

Queensland Health

Allied Health Rural Generalist Pathway

Overview



Allied Health Rural Generalist Pathway: Overview

Published by the State of Queensland (Queensland Health), April 2025



This document is licensed under a Creative Commons Attribution 3.0 Australia licence. To view a copy of this licence, visit creativecommons.org/licenses/by/3.0/au

© State of Queensland (Queensland Health) 2025

You are free to copy, communicate and adapt the work, as long as you attribute the State of Queensland (Queensland Health).

For more information contact:

Office of the Chief Allied Health Officer, Department of Health, GPO Box 48, Brisbane QLD 4001, email allied_health_advisory@health.qld.gov.au, phone 07 3328 9298.

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

Disclaimer

The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence) for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.

Allied Health Rural Generalist Pathway

A rural generalist pathway for the allied health professions has been in development in Queensland Health since 2013 and is informing and aligning to national work in this area. The Queensland Health Allied Health Rural Generalist (AHRG) 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:

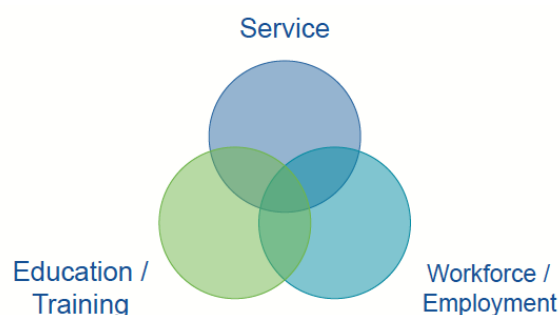
- the growth, sustainability and value generated by the rural and remote allied health workforce and
- the proliferation of rural generalist service models that deliver accessible, safe, effective and efficient health services for rural and remote consumers.

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 pillars:

1. **Workforce policy and employment structures** that engage and support allied health professionals to practice as rural generalists in their profession. 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.
2. **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.
3. **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.

Definitions and concepts

Rural generalist allied health professionals possess, or are developing, broad clinical competencies in their profession, plus one or more areas of depth or 'special skills' that align to a specific service priority or community need. Rural generalists provide services to a large range of consumers, for a wide breadth of clinical presentations, and usually work across the age spectrum and in a variety of healthcare delivery settings (inpatient, ambulatory care, community). Working in small teams and in inter-professional and inter-agency service models is common. This requires a range of professional capabilities including collaborative practice, service evaluation and planning, leadership, education and training, community engagement and cultural safety.

Rural generalism is influenced by, but not exclusively defined by, geography. That is, an allied health professional cannot be described as a 'rural generalist' solely because their workplace is in a rural or remote area. Allied health professionals with a narrower, more specialised scope of practice also work in rural and remote areas and provide valuable services for their community. Rural generalism is emerging as a discrete skill set and recognised area of practice for a number of allied health professions. The [Queensland Health Allied Health Rural Generalist Education Framework](#) describes expected practice capabilities for ten professions from the early career phase through to a proficient rural generalist. Rural generalists are a sub-set of allied health professionals working in rural and remote areas who possess or are developing this skill set.

The term 'rural generalist' alone does not indicate a level of proficiency or expertise. An individual health professional can be a 'developing rural generalist', a 'proficient rural generalist' or an expert or leader in rural generalist practice. The continuum of rural generalist development is described in Figure 1. The Office of the Chief Allied Health Officer (OCAHO) does not support the use of the term "specialist generalist" to refer to any rural generalist allied health professional. It is needlessly restrictive, as it can include only a minority of the rural generalist workforce that are very experienced and possess advanced capabilities in rural generalist practice. There is also the potential for confusion with specialist registration as defined by the Health Practitioner Regulation National Law (Qld).

The term rural generalist should not be confused with a 'generic health worker', that does not have a primary health professional qualification. The Allied Health Rural Generalist Pathway focusses on the development of rural generalist capabilities in relation to a health practitioner's own profession. Rural generalists practice under the regulatory instruments of their allied health profession and the policies of their employer.

The Allied Health Rural Generalist Pathway encompasses career stages from pre-entry student through an expert rural generalist practitioner. The student phase focusses on providing experiences and developing interest in a rural generalist career, but does not have specific training requirements or competencies in rural generalist practice. A student allied health practitioner's training outcomes are defined by the entry-level standards of the profession. Development of rural generalist capabilities commences at the graduate level through the Rural Generalist Training Positions, and continues for experienced practitioners through the Rural Generalist Leadership Development Program. An allied health rural and remote workforce 'pipeline' that includes programs for high school student or vocational training, or international health professionals is not part of the Allied Health Rural Generalist Pathway.

