

## HP3 to HP4 rural development pathway

**Policy Number:** B66 (QH-POL-382)

**Publication date:** June 2022

**Purpose:** To outline the provisions of the HP3 to HP4 rural development pathway (RDP).

Under the *Human Rights Act 2019*, decision makers have an obligation to act and make decisions in a way that is compatible with human rights, and when making a decision under this HR policy, to give proper consideration to human rights.

**Application:** This policy applies only to permanent, full-time HP4 Hospital and Health Service positions, based in rural and remote locations (refer Schedule One), in the following disciplines:

- audiology
- exercise physiology
- clinical measurement
- medical radiation professionals (medical imaging technology, radiation therapy, nuclear medicine technology and breast imaging radiography)
- music therapy
- nutrition and dietetics
- occupational therapy
- pharmacy
- physiotherapy
- podiatry
- prosthetics and orthotics
- psychology
- rehabilitation engineers
- social work
- speech pathology.

This policy does not apply to employees of Queensland Ambulance Service. Instead, employees of Queensland Ambulance Service are to refer to their local procedures.

**Delegation:** The 'delegate' is as listed in the relevant Department of Health Human Resource (HR) Delegations Manual, or Hospital and Health Services Human Resource (HR) Delegations Manual, as amended from time to time.

### Legislative or other authority:

- *Human Rights Act 2019*
- Hospital and Health Services General Employees (Queensland Health) Award - State 2016
- Health Practitioners and Dental Officers Award – State 2015
- Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 3) 2019 (HPDO3)
- Public Service Commission Directive No. 12/20 Recruitment and Selection
- Public Service Commission Directive No. 15/20 Positive performance management

## Related policy or documents:

- Recruitment and selection HR Policy B1 (QH-POL-212)
- Probation HR Policy B2 (QH-POL-197)
- Transfers in Queensland Health HR Policy B41 (QH-POL-246)
- Determining salary levels upon appointment HR Policy C59 (QH-POL-123)
- Salary increments HR Policy C61 (QH-POL-220)
- Individual employee grievances HR Policy E12 (QH-POL-140)
- Performance and development HR Policy G9 (QH-POL-189)
- Performance improvement HR Policy G11 (QH-POL-190)
- Reasonable adjustment HR Policy G3 (QH-POL-210)

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## 1 Policy Statement

The HP3 to HP4 RDP is a Queensland Health workforce initiative that enables services in rural and remote areas (refer Attachment One) to conditionally recruit early career allied health professionals at HP3 level to a position that is HP4 on workforce establishment. Conditions include circumstances where the hospital and health service (HHS) reasonably identifies that it is unlikely to recruit a suitable candidate to an HP4 allied health position to meet organisational requirements.

The HP3 to HP4 RDP allows rural and remote services to provide a structured and intensive supervision, support and professional development program to HP3 (RDP) employees to facilitate their development with the aim to progress the employee to the HP4 level of their role in a reasonable timeframe.

This policy is provided as the minimum mandatory standard practice, procedure or process to enable satisfactory compliance with this Queensland Health HR policy. Local guidelines/procedures may be developed to facilitate implementation of this policy. Any local guidelines/procedures must be consistent with this policy and standard practice and ensure employee entitlements continue to be met and must be tabled at the local Health Consultative Forum as per HPDO3 cl87.1. Resources to support local implementation of the policy are available at <https://gheps.health.qld.gov.au/alliedhealth/html/rural-remote>.

It is not mandatory to use this policy for recruitment to eligible positions.

## 2 Exclusions

This policy cannot be utilised for recruitment to temporary or part-time positions due to the requirement to complete the intensive development plan (IDP) within the prescribed timeframes.

This policy must not be applied to HP4 positions with a principal management function (e.g. HP4 team leader) as such accountabilities are outside the scope of this policy.

## 3 Requirements

Employees appointed to HP3 (RDP) roles are required to complete work-based training and development, with or without relevant formal education, that aligns to the HP3 to HP4 Rural Development Pathway Framework (refer Attachment Two). This development process will be managed by the HHS and will be structured and guided by an intensive development plan (IDP) must reflect the needs of the service, HP4 level requirements and capabilities of the role, and the training needs of the employee. The HHS will allocate a minimum of 0.1 FTE to enable the employee to engage in IDP development activities, including formal education, work-based training, supervision and projects that are supported by a profession-specific supervisor.

