

# Allied Health Professional Enhancement Program

## Information sheet

This document includes information about the Allied Health Professional Enhancement Program (AHPEP) relevant to applicants and their line managers, as well as placement facilitators and host site facilities. It is essential that all parties carefully read this document prior to participating in AHPEP activities.

The AHPEP provides eligible allied health professionals and allied health assistants with access to placement opportunities that focus on improving services and health outcomes for their patients and consumers, through genuine developments to clinical practice and service delivery.

The following terms are used throughout:

- applicant - the individual who submits the application
- participant - the applicant who is accepted on to the AHPEP
- facilitator - the allied health professional or assistant who supports and coordinates the planned learning goals of the participant. The facilitator may identify and involve other team members as part of the AHPEP
- host site –the location where the AHPEP occurs.

## Principles

- *High-value services:* AHPEP supports high-value, evidence-based improvements in local service delivery by providing bursaries to access tailored placement opportunities for regional, rural, and remote Queensland Health Hospital and Health Service employees.
- *Equitable access:* AHPEP placements are distributed across a range of professions, geographical locations (regional, rural, and remote) and service types (e.g., acute, sub-acute, mental health).
- *Mutually beneficial learning:* the participant and host sites benefit from being involved in the AHPEP by the sharing of relevant knowledge, skills, ideas, and expertise that facilitates positive changes in service delivery and health outcomes.
- *Collaborative learning culture:* AHPEP acts as an implementation enabler for translating knowledge and evidence into practice.
- *Efficiency:* the costs of running and managing the AHPEP provide demonstrated value for money, and placement initiatives reflect the priorities of Queensland Health Hospital and Health Services.

## AHPEP objectives

The objectives of AHPEP are:

- to provide allied health professionals and allied health assistants working in regional, rural, and remote areas with a placement opportunity to:
  - gain knowledge and skills in clinical practice areas relevant to their rural and remote patient caseload needs, in areas identified Hospital and Health Service (HHS) or Queensland Health priority areas (areas of need), and
  - support the implementation of genuine improvements to service delivery for patients, consumers, and communities
- to promote the sharing of relevant knowledge, skills, ideas, and expertise between remote, rural, regional, and metropolitan allied health professionals and allied health assistants, to facilitate positive changes in service delivery and health outcomes across Queensland.

## Eligibility

To be eligible to apply for an AHPEP placement, you must:

- be employed by Queensland Health as an allied health professional or allied health assistant (including pharmacy assistant). Refer to <https://www.health.qld.gov.au/ahwac>
- be based in a work location in a regional, rural, or remote area of Queensland
- be employed in a permanent position, or a temporary position with a contract end date at least six months AFTER the closing date for AHPEP applications
- be based in a work location that is at least 100km from your proposed placement host site and not in the same HHS as your work location
- not have completed an AHPEP placement in the previous two years
- complete and submit an AHPEP application form before the close of the relevant application round

Further to the eligibility criteria above, please note:

- Where multiple applications are received during a round (e.g., by multiple discipline departments/teams from a regional hospital), prioritisation will be requested from the relevant executive director or director of allied health to support the assessment and allocation process.

## Prioritisation strategy

Priority will be given to the following applications:

- Applicants who are current Allied Health Rural Generalist Trainees
- Applicants whose primary work location is a Category A or B facility as per Schedule Three - HR Policy C15 (QH-POL-099), or;
- The regional facility application demonstrates the placement will increase the provision of care closer to home for rural and remote communities
- The placement supports one of the identified priority areas for the round, including:

- delivering care closer to home including a new service and virtual models of care
- service specific clinical skills and priority models of care
- delegation and improved utilisation of allied health assistants
- increasing rural clinical education placements in rural locations
- improving health equity for Aboriginal and Torres Strait Islander peoples and vulnerable and disadvantages groups
- supporting the implementation and adoption of value-based health care (VBHC) in allied health services
- The learning objectives are linked to the applicant's current performance and development plan and/or supervision agreement.

## Placement options

Placements may be either for an individual or a team.

Proposals should be based on one of the following placement options whereby an eligible allied health professional, allied health assistant, or a team:

1. visits a metropolitan, regional, rural, or remote facility
2. invites an allied health professional or allied health assistant facilitator from another service to their local site.

