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**South Australian
Allied Health Rural Generalist
Pathway Evaluation: Phase 4**

May 2023



**Flinders
University**

South Australian Allied Health Rural Generalist Pathway Evaluation

Phase 4 Report – May 2023

This report was completed as a result of a partnership between SA Health and Flinders University, with funds provided by the Rural Health Workforce Strategy (Government of South Australia).

Flinders University research team

Alison Dymmott

Lecturer

Caring Futures Institute

Chris Brebner

Professor

Caring Futures Institute

Stacey George

Professor

Caring Futures Institute

Narelle Campbell,

Associate Professor

Flinders Northern Territory

Rachel Milte

Matthew Flinders Senior Research Fellow

Health and Social Care Economics Group

SA Health project consultants

Jodie May

Senior Project Manager, Rural Allied Health Workforce Projects

Rural Support Service, SA Health

Robyn Gill

Project Manager, Allied Health Rural Generalist Pathway

Rural Support Service, SA Health

In Collaboration with SA Health:

Rural Support Service

Barossa Hills Fleurieu Local Health Network

Eyre and Far North Local Health Network

Flinders and Upper North Local Health Network

Yorke and Northern Local Health Network

Limestone Coast Local Health Network

Riverland Mallee Coorong Local Health Network

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Abbreviations

AHRGP	Allied Health Rural Generalist Pathway
LHN	Local Health Network
RSS	Rural Support Service
SA	South Australia
SA Health	Department for Health and Wellbeing, South Australia
SARRAH	Services for Australian Rural and Remote Allied Health

The term Allied Health Profession includes but is not limited to:

Audiology, dietetics, medical radiation, occupational therapy, pharmacy, physiotherapy, podiatry, psychology, social work, speech pathology.

Introduction

In 2019 Rural Health Workforce Strategy funding enabled the allied health rural generalist pathway (AHRGP) to be introduced in South Australian regional local health networks (LHNs) for the first time. The introduction of the pathway aimed to improve allied health workforce retention and the health and wellbeing of rural and remote South Australians through high quality allied health service provision.

The AHRGP is a two level post graduate training program combining profession-specific post graduate rural generalist training with work integrated learning opportunities including quarantined study time, dedicated discipline specific supervision and the opportunity to participate in quality improvement and service development projects.

The level 1 allied health rural generalist training program is designed for early career allied health professionals in their first three years of working in a rural or remote location. The program incorporates 12 online subjects with associated learning activities that are relevant to trainee circumstances and goals and is undertaken over 12 to 24 months. The level 2 program is designed for allied health professionals with at least two years of experience in a rural or remote area and incorporates a graduate diploma level qualification. This program enables allied health professionals to gain an advanced level of training through eight online subjects over 12 to 36 months. Both levels have a combination of mandatory and elective modules with a strong focus on rural generalist practice, quality improvement, evidence-based practice, service development and innovative practice.

A comprehensive evaluation of the AHRGP in South Australia has been conducted by Flinders University over four phases. Phase one (pre pathway evaluation) was conducted in 2019 as the trainees were beginning the AHRGP. Phase two (mid pathway evaluation) in 2020 revisited the pathway as the trainees reached the halfway point. Phase three (end pathway evaluation) was conducted between 2020 and 2022 as each trainee completed the pathway and phase four (follow up evaluation) was undertaken six months after each trainee completed the pathway. The three previous phase reports are available [online](#), while this report summarises the fourth and final six month follow up phase.

Graduate demographics

Seven graduates participated in the phase four evaluation of the AHRGP via a follow up survey six months after they completed their allied health rural generalist program. Surveys were completed between December 2021 and April 2023 depending on when the trainees completed their program. Trainees who did not complete their program by the end of 2022 were not included in this evaluation. Six months after completing the pathway, all seven AHRGP graduates were continuing to work in regional LHNs in South Australia across four allied health professions. One graduate had moved to a different regional LHN. The following table outlines the demographics of the seven trainees.

