Allied Health Rural Generalist Support Scheme

Supporting early career allied health professionals to thrive in rural and remote practice

2026

SARRAH

Services for Australian Rural and Remote Allied Health

Scheme Guidelines

Program Overview

The **Allied Health Rural Generalist Support Scheme (AHRGSS)** is a structured workforce development program that supports employers to establish Allied Health Rural Generalist (AHRG) training positions and enables clinicians to undertake formal postgraduate rural generalist training through **James Cook University's Graduate Diploma or Masters of Rural Generalist Practice**. The program is designed to strengthen rural and remote workforce capability, improve service sustainability, and support the development of highly skilled allied health professionals capable of working across diverse and complex practice settings.

AHRGSS combines formal academic study, workplace-based learning, supervision, mentoring, and service development activities to create a comprehensive rural generalist career pathway.

Program Goals

The program aims to:

- Build rural and remote service capacity through the establishment of rural generalist training positions.
- Support recruitment and retention of allied health professionals in rural and remote communities.
- Develop advanced clinical, leadership, research, and service improvement skills.
- Enable participants to achieve competencies aligned with recognised rural generalist practice standards.
- Strengthen organisational capability in workforce development and supervision.

Background: The Allied Health Rural Generalist Pathway

The **Allied Health Rural Generalist (AHRG) Pathway** is an evidence-based strategy designed to improve access to essential health services and promote and develop an agile, interconnected rural and remote health workforce with a breadth of skills and capacity needed to work across service sectors.

Allied Health Rural Generalists

Working within their profession's scope of practice, **allied health rural generalists** possess, or are developing, broad clinical capabilities, plus one or more areas of depth 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) and may work across sectors (health, disability, aged care).

Working in small teams and in inter-professional and inter-agency service models is common. This requires a range of non-clinical capabilities including collaborative practice, service design and planning, leadership, education and training, research and evaluation, community engagement and cultural safety.

Figure 3: Allied health rural generalist competencies

Allied Health Rural Generalist Training Positions

Allied Health Rural Generalist (AHRG) training positions support the graduate/early career practitioner to develop relevant skills to meet the health needs of rural and remote communities. Where workforce shortages are acute, AHRG training positions can improve attraction, recruitment and retention, and build the capabilities of allied health professionals and the multidisciplinary team.

An AHRG Training Position is appropriate for an early career practitioner in one of the following health professions:

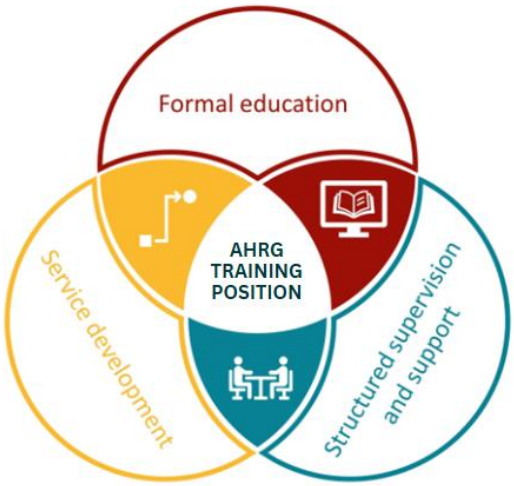
Dietetics & Nutrition	Physiotherapy
Exercise Physiology	Podiatry
Medical Radiation Science (Radiography)	Psychology
Occupational Therapy	Social Work
Pharmacy	Speech Pathology

The AHRG Training Position should require the professional to practice with a generalist scope of practice within their relevant allied health profession.

An AHRG Training Position comprises three key elements:

1. **Workforce policy and employment structures** that align to development requirements and facilitate progression from entry-level competency to proficient rural generalist.
2. Implementation of **rural generalist service development projects** that support and engage rural generalists to utilise their developing skills to implement innovative and effective solutions to challenges they experience in delivering care across geographically dispersed and culturally diverse populations.
3. **Formal and work-based education and training** that supports the development of the clinical and non-clinical rural generalist practice requirements of the relevant allied health profession.

