

The participant will complete all credit points/units and subjects, including any core subjects, required to meet the course rules for completion and award of the relevant qualification. When all course requirements are met the employee will notify OCAHO and provide evidence of completion (e.g., academic transcript with a statement of completion or degree testamur).

Value

The funding support will cover university tuition fees for the minimum number of credit units and subjects required to qualify for the relevant degree/award. If the participant fails a subject or withdraws after the financial census date, the employee will be responsible for funding the subject. If OCAHO has processed the tuition fee reimbursement for the failed/withdrawn subject, the participant will be responsible for repaying the OCAHO for the subject or for funding the subsequent subject re-enrolment, whichever is determined to be appropriate by the Chief Allied Health Officer, OCAHO.

Reimbursement

Participants will be reimbursed on proof of up-front payment of tuition fees. Fees should be paid in full by the employee and a claim for reimbursement submitted to the OCAHO. Reimbursement may take up to eight weeks to finalise.

IMPORTANT: reimbursement cannot be processed on fees that are deferred to the taxation system or similar student loan scheme e.g. FEE-HELP. Once fees are deferred to the taxation system or loan scheme, Queensland Health is unable to reimburse the participant for these costs.

Reimbursement claims can be submitted at any time once the staff member has all of the required evidence and documents outlined below to submit a claim. Claims for reimbursement will be submitted through the ExpenseMe Pro online system as advised by the OCAHO in the orientation materials for new RGAdvT participants. Reimbursement claims must have all accompanying evidence including;

- Tax invoice issued by the university showing which subjects are being claimed.
- Receipt of payment showing the full payment of subject tuition fees (Note: payment cannot be processed on a financial statement). Participants should contact their university's student administration unit if they need help to source a tax invoice/receipt.
- Reimbursement claims must be accompanied by evidence of submission of the first assessment item in the subject that the claim relates to. Evidence of submission may include a screen shot or printed receipt from the university's learning management system that shows that the assessment was submitted, including the date submitted and due date.

  (Note: submission of the assessment is adequate to request reimbursement; grading of the assessment item is not required).

The participant may negotiate payment of fees by the HHS e.g. if financial hardship from up-front payment and reimbursement timeframes is anticipated. Payment of fees by the HHS and reimbursement of the HHS by OCAHO must be negotiated and agreed by the work unit manager and OCAHO representative prior to the start of the study period. Specifically, an appropriate financial delegate (e.g., DAH/EDAH), confirming that they agree to pay the course costs directly and are receive reimbursement via an IEJ.

If applicants do not complete the full program of study, they will be required to repay all course fees reimbursed by the OCAHO. When accepting an offer of funding for the RGAdvT, employees will be required to authorise the OCAHO to source enrolment and academic results information from the university.

Costs not covered by the OCAHO

All costs associated with undertaking the approved course other than tuition fees will be met by the nominated employee or by negotiation with the HHS. These costs may include:

- student services and amenities fees levied by the university on the student,
- travel and associated costs incurred for mandatory or optional residential (on-campus) teaching or clinical placement, and
- other costs associated with undertaking post-graduate study including data usage/internet, textbooks or other resources, printing, stationery, consumables, etc.

Education fees and Fringe Benefits Tax (FBT)

Trainees should understand the Fringe Benefits Tax (FBT) implications of education funding prior to commencing the RGAdvT. The employee should access Queensland Health information on FBT implications and seek independent financial advice. FBT advice provided by Finance Branch, Corporate Services Division is presented in Box 1. Employees should regularly check Finance Branch information on QHEPS for updates to this advice.

Box 1: Fringe Benefits Tax – Important information for trainees

The payment or reimbursement of education expenses by Queensland Health may have Fringe Benefits Tax (FBT) implications. A course that is Commonwealth supported will result in a reportable fringe benefit. The value of the fringe benefit will be used in the calculation of the employee's Reportable Fringe Benefits Amount (RFBA) to be stated on their employee income statement, for the corresponding income year.

Employees do not pay income tax or FBT on RFBAs, but an employee's RFBA is considered for income tests relating to Commonwealth benefits and surcharges. It is strongly recommended that employees speak with their financial advisor about the implications of their participation in the program on their personal circumstances.

For further information refer to FBT Fact Sheets: Understanding your Reportable Fringe Benefits Amount and Self-education and FBT.

Local development support

Profession-specific supervision

The participant will access professional support/supervision consistent with the Health Service Directive: Credentialing and Defining the Scope of Clinical Practice (QH-HSD-034), and the associated guideline (QH-HSDGDL-034-1).