Table 1 Graduated trainee demographics six months after completion

Level 1 or 2	Regional LHN	Profession
1	Riverland Mallee Coorong	Physiotherapy
1	Flinders and Upper North	Occupational therapy
1	Flinders and Upper North	Podiatry
2	Riverland Mallee Coorong	Physiotherapy
2	Riverland Mallee Coorong	Occupational therapy
2	Flinders and Upper North	Speech pathology
2	Yorke and Northern	Occupational therapy

Career advancement

The seven graduates were all working in permanent positions and had either permanently or temporarily advanced their allied health classification level since the beginning of the pathway. Six months after completing their training, one graduate was working in a team leader role, others were working as clinical seniors or had moved into different clinical areas. One graduate reflected on the learning they had acquired during the pathway that had given them the confidence and drive to explore different clinical areas, apply for promotional positions and continue to learn new things. Others recommended that in the future the pathway could have clearer career advancement pathways. They felt graduating from the pathway was not recognised by their organisation and there was a lack of pathways for continued advancement on completion. It is recommended that graduates be linked to industry mentors, service development projects and career advancement opportunities to add value to the pathway outcomes.

Retention and intention to stay in a rural or remote area

At the six month follow up point, all graduates were keen to continue working in rural and remote SA. When rating how long they intended to continue working in rural or remote areas from 0 years to more than 10 years, graduates were planning on staying on average a further 4.8 years (more than 10 years was considered as 10 years for this calculation). See table 2 for more details. The intended length of stay is consistent with the phase three end point evaluation, although it is important to note between the commencement and end point evaluation, the trainees intended length of stay on average increased by 1.3 years (see [report 3](#) for more details).

Table 2 Graduated trainees intention to stay (years)

Number of years intending to work in a rural or remote area at six month follow up	Number of graduates
1-2 years	2
2-3 years	1
3-5 years	2
5-10 years	0
More than 10 years	2
Average intended length of stay of graduated trainees	4.8 years

Graduates were asked if and how the AHRGP had impacted on their intention to stay. Four of the seven graduated trainees reported the pathway had had a positive impact on their intention to stay in the following ways:

- Support received from the workplace
- Broadening of skills, knowledge and scope of practice
- Development of professional networks
- Job security and career prospects.

Three graduates were already intending to stay working rurally due to personal circumstances, and they reported that the AHRGP didn't change that intention. Two of these graduates had local family/partner and the other had planned to stay in their role before commencing the pathway.

In phase one, three and four, the trainees were asked to describe the factors that were impacting on their intention to remain working in a rural or remote area. Comparing these intention to stay factors across the research phases, a range of similar factors were described by trainees. Interestingly at the

six month follow up (phase four), graduating trainees were more focused on the factors that would encourage them to stay longer, while in phase one and three more factors were raised that would encourage them to leave. In this final phase, graduates discussed lifestyle factors that were encouraging them to stay including having established community links, family and friends nearby, the availability of housing and the cost of living, which were not as strongly reported in the other phases. A range of positive workplace factors that made working in a regional LHN favourable included the positive culture, approachability and positive attitude of service leaders and the broad nature of work. Graduates felt they had good opportunities for career advancement in the rural or remote area and the opportunity for leadership which also featured in phases one and three. The intention to stay factors are described in more detail in the appendix.

Reflections

Graduating trainees had the opportunity to reflect on the AHRGP overall at the six month follow up stage. These responses are described below as benefits and challenges they encountered while participating in the program. These are largely consistent with findings from previous phases although in this follow up phase, trainees were more reflective about implications for the future including opportunities provided by the pathway and what they would do next with their career or further study:

Benefits

- Broadened understanding of rural and remote scope of practice
- Gained confidence in work role
- Interesting and relevant learning materials
- Reinforced passion for rural health and improving the lives of rural communities
- Successfully applied for higher level positions and salary reclassifications
- Increased desire to make changes to service provision
- Broadened skills outside of allied health (research, leadership skills)
- Funding gave trainees the opportunity to complete further study
- Support from the organisation to quarantine study time
- Team recognising graduating trainee's achievement
- Gaining an interest in further study opportunities in the future.