When the IDP is completed, and within the timeframes prescribed in section 5.7 and 5.9, HP3 (RDP) employees are eligible to undergo an assessment of their performance against the HP4 accountabilities of the position. If deemed to meet the HP4 requirements of their role, the HP3 (RDP) employee will be progressed to the HP4 level of the role. When an employee is assessed as not suitable for progression at the completion of the specified timeframe, the employee will be managed in accordance with section 5.10.

## 4 Funding Model

The HP3 (RDP) funding model is designed to be cost-neutral to HHSs through the utilisation of the gap funding that is derived from the difference between HP3 and HP4 position costs. The HHS is responsible for its own funding and operational management of the HP3 (RDP) position, including maintaining the HP4 position budget during the implementation of the HP3 (RDP) position to resource the employee's development activities and enable transition to the HP4 role on successful evaluation.

HSSs are required to entirely expend an amount equal to the annual salary gap between the appointed employee's HP3 position and an HP4.1 position, isolated as development funding, on the support and development of the employee over the same period (or part thereof).

The HHS Director of Allied Health (or equivalent) is responsible for oversight of the management of the gap funding. A record of training, support and development activities undertaken and funding expended will be provided to the Chief Allied Health Officer, Department of Health by the HHS when the employee requests evaluation at the conclusion of the IDP. The cost associated with the mandatory annual external review is to be identified as part of the development expenditure.

## 5 Process

Before an eligible HP4 position vacancy can be advertised as a HP3 (RDP) position, the HHS must evaluate that it is unlikely that a recruitment process undertaken in accordance with Recruitment and Selection HR Policy B1 will yield a suitable candidate at the HP4 level. Approval to utilise the provisions of this policy will be sought from the Health Service Chief Executive or delegate, and will include evidence of the evaluation, e.g. recent failed recruitment to the HP4 position or to similar HP4 positions in the HHS or other rural or remote settings.

When approved, the HHS can elect to utilise the provisions of this policy and progress the development and advertisement of the vacancy as a HP3 (RDP) position in accordance with Recruitment and Selection HR Policy B1.

### 5.1 HP3 (RDP) role, recruitment and selection process

The HHS is required to develop a specific HP3 (RDP) role description that identifies the role as a "Rural Development Pathway" position and includes the responsibility for completing training and development activities as part of the role requirements. The HP3 (RDP) position will be created on the HHS establishment in accordance with relevant HHS HR and business processes.

The HHS is responsible for maintaining the capacity to appoint the employee at HP4 level following completion of the HP3 to HP4 RDP and successful evaluation (refer section 5.9), e.g. unfilled HP4 position retained on establishment for the duration of any appointment to the HP3 (RDP) position.

### 5.2 Intensive development plan (IDP)

The IDP is an individualised plan for development, tailored to the specific HP3 (RDP) position, setting and employee. It is designed to structure the employee's training and development and includes statements of capabilities required to meet HP4 role requirements and accountabilities. Development activities listed in the IDP will be funded by the HHS through the utilisation of the gap funding (refer section 4). Activities may include completion of formal training courses and qualifications, workplace-based experiential development activities and projects. Participation in an IDP is mandatory for all employees appointed to HP3 (RDP) roles.

The HP3 (RDP) employee's IDP will be developed using the HP3 to HP4 Allied Health Rural Development Pathway Framework (refer Attachment Two) and statements of capability (refer Attachment Three). All IDPs are to be individually tailored to the specific requirements of the associated HP4 position and capabilities of the employee at the time of commencement in the role.

The HP3 (RDP) employee's operational manager is responsible for finalising the IDP following mandatory consultation with the HP3 (RDP) employee, professional manager and the profession-specific supervisor. Development of the IDP is to be completed within eight weeks of the employee's commencement in the HP3 (RDP) position. Once the IDP is developed it is to be endorsed by the Chief Allied Health Officer, Department of Health, and approved by the Health Service Chief Executive or delegate. The IDP will be regularly reviewed to record the development activities that are planned and completed, and goals achieved (refer section 5.6).

The strategies to support skill and knowledge acquisition and achieve the development goals in the IDP will be overseen by the HP3 (RDP) employee's operational manager with mandatory consultation with, and involvement of, the professional manager and a profession-specific supervisor and other allied health leaders as deemed appropriate by the HHS (e.g. Director of Allied Health, clinical educator).

### 5.3 Profession-specific supervisor

Nomination of a profession-specific supervisor is mandatory for all employees in a HP3 (RDP) position. The profession-specific supervisor will guide clinical and professional development using mentoring, coaching and/or formal supervision models.