Figure 1. Queensland Health Allied Health Rural Generalist Pathway: career stages and programs

Student

Pre-entry allied health student

Programs: Rural immersion and support, cadetships

Education: extended placements and coursework via remote learning provide time in rural and remote areas

Employment / workplace: work opportunities in rural and remote service settings (e.g. AHA, Health Practitioner Level 1 role)

Service: quality projects associated with placements

Developing Rural Generalist

Early career rural generalist practitioner

Program: Rural Generalist Training Positions

Education: fully-funded post-graduate rural generalist coursework to graduate diploma level, work-based training

Employment / workplace: 0.1FTE (approx. 4 hours per week) development time, profession-specific supervisor (co-located for graduates)

Service: support / lead workplace service development projects and integrate rural generalist training into practice improvements

Proficient Rural Generalist

Skilled, experienced rural generalist practitioner

Program: Rural Generalist Leadership Development

Education: post-graduate coursework in relevant area/s - leadership, rural generalist practice, health professional education, management or research

Employment / workplace: supervision / mentoring / coaching for targeted development areas, increasing leadership responsibilities

Service: lead rural generalist service development, planning, evaluation and quality activities relevant to role and setting

Expert Rural Generalist

Leader with expertise in rural generalist practice

Programs

The Queensland Health Allied Health Rural Generalist Pathway is delivered through programs that focus on different career stages for the allied health professional and provide support for their teams and services.

Rural Generalist Training Positions

Allied Health [Rural Generalist Training Positions](#) provide a supportive entry into rural and remote practice for graduates and early career professionals. These two to four-year development-focussed roles assist rural and remote services to attract, retain and build the capacity of their workforce to deliver the services their communities need. Early career practitioners are supported to acquire and apply knowledge and skills relevant to rural generalist practice in their profession and setting. Service development projects implemented in the workplace by the trainee, with the support of their supervisor and team, can deliver tangible outcomes for clients and the community. Queensland Health has more than 30 Rural Generalist Training Positions and health services can create a position in any of ten professions.

Rural Generalist Leadership Development

Queensland Health provides the 12-month [Allied Health Rural Generalist Leadership Development Program](#) for the established rural generalist workforce. It focusses on building leadership and expertise in one or more professional capability areas. The program includes group based mentoring with peers and senior health service leaders, and funds post-graduate education in clinical leadership, health services management or health professional education. The program can also support former rural generalist trainees who have completed the Graduate Diploma of Rural Generalist Practice to undertake the Master of Rural Generalist Practice. Participants lead a workforce or service development project in their workplace that applies their learnings and generates improvements for their service and communities.

Allied health professionals interested in developing their research capabilities should consider the [Rural and Remote Research Capacity Building Program \(RRR-Cap\)](#). RRR-Cap and OCAHO's other research programs support research training, mentoring, placements and research dissemination activities.

Student strategies

The [Rural Immersion Placement Program - Allied Health \(RIPPAH\)](#) was developed by Queensland Health and partners in the health and education sectors to improve opportunities for allied health students to experience rural and remote practice and lifestyle. Cadetships and traineeships, including [Aboriginal and Torres Strait Islander Cadetships](#), may also be implemented by rural and remote health services to support allied health students. Although these strategies do not provide formal training in rural generalist practice, as students are focussed on meeting relevant professional entry-level standards, they provide an important foundation for the Allied Health Rural Generalist Pathway.

History and development

Background

Development of the rural generalist concept in allied health commenced in 2013 with a multi-jurisdictional collaborative project auspiced by the Greater Northern Australia Regional Training Network (GNARTN) and co-funded by Queensland Health. Top End Health Services (Northern Territory Health), Western Australia Country Health Services, South Australia Country Health Services, Services for Australian Rural and Remote Allied Health (SARRAH) and Apunipima Cape York Health Services also contributed to the project. The project produced a comprehensive map of clinical practice requirements for six professions in five purposively sampled allied health teams in northern Australia¹.

Queensland Health extended on the GNARTN project in 2015/16, with a particular focus on describing non-clinical requirements of rural generalist practitioners. The output was the [Allied Health Rural Generalist Education Framework](#) for seven professions: medical radiation (radiography), nutrition & dietetics, occupational therapy, pharmacy, physiotherapy, podiatry, and speech pathology. Clinical practice requirements for social work and psychology were added in 2019 and for exercise physiology in 2023. The Education Framework describes the service and practice requirements for each profession from graduate through to a proficient rural generalist practitioner. It has been designed to guide the development of early career rural generalist training for these professions and forms the basis of coursework undertaken by rural generalist trainees.