Challenges

- Limited clinical and practical learning opportunities
- Limited relevant learning materials and opportunities to implement learning into practice
- Challenge of *not feeling like a rural generalist* after completing the level 1 program
- Limited opportunity for interaction with other trainees undertaking the pathway beyond meetings arranged at the beginning of the program
- Challenge of quarantining study time with high number of vacancies in teams
- Negative impacts on work life balance while managing study commitments.

"I don't feel I have come out as a rural generalist clinician however it has given me the confidence and drive to explore more areas, apply for higher roles and learn new things. This is not something that I realised straight after finishing however with months between finishing and writing this, I have gained perspective."

"Lack of support to have time allocated for study from workplace due to frequently having high vacancies within department"

Summary

All graduates of the AHRGP have continued to work in regional LHNs across South Australia and plan to continue to do so into the future. For some, the personal factors that brought them to a regional LHN continue to be the main retention factor, for example, the location of family or a partner or a desire to work rurally. A range of encouraging outcomes were achieved through undertaking the pathway which further positively impacted on graduates' intention to remain working rurally into the future. In most circumstances, graduates reflected on the broadening of their skills and knowledge for practice over the pathway, and they recognised a range of positive career opportunities they were afforded through participating in the pathway. The pathway also gave trainees the skills and confidence to progress their careers in rural and remote areas without having to leave the region to receive a promotion. A range of challenges were described which were consistent with previous phases, in particular lack of relevance of some learning materials, limitations of time and limited interaction with peers. Trainees recommended that the AHRGP have clearer incentives and outcomes for graduates in the future to increase the value of the pathway and the recognition of rural generalist skill acquisition.

Considering the findings from all four phases, this research has demonstrated that the AHRGP is an effective workforce initiative for regional LHNs in South Australia. It has been demonstrated to impact positively on retention, intention to stay and career opportunities for trainees. From phase three, there were significant positive outcomes noted for regional LHNs with the AHRGP shown to be excellent value for money. It is recommended that the AHRGP continue to be offered to regional LHN allied health professionals into the future with ongoing consideration of contextual factors and support structures that enable trainees, regional LHNs and rural and remote communities to thrive.

Appendix Intention to stay factors phases 1, 3 and 4

Intention to stay factors	Phase 1 (Pre-evaluation)	Phase 3 (end evaluation)	Phase 4 (six months post completion)
Opportunities for career growth	Job opportunities with the region	To develop skills and grow professionally	Senior positions available to strive for
	Career advancement opportunities locally	To be able to progress career	Career advancement opportunities
		To develop leadership skills/undertake leadership roles	Opportunity for leadership roles
Opportunity to participate in leadership roles		To apply for a reclassification	Opportunity to reclassify to higher level
		To engage in project work	
Clinical opportunities	To work in desired clinical areas	To do diverse and interesting work	To do diverse work, variety of work opportunities
	To undertake broad clinical work	To have choice of caseload	To try new areas of practice
	To develop specialised skills	To be able to contribute to making the service better for consumers	To implement service development changes
		Option to specialise in rural generalism rather than having to move into management roles for advancement	To participate in more remote work
		Opportunity to manage own caseload and schedule	
Support structures	Supportive leadership/management	Supportive leadership/management	Supportive leadership/management
	Access to regular, onsite supervision	Access to supervision	Approachability of managers and seniors when needed
	Team dynamics	Access to professional development	Team dynamics and work culture
	Supportive colleagues	Supportive colleagues/friends	Attitude of organisational leaders
Personal factors	Being far away from family or partner, wanting to be closer to family long term	Being integrated into the community	Being integrated into the community
		Having a partner who wants to stay	Having friendships locally
			Lifestyle factors and opportunities
			Cost of living lower in rural area
Human resources	Staff vacancies and limited cover arrangement	Flexibility to move between towns in with job role	Having adequate staffing to support service provision
	Permanent contract in public health setting	Opportunity to work flexible hours	Permanent role and job security available during pandemic
	Challenging recruitment contract extension processes		Incentives to work in rural areas for allied health professionals



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