The HP3 (RDP) employee's work unit will source the profession-specific supervisor from within the HHS, or where this is not possible, through a negotiated arrangement with another HHS. The HP3 (RDP) employee's HHS will use the gap funding to provide the profession-specific supervisor's work unit with up to \$480 per month funding to support this engagement. The purpose of this funding is to enhance the capacity for senior professionals to participate in the IDP process and does not represent backfill or comprehensive payment for time allocated.

This funding does not need to be provided where:

- the profession-specific supervisor's role is responsible for clinical education, new graduate or staff support, professional leadership or similar functions for which the HP3 (RDP) employee's work unit is entitled to access (e.g. the supervisor is accountable for the professional supervision and support of employees of that profession within the HHS)
- or
- the profession-specific supervisor's work unit manager agrees to waive the funding transfer.

### 5.4 Deferral of the intensive development plan

The Health Service Chief Executive may grant a deferral of an employee's participation in the IDP for up to:

- two years for employees undertaking parental leave, or
- up to one year in all other circumstances.

An employee wishing to obtain a deferral of their IDP must apply in writing to the Health Service Chief Executive outlining the reasons for their request.

If approved, the employee can remain employed against their HP3 (RDP) role description, but not participate in IDP activities. The period of deferral from the IDP will not be included in the calculation of the minimum development period prior to eligibility for evaluation.

### 5.5 Maternity leave provisions

In addition to the maximum two year deferral of the IDP as outlined in section 5.4, an employee returning to the workplace after a period of maternity leave on a part-time basis may continue to participate in the IDP despite not meeting the full-time employment requirements of standard HP3 (RDP) roles.

In this circumstance, the RDP employee is required to complete the IDP within three years in total (excluding the period of up to two years deferral from the IDP while on leave). Extension of the IDP beyond this timeframe is at the discretion of the Health Service Chief Executive on a case by case basis.

### 5.6 IDP progress review

Regular progress reviews of HP3 (RDP) employees must be undertaken in accordance with the schedule specified below.



Separation of the employee from the HP3 (RDP) role is to be reported to the Chief Allied Health Officer, Department of Health.

- **First six months**

During the employee's first six months of employment in a HP3 (RDP) role, reviews are to be undertaken on a monthly basis (as a minimum) in order to monitor the employee's progress in undertaking the IDP.

These appraisals will be undertaken by the operational manager in collaboration with the profession-specific supervisor and, where relevant, the professional manager or other relevant staff member.

- **Six months up to three years**

Following the initial six months of appointment in a HP3 (RDP) role, reviews of progress against IDP developmental goals will be undertaken every six months by the operational manager in collaboration with the profession-specific supervisor and, where relevant, the professional manager.

In addition, following 12 months of appointment in the HP3 (RDP) role, annual reviews are to include input from an approved profession-specific reviewer who is external to the employee's work unit. The Chief Allied Health Officer, Department of Health, will oversight the coordination of the annual external review including identification of a suitable reviewer. The external reviewer will undertake a site visit of the RDP employee's workplace (in person or virtually) as part of the review. Travel, accommodation, backfill and associated expenses will be funded by the HP3 (RDP) employee's HHS utilising the gap funding. The external reviewer's report will be submitted to the Chief Allied Health Officer, Department of Health, for endorsement prior to release to the HHS, to ensure the review has been conducted consistently with the policy requirements.

- **Unsatisfactory progress**

Where unsatisfactory progress against IDP milestones is identified during appraisals, the operational manager will collaborate with the professional manager and profession-specific supervisor to review current arrangements and enhance support of the employee as required.

## **5.7 Evaluation of performance against HP4 requirements of role**

The employee may request an evaluation of their performance against the HP4 accountabilities of their RDP position following:

- a minimum of two years employment and a maximum of three years employment in the HP3 (RDP) position
- completion of all required IDP activities, and
- demonstration of performance that meets expectations and behaviours consistent with the Code of Conduct.

Refer Performance and development HR Policy G9.

The evaluation will be guided by the accountabilities and requirements of the HP4 position (evaluated in accordance with Work Level Statements in HPDO3), utilising evidence accumulated through the employee's completion of their IDP.

To ensure consistency and rigour, the evaluation process will be overseen by the Chief Allied Health Officer, Department of Health, which will be undertaken by an approved profession-specific reviewer who is external to the employee's work unit. The external reviewer will undertake a site visit of the RDP employee's workplace (in person or virtually) as part of the evaluation. Travel, accommodation, backfill and associated expenses will be funded by the HP3 (RDP) employee's HHS using the gap funding.

