HP3 to HP4 rural development pathway

Policy number: B66 (QH-POL-382)

Publication date: April 2014

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

Application: This policy applies only to permanent, full-time HP4 Hospital and Health Service positions, based in rural and remote locations (refer Schedule Two), 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.

Delegation: The 'delegate' is as listed in the Department of Health Human Resource (HR) Delegations Manual and the Hospital and Health Services Human Resource (HR) Delegations Manual – HRM Functions of the Director-General, as amended from time to time.

Legislative or other authority:

- District Health Services Employees' Award - State 2012
- Health Practitioners' (Queensland Health) Certified Agreement (No. 2) 2011
- Directive 01/10 Recruitment and Selection

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)
- Rural and remote allied health priority transfer scheme HR Policy B67 (QH-POL-383)
- Determining salary levels upon appointment HR Policy C59 (QH-POL-123)

- Salary increments HR Policy C61 (QH-POL-220)
- Employee complaints HR Policy E12 (QH-POL-140)
- Performance appraisal and development HR Policy G9 (QH-POL-189)
- Performance improvement HR Policy G11 (QH-POL-190)

Policy subject:

1 Policy statement

The HP3 to HP4 RDP is a Queensland Health workforce initiative enabling services based in rural and remote areas (refer Schedule Two) to recruit early career allied health professionals at HP3 level to HP4 positions, in circumstances where advertisement at the HP4 level has failed to yield a suitable candidate.

The HP3 to HP4 RDP will allow rural and remote services to provide a structured and intensive supervision, support and professional development program to HP3 (RDP) employees to facilitate their development in order to be progressed to the HP4 level of their role in a reasonable timeframe.

The use of this policy for eligible positions is not mandatory.

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.

Definitions:

AHWACU	Allied Health Workforce Advice and Coordination Unit.
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 discipline 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.
IDP Facilitator	A Queensland Health professional of the same discipline as the HP3 (RDP) employee who is selected to support and guide development of the HP3 (RDP) employee.
RDP	Rural development pathway.

History:

April 2014	• Policy reviewed as part of the Queensland Ambulance Service (QAS) HR Policy Integration Project. • Policy not applicable to QAS employees.
October 2013	• Policy formatted as part of the HR Policy Simplification project. Policy amended to update references and naming conventions.
June 2012	• New policy developed in conjunction with AHWACU to outline the HP3 to HP4 Rural Development Pathway employment initiative.

HP3 to HP4 rural development pathway – Schedule One Requirements and process

The following information 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.

Employees appointed to HP3 (RDP) roles are required to participate in the semi-structured rural development pathway (refer Schedule Three) through use of a customised intensive development plan (IDP).

After a period of two to three years undertaking intensive training and development in rural and remote practice capabilities, 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 7 of this Schedule.

1 Permanent HP4 classification

Employees progressed to HP4 in accordance with this policy are permanently appointed to the HP4 level. As such, once progressed to HP4, these employees are eligible to transfer at level at the HP4 level in accordance with the provisions of Transfers in Queensland Health HR Policy B41 and/or the Rural and Remote Allied Health Priority Transfer Scheme HR Policy B67 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.

2 HP3 to HP4 gap funding

The HP3 (RDP) funding model is designed to be cost-neutral to Hospital and Health Services (HHS) through the utilisation of HP3 to HP4 gap funding derived from the difference between funding the role at the HP3 and HP4 levels. The HHS is responsible for its own funding and operational management of the RDP position.

This gap funding will be used to support the intensive development of HP3 (RDP) employees during their two to three year development period. Each HHS utilising the provisions of this policy is to create a cost centre for the development funding. HHSs are required to entirely expend an amount equal to the annual HP3 to HP4 gap funding on the support and development of the staff member over the same period (or part thereof). The HHS Director of Allied Health (or equivalent) is responsible for oversight of the management of this funding.

A record of professional development activities undertaken in support of the IDP and associated expenditure will be provided by the HHS when the employee requests evaluation at the conclusion of the IDP.