Examples include:

- *A participant physiotherapist from Hervey Bay is placed with a facilitator physiotherapist from the RBWH for three days to develop skills in antenatal and postnatal care, and group therapy protocols*
- *A participant allied health assistant from Mount Isa is placed for five days with a facilitator allied health assistant from Townsville, to develop skills in the provision of paediatric speech pathology and occupational therapy group programs*
- *A facilitator senior podiatrist from Cairns visits Roma Hospital for two days to assist the participant podiatrist and allied health assistant to revise their diabetic foot care management, including the provision of outreach services, use of telehealth, targeted learning, and service improvement strategies*
- *An occupational therapist, physiotherapist and social worker facilitator team from Mackay visit the Community Based Rehabilitation participant team in Cairns to develop a new program for post-CVA care in the community*
- *To support the development of a new CYMHS inpatient unit, the participant psychologist from Toowoomba visits the CYMHS team in Nambour to develop inpatient programs for two days. Two months later, the Nambour facilitator psychologist visits Toowoomba for two days to assist in the evaluation of the program.*

As focus of the AHPEP may include clinical skill development, participants should practice these with the support of the facilitator during the AHPEP placement.

## Funding

### What is funded by AHPEP?

- Accommodation near placement site
  - Return travel between home location and host town/city
  - Incentive payment to the facilitator's department or service:
    - if hosting an applicant to assist with placement-related expenses, e.g., purchase of training resources, photocopying, etc. AHPEP will fund \$50 per day of placement,
- OR
- for backfill costs if the facilitator is visiting another site. AHPEP will also fund meal, incidental and airport transfer expenses for travel.

### What is not funded by AHPEP?

- Participant meal and incidental expenses
- Local transport/commuting or parking fees
- Reimbursement of private accommodation
- Participant wages or backfill
- Attendance at/organisation of workshops
- Placements that are part of/required for formal student or coursework.

### Other expenditure information

- This program operates in addition to standard professional development entitlements
- All travel and accommodation bookings are organised by the local HHS with reimbursement available from AHPEP as outlined in the emailed notification of offer, as per the [Department of Health Travel Policy](#)
- Employees wishing to claim mileage for driving their own motor vehicle to and from a placement must complete the requirements of [Directive 20/16: Motor Vehicle Allowances](#). Documentation must be submitted prior to placement
- Applicants may wish to negotiate expenses not funded by AHPEP with their line manager
- AHPEP applicants must attend placements in normal work hours i.e., leave, rostered days off or professional development leave must not be taken for the purposes of completing an AHPEP placement.

## Responsibilities of the applicant

### Application

The applicant is required to:

- thoroughly discuss placement proposal with line manager and professional supervisor/mentor and submit by the specified closing date. The AHPEP team will acknowledge receipt of all applications within one (1) week
- retain copies of all submitted documentation
- regularly check Queensland Health email account, which is the usual means of communication from the AHPEP team.

## Pre-placement

The successful applicant (participant) is accepted on to the program with an email notification, further instructions, and a copy of the [participant checklist](#). The AHPEP team will then secure the placement site and facilitate organisation of a Teams meeting between the participant and facilitator.

It is the participant's responsibility to:

- book travel and accommodation via local HHS travel hubs (with line manager approval)
- book and attend a Teams meeting with the proposed facilitator to discuss learning goals, placement requirements, and secure dates for attendance
- submit placement dates and details to the AHPEP team.

The AHPEP team must be notified immediately if the participant's employment status changes or if placement attendance will no longer have local benefits. The AHPEP team reserves the right to withdraw or reallocate funds. Reallocation may occur when another team member's learning goals and outcomes remain relevant for the service. All communication should be directed to the AHPEP team using the email address [AHPEP@health.qld.gov.au](mailto:AHPEP@health.qld.gov.au).

The Participant must also:

- raise any concerns with AHPEP team directly if the host site or facilitator may not be able to fulfil learning goals
- promptly complete any documentation required by the AHPEP team
- keep their line manager and professional supervisor/mentor informed of the placement progress
- prepare by conducting independent study regarding learning goals, including any pre-reading recommended by the facilitator
- if visiting another facility, prepare a short information session for the host site to enhance other health professionals' understanding of regional, rural, or remote practice. Discuss with your facilitator the type of information that would be most appropriate for their service. Focus on sharing knowledge and ideas, for example:
  - describe local service, models of delivery, caseload types, or challenges
  - discuss a case study involving a difficult or challenging interaction with a patient, seeking input from host site clinicians
  - facilitate a discussion on ways to strengthen collaboration between services to improve patient and consumer outcomes and experiences
- for facilitators who visit participant sites, plan and prepare the necessary local resources for the placement, e.g., booking of patients, rooms or required equipment.

## During the placement

The participant is expected to:

- attend placement during the working hours for which they are being paid wages by their HHS. Placements are not to be undertaken whilst on leave or taking rostered days off

- adhere to the protocols and reasonable expectations of the host site, abiding by the Code of Conduct for the Queensland Public Service at all times
- abide by the [Department of Health Travel Policy](#)
- provide an informal information session to their host site (as detailed above)
- actively participate in the pre-planned timetable and endeavour to achieve stated learning goals
- review progress and refine learning goals with facilitator during the placement. This may include a reflection on progress, and plans to implement new knowledge, ideas, and skills into local practice
- on last day of placement with their facilitator, develop a draft action plan to support implementation of placement learnings into local service
- book post placement Teams meeting with the facilitator for three months' time.