The employee's HHS is required to provide the Chief Allied Health Officer, Department of Health, and approved external reviewer with timely access to all requested documentation necessary to undertake the evaluation including a comprehensive portfolio of evidence demonstrating capabilities aligned to the IDP statements of capability and HP4 role requirements.

## 5.8 Evaluation report

The external reviewer is responsible for the completion of the evaluation report. The operational manager, professional manager and profession-specific supervisor will contribute to the evaluation and provide comment on the evaluation report. Where possible, the outcome of the report will be presented as a consensus recommendation from the external reviewer, operational manager, professional manager and profession-specific supervisor.

The report will provide a recommendation that either:

- the employee meets the requirements of the role at the HP4 level (refer to section 5.9) and is to be progressed to the higher level  
or
- further development related to specific accountabilities or capabilities is required (refer to section 5.10)  
or
- where circumstances require (refer to section 5.11), the employee be retained at HP3 level and reference to the RDP be removed from the role.

The completed evaluation report is to be provided to the Chief Allied Health Officer, Department of Health for endorsement, before being submitted to the employee's Health Service Chief Executive or delegate for approval.

## 5.9 Employees deemed to meet the HP4 requirements of the role

Where the Health Service Chief Executive or delegate has approved an evaluation report recommending the HP3 (RDP) employee's suitability for progression to HP4, the operational manager will complete all documentation required to action the change.

Employees progressed to HP4 in accordance with this policy are permanently appointed to the HP4 level and the HP3 RDP position is de-established. As such, once progressed to HP4, these employees are eligible to transfer at the HP4 level in accordance with the provisions of Transfers in Queensland Health HR Policy B41 upon meeting the specified continuous service requirements.

When an employee who has been permanently progressed to HP4 in accordance with this policy voluntarily elects to be redeployed to a lower classification level, the employee will be appointed to the maximum pay point of the lower classification in accordance with Determining Salary Levels Upon Appointment HR Policy C59.

## 5.10 Employees deemed to not meet the HP4 requirements of the role – first evaluation

Where the employee's performance has been evaluated as not yet meeting the accountabilities and capability requirements of the role at the HP4 level, the employee will remain at the HP3 level.

With approval of the Health Service Chief Executive or delegate, the operational manager and HP3 (RDP) employee, in consultation with the professional manager and profession-specific supervisor, will amend the IDP to provide a revised pathway targeting the outstanding areas of development.

## 5.11 Employees deemed to not meet the HP4 requirements of the role – subsequent evaluations

An RDP employee unsuccessful at their first evaluation is to be provided a second evaluation (within twelve months of the first evaluation) to determine whether they meet the accountabilities and capability requirements of the role at the HP4 level. The operational manager and RDP employee, in consultation with the professional manager, will determine the intended date of the second evaluation process and liaise with the Chief Allied Health Officer, Department of Health, to re-engage the external reviewer.

If the employee is evaluated to not meet the HP4 requirements of the role at the second evaluation, the employee's involvement in the IDP, including access to the gap funding for development activities, will cease. The employee will remain employed at the HP3 level.

In exceptional circumstances, the Health Service Chief Executive may grant an extension of up to twelve months to the employee to continue participation in the IDP (revised to target the outstanding areas of development) and undertake one further evaluation. When the HP3 (RDP) employee is assessed during the final evaluation as meeting the HP4 requirements of the role, the employee will be progressed to HP4 in accordance with section 5.9.

When an extension is not considered appropriate, or when the employee has already been granted a 12-month extension, access to the gap funding for development activities will cease. The employee will remain employed at the HP3 level, with the role description and establishment record for their position amended to remove references to the RDP.

## 5.12 Grievances

Normal grievance procedures apply to this policy. Refer to Employee Complaints HR Policy E12.

However, a HP3 (RDP) employee dissatisfied with the outcome of any assessment or review process undertaken in accordance with this policy is to, in the first instance, seek feedback from their operational manager.

Refer Performance and development HR Policy G9.

### Definitions:

Early career professionals	Those with limited experience within their allied health professional discipline. The term includes, but is not limited to, new graduates.
External reviewer	A senior Queensland Health professional of the same profession as the HP3 (RDP) employee who is selected to review and analyse evidence of the HP3 (RDP) employee's development and capabilities. The external reviewer will provide a report detailing the level of consistency of the HP3 (RDP) employee's capabilities with the requirements of the HP4 role.
Gap funding	The difference between the annual salary of the HP3 (RDP) employee and the HP4.1 annual salary.
IDP	Intensive development plan.
Profession-specific supervisor	A Queensland Health professional of the same profession as the HP3 (RDP) employee who is selected to support and guide development of the HP3 (RDP) employee.
RDP	Rural development pathway.