3 HP4 recruitment and selection process

Before a HP4 rural and remote vacancy can be advertised as a HP3 (RDP) position, the HHS must first undertake a standard recruitment process to the vacant HP4 position in accordance with Recruitment and Selection HR Policy B1.

When the recruitment process yields a suitable candidate at the HP4 level, the vacancy is to be filled at the HP4 level.

When the recruitment process fails to yield a suitable candidate at the HP4 level, the HHS can then elect to utilise the provisions of this policy and commence advertisement of the vacancy as a HP3 (RDP) position in accordance with Recruitment and Selection HR Policy B1. HHSs may invite unsuccessful applicants of the HP4 recruitment process to apply for the HP3 (RDP) vacancy if so desired.

4 HP3 (RDP) recruitment and selection process

The HHS is required to develop a specific HP3 (RDP) role description for the vacant HP4 position in order to undertake a recruitment and selection process in accordance with Recruitment and Selection HR Policy B1.

The HP4 position will remain unfilled on the HHS's establishment for the duration of any appointment to an active HP3 (RDP) position.

5 Intensive development plans

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 development and includes statements of the capabilities (refer to schedule four) required to meet HP4 role accountabilities. The IDP will structure the activities to be undertaken by the HP3 (RDP) employee. Development activities will be funded by the HHS through the utilisation of the HP3 to HP4 gap funding (refer section 1 of this Schedule). 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 framework of the HP3 to HP4 Allied Health Rural Development Pathway. All IDPs are to be individually tailored to the specific requirements of the relevant position and capabilities of the employee at the time of commencement in the role.

The HP3 (RDP) employee's operational manager is responsible for finalisation of the IDP following mandatory consultation with the HP3 (RDP) employee, professional manager and the IDP facilitator. Development of the IDP is to be completed within eight weeks of the employee's commencement in the RDP position. Once the IDP is completed it is to be endorsed by the Director, Allied Health Workforce Advice and Coordination Unit (AHWACU) and approved by the relevant Health Service Chief Executive.

The strategies to support skill and knowledge acquisition will be oversighted by the HP3 (RDP) employee's operational manager with mandatory consultation with, and involvement of, the professional manager and a discipline-specific IDP facilitator and other Allied Health leaders as deemed appropriate by the HHS (e.g. Director of Allied Health, Allied Health Team Leader, discipline-specific clinical educator).

5.1 IDP facilitators

Nomination of a discipline-specific IDP facilitator is mandatory for all employees participating in the RDP. The IDP facilitator will guide clinical and professional development using mentoring, coaching and/or formal supervision models.

The RDP employee's work unit is to source the IDP facilitator from the HHS, however this may not be possible in all cases. The RDP employee's HHS will provide the IDP facilitator's work unit with up to $370 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 provided.

This funding does not need to be provided where:

- the IDP facilitator functions are performed as part of a clinical education, new graduate support, professional leader or similar role for which the RDP employee's work unit has entitlement to access (e.g. the IDP facilitator is accountable for the professional supervision and support of employees of that discipline within the HHS), or
- the IDP facilitator's work unit manager agrees to waive the funding transfer.

5.2 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.

5.3 Maternity leave provisions

In addition to the maximum two year deferral of the IDP as outlined in section 5.2, 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 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.

6 IDP progress review

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

6.1 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 IDP facilitator and, where relevant, the professional manager or other relevant staff member.

6.2 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 IDP facilitator 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 discipline-specific external reviewer and the Director, AHWACU or authorised delegate.

6.3 Unsatisfactory performance

Where unsatisfactory progress against IDP milestones is identified during appraisals undertaken in accordance with sections 6.1 and 6.2 of this Schedule, the operational manager will collaborate with the professional manager and IDP facilitator to review current arrangements and enhance support of the employee as required.

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.

The evaluation will be guided by the accountabilities and skill requirements of the HP4 position, utilising evidence accumulated through the employee's completion of their IDP.