Figure 4: Elements of a rural generalist training position

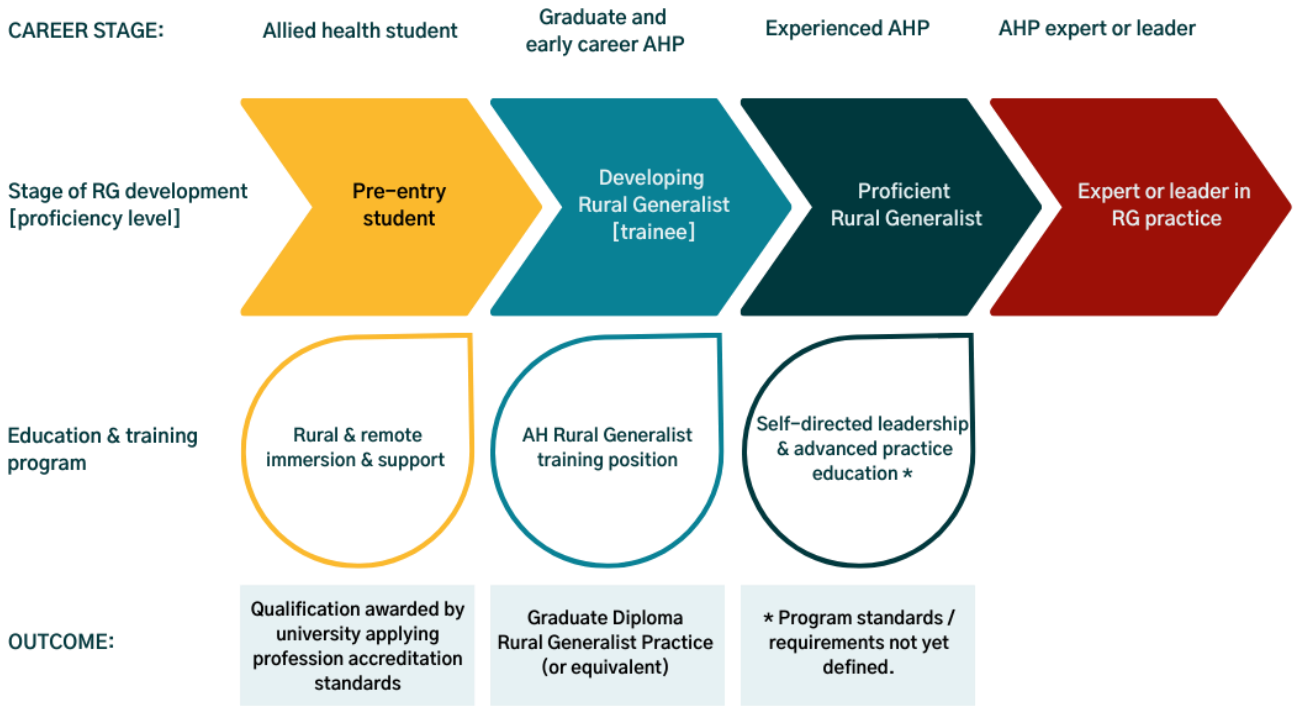


Career Pathway Structure

To date, rural generalist training positions have been primarily established to support early-career allied health professionals attain the Graduate Diploma in Rural Generalist Practice while completing structured workplace-based activities including a service development project. Rural Generalists who have completed this training may be said to have achieved a level of competency in line with the standards outlined in accreditation documents held by SARRRAH through a licence agreement with Queensland Health[1].

Further work is required to develop program standards and requirements that recognised the "proficient" or "expert" rural generalist.

Figure 5: Rural Generalist Pathway Structure



[1] https://www.health.qld.gov.au/__data/assets/pdf_file/0028/720496/ahha-accreditation.pdf

Implementation model

AHRGSS is a medium-term service and workforce development strategy, intended to enhance participating organisations' service capacity and improve retention rates by establishing and supporting rural generalist training positions. A minimum period of two years is required to fully implement AHRGSS. Training sites will be provided with a package of supports, professional development and service development activities over the life of the two-year scheme.

A threshold number of three training positions in one region is required to ensure that SARRAH's facilitation and support can be delivered efficiently and sustainably. The co-location of training positions in one region also provides an opportunity for collaboration and mutual support for trainees and their employers as training and service development activities are taking place.

SARRAH will work with the employer to arrange suitable workplace learning and support systems for the rural generalist trainee, facilitate the identification of appropriate service development projects, and provide assistance to the trainee working toward completion of the Rural Generalist Program or the Graduate Diploma in Rural Generalist Practice.

