

TRANSITION TO RURAL AND REMOTE PRACTICE

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

2026



Services for Australian
Rural and Remote Allied Health



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ACKNOWLEDGEMENT OF COUNTRY

Services for Australian Rural and Remote Allied Health (SARRAH) acknowledge the Ngunnawal peoples on whose land their office is situated. We also acknowledge the traditional owners of the lands where allied health service providers live and work, supporting rural and remote communities to live their best lives. We pay our respects to Elders past, present, and emerging, and pay our respect to Aboriginal and Torres Strait Islander Peoples from across Australia who have participated in this work.. We recognise and respect the cultural heritage, beliefs, and relationships with the land, which continue to be of great importance to Aboriginal and Torres Strait Islander people today.

ACKNOWLEDGEMENTS

SARRAH would like to acknowledge organisations and individuals across Australia who made significant contributions to the SARRAH Rural and Remote Foundations program, which underpins the Transition to Rural and Remote Practice program.

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We also acknowledge and thank the Foundations sponsors, without whose support and generous contributions this would not have been possible.

RURAL WORKFORCE AGENCIES



1. WELCOME

Welcome to the **Transition to Rural Practice Program (TRRP)**.

This program is designed to support early-career allied health professionals as they establish themselves in rural and remote primary healthcare contexts—both professionally and personally.

The first year of rural practice can be formative. It can also be isolating, complex, and demanding. TRRP exists to provide structured learning, professional support, and connection, so participants are better equipped to deliver high-quality care while building sustainable rural careers.

A little about me...

I've been a physiotherapist for 40 years (!!), and it's been an incredibly rewarding journey. Along the way, I've built a wide range of clinical experience across both public health and private practice, including running my own physiotherapy clinic in Cowra, NSW. I'm passionate about helping people manage pain and hold a Master of Science in Medicine (Pain Management) from the University of Sydney.

Beyond clinical practice, I've had the opportunity to work in leadership and management roles across state and Commonwealth governments, as well as with a remote Aboriginal Community-Controlled organisation. I've also spent six years serving on the Board of a rural Primary Health Network, contributing to the strengthening of primary care services in regional communities.

I'm a graduate of the Advanced Leadership Program with Women and Leadership Australia, a graduate of the Australian Institute of Company Directors, and a proud member of the Australian Physiotherapy Association.

Throughout my career, I've remained committed to improving health outcomes, supporting strong communities, and I look forward to mentoring the next generation of health professionals.

Cath.



2. ABOUT THE PROGRAM: THE WHAT AND THE WHY

2.1. What is the Transition to Rural Practice Program?

The Transition to Rural Practice Program is a **12-month, blended professional development and workforce support program** for early-career allied health professionals working in rural and remote primary healthcare settings.

The program combines:

- Facilitated online group learning
- Coaching and workplace support
- Cultural responsiveness training
- Peer connection and communities of practice

The program **does not confer a formal qualification**, but it supports the development of rural generalist capabilities and may act as a **precursor to future rural generalist pathways**.

2.2. Why this program exists

Recruitment and retention of allied health professionals in rural and remote Australia remain persistent challenges. Evidence consistently highlights that **career support, professional development, manageable workload, and meaningful connection** are key factors influencing whether early-career clinicians stay.

This program responds directly to those needs by:

- Supporting early-career practitioners to “find their feet”
- Reducing professional isolation
- Building confidence, capability, and career clarity
- Strengthening service capacity in rural and remote communities

2.3. Who the program is for

The TRRP is designed for:

- Early-career allied health professionals
- Professionals new to rural or remote practice
- Allied health professionals working in primary healthcare settings
- Participants employed in MMM 3–7 locations (subject to cohort criteria)

3. PROGRAM OVERVIEW

3.1. Program structure

The Transition to Rural Practice Program runs over 12 months and includes:

- 10 facilitated online learning sessions (approximately monthly)
- Self-directed learning modules completed between sessions
- External Cultural Responsiveness training (IAHA Level 1)
- Coaching and support provided as required (up to fortnightly)
- Assistance with workplace professional development planning

Depending on the cohort, there may be the opportunity for face-to-face networking

The program is designed with the workload pressures in rural practice in mind .

3.2. Learning approach

Learning in the TRRP is:

- Applied and practice-focused
- Reflective and strengths-based
- Grounded in rural and remote realities
- Informed by adult learning principles
- Designed to foster peer connection and shared problem-solving

Sessions integrate real-world examples, discussion, reflection, and practical tools.

3.3. Expected outcomes

By the end of the program, participants will:

- Feel more confident practicing in rural and remote settings
- Understand primary healthcare systems and service models
- Apply culturally responsive approaches in practice
- Work more effectively within multidisciplinary teams
- Develop strategies for wellbeing, resilience, and sustainability
- Create a personalised professional development plan

4. PROGRAM TIMELINE

The program runs over 12 months, see Table 1 timetable (over page) for proposed dates

5. PROGRAM CURRICULUM

5.1. Facilitated learning sessions

The program includes 10 facilitated online sessions, delivered approximately once per month. Table 1 provides the session outline. The accompanying timetable outlines the proposed session dates.

The online sessions will be between 60-90 minutes in duration. The online sessions are recorded, however there is an expectation that participants attend 60% to maximise their program outcomes.

5.2. Self-paced learning

Participants complete the **Rural & Remote Practice Foundations** modules alongside facilitated sessions. These modules are available on SARRAH's member portal Circle and provide core knowledge and a shared conceptual base. Alignment of modules with session content is outlined in Table 1.

The estimated time commitment for the self-paced will vary according to module, but over the course of the program is estimated to be no more than 30 minutes per week.