## History:

June 2022	<ul style="list-style-type: none"><li>• Policy:<ul style="list-style-type: none"><li>– formatted as part of the HR Policy review</li><li>– amended to update references and naming conventions</li><li>– detail included to provide clarity regarding pathway requirements and process</li><li>– HP3 to HP4 rural development pathway – Schedule One Requirements and process moved into body of policy</li><li>– reference to the <i>Human Rights Act 2019</i> included.</li></ul></li></ul>
April 2014	<ul style="list-style-type: none"><li>• Policy reviewed as part of the Queensland Ambulance Service (QAS) HR Policy Integration Project.</li><li>• Policy not applicable to QAS employees.</li></ul>
October 2013	<ul style="list-style-type: none"><li>• Policy formatted as part of the HR Policy Simplification project. Policy amended to update references and naming conventions.</li></ul>
June 2012	<ul style="list-style-type: none"><li>• New policy developed in conjunction with Allied Health Workforce Advice and Coordination Unit to outline the HP3 to HP4 Rural Development Pathway employment initiative.</li></ul>

Managing the risk of psychosocial hazard  
Code of Practice 2022  
applies 1 April 2023

## Attachment One – Rural and remote health practitioner locations

Hospital and Health Service	Facility		
	Non Rural or Remote	Rural	Remote
<b>Cairns and Hinterland</b>	<ul style="list-style-type: none"> <li>• Cairns</li> <li>• Gordonvale</li> <li>• Ravenshoe</li> <li>• Yarrabah</li> </ul>	<ul style="list-style-type: none"> <li>• Atherton</li> <li>• Babinda</li> <li>• Herberton</li> <li>• Innisfail</li> <li>• Malanda</li> <li>• Mareeba</li> <li>• Millaa Millaa</li> <li>• Douglas Shire (Mossman)</li> <li>• Tully</li> </ul>	<ul style="list-style-type: none"> <li>• Chillagoe</li> <li>• Croydon</li> <li>• Dimbulah</li> <li>• Forsyth</li> <li>• Georgetown</li> <li>• Mt Garnet</li> </ul>
<b>Cape York</b>		<ul style="list-style-type: none"> <li>• Cooktown</li> </ul>	<ul style="list-style-type: none"> <li>• Aurukun</li> <li>• Coen</li> <li>• Hopevale</li> <li>• Kowanyama</li> <li>• Laura</li> <li>• Lockhart River</li> <li>• Mapoon</li> <li>• Pormpuraaw</li> <li>• Weipa</li> <li>• Wujal Wujal</li> </ul>
<b>Central Queensland</b>	<ul style="list-style-type: none"> <li>• Duaringa</li> <li>• Gladstone</li> <li>• Marlborough</li> <li>• Mt Morgan</li> <li>• Ogmoo</li> <li>• Rockhampton</li> <li>• Yeppoon</li> </ul>	<ul style="list-style-type: none"> <li>• Baralaba</li> <li>• Biloela</li> <li>• Blackwater</li> <li>• Capella</li> <li>• Cracow</li> <li>• Dingo</li> <li>• Emerald</li> <li>• Gemfields</li> <li>• Moura</li> <li>• Springsure</li> <li>• Theodore</li> <li>• Woorabinda</li> </ul>	
<b>Central West</b>			<ul style="list-style-type: none"> <li>• Alpha</li> <li>• Aramac</li> <li>• Barcaldine</li> <li>• Blackall</li> <li>• Boulia</li> <li>• Isisford</li> <li>• Jundah</li> <li>• Longreach</li> <li>• Muttaburra</li> <li>• Tambo</li> <li>• Windorah</li> <li>• Winton</li> </ul>
<b>Darling Downs</b>	<ul style="list-style-type: none"> <li>• Oakey</li> <li>• Toowoomba</li> </ul>	<ul style="list-style-type: none"> <li>• Cherbourg</li> <li>• Chinchilla</li> <li>• Dalby</li> </ul>	