Trainee activities

Substantial attention is given to ensuring appropriate trainee selection. The available evidence suggests that health professionals from a rural background that are embedded in their community and have an interest in rural health are more likely to practice in rural and remote areas. These characteristics should be considered during trainee selection and intake.

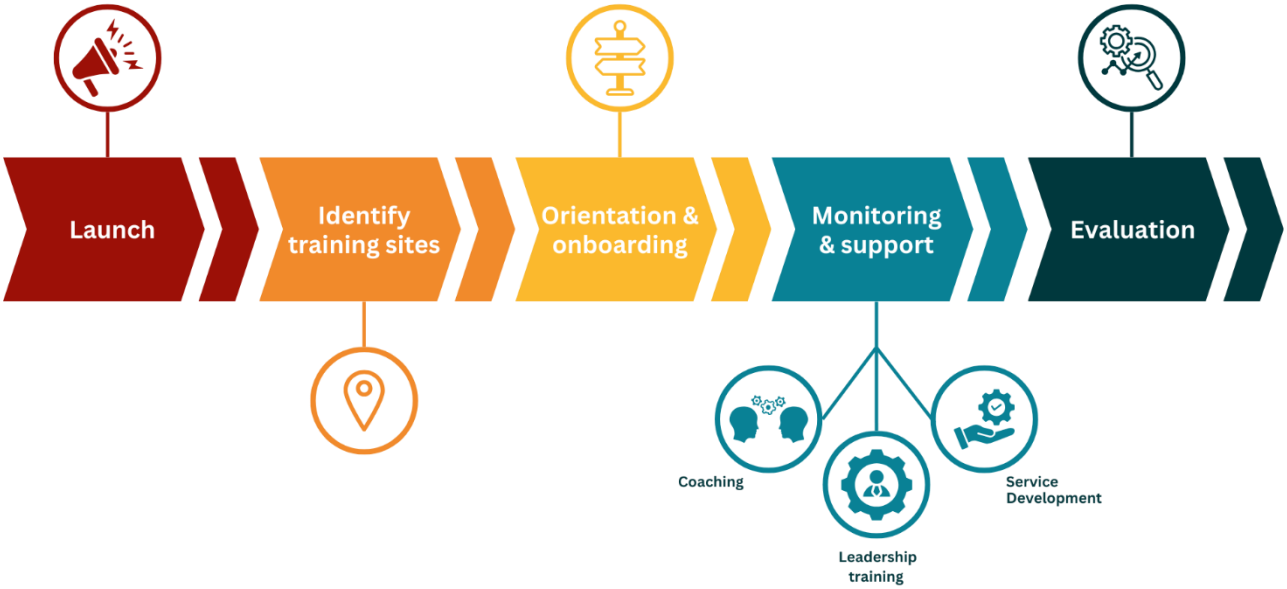
While rural generalist training positions have previously been used as a recruitment strategy for vacant positions, given the two-year timeframe AHRGSS is best suited to training positions where an employee is already in situ. This is in consideration of the length of time taken to recruit to a vacant position and provide orientation and onboarding to the new employee.

Rural generalist trainees have the option of enrolling in the post-graduate course relevant to their level of experience. It should be noted that a rural generalist trainee may require more than two years to complete training requirements, and in these circumstances the training site will be assisted to develop a comprehensive plan to support the rural generalist trainee complete the remainder of their training requirements after the scheme has ended.

For those trainees who opt for the Rural Generalist Program and finish in less than 2 years, supports cease when training requirements including the service development project are complete (on average, around 18 months).

Trainees who undertake the Graduate Diploma may be expected to complete training requirements in around 2.5 years, based on evaluations completed to date. However, trainees may require longer if they need to take a break from study, for example to attend to family commitments. When it's been identified that this flexibility is required, SARRAH will negotiate with the employer and funder regarding the adjustments required to support the trainee.

Figure 1: Allied Health Rural Generalist Support Scheme Implementation



Graduate Diploma of Rural Generalist Practice

The educational foundation of AHRGSS is the **Graduate Diploma of Rural Generalist Practice (JCU)**.