## Post-placement

Within one month, the participant is required to:

- meet with their line manager to review, discuss, and refine their action plan to support implementation of placement learnings into local service
- implement placement outcomes, i.e., improvements/changes to the local service. For example, sharing relevant resources with the local facility, submitting a business case, implementing a new facility protocol
- provide information to colleagues on the placement experience and subsequent planned service delivery or clinical practice changes/improvements
- be willing to share knowledge, ideas, and skills from the placement experience with other AHPEP participants who have similar learning goals (if requested by the AHPEP team).

Within three months, the participant is required to:

- attend a meeting to provide feedback to the facilitator regarding the changes and/or challenges regarding the planned implementation into clinical practice
- complete an online post placement evaluation.

## Responsibilities of the line manager

### Application

The applicant's line manager is expected to:

- confirm the applicant is eligible to apply, including all temporary employees who must have at least six months of their contract remaining at the application closing date
- provide guidance to the applicant when creating their placement proposal, targeted learning goals and anticipated outcomes, focusing on AHPEP objectives (this can be delegated to an appropriate professional supervisor or mentor)

- commit to releasing the applicant, with normal wages being paid for each day of placement, i.e., no leave, professional development leave or rostered days off during placement
- ensure any placement dates which are not suitable for the local service are listed on the initial application or emailed to the AHPEP team if staffing challenges arise
- contact the AHPEP team immediately regarding any potential or actual issues which affect the application, e.g., expiry of contract or possibility of the applicant leaving/ being unavailable prior to fulfilling their commitment
- only endorse one application per AHPEP application round – only one proposal per department or team will be accepted
- only endorse applications where the proposed learning goals are relevant to local service needs and where the applicant will be fully supported to implement the anticipated placement outcomes. Where required, it is the line manager's responsibility to attain high level support for outcomes requiring financial resources, e.g., implementation of a new service, prior to the application being endorsed
- clarify with the applicant whether the local health service is able to assist with any non-AHPEP funded expenses, e.g., meal allowances for participants or provision of backfill for a clinician visit (at facilitator's usual work location)
- be willing to facilitate local booking of travel arrangements in a timely manner with subsequent reimbursement of travel expenses by inter-entity invoice/journal transfer.

## Pre-placement

Line managers should:

- be aware of travel arrangements and emergency contacts, as required
- be involved in placement planning discussions between the participant and placement facilitator, as required. Any concerns regarding the capacity of the facilitator or host site to fulfil the participants learning goals should be raised with AHPEP team directly.

## During the placement

Line managers may be required to liaise with the facilitator regarding the participant's performance.

## After the placement

Line managers are expected to:

- meet with the participant to review, discuss, and refine the action plan to support implementation of placement learnings into local service; and provide ongoing supervisory support
- support the participant to fulfil their AHPEP obligations and implement placement outcomes
- complete a brief online evaluation post placement reviewing the outcomes for the local service.

# Responsibilities of the facilitator

## Application

### Pre-placement

Facilitators are requested to:

- review the participant placement proposal to determine whether the facility is able to assist the participant to achieve their learning goals
- nominate placement dates and/or length of placement to suit their service, and seek approval from their line manager prior to accepting placement
- attend a Teams meeting with the participant to discuss placement and secure dates
- assist the participant to create a timetable of activities relevant to their learning goals and the AHPEP objectives
- provide the participant with any relevant pre-reading or resources regarding their learning goals, host site expectations and facility requirements
- inform the AHPEP team of all clinicians at the host site who will be undertaking a significant role in the placement
- liaise with other host site facilitators for shared placements, if necessary
- for clinician visits, clearly outline to the participant and their line manager your expectations for the placement to allow adequate preparation.

### During the placement

Facilitators are expected to:

- orientate and support a participant visiting their facility
- organise a suitable time for the participant to provide a short information session at host site
- organise clinical information and resources to be available, as required
- ensure the participant receives practical experiences from active learning tasks and patient-based activities, this includes supervising clinical care provision by the participant for new skill development
- relay any performance or other significant issues to the participant's line manager
- on the last day of placement:
  - review learning goals and provide feedback to the participant
  - support development of an action plan
  - arrange a meeting in three months to review progress on implementation.

### After the placement

Facilitators are asked to:

- complete a brief online evaluation



- organise appropriate documentation if your service wishes to receive an AHPEP site incentive payment, or reimbursement of meals, incidentals, or airport transfers for clinician visits. Instructions will be provided to facilitator
- continue to liaise with the participant to assist them with implementing placement outcomes into their service.

## Further information

Please contact the AHPEP team for further information:

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[www.health.qld.gov.au/cunninghamcentre](http://www.health.qld.gov.au/cunninghamcentre)