To ensure consistency and rigour the evaluation process will be coordinated by AHWACU with input from an approved discipline-specific reviewer external to the employee's work unit. The external reviewer will visit the RDP employee's workplace as part of the evaluation. Travel, accommodation, backfill and associated expenses will be funded by the HP3 (RDP) employee's HHS utilising the HP3 to HP4 gap funding.

The employee's HHS is required to provide to AHWACU timely access to all requested documentation necessary to undertake the evaluation.

7.1 Evaluation report

The external reviewer is responsible for the completion of the evaluation report. The operational manager, professional manager and IDP facilitator 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 IDP facilitator.

The report will provide a recommendation that either:

- the employee meets the requirements of the role at the HP4 level and is to be progressed to the higher level, or
- further development related to specific accountabilities or capabilities is required.

The completed evaluation report is to be provided to the Director, AHWACU for endorsement, before being submitted to the employee's Health Service Chief Executive for approval.

7.2 Employees deemed to meet the HP4 requirements of the role

Where the Health Service Chief Executive has approved an evaluation report recommending the RDP employee's suitability for progression to HP4, the operational manager will submit to Recruitment Services the necessary documentation to progress the employee to the HP4 level.

The employee will then be permanently appointed against the HP4 role description of the position.

7.3 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 accountability and skill requirements of the role at the HP4 level, the employee will remain at the HP3 level.

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

7.4 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 skill 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 AHWACU to re-engage the external reviewer and AHWACU delegate.

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 HP3 to HP4 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 7.2.

When an extension is not considered appropriate, or when the employee has already been granted a 12 month extension, access to the HP3 to HP4 gap funding for development activities will cease. The employee will remain employed at the HP3 level, with the role description for their position amended to remove references to the RDP.

8 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.

HP3 to HP4 rural development pathway – Schedule Two
Rural and remote health practitioner locations

Hospital and Health Service	Facility		
	Non Rural or Remote	Rural	Remote
Cairns and Hinterland	• Cairns • Gordonvale • Ravenshoe • Yarrabah	• Atherton • Babinda • Herberton • Innisfail • Malanda • Mareeba • Millaa Millaa • Douglas Shire (Mossman) • Tully	• Chillagoe • Croydon • Dimbulah • Forsayth • Georgetown • Mt Garnet
Cape York		• Cooktown	• Aurukun • Coen • Hopevale • Kowanyama • Laura • Lockhart River • Mapoon • Pormpuraaw • Weipa • Wujal Wujal
Central Queensland	• Duaringa • Gladstone • Marlborough • Mt Morgan • Ogmore • Rockhampton • Yeppoon	• Baralaba • Biloela • Blackwater • Capella • Cracow • Dingo • Emerald • Gemfields • Moura • Springsure • Theodore • Woorabinda	
Central West			• Alpha • Aramac • Barcaldine • Blackall • Boulia • Isisford • Jundah • Longreach • Muttaburra • Tambo • Windorah • Winton
Darling Downs	• Oakey • Toowoomba	• Cherbourg • Chinchilla	

Hospital and Health Service	Facility		
	Non Rural or Remote	Rural	Remote
		• Dalby • Glenmorgan • Goondiwindi • Inglewood • Jandowae • Kingaroy • Meandarra • Miles • Millmerran • Moonie • Murgon • Nanango • Stanthorpe • Tara • Taroom • Texas • Wandoan • Warwick • Wondai	
Mackay	• Mackay • Sarina • St Lawrence	• Bowen • Clermont • Collinsville • Dysart • Moranbah • Proserpine	
North West			• Mt Isa • Burketown • Camooweal • Cloncurry • Dajarra • Doomadgee • Julia Creek • Karumba • Mornington Island • Normanton
South West		• Bollon • Dirranbandi • Injune • Mitchell • Mungundi • Roma • St George • Surat • Wallumbilla	• Augathella • Charleville • Cunnamulla • Morven • Quilpie • Thargomindah
Torres Strait and Northern Peninsula			• Bamaga • Thursday Island
Townsville	• Magnetic Island • Townsville	• Ayr • Charters Towers	• Hughenden • Richmond

