

A Local Adaptation and Implementation of the Allied Health Rural Generalist Program to Support a Rural Allied Health Workforce

BACKGROUND

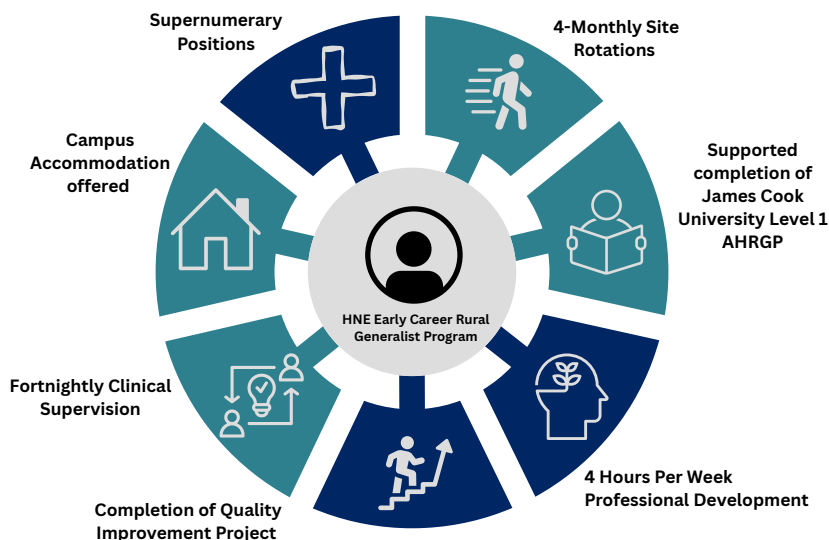
The Hunter New England Early Career Rural Generalist Program was established in 2018 as a workforce initiative aiming to fill vacant Allied Health positions and reduce vacancies in rural areas.

PURPOSE

A supported two-year program across 6 Allied Health disciplines that aims to:

- Apply QLD Health Allied Health Rural Generalist Program (AHRGP) to meet needs of Local LHD
- Build Allied Health skills to meet the healthcare needs of patients in rural and remote areas of the HNE Health district.
- Provide early career Allied Health professionals with the experience of living and working in rural areas, while developing skills to work as rural generalist clinicians.

PROGRAM COMPONENTS



FUTURE DIRECTIONS

- Expand to include further Allied Health Disciplines including Psychology
- Utilise localised non-rotational supernumerary model for sites struggling to recruit with small FTE
- Continue to assess benefits to a rural workforce
- Taking successful elements of the program and add to other rural Allied Health new graduate programs.
- Share learnings and experience with other LHDs



SUCCESSES

Recruitment:

- Large number of applicants compared to standard positions
- Strong attraction to rotational aspect and support offered

Retention:

- 11 staff have successfully completed the program so far
- 72% of program graduates have filled full time vacancies in rural areas


Staff Satisfaction:

- Positive feedback from program participants and site managers
- Additional sites and services requesting to join program in the future


Recognition:

- Winner of 2024 HNELHD Chief Executive Award for innovation and contribution to local health district


LEARNINGS




- Extensive administration support required
- requires dedicated function for manager, coordinator & administration support.



- Program relies on availability of campus-based accommodation at rural sites
- Feedback supports longer rotation duration (has now expanded to 18 weeks in length).



- Timing of post-graduate study has been moved to second year of program to allow for focus on building clinical skills and capacity early in program.



- Having a larger cohort has been beneficial for increased support, kinship and sense of belonging for participants.

Authors: Mitchell Smith - Allied Health Directorate, Hunter New England Health District

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