This postgraduate qualification provides allied health professionals with a pathway to advance their academic and clinical expertise in rural and remote healthcare delivery. The course equips participants to deliver services confidently in low-resource settings and develop skills in:

- Rural and remote health service delivery
- Clinical leadership
- Evidence-based practice
- Research translation
- Service development
- Quality improvement
- Patient management
- Professional communication and collaboration.

GRADUATE OUTCOMES

Upon completion of the Graduate Diploma, participants will be able to:

- Apply advanced rural generalist knowledge and skills with a high level of independence.
- Critically evaluate evidence and develop innovative responses to local health challenges.
- Lead service development and quality improvement initiatives.
- Demonstrate accountability and leadership in professional practice.
- Communicate effectively across multidisciplinary and community settings.

Eligibility

AHRGSS is primarily intended for:

- Early-career and developing allied health professionals working in rural and remote settings.
- Allied health professionals employed within participating government and non-government, Aboriginal Community Controlled, or primary healthcare organisations delivering servies in rural and remote settings (typically Modified Monash 3 - 7).

Table 1: Eligibility for training positions

Training site	The workplace location where an AHRG training position is to be established must be providing services to MMM 3-7 locations. The organisation implementing the training position can be headquartered or have a service footprint that includes urban areas (MMM 1-2), but the practice location of the AHRG training position and the team in which it sits (the "training site") must be located in a MMM 3-7 location.
Service type	Training site (organisation) may be a private practice, community controlled, non-government provider of healthcare, disability and/or aged care services.

Implementation period	Training sites must be prepared to support the trainee over a period of between 18 months and 2.5 years, depending on trainee level of experience. Trainees will commence their training pathway in a post-graduate course that meets their needs, with eligibility influenced by professional experience. • Graduate stream: Trainees with less than two years professional experience at commencement undertake the Rural Generalist Program through James Cook University, taking up to 24 months part-time, online study. Following completion of the RGP, the trainee should plan to enter the Graduate Diploma of Rural Generalist Practice, claiming credit for their RGP studies. • Developing Rural Generalist stream: Trainees with two or more years of professional experience at commencement in the training role should be eligible for direct entry into the Graduate Diploma of Rural Generalist Practice at James Cook University. Where applicable, eligible trainees may apply for a Commonwealth supported Place as a domestic full fee-paying university student. The minimum course duration is approximately 24 months part-time study.
Trainee eligibility	Trainees must be of the following professions: Dietetics & Nutrition — Physiotherapy Exercise Physiology — Podiatry Medical Radiation Science (Radiography) — Psychology Occupational Therapy — Social Work Pharmacy — Speech Pathology Trainee must be eligible for Commonwealth supported Place as a domestic full fee-paying university student

Learning Framework

1. Formal Postgraduate Education

Participants complete the Graduate Diploma of Rural Generalist Practice delivered by James Cook University. Subjects focus on developing advanced rural generalist competencies and supporting practitioners to respond effectively to the diverse needs of rural communities.

2. Structured Workplace Learning

Learning is integrated with day-to-day clinical practice through:

- Clinical skill development
- Reflective practice
- Interprofessional learning
- Community engagement activities
- Workplace-based rural generalist capability development

Participants receive:

- Clinical supervision
- Professional mentoring
- Career development support
- Feedback and reflective learning opportunities

4. Service Development Project

Participants undertake a workplace-based project addressing a local service need. Projects are designed to strengthen service delivery, improve client outcomes, and build organisational capacity.

Employer Commitments

Participating employers are expected to:

- Create and support designated rural generalist training positions.
- Provide access to supervision and mentoring.
- Allocate protected learning and study time.
- Support workplace learning activities and project implementation.
- Foster a positive learning environment aligned with rural generalist practice principles.

Cohort Model

AHRGSS is delivered through a regional cohort model that promotes peer learning, professional networking, and shared development opportunities.

