Supplementary text 1

Definitions

Rural generalism and the allied health professions

Queensland Health [ref. 33:1] defines a rural generalist in relation to the allied health professions as a health practitioner that "possesses, or is 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." A rural generalist also requires "a range of non-clinical capabilities including collaborative practice, service evaluation and planning, leadership, education and training, community engagement and cultural safety". Rural generalists generally support a broad client group, providing services across the age spectrum for a range of health needs. They often work in small, multi-disciplinary teams across service settings (inpatient, ambulatory care, community) or even across sectors (health, disability, aged care) [ref. 33]. A rural generalist should not be confused with a 'generic' health worker who does not possess a primary qualification in a health profession. A rural generalist has a broad scope of practice within the practitioner's own profession, and their practice is governed by the relevant profession's regulatory body [ref. 33].

Allied Health Rural Generalist Pathway

The Queensland Health Allied Health Rural Generalist Pathway is an integrated workforce and employment, education and training, and service strategy. It is designed to support the growth, sustainability and value of 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 [ref. 33]. Since 2019, the Pathway has been implemented as two programs in Queensland Health: the early-career-focussed Rural Generalist Training Positions (RGTP) and the Rural Generalist Leadership Development Program for senior and experienced practitioners [ref. 33].

Rural generalist education

Employees in RGTPs were required to maintain enrolment in a post-graduate education course approved by the Chief Allied Health Officer, Queensland Health. For the period of this study the approved education courses were:

1. Rural Generalist Program (RGP), James Cook University [ref. 36]
   Eligible: less than 24 months' professional experience since completing an entry-level degree in a relevant allied health profession
   Structure: 12, six-week online modules equivalent to six credit units at Australian Qualification Framework (AQF) Level 8.

2. Graduate Diploma of Rural Generalist Practice (GDRGP), James Cook University [ref. 37]
   Eligible: minimum 24 months professional experience since completing an entry-level degree in a relevant allied health profession

Structure: 24 credit units, Australian Qualification Framework (AQF) Level 8.

Trainees who complete the RGP were expected to progress to the GDRGP including claiming credit transfer.

Methods

Payroll records were used for employee tracking in the retention analysis. Errors in payroll data were expected to be limited, given they would produce financial consequences for the employee and work unit budget if uncorrected.

An employee appeared in the records if they were paid in the fortnightly pay run. A break in payroll records could indicate a permanent separation from Queensland Health employment, or a period of unpaid leave with employment status maintained. A period of unpaid leave with a return to the former practice location within the period of data collection was regarded as continuous service. To ascertain the nature of a payroll break, relevant records were reviewed by representatives of the project funding provider, the Queensland Department of Health (QDOH). The QDOH members accessed internal program and workforce records and advised the research team as to whether the service gap was:

(a) a permanent break in Queensland Health service such as permanent resignation and subsequent re-employment; in which case, the date of the separation was recorded as the end date, or

(b) a period of unpaid leave without a break in Queensland Health service (i.e. the employee remained a QH employee); in which case, the initial date of the gap in payroll was not considered an end date for the purpose of the analysis.

Position base location was extracted for each fortnightly pay run and converted to Modified Monash (MM) Model category [ref. 32] by the QDOH prior to the data being supplied to the research team. To enable a transfer from the eligible position to be detected if the employee moved to a new role in the same MM category, the QDOH noted any change to position location from the previous pay run. Multiple changes in job location over time were considered within the continuous service period if all roles were located in the relevant MM category for the analysis (ie MM 4 to MM 7 or MM 2 to MM 7). Short periods of employment, up to three fortnightly pay runs, accrued outside the participant's usual MM location category followed by a return to the same MM location category were reviewed by the QDOH using program and workforce data. The QDOH determined whether these pay run/s were a true break in rural service. Continuous rural service was registered if the pay run/s related to a short-term secondment for training and development or operational purposes with an immediate return to the usual rural or remote employment location.