Hospital and Health Service	Facility		
	Non Rural or Remote	Rural	Remote
		• Home Hill • Ingham	• Palm Island
Wide Bay	• Bundaberg • Childers • Gin Gin • Hervey Bay • Maryborough • Mt Perry	• Biggenden • Eidsvold • Gayndah • Monto • Mundubbera	

HP3 to HP4 rural development pathway – Schedule Three – HP3 to HP4 rural development pathway

TIMELINE and ACTIVITIES	Service delivery	Equity, access and diversity	Professional skills	Ethical practice	Development and support	Quality and safety	Clinical management	Clinical skills
STAGE 1 (0 – 5 months) ***Identify*** • Induction to RDP • Facilitator allocated • IDP finalised	Service evaluation and planning Service partnerships and interagency integration	Cultural competence and safety	Self-care / settling in Collaborative practice People management Financial and resource management	Ethical practice	Self-development Developing others	Procedures, protocols and guidelines	Information management Inter-professional practice Workflow and demand management	Clinical skills and knowledge
STAGE 2 (3 – 12 months) ***Understand and Apply*** • 6 month review	Service evaluation and planning Research	Cultural competence and safety Community engagement and interaction	Collaborative practice Leadership and change Financial and resource management	Ethical practice	Self-development Developing others	Quality improvement Procedures, protocols and guidelines	Evidence-based decision-making Information management Workflow and demand management	Clinical skills and knowledge Common clinical development
STAGE 3 (9 – 18 months) ***Analyse and Evaluate*** • 12 month review	Service evaluation and planning Research Service enhancement and development initiatives Service partnerships and interagency integration	Cultural competence and safety Community engagement and interaction	Project management Leadership and change Collaborative practice People management Financial and resource management		Self-development Developing others	Quality improvement Procedures, protocols and guidelines	Evidence-based decision-making Information management Workflow and demand management Inter-professional practice	Clinical skills and knowledge Common clinical development
STAGE 4 (15 – up to 36 months) ***Develop and Plan*** • 24 month review • Evaluation process	Service evaluation and planning Research Service enhancement and development initiatives Service partnerships and interagency integration	Cultural competence and safety Community engagement and interaction	Leadership and change People management Collaborative practice Financial and resource management Project management	Ethical practice	Self-development Developing others	Quality improvement Procedures, protocols and guidelines	Evidence-based decision-making Information management Workflow and demand management Inter-professional practice	Clinical Skills & Knowledge

HP3 to HP4 rural development pathway – Schedule Four
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 undertaken at the facility/unit-level (e.g. Rural Hospital or Health Service Division of Mental Health Services)
Core capability	Evaluate and plan own service and/or that of their small team, with the support of senior staff as required. This includes collecting and interpreting service outcomes and performance data, understanding rural/remote service models and their role in the broader unit / facility service plan, and developing a service plan to align with the facility / unit service plan.

Service enhancement and development initiatives

Core capability	Participate in service enhancement and development initiatives undertaken at the facility/unit-level (e.g. Rural Hospital or Health Service Division of Mental Health Services).
Core capability	Initiate, plan, deliver and evaluate service enhancement and development initiatives related to own service and/or that of their small team, with the support of senior staff as required.

Service partnerships and interagency integration

Core capability	Provide services using the existing service partnerships between the work unit / facility 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.

Research

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, participation in data collection).
Core capability	Utilise research skills to support service-related analysis and evaluation activities (e.g. quality improvement project). An HP4 rural or remote practitioner should be capable of independently applying fundamental research skills such as basic questionnaire design, data collection, analysis and presentation (e.g. collecting, analysing and interpreting descriptive statistics such as percentages, mean, range or basic qualitative data analysis). For projects / activities with 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 research and producing research outcomes.