Hospital and Health Service	Facility		
	Non Rural or Remote	Rural	Remote
		<ul style="list-style-type: none"> <li>Glenmorgan</li> <li>Goondiwindi</li> <li>Inglewood</li> <li>Jandowae</li> <li>Kingaroy</li> <li>Meandarra</li> <li>Miles</li> <li>Millmerran</li> <li>Moonie</li> <li>Murgon</li> <li>Nanango</li> <li>Stanthorpe</li> <li>Tara</li> <li>Taroom</li> <li>Texas</li> <li>Wandoan</li> <li>Warwick</li> <li>Wondai</li> </ul>	
<b>Mackay</b>	<ul style="list-style-type: none"> <li>Mackay</li> <li>Sarina</li> <li>St Lawrence</li> </ul>	<ul style="list-style-type: none"> <li>Bowen</li> <li>Clermont</li> <li>Collinsville</li> <li>Dysart</li> <li>Moranbah</li> <li>Proserpine</li> </ul>	
<b>North West</b>			<ul style="list-style-type: none"> <li>Mt Isa</li> <li>Burketown</li> <li>Camooweal</li> <li>Cloncurry</li> <li>Dajarra</li> <li>Doomadgee</li> <li>Julia Creek</li> <li>Karumba</li> <li>Mornington Island</li> <li>Normanton</li> </ul>
<b>South West</b>		<ul style="list-style-type: none"> <li>Bollon</li> <li>Dirranbandi</li> <li>Injune</li> <li>Mitchell</li> <li>Mungundi</li> <li>Roma</li> <li>St George</li> <li>Surat</li> <li>Wallumbilla</li> </ul>	<ul style="list-style-type: none"> <li>Augathella</li> <li>Charleville</li> <li>Cunnamulla</li> <li>Morven</li> <li>Quilpie</li> <li>Thargomindah</li> </ul>
<b>Torres Strait and Northern Peninsula</b>			<ul style="list-style-type: none"> <li>Bamaga</li> <li>Thursday Island</li> </ul>
<b>Townsville</b>	<ul style="list-style-type: none"> <li>Magnetic Island</li> <li>Townsville</li> </ul>	<ul style="list-style-type: none"> <li>Ayr</li> <li>Charters Towers</li> <li>Home Hill</li> <li>Ingham</li> </ul>	<ul style="list-style-type: none"> <li>Hughenden</li> <li>Richmond</li> <li>Palm Island</li> </ul>

Hospital and Health Service	Facility		
	Non Rural or Remote	Rural	Remote
Wide Bay	<ul style="list-style-type: none"> <li>• Bundaberg</li> <li>• Childers</li> <li>• Gin Gin</li> <li>• Hervey Bay</li> <li>• Maryborough</li> <li>• Mt Perry</li> </ul>	<ul style="list-style-type: none"> <li>• Biggenden</li> <li>• Eidsvold</li> <li>• Gayndah</li> <li>• Monto</li> <li>• Mundubbera</li> </ul>	

Managing the risk of psychosocial hazards at work  
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**Attachment Two – HP3 to HP4 Rural Development Pathway Framework**

<b>Service delivery</b>	<b>Equity, access and diversity</b>	<b>Professional skills</b>	<b>Ethical practice</b>	<b>Development and support</b>	<b>Quality and safety</b>	<b>Clinical services management</b>	<b>Clinical care</b>
Service evaluation and planning  Service partnerships and interagency integration  Service development	Cultural competence and safety  Community engagement	Teamworking and collaborative practice  People management  Financial and resource management  Leadership and change  Project management	Ethical practice	Self-development  Developing others	Procedures, protocols and guidelines  Quality improvement  Research and evidence-based decision-making	Information management  Workflow and demand management	Clinical capabilities

Managing the risk of psychosocial hazards  
 Code of Practice 2022  
 applies 1 April 2023



## Attachment Three – HP3 to HP4 rural development pathway statements of capability

### SERVICE DELIVERY

#### Service evaluation and planning

- Core capability Participate in and support service evaluation and planning processes at the facility/unit/service-level.
- Core capability Evaluate and plan own service and/or that of their immediate team, with the support of senior staff as required. This includes collecting and interpreting service indicators/outcomes and performance data, evaluating performance of the local service models and developing or providing significant contribution to team/unit service planning, ensuring alignment to HHS and relevant Statewide plans and strategies.

#### Service development

- Core capability Participate in and contribute to a range of service enhancement and development initiatives at the facility/work unit-level (i.e. initiatives that lead to changes to the service model or the way care is delivered).
- Core capability Initiate, plan, deliver and evaluate service enhancement and development initiatives related to own team / profession / unit, with the support of senior staff as required.

#### Service partnerships and interagency integration

- Core capability Provide services consistent with any relevant existing service partnerships between the HHS and other agencies. This will include performing ongoing review of the effectiveness of the partnership and presenting this information to the service manager and other stakeholders, to contribute to planning and future directions of the partnership.
- Core capability Develop new service partnerships with other agencies in response to service needs. The employee would provide this function with the support and/or guidance of the service manager or other senior staff and with due regard to workload and service priorities and capacities.