Queensland Health implementation of the Allied Health Rural Generalist Pathway

Queensland Health commenced preliminary work on rural and remote allied health workforce development in 2011 with the publication of human resources policy [B66 HP3 to HP4 Rural Development Pathway](#). The policy introduced, and continues to provide, a human resources mechanism for recruitment to difficult-to-fill rural and remote positions. It enables the temporary redesign of a Health Practitioner Level 4 (HP4) role into a Health Practitioner Level 3 (HP3) position with the salary gap directed to support an individual development plan for the early career incumbent. Although the policy delivered a useful employment tool, the lack of a structured training program, limited recognition of nature of the employee's development requirements, unclear links to service outcomes, and limited support for the supervisor and team, restricted the value of the policy as a comprehensive workforce strategy for rural and remote services. It was evident to the OCAHO and rural and remote allied health leaders that a workforce strategy was required that integrated supportive employment conditions, a clear training pathway and service improvement.

Trials of 11 early career [Allied Health Rural Generalist Training Positions](#) (RGTP) commenced in Queensland Health in 2014. Positions were 1 to 2-year, fixed-term graduate roles that were fully funded by the Queensland Department of Health and supernumerary to their host rural or

¹ Greater Northern Australia Regional Training Network (GNARTN). Project Report: Rural and Remote Generalist - Allied Health Project, 2014. Available at: https://www.health.qld.gov.au/data/assets/pdf_file/0025/656035/GNARTN-project-report.pdf.

remote service. Evaluation of the 2014 trial² found training roles were viewed positively by health services and graduates and acted as a catalyst for team development and service improvement. Seventy-three percent (73%) of the 22 position holders between 2014 and 2016 were working in regional, rural, or remote Queensland Health services six months after separation from their temporary training role³. Key barriers for developing the training positions into a career pathway and sustainable workforce strategy were identified as the short-term funding and temporary appointment of trainees, and lack of a formal education program in rural generalist practice for each profession.³

Following five years of trialling, in January 2019 Queensland Health progressed to system-level implementation of approximately 35 RGTPs through a co-funding model. Queensland hospital and health services (HHSs) converted established HP3 positions into designated training roles, with funding support from the Queensland Department of Health to implement the training and development requirements. This change addressed the turnover risk caused by temporary position funding in the trial stage and responded to known retention barriers associated with fixed-term appointments of early career AHPs in rural services.^{4,5,6}

In 2019, the Allied Health Rural Generalist Pathway was integrated into the certified agreement covering the allied health professions. Clause 81 of the Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 3) (HPDO3)⁷ provided recurrent funding of \$333,333 per annum for training support packages for HHSs implementing rural generalist training positions. Queensland became the first Australian public health system to recognise the Pathway in workforce policy and funding.

The 2019-21 implementation of the Allied Health Rural Generalist Training Positions was evaluated by Griffith University, which found that trainees had significantly greater retention in their service, and in any rural or remote location, compared to a matched cohort of early career professionals in non-training HP3 roles.⁸ Trainees were also more likely to be appointed or act up in a higher level position than the control group⁸. Training program completion outcomes were better than the comparable medical rural generalist training program.⁸ The RGTPs were found to provide benefits for the trainee in terms of job satisfaction and the development of skills and capabilities, and for the rural team in terms of service development outcomes,

² Nancarrow S, Roots A, Grace S, Young G, Barlow K. Evaluation of the Queensland Health Allied Health Rural Generalist Training Program, 2015. Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0020/145910/ahrgtpreportatta.pdf.

³ Queensland Health. Allied Health Rural Generalist Training Positions 2014-16 Implementation Summary. Allied Health Rural Generalist Training Positions. 2017. Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0021/700284/ahrgtptsummary1516.PDF.

⁴ Brown L, Smith T, Wakely L, Little A, Wolfgang R, Burrows J. Preparing Graduates to Meet the Allied Health Workforce Needs in Rural Australia: Short-Term Outcomes from a Longitudinal Study. *Education Sciences*. 2017;7(2):64.

⁵ Cosgrave C. Context Matters: Findings from a Qualitative Study Exploring Service and Place Factors Influencing the Recruitment and Retention of Allied Health Professionals in Rural Australian Public Health Services. *Int J Environ Res Public Health*. 2020;17(16).