EQUITY, ACCESS AND DIVERSITY

Community engagement and interaction

Core capability	Act as a resource for the community. Where requested, 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 where the request requires greater expertise in a specific topic than the employee possesses.
Core capability	Participate in building community capacity to engage in and drive strategies to meet the health needs of the specific community which the employee services. 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 services in a culturally competent manner, including demonstrated use of resources to facilitate culturally appropriate service provision (e.g. indigenous liaison officers, key community leaders, interpreters, published resources).
Core capability	Demonstrated ability to integrate understanding of the cultural context of the community into service improvement and development initiatives and service planning.

PROFESSIONAL SKILLS

Finance and resource management

Core capability	Provide basic financial analysis and forecasting functions related to the provision of own service, for reporting to the cost centre manager (e.g. service manager, head of department). This may include providing information from own discipline / profession perspective to feed into the work unit / service business planning and review cycles and developing business cases with support of senior managers to support changes to resourcing.
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 the service manager to comply with local quality and safety processes.
Position-specific capability	Manage the cost centre for the service (small team or department / individual practitioner) including developing budgets and business plans, and monitoring and reporting on the cost centre/s.
Position-specific capability	Independently 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 processes and capacity to manage small work-based projects. This will include capably utilising project management

	frameworks (e.g. PMplus) to conduct quality improvement or service enhancement projects.

People management

Core capability	Participate in workforce planning processes for the work unit / small team / department, contributing information on contemporary rural and remote workforce models of relevance to the discipline, and projected service and workforce needs.
Common capability	Provide professional management functions for other professional staff, as required by the Health Service staffing structure. This includes supporting service managers from other professional backgrounds with clinical governance and professional / clinical supervision of staff of the same discipline 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 management functions (e.g. managing recruitment and selection processes, PAD and performance review, authorising leave etc) for support and/or administrative staff within the work unit, where required by the work unit staffing structure.
Position-specific capability	Provide operational management functions (e.g. managing recruitment and selection processes, PAD and performance review, authorising leave etc) for professional staff (HP or other professional streams) within the work unit, where required by the work unit staffing structure.
Position-specific capability	Lead / manage workforce planning processes for the work unit / small team / department including analysis of the effectiveness of the current workforce model, with links to the model of care and service planning.

Collaborative practice

Core capability	Contribute to team-based clinical care processes (e.g. case conference, discharge planning, joint assessment/intervention processes, collaborative goal setting) with Queensland Health and service providers from other agencies, as appropriate.
Common capability	Lead collaborative clinical care processes, with internal and external service providers, within the scope of professional expertise (e.g. coordinate case conferences, lead interagency meetings related to care planning).

Leadership and change

Core capability	Demonstrate leadership of a small group to implement changes which enhance service performance and outcomes (e.g. local QI or service enhancement projects, unit/team implementation of Health Service or statewide initiative, development or revision of a unit or team process or guideline). The employee will demonstrate group facilitation, influencing, negotiation and consultation skills to drive collaborative goal setting and achievement of team objectives.

ETHICAL PRACTICE

Ethical practice

Core capability	Demonstrate ethical practice including capacity to manage specific challenges of rural and remote locations.

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 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 (that is, the professional responsible for the assessment of student performance). Employees transitioned to HP4-level through the HP3 to HP4 rural development pathway policy, clinical education would be provided with support from senior staff and / or discipline clinical educators. However, this support requirement would be expected to decrease with successive placements.
Core capability	Provide formal supervision (may include practice supervision, clinical supervision, professional supervision models) and / or mentoring to staff, including support staff in the team and less experienced professionals (in the team and/or other locations). Employees transitioned to HP4-level through the HP3 to HP4 rural development pathway policy, would be to provide formal supervision / mentoring with some support from senior staff and / or discipline clinical educators. However, this support requirement would be expected to decrease with experience.
Core capability	Provide education and training for staff. This may include providing inservices or training programs in an area of knowledge / expertise. It may also include contributing to more structured training programs such as licensed operator training.