### EQUITY, ACCESS AND DIVERSITY

#### Community engagement

- Core capability Act as a resource for the community. Where requested and with approval of the work unit manager, provide general through to comprehensive advice to health service stakeholders and community agencies on topics related to the employees' scope of professional knowledge. The employee may require guidance from a more senior professional in relation to complex engagement requirements.
- Core capability Participate in community capacity building activities / strategies that support health outcomes. This will be done in collaboration with other team members, service providers and community groups and be supported by senior staff.

#### Cultural competence and safety

- Core capability Provide culturally safe clinical services, including demonstrating cultural capability and awareness and use of resources that facilitate safe and accessible healthcare for culturally and linguistically diverse groups in the community, including First Nations peoples.

Core capability Demonstrated ability to integrate understanding of the cultural context of the community into service development, quality improvement and service planning.

## PROFESSIONAL SKILLS

### Finance and resource management

Core capability Provide basic financial analysis and forecasting to the cost centre manager. This may include providing information from own profession / small team to feed into the work unit's business planning and review cycles and developing business cases with the support of senior managers.

Core capability Monitor resources and initiate procurement requests for actioning by the manager for assets and stock relevant to practice area, consistent with local processes.

Core capability Manage equipment safety, testing and maintenance schedules and procedures relevant to the work area, including reporting to comply with local quality and safety processes.

Position-specific capability Manage the cost centre for the work unit including developing budgets and business plans, monitoring and reporting on the cost centre/s and managing activities to ensure effective within-budget delivery.

Position-specific capability Independently and efficiently manage assets and equipment of the service area including procurement, safety, maintenance and replacement, audit and stock control processes.

### Project management

Core capability Demonstrate understanding of project management and the capacity to manage local work-based projects. This will include capably using project management frameworks and tools to conduct quality improvement, service development or similar projects.

### People management

Core capability Participate in workforce planning processes for the work unit, contributing information on contemporary rural and remote workforce models of relevance to the profession, and projected service and workforce needs.

Position-specific capability Provide professional management functions for other professional staff, as required by the HHS / work unit staffing structure. This includes providing clinical leadership and supporting service managers from other professional backgrounds with clinical governance and professional / clinical supervision of staff within the same profession as the employee.

Position-specific capability Provide direction and appropriate delegation, monitoring and supervision of support staff (e.g. allied health assistants).

Position-specific capability Provide operational / line management functions by exercising relevant HR delegations, where required by the work unit staffing structure.

Manage labour expenditure, including approved and funded full-time equivalent (FTE) allocations to achieve budget allocations.

Position-specific capability Lead / manage workforce planning processes for the work unit including analysis of the effectiveness of the current workforce model, with links to the model of care and service planning.

### Team working and collaborative practice

Core capability Contribute to team-based, integrated clinical care processes with service providers from other facilities, HHSs and agencies as appropriate (e.g. provide clinical advice and information relevant to case conference, discharge planning, joint assessment / intervention processes, collaborative goal setting).

Position-specific capability Lead collaborative clinical care processes with internal and external service providers, within the scope of professional expertise (e.g. coordinate case conferences, lead inter-agency or inter-HHS meetings related to care planning or patient transfer processes).

### Leadership and change

Core capability Demonstrate leadership of a team or group that implement changes which enhance patient care, service performance and outcomes (e.g. local quality improvement or service development projects, unit or team implementation of HHS or Statewide initiatives, development or revision of a unit or team work instruction or procedure). The employee will demonstrate group facilitation, influencing, negotiation and consultation skills to drive collaborative goal setting and achievement of team objectives.

Undertake duties and responsibility while, at all times, upholding the behaviours and attitudes required within the Code of Conduct and the values of Queensland Health/the Hospital and Health Service.

## ETHICAL PRACTICE

### Ethical practice

Core capability Demonstrate ethical practice, including the capacity to manage specific challenges associated with rural and remote locations and small communities.

Core capability Understand the ethical and professional standards of other team members, particularly subordinate staff, and the process of escalating concerns regarding team members' practice.

## DEVELOPMENT AND SUPPORT

### Self-development

Core capability Evaluate current skills and professional capacities in order to formulate a self-development plan aligned to current and future clinical service and operational requirements. The employee may seek input from more experienced colleagues to generate their self-development plan. The employee will monitor their progress in achieving self-development goals.

### Developing others

Core capability Provide clinical education to students (or trainees) as the primary supervisor i.e. the designated professional responsible for the assessment and reporting of student performance. Clinical education will be provided with support from senior staff and / or clinical educator, with this support decreasing with experience.