⁶ Kumar S, Tian EJ, May E, Crouch R, McCulloch M. "You get exposed to a wider range of things and it can be challenging but very exciting at the same time": enablers of and barriers to transition to rural practice by allied health professionals in Australia. *BMC Health Serv Res*. 2020;20(1):105.

⁷ Queensland Industrial Relations Commission (QIRC). Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 3) 2019, 2020. Available at: https://www.qirc.qld.gov.au/sites/default/files/2020_cb55.pdf?v=1597801894

⁸ Nielsen I, Jostsons T, Pitt R, McBride L, Cardell E, Randall C, et al, Queensland Health Allied Health Rural Generalist Pathway 2019-22: workforce outcomes. 15th National Rural and Remote Allied Health Conference, Mildura VIC, Oct 2024.

capability uplift for team members and positive impacts of improved retention.⁹ The marginal cost of implementing a RGTP, compared to a regular HP3 role, was found to be a maximum of \$15,720 per annum, which was more than covered by the OCAHO funding grants.⁸

Internal evaluations of the Allied Health Rural Generalist Training Positions in 2014-18 identified that limited opportunities for senior rural and remote allied health professionals to develop their capabilities in leadership, management, and education and training was a barrier to expanding training positions. This experienced rural workforce cohort had not had the opportunity to work in rural generalist training positions, and there was strong demand to expand the Pathway to the senior practitioner level. The [Allied Health Rural Generalist Leadership Development Program](#) was launched in January 2019. The program provided (a) post-graduate education at Graduate Certificate level in health services management, health professional education or clinical leadership, (b) a monthly group mentoring program and engagement with executive leaders in allied health, finance, education and other areas, and (c) leadership of a service or workforce development project in their workplace. The Leadership Development Program remains a current offering of the OCAHO, with average annual participation of 10-12 allied health professionals. The Leadership Development Program was included in the 2019-21 evaluation of the Allied Health Rural Generalist Pathway, undertaken by Griffith University. Managers identified benefits for the service in terms of participants' development and outcomes of the work-based projects.¹⁰ Education program retention was excellent with attrition of only two of 24 participants (8%) in the study period.⁹ From 2022, the [Rural and Remote Research Capacity Building \(RRR-Cap\)](#) program expanded development options for senior allied health professionals to include formal research training.

Fostering interest in rural generalist careers is critical for rural and remote workforce sustainability. Queensland Health increased its focus on the pre-entry student phase of the rural generalist career pipeline in the late 2010s. Although formal training in rural generalist practice begins after an individual graduates with their allied health professional qualification, identifying emerging clinicians with a passion for rural and remote practice will be an important component of a comprehensive Allied Health Rural Generalist Pathway. Development of the [Rural Immersion Placement Program - Allied Health \(RIPPAH\)](#) commenced in 2021 as a partnership between the OCAHO, South West Hospital and Health Service and Southern Queensland Rural Health, in collaboration with a range of health and education sector partners in rural and remote Queensland. RIPPAH exposes allied health students to rural and remote practice through extended placements and can provide opportunities for paid employment, supported accommodation and social experiences in rural and remote areas. Other strategies including Health Practitioner Level 1 (HP1) trainee roles and cadetships in rural and remote health services have also been trialled from the early 2020s. Evaluation and further development of these strategies, and articulation with the Allied Health Rural Generalist Pathway, is a current area of work for Queensland Health.

⁹ Cardell E, Nielsen I, Randall C, Ball L, Swift E, Jostsons T, et al. Evaluation of the Queensland Health Allied Health Rural Generalist Pathway 2019-22. 16th National Rural Health Conference, Brisbane, QLD, Aug 2022.

¹⁰ Cardell E, Nielsen I, Randall C, Ball L, Swift E, Rattray M, et al. Benefits and complexities of an Allied Health Rural Generalist Pathway. 14th National Rural and Remote Allied Health Conference, Online, Nov 2022.