QUALITY AND SAFETY

Procedures, protocols and guidelines (P,P and G)

Core capability	Participate in the development, adaptation/amendment, validation, implementation and evaluation of procedures, protocols and work guidelines at the service level (e.g. team, unit, facility, division etc). Participation includes contributing to these processes through membership of working groups or other consultation forum. Participation also includes, where appropriate in the service structure, leading the development, implementation and review processes for an allocated document or process with guidance of a senior staff member where required.
Core capability	Develop (adapt, modify, expand), validate, implement and evaluate guidelines, protocols and procedures relating specifically to own service provided or that of the small team / department. The employee will lead initiatives and demonstrate appropriate collaboration and consultation with team members and senior staff.

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 the HP4 will contribute to service-wide quality processes such as those required for accreditation. This includes membership of working groups or contributing information from own discipline / service perspective through other mechanisms.
Core capability	Identify, develop, implement and evaluate quality improvement activities relating specifically to the service provided by the employee or small team of which he/she is a member. The employee will lead initiatives but will do so with support and guidance provided by the service manager, and with appropriate collaboration and consultation with team members.

CLINICAL MANAGEMENT

Evidence-based decision-making

Core capability	Use evidence to support decision making related to clinical practice and service delivery. The employee will possess the capacity to identify a problem, develop a search strategy, collect and analyse evidence and judiciously apply findings to decision-making situations. Employees transitioned to HP4-level through the HP3 to HP4 rural development pathway policy should be able to independently utilise evidence to support routine clinical and service decisions, however may require support from senior staff to interpret and apply evidence in complex situations.
Core capability	Use knowledge of legislation, organisational standards, HHS service plans and similar sources to support decision making related to clinical practice and service delivery. The employee will possess understanding of the standards / plans / legislation impacting on own area of practice and incorporate this understanding into decision-making situations. Employees transitioned to HP4-level through the HP3 to HP4 rural development pathway policy should be capable of independently utilising relevant standards / plans / legislation to support routine clinical and service decisions, however may require support from senior staff in complex situations.

Inter-professional practice

Core capability	Understand the model of multi- or inter-professional practice within the team. The employee will understand and be capable of identifying the areas of clinical expertise and responsibility of team members.
Position-specific capability	Acquire, with appropriate training and ongoing support, discrete skills which are not traditionally associated with the profession's role in larger centres. The development of trans-professional skills will be driven by service need and the model of care, and by the capacity of the staff member to apply the skills safely.

Information management

Core capability	Independently manage general client-related 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 data using an established data management system.

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.
Position-specific capability	Provide support and guidance for team / other staff in the use of the local information management systems (e.g. PI5 super-user).

Workflow and demand management

Core capability	Independently manage own clinical caseload (e.g. client scheduling, referral prioritisation, outreach planning). Employees transitioned to HP4-level through the HP3 to HP4 rural development pathway policy, in situations of complex demand requirements (e.g. sudden, unplanned absence of the second member of the small team of two necessitating service restriction), may require support of senior colleagues. This support requirement will be reduced with further experience in the position.
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. client scheduling, referral prioritisation, outreach planning). Employees transitioned to HP4-level through the HP3 to HP4 rural development pathway policy, in situations of sudden changes and complex demand requirements, may require support of senior colleagues. However, this support requirement would be expected to decrease with further experience.

CLINICAL SKILLS

Clinical skills and knowledge

Core capability	Develop, execute and continuously monitor achievement of goals of an individually-tailored clinical skills development Plan to guide clinical skills and knowledge development for the duration of the HP3 to HP4 intensive development plan term. This will be done with mandatory consultation with operational and professional managers and the IDP facilitator.
Core capability	For the purposes of the HP3 to HP4 rural remote allied health development pathway, demonstration of a minimum standard of clinical skills and knowledge consistent with a professional of the same discipline at the same career stage is required to allow a positive assessment of capability to transition to the HP4 position. Safe practice is a mandatory minimum requirement.

Common clinical development areas

Common clinical development areas – for inclusion in clinical skills development plan if indicated by the HP4 role description and service context.

Common capability	Primary health care, health promotion, health education and primary prevention strategies, chronic disease management.