Core capability Provide formal supervision (may include practice supervision, clinical supervision, professional supervision) and / or mentoring to staff, including support staff and less experienced professionals in the team and/or other locations. Supervision / mentoring to be provided with support from senior staff and / or clinical educators, with this support decreasing with experience.

Core capability Provide education and training for staff. This may include providing in-services or training programs in an area of knowledge / expertise. It may also include contributing to accredited training programs such as licensed x-ray operator training or allied health assistant training.

## QUALITY AND SAFETY

### Procedures, protocols and guidelines

- Core capability Participate in the development, adaptation / amendment, validation, implementation and evaluation of relevant HHS procedures, protocols and guidelines e.g. participate in working group, provide review and advice on relevant documents.
- Core capability Develop (adapt, modify, expand), validate, implement and evaluate work unit documentation e.g. work instructions. The employee will lead the activities and demonstrate collaboration and consultation with team members and stakeholders, and manage appropriate approval processes.

### Quality improvement

- Core capability Participate in the identification, development, implementation and evaluation of quality improvement activities, quality reviews / audits and safety reviews / audits conducted at the service level (e.g. team, unit, facility). Additionally, contribute to service-wide quality processes such as those required for accreditation. This includes membership of working groups or contributing information from own profession / service perspective through other mechanisms.
- Core capability Identify, develop, implement and evaluate quality improvement (QI) projects / activities relating to own practice area or work unit. The employee will lead QI initiatives with support and guidance provided by the service manager, and with appropriate collaboration and consultation with team members.

### Research and evidence-based decision-making

- Core capability Participate and provide support for team members conducting research related to the service or area of practice (e.g. through collaboration on a research project, completing data collection).
- Core capability Use research and translating research into practice (TRIP) capabilities to support quality improvement, practice change and service development. An HP4 rural or remote practitioner should be capable of independently applying fundamental research skills such as basic evaluation design, data collection, analysis and presentation; and TRIP skills including formulating a clinical question, sourcing and evaluating evidence. For projects / activities requiring more complex methodologies, the HP4 employee will seek support from more experienced staff.
- Position-specific capability Initiate and conduct research and disseminate research findings related to own area of practice. That is, the role includes accountability for undertaking formal research and producing research outcomes.

## CLINICAL SERVICES MANAGEMENT

### Information management

- Core capability Independently manage clinical documentation requirements (e.g. progress notes, discharge summaries, assessment reports, referral letters etc.) consistent with professional and organisational standards. Completion of client-related documentation of a complex nature (e.g. reports for insurers, legal proceedings) may require support of senior staff.
- Core capability Independently manage inputting / collection of service activity and performance data using data management systems, consistent with business rules.
- Core capability Where required for the purposes of service evaluation, quality audit or similar, augment regular service data collection processes to elicit required data. The employee will seek

guidance of senior staff if required, to develop and implement changes to data collection or reporting processes.

Position-specific capability Provide support and guidance for other staff in the use of the information management systems (e.g. system 'super-user' or local trainer / administrator).

### Workflow and demand management

Core capability Independently manage own clinical caseload (e.g. client scheduling, caseload prioritisation, outreach planning). The employee may require the support of clinical or operational leads in situations of sudden changes or complex demand requirements, with this support expected to decrease with experience (e.g. unplanned leave or vacancy).

Core capability Depending on the structure of the work unit, either manage or contribute equally to the management of the team's demand and workload / caseload (e.g. triage, workload allocation, clinical prioritisation). This may include leading or supporting changes to workload and demand management processes to respond to circumstances. The employee may require support of clinical or operational leads in situations of sudden changes or complex demand requirements, with this support expected to decrease with experience (e.g. unplanned leave or vacancy, significant escalation in service demand or clinical capabilities / capacity demanded of work unit).

## CLINICAL CARE

### Clinical capabilities

Core capability Develop, implement and monitor clinical capability development goals in the intensive development plan that align to the requirements of the role. This may include skill sharing if this is supported by the service model and clinical governance processes in the team, and use of inter-professional collaborative practice. This will be done with mandatory consultation with operational and / or professional managers and the profession-specific supervisor.

Core capability For the purposes of the HP3 to HP4 rural development pathway, demonstration of a minimum standard of clinical skills and knowledge consistent with a practitioner of the same profession at the same career stage is required to allow a positive assessment of capability to transition to the HP4 position. Safe practice that delivers the clinical requirements of the work unit in relation to the role is a mandatory minimum requirement.