Work unit support

The participant's operational manager should contribute to the development and oversight of the service or workforce improvement project. This may include attending/chairing project meetings, reviewing/approving project plans, reports and briefs. Other local/HHS staff may also provide valuable contributions e.g., workforce development officer, service development manager, research fellow, clinical education officer.

There is no mandatory development time allocation for RGAdvT participants. The OCAHO recommends up to 0.1 FTE is allocated to undertake project activities and monthly mentoring sessions, along with any work time agreed for study/training. Allocation of work hours for program activities is to be negotiated at a local work unit level prior to the employee commencing RGAdvT. The support commitment will be outlined in the expression of interest.

Employment changes

Transfer or separation

The employee will remain eligible to participate in RGAdvT while employed in the position specified in the expression of interest and offer memorandum.

If the employee transfers to another role during their term in RGAdvT, continued participation may be considered if the new position meets eligibility criteria for the program and the operational manager is supportive. The decision to continue funding support will be at the sole discretion of the OCAHO. If the employee transfers to a position that is not eligible for RGAdvT, or separates from Queensland Health, the participant will be responsible for repaying all reimbursed tuition fees to the OCAHO.

Higher duties

An employee may act in higher duties or be seconded to another position and maintain their participation in RGAdvT if the position continues to meet the eligibility criteria. The participant or manager should promptly notify the OCAHO by email of the period of higher duties including the term, higher duties position title and classification, location, change to operational manager and updated contact details (if relevant). The workforce/service development project plan, including timeline and milestones may require adjustment. Any project changes should be reported promptly to the OCAHO.

If the higher duties role does not meet RGAdvT eligibility criteria (e.g., secondment to a metropolitan centre), OCAHO may consider continued participation in the program. Where possible the OCAHO will continue to support employees who are using a brief higher duties period to further develop their networks and skills.

Leave

Regular, short periods of leave such as recreation or sick leave should not affect employees participation in RGAdvT. If the participant will be absent from a mentoring session due to leave, notify the Mentoring Program Facilitator prior to the session date.

An employee who will have a period of extended leave (i.e., greater than six continuous weeks or a total of three or more months in a 12 month period) should contact the OCAHO by email to discuss the impact and continued eligibility for RGAdvT.

Deferral or extension

A deferral or extension to the period of participation in RGAdvT, including deferral of studies, may be considered in exceptional circumstances. Participants should firstly discuss the deferral/extension with their operational manager and promptly contact the OCAHO by email to request advice. Deferral or extension approval is at the sole discretion of the Chief Allied Health Officer, OCAHO.

Apply for the program

Eligibility

Position location

The base location of a participant's position is classified as Category A, B or D in Attachment 2 of Human Resources (HR) Policy C42: Health practitioners and dental officers – professional development allowance and leave (QH-POL-146).

The OCAHO may consider an application for an allied health professional based in a Category C location if the entirety or majority of services the position delivers are via outreach to Category A, B and/or D locations, and the position is based in an urban centre for operational reasons (e.g., accommodation, travel efficiency). Contact the OCAHO by email to discuss.

Position classification

Health Practitioner Level 4 (HP4) or Health Practitioner Level 5 (HP5).

Note: Employees in HP3 positions are permitted to apply if they have previously completed the James Cook University Graduate Diploma of Rural Generalist Practice and want to continue their studies in the Master of Rural Generalist Practice.

Employment status

The participant can be a temporary or permanent employee. If temporary, the employees' appointment should extend to their full RGLSP term (e.g., 12 months for graduate certificate study).

The employee can be full-time or part-time. If part-time, the employee and manager should consider if this is likely to create difficulties meeting training, mentoring and service development requirements in addition to the core responsibilities of their work role.

Scope

The participant may occupy a position with a clinical, education, management, service/workforce development or research scope. The position should deliver, support, or lead/manage health service delivery in rural and remote communities (i.e. locations classified as Category A, B or D in Attachment 2 of Human Resources (HR) Policy C42: Health practitioners and dental officers – professional development allowance and leave (QH-POL-146)).

Eligible professions

Allied health professions as listed at https://www.health.qld.gov.au/ahwac.

University admission requirements

The employee must meet the admission requirements for the selected post-graduate course and must qualify for enrolment as a domestic tuition fee paying student.

Application process

Expression of interest and selection

The OCAHO will call for expressions of interest (EOI) for RGAdvT up to twice per year, generally in May and October. The EOI form will be distributed through statewide rural and remote allied health email

channels. Eligible allied health professionals can also request an EOI at any time by contacting the OCAHO by email.