To establish a regional cohort:

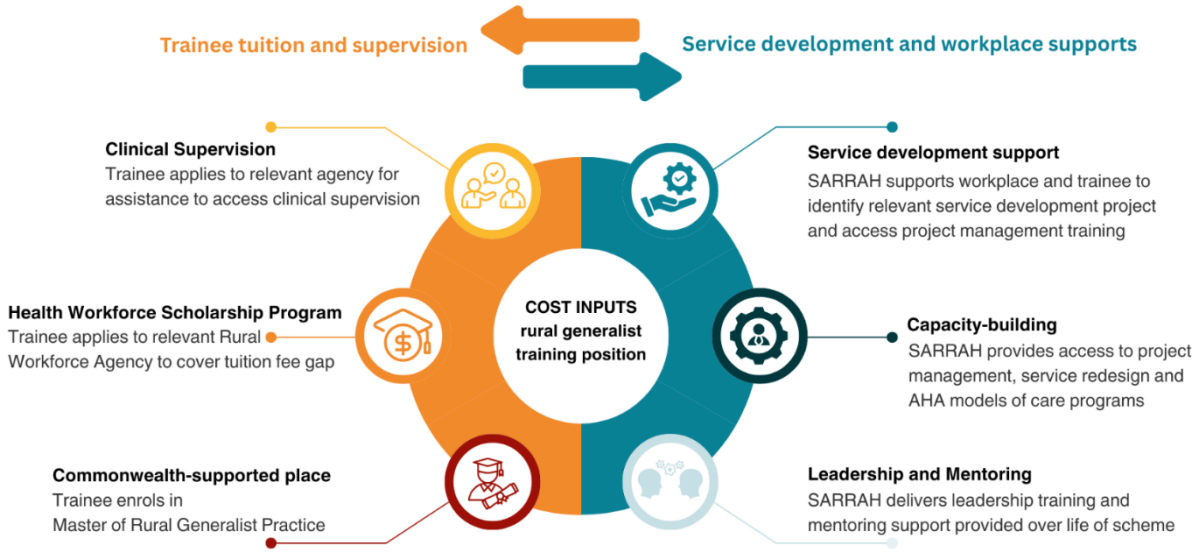
- A minimum of three training positions is required.

The cohort approach helps reduce professional isolation and encourages collaborative learning across organisations and disciplines.

Funding Considerations

Establishing rural generalist training positions requires investment in three enabling activities: tuition fees paid to the university for the formal education component, trainee clinical supervision, and workplace development supports (including project management, training in AHA models of care, SARRAH's leadership program and mentoring) delivered by SARRAH.

Figure 2: Cost inputs for Rural Generalist Training Positions



Workplace-based clinical supervision for the trainee is arranged by the employer. Where available, workplace training grants may offset the cost of providing this supervision. Supervision will be sourced and provided in line with grant guidelines.

Participants may be eligible to apply for tuition support through relevant Rural Workforce Agencies and workforce scholarship programs, subject to local funding arrangements and eligibility requirements. Applications for scholarship funding are managed separately from AHRGSS participation.

Expected Outcomes

For Participants

Participants completing AHRGSS will:

- Achieve a Graduate Diploma of Rural Generalist Practice.
- Develop advanced rural generalist capabilities.
- Build confidence managing complex clinical presentations in rural settings.
- Strengthen leadership and service improvement skills.
- Enhance career progression opportunities in rural and remote practice.

For Employers

Participating organisations will benefit from:

- Improved workforce capability.
- Increased staff retention.
- Enhanced supervision and workforce development systems.
- Greater service capacity and sustainability.
- Improved ability to meet community health needs.

For Communities

The program contributes to:

- Improved access to allied health services.
- Enhanced continuity of care.
- Stronger local health services.
- A sustainable and skilled rural allied health workforce.

Further Reading:

Rural and Remote Generalist: Allied Health Project (2013) https://www.health.qld.gov.au/__data/assets/pdf_file/0025/656035/GNARTN-project-report.pdf

The Allied Health Rural Generalist Education Framework https://www.health.qld.gov.au/__data/assets/pdf_file/0032/695390/AHRG-Education-Framework.pdf

Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia (2020) https://www.health.gov.au/sites/default/files/documents/2021/04/final-report-improvement-of-access-quality-and-distribution-of-allied-health-services-in-regional-rural-and-remote-australia.pdf

Barker, Ruth, Chamberlain-Salaun, Jennifer, Harrison, Helena, Nash, Robyn, Nielsen, Ilsa, Harvey, Desley, . . . Devine, Sue. (2021). Evaluation of the Allied Health Rural Generalist Program 2017-2019. *The Australian journal of rural health, 29*(2), 158-171. doi: 10.1111/ajr.12745

Battye, K., Roufeil, L., Edwards, M., Hardaker, L. , Janssen, T., & Wilkins, R. (2019). Strategies for increasing allied health recruitment and retention in Australia: A rapid review: Services for Australian Rural and Remote Allied Health.