Education

To address the education deficit identified in the evaluation of the inaugural Allied Health Rural Generalist Training Positions cohort in 2014, a two-level post-graduate education course leading to the qualification Graduate Diploma of Rural Generalist Practice was developed by James Cook University (JCU). The course's development was co-funded by JCU and Queensland Health and the curriculum was guided by the Queensland Health Allied Health Rural Generalist Education Framework. Development work commenced in late 2016, with the first students commencing studies in the graduate-focussed [Rural Generalist Program](#) in 2017. JCU began offering the [Graduate Diploma of Rural Generalist Practice](#) in 2019 for rural generalist trainees who had completed the Rural Generalist Program or had two or more years' professional experience. The coursework became a mandatory requirement for rural generalist trainees in Queensland Health and other organisations from this point. Queensland Health contracted a multi-institutional collaborative of allied health education researchers in 2018 to complete a formal evaluation of the two JCU rural generalist education courses. Participants included trainees, supervisor and managers from health services in Queensland and other states and territories. The evaluation found that as an integrated component of the AHRG Training Positions, supported by development-focussed employment conditions and a local supervisor, the education programs improved participants' capabilities and potentially provided a recruitment and retention incentive.^{11,12} In 2023, JCU expanded its training offerings to include a Master of Rural Generalist Practice. Queensland Health integrated this course into the Allied Health Rural Generalist Leadership Development Program to support its experienced rural generalist practitioners.

In 2018, the Australian Health and Hospitals Association was contracted by Queensland Health to design the foundations of an accreditation system for post-graduate rural generalist education programs. The project produced a competency framework and compendium of process documents, that could accompany the existing Allied Health Rural Generalist Education Framework to progress the development of an accreditation body and system.¹³

National expansion

National expansion of the Pathway has been of critical interest to Queensland Health to enable the sustainability of the strategy, expand rural generalist training capacity to Queensland's non-government workforce and other jurisdictions, and support workforce mobility and flexibility. In 2017-19 Queensland Health provided seed funding to Services for Australian Rural and Remote Allied Health (SARRAH) to progress work on a National Allied Health Rural Generalist Pathway. This established the [Allied Health Rural Generalist Pathway National Strategy Group](#), that includes representatives from state and territory public health systems, allied health professional bodies, universities and university departments of rural health, health workforce agencies, primary healthcare networks, rural health students network, Commonwealth Government departments, and SARRAH as administrator/coordinator. Through partnerships with the Commonwealth Government 2019-24, SARRAH implemented a funding and support

¹¹ Harrison H, Palermo C, Devine SG, Chamberlain-Salaun J, Nash R, Barker RN. Building the capacity of rural allied health generalists through online postgraduate education: a qualitative evaluation. *Rural and Remote Health* 2023; 23: 7754.

¹² Barker R, Chamberlain-Salaun J, Harrison H, Nash R, Nielsen I, Harvey D, et al. Evaluation of the Allied Health Rural Generalist Program 2017-2019. *Aust J Rural Health*. 2021;29(2):158-71.

¹³ Queensland Health. Rural Generalist Education. Available at: <https://www.health.qld.gov.au/ahwac/html/rural-remote/education>.

scheme for organisations in the primary care (private, non-government and community controlled) sector that established rural generalist training positions. SARRAH also progressed the development of the [Allied Health Rural Generalist Accreditation Council](#), that drew on the Queensland Health Allied Health Rural Generalist Education Framework and accreditation system resources.

Allied Health Rural Generalist Training Positions have been implemented in six Australian state and territory public health systems and in non-government services. Evaluations have demonstrated benefits for retention of trainees in their training location and in rural and remote areas more broadly^{14,15}, improved attraction to chronically vacant roles and increased service activity due to workforce stabilisation¹⁶, demonstrated a positive return on investment for the health system¹⁴, and a range of beneficial local community and healthcare team impacts from trainees' service development projects including improved access, effectiveness and efficiency of services.^{11,12,17,18,19}

¹⁴ Dymmott A, Brebner C, George S, Campbell N, May J, Gill R, et al. The allied health rural generalist pathway: a cost consequence analysis. *Rural Remote Health*. 2024;24(2):8557.

¹⁵ Nielsen I, Jostsons T, Pitt R, McBride L, Cardell E, Randall C, Swift E, Rautenberg T. Queensland Health Allied Health Rural Generalist Pathway 2019-22: workforce outcomes. 15th Rural and Remote Allied Health Conference, Mildura VIC, October 2024.

¹⁶ McMaster E, Reid T, Farquhar E, McMaster D, Buckley D, Green E. Responding to rural allied health workforce challenges in the public health system: Evaluation of the Allied Health Rural Generalist Pathway pilot in western New South Wales. *Aust J Rural Health*. 2021;29(5):701-20.

¹⁷ Queensland Health. Allied Health Rural Generalist Training Positions: Implementation Report 2015-16. 2017. Available at: <https://www.health.qld.gov.au/ahwac/html/rural-remote/trainingpositions>.

¹⁸ Queensland Health. Allied Health Rural Generalist Training Positions: Implementation Report 2014. 2015. Available at: <https://www.health.qld.gov.au/ahwac/html/rural-remote/trainingpositions>.

¹⁹ 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