An applicant and their manager will complete the EOI, including employee details, preferred post-graduate course, supporting statements, description of operational supports committed by the local service, and an outline of the proposed service/workforce development project. The EOI will be approved by the employee's manager and HHS delegate (e.g., Director of Allied Health).

A complete EOI, including all required signatures, must be submitted by the due date listed on the form along with any required supporting documents (e.g., role description, curriculum vitae).

The OCAHO is responsible for managing the selection of participants for RGAdvT. Selection will consider applicants' professional experience and qualifications, current role and alignment to eligibility criteria, the local support available to participate in the program, and the potential relevance and value of the proposed project to the local team and community. Selection decisions are at the sole discretion of the Chief Allied Health Officer, OCAHO. The selection outcome will be provided in writing to the applicant within four weeks of the EOI closing date.

Offer

The successful applicants will be provided with a written offer of a place for RGAdvT, including their cohort and commencement date. The offer will outline the funding support terms and requirements of the participant and their work unit. The HHS delegate, operational manager and employee will sign the offer and return it to the OCAHO by the due date in order to accept the funding support.

Roles and responsibilities

Office of the Chief Allied Health Officer (OCAHO)

- provides funding support to RGAdvT participants as outlined in this guide,
- coordinates and facilitates the group-based mentoring sessions, in collaboration with Allied Health Education and Training (AHET) team, Darling Downs HHS,
- provides administrative support including processing of reimbursements, assist participants and respond to queries, and monitors participants reporting and outcomes, and
- evaluates and monitors system-level implementation of the RGAdvT.

Hospital and Health Service (HHS)

- supports the participant to meet the performance framework for this program including enabling engagement in the mentoring sessions and project activities,
- is responsible for approval and oversight of the service/workforce development project (operational manager or delegate), with key staff contributing to the successful implementation of the project,
- ensures reporting requirements are implemented, and
- collaborates with OCAHO and other agencies to support the promotion, development and quality of the Allied Health Rural Generalist Pathway, RGAdvT and other rural and remote workforce and service strategies.

Participant

- reviews information in this guide and understands their responsibilities for participation in RGAdvT, and
- actively engages in training, development, mentoring, and project activities that are outlined in this guide and the offer memorandum, and agreed with their operational manager.

Important

The RGAdvT provides benefits for both the health service and the participant. Consequently, responsibilities for education and development activities are shared by the organisation and the employee. Participants can expect to allocate personal time to RGAdvT activities, particularly post-graduate study. When considering the expression of interest, the employee should demonstrate to the operational manager that he/she understands the personal time commitment of undertaking post-graduate study.

Performance framework and reporting

Reporting criteria

Reporting requirements are listed below and include (a) descriptive / operational information, (b) academic progress, and (c) project performance indicators.

Reports should be provided to allied-health-workforce@health.qld.gov.au by the due dates in order for the HHS and participant to have continued eligibility for the program. Failure to meet the reporting requirements will lead to withdrawal of the funding support.

Descriptive and operational information

The HHS will report or confirm the following descriptive / operational information in all scheduled reports:

- Participant details: name, employee ID, profession, base location, position title, position ID, post-graduate course, email, phone.
- Operational manager details: name, employee ID, position title, email, phone.

Academic progress

The participant will report on academic progress to allow reimbursement of fees and demonstrate continued eligibility participation in RGAdvT. This will include enrolment, assessment submission and subject outcomes.

Performance indicators - projects

HHSs will select and report against one or more indicators for each of the four performance categories below. The performance categories that fit best with the project focus should be selected i.e. either workforce development or service development:

Project focus: Rural generalist workforce development (e.g. education and training, skills development, workforce capacity, workforce redesign)

1. Access to workforce development strategies for rural and remote health professionals, support workers and/or students.
2. Effectiveness of workforce development strategies e.g., new or improved skills/competencies and capacity, quality of training.
3. Efficiency and sustainability of workforce development strategies in the workplace.
4. The project's contribution to increasing rural generalist workforce capacity in the HHS.

or

Project focus: Rural generalist service development, redesign and improvement

1. Access to services including timeliness, location and appropriateness services.
2. Effectiveness of services including clinical/health outcomes and activity.
3. Efficiency and sustainability of services.
4. The project's contribution to increasing rural generalist service capacity in the HHS.

The HHS can select and propose the most relevant indicators for their project in each of the four performance criteria. Examples of indicators are presented in Queensland Health, 2016. *Collated performance indicators: rural & remote allied health services* at https://qheps.health.qld.gov.au/__data/assets/pdf_file/0041/429989/rr-kpicol.pdf.