Campbell, N., McAllister, L., & Eley, D. (2012). The influence of motivation in recruitment and retention of rural and remote allied health professionals: a literature review. *Rural and remote health, 12*, 1900-1900. doi: 10.22605/rrh1900

Chisholm, Marita, Russell, Deborah, & Humphreys, John. (2011). Measuring rural allied health workforce turnover and retention: what are the patterns, determinants and costs? *Australian Journal of Rural Health, 19*(2), 81-88.

Cosgrave, Catherine, Maple, Myfanwy, & Hussain, Rafat. (2018). An explanation of turnover intention among early-career nursing and allied health professionals working in rural and remote Australia - findings from a grounded theory study. *Rural and remote health, 18*(3), 1-17. doi: 10.22605/RRH4511

Durey, Angela, Haigh, Margaret, & Katzenellenbogen, Judith M. (2015). What role can the rural pipeline play in the recruitment and retention of rural allied health professionals? *Rural and remote health, 15*(3), 3438-3438. doi: 10.22605/RRH3438

Dymmott, Alison, Brebner, Chris, George, Stacey, Campbell, Narelle, May, Jodie, Gill, Robyn, & Milte, Rachel. (2024). The allied health rural generalist Pathway: a cost consequence analysis. *Rural and remote health, 24*(2), 8557-8557. doi: 10.22605/RRH8557

Dymmott, Alison, George, Stacey, Campbell, Narelle, & Brebner, Chris. (2022). Experiences of working as early career allied health professionals and doctors in rural and remote environments: a qualitative systematic review. *BMC health services research, 22*(1), 1-951. doi: 10.1186/s12913-022-08261-2

Harrison, Helena, Palermo, Claire, Devine, Susan G., Chamberlain-Salaun, Jennifer, Nash, Robyn, & Barker, Ruth N. (2023). Building the capacity of rural allied health generalists through online postgraduate education: A qualitative evaluation. *Rural and remote health, 23*(3), 1-9. doi: 10.22605/RRH7754

Health Workforce Queensland. (2021). South West Queensland Inter-Agency Allied Health Workforce Strategy-Scoping Project. Brisbane.

Kruk, Robyn AO. (2023). Overseas Health Practitioner Regulatory Settings Review - Final Report, 2023.

McMaster, Ellen, Reid, Tegan, Farquhar, Emily, McMaster, Duncan, Buckley, David, & Green, Elyce. (2021). 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. *The Australian journal of rural health, 29*(5), 701-720. doi: 10.1111/ajr.12797

Nancarrow, Susan, Roots, Alison, Grace, Sandra, Young, G, & Barlow, K. (2015). Evaluation of the Queensland Health Allied Health Rural Generalist Training Program (AHRGTP): Final report March 2015. *Brisbane: Queensland Health*.

Nielsen, I. (2024). *Queensland Health Allied Health Rural Generalist Pathway 2019-2022: workforce outcomes*. Paper presented at the SARRAH 2024: 15th National Rural and Remote Allied Health Conference., Mildura, Australia.

O'Toole, Kevin, Schoo, Adrian, & Hernan, Andrea. (2010). Why did they leave and what can they tell us? Allied health professionals leaving rural settings. *Australian Health Review, 34*(1), 66-72.

Playford, Denese, Moran, Monica C., & Thompson, Sandra. (2020). Factors associated with rural work for nursing and allied health graduates 15-17 years after an undergraduate rural placement through the University Department of Rural Health program. *Rural and remote health, 20*(1), 54-60. doi: 10.22605/RRH5334

Schoo, A. M., Stagnitti, K. E., Mercer, C., & Dunbar, J. (2005). A conceptual model for recruitment and retention: allied health workforce enhancement in Western Victoria, Australia. *Rural & Remote Health, 5*(4), 477.

Struber, J. (2004). Recruiting and retaining allied health professionals in rural Australia: Why is it so difficult? *Internet Journal of Allied Health Sciences & Practice, 2*(2).