Table 1: Facilitated sessions and self-paced learning

Session and Topic	Practice Foundations Module
1. Introduction and orientation • Get-to-know you and SARAH • Course overview • Working in rural and remote settings • Strategies for embedding yourself in the community	• Module 1: Remote and Rural Health: the Inside story • Module 2: IAHA Cultural Responsiveness Level 1 (see Cultural Responsiveness training)
2. Primary Healthcare service settings • Service design models of care • Telehealth as a modality	• Module 3: Primary Health Care • Module 4: Service delivery
3. Developing expertise • Reflective practice • Advanced clinical skills • Leadership and Management • Research and Evaluation	• Module 5: Professional skills
4. Multidisciplinary Team Care • Multidisciplinary practice and working in teams in rural and remote settings • Working with AHAs	• Module 6: Clinical skills • Module 10: Working in teams
5. Wellbeing and resilience	• Module 11: Managing your wellbeing
6. Introduction to Leadership • Being leadership • Doing leadership • Maintaining leadership	• Module 8: Communication • Module 9: Ethical practice
7. Clinical Practice Improvement • Evidence-based practice • Healthcare prioritisation	• Module 7: Making clinical decisions
8. Digital Health and Allied Health • Digital Health modalities	• Digital Uplift Plan
9. Service development and project planning	• Project Management Essentials
10. Professional Development • Careers in rural health	• Module 12: Professional development • Module 13: Getting support • Module 14: Starting out

5.3. Cultural Responsiveness Training

All participants will be provided with log in details and required to complete Indigenous Allied Health Australia (IAHA) Cultural Responsiveness Level 1 training as an external module. This supports safe, respectful and responsive practice with Aboriginal and Torres Strait Islander peoples and communities.

6. COACHING, SUPPORT AND WORKPLACE ENGAGEMENT

Support is tailored to individual and workplace contexts. Once participants are notified of their acceptance, SARRAH will be in touch to provide orientation details and arrange a brief orientation conversation to identify individual and workplace needs, including:

- Coaching and support for participants using the GROW framework (up to once a fortnight)
- Assistance with onboarding and orientation processes for participants and workplaces
- Support for managers and workplaces (up to once a fortnight)
- Guidance in developing a professional development plan

7. PARTICIPATION REQUIREMENTS

7.1. Participants

Participants are expected to:

- Attend scheduled facilitated sessions (60% attendance requirement).
- Complete self-paced learning modules
- Engage respectfully with peers
- Participate in coaching and feedback activities
- Complete required surveys and reports that contribute to program evaluation to support continuous improvement and demonstrate program impact to funders and stakeholders.

7.2. Employers

The TRRP is most effective when participants have the support of their workplace. Employers play a vital role in helping early-career allied health professionals settle into rural practice, and we ask that participating organisations commit to a few key things. This includes

- allowing protected time for participants to attend facilitated online sessions and complete self-paced learning modules,
- encouraging engagement with coaching and professional development activities during work

SARRAH will work directly with managers to assist with onboarding, orientation, and professional development planning as required, and can provide support to workplaces of up to once a fortnight throughout the program. Early conversations between SARRAH and the employer will identify the extent of assistance and support required in these business supports.

We ask that employers approach this program as a partnership — one that invests in your employees' growth and, in turn, strengthens your organisation's capacity to deliver quality care to your rural and remote community.

8. SUPPORT AND CONTACTS

Primary support is provided through:

- Facilitators and coaches (contact details will be provided during onboarding)
- SARRAH program team (contact details will be provided during onboarding)
- Digital learning platform and peer networks

9. NEXT STEPS

If you would like to proceed, please email catherine@sarrah.org.au

10. FREQUENTLY ASKED QUESTIONS

HOW MUCH TIME DOES THE PROGRAM REQUIRE?

The program is designed with the realities of rural practice in mind — we know your time is limited. Facilitated online sessions run for 60–90 minutes approximately once a month. Self-paced learning modules are estimated at no more than 30 minutes per week on average. Coaching and support sessions are available up to fortnightly and are scheduled around your availability and needs. In total, you can expect to commit around 2–3 hours per month, plus the one-off Cultural Responsiveness training completed at your own pace.

IS THIS A QUALIFICATION?

No. The Transition to Rural and Remote Practice Program does not confer a formal qualification or academic credential. However, it supports the development of rural generalist capabilities and may serve as a valuable precursor to future rural generalist pathways. Participation may also contribute to your continuing professional development (CPD) requirements — we recommend checking with your professional association regarding eligibility.

WHAT HAPPENS IF I CHANGE JOBS?

We understand that workforce movement is a reality, particularly in rural and remote settings. If you change roles during the program, please contact the SARRAH program team as soon as possible to discuss your options. In many cases, it may be possible to continue participating, particularly if your new role remains in a rural or remote primary healthcare setting. Each situation will be considered individually.

IS PARTICIPATION MANDATORY?

Participation in the program is voluntary. However, once enrolled, participants are expected to engage meaningfully with program activities, including attending at least 60% of facilitated sessions, completing self-paced modules, and participating in coaching and evaluation activities. If you are finding it difficult to meet these requirements, please reach out to the SARRAH team early — we would rather find a solution than have you disengage quietly.

WHAT SUPPORT DO EMPLOYERS RECEIVE?

Employers and managers are considered key partners in the program. SARRAH can provide support to workplaces of up to once a fortnight throughout the program's duration. This may include assistance with onboarding and orientation processes, guidance on professional development planning, and general advice on supporting early-career staff in rural and remote contexts. If you have specific workplace challenges you would like to discuss, please get in touch with the SARRAH program team.