Scheduled reports

Templates will be supplied to the participant for the scheduled reports. Approximate timeframes for scheduled reports are shown below. Actual due dates will be provided in the participant's offer memorandum.

Commencement report

Approximate due date: commencement date of initial study period

- Evidence of enrolment including proposed study schedule (subjects and study periods)
- Project plan
- Operational/contact information (if different to EOI).

Midway Report

Approximate due date: six months after Commencement report

- academic results for previous study period,
- brief report on project progress including changes, risks and milestones,
- brief report against chosen project performance indicators (baseline or interim outcomes).

Completion Report

Approximate due date: 12 months after Commencement report

- completion report concisely describing service/workforce development project outcomes and deliverables including reporting against the nominated performance indicators,
- outcomes/outputs and learnings including academic results for previous study period and course overall.

Master of Rural Generalist Practice students

The term of funding support for post-graduate studies for the Master of Rural Generalist Practice is up to 24 months. The participant will supply the reports above in the first year of participation. In the second year of supported study, reports will be submitted that detail academic progress (enrolment, results, reimbursement) at the intervals above.

Exception reporting

The HHS will advise the OCAHO within seven days of the following:

(a) The participant:

- transfers to another position or separates from Queensland Health,
- has a change of employment status e.g., is approved to change from full-time to part-time,
- is approved to take a period of paid or unpaid leave greater than six continuous weeks or greater than a total of three months in a 12-month period,
- ceases their enrolment in the post-graduate course prior to completion of all subjects,
- is at risk of failing to complete the requirements for the approved post-graduate course, or
- completes all requirements for the post-graduate course.

(b) The participant's position:

- location, classification or scope changes such that the position no longer meets RGAdvT eligibility criteria.

Evaluation

HHSs are encouraged to implement local evaluation processes of the workforce and service development outcomes associated with the RGAdvT. Evaluation undertaken as a research project is particularly encouraged and teams may consider applying to the Health Practitioner Research Scheme. Rural teams may benefit from sourcing advice from a HHS Health Practitioner Research Fellow or other experienced researcher when designing an evaluation and accessing available support through the Rural and Remote Research Capacity Building Program.

The HHS is requested to support any evaluation activities of the state-wide Allied Health Rural Generalist Pathway initiative that are undertaken by the OCAHO or its agents. This includes the HHS:

- allowing summary program data reported by the HHS to be collated for inclusion in the OCAHO reports on the state-wide Allied Health Rural Generalist Pathway strategies. Directors of Allied Health (or equivalent) will be provided with opportunity to view reports prior to publication and dissemination by the OCAHO, and
- allowing relevant staff to participate in reasonable evaluation activities associated with the state-wide Allied Health Rural Generalist Pathway strategies. Formal approvals (including site specific assessment if conducted as research) will be sought before evaluation activities coordinated or commissioned by the OCAHO are undertaken.

Disseminating outcomes

Building the profile of the Allied Health Rural Generalist Pathway, RGAdvT and rural generalist practice in general, is a key strategic aim for the OCAHO, HHSs and other partners. The HHS is requested to:

- collaborate with the OCAHO to promote the Allied Health Rural Generalist Pathway strategies through media and communication initiatives, or through targeted engagement strategies such as with allied health students and universities, and
- grant reasonable requests for staff to contribute to promotion, profiling and other media opportunities related to their participation in the Allied Health Rural Generalist Pathway strategies.

Formal approvals will be requested from HHS delegates prior to progressing any media activities.

HHSs are encouraged to pursue local opportunities to profile Allied Health Rural Generalist Pathway implementation in internal and external media including achievements of the RGAdvT participants and

project outcomes. HHSs are requested to notify the OCAHO if progressing media opportunities. The OCAHO can collaborate and assist including providing prepared text for media statements.

Contacts and further information

HHS Implementation Leads

The Director of Allied Health (or equivalent) in each relevant HHS has identified an Allied Health Rural Generalist Pathway Implementation Lead. The HHS Implementation Lead works collaboratively with the OCAHO to design and trial statewide supports and resources and facilitates implementation in their own HHS. The Implementation Lead is the key point of contact between the OCAHO and HHS in relation to Allied Health Rural Generalist Pathway. A list of HHS Implementation Leads is published on the OCAHO rural and remote QHEPS page.

Contacts and more information

QHEPS: https://qheps.health.qld.gov.au/alliedhealth/html/rural-remote

Web: https://www.health.qld.gov.au/ahwac/html/rural-remote

Contact: Office of the Chief Allied Health Officer
Allied-health-workforce@health.qld.gov.au