Allied Health Professional Enhancement Program | AHPEP

Program information
This document includes information about the program 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. Please do not hesitate to contact the AHPEP team with any queries.

Program background
The Rural Health Support, Education and Training Grants program trialled a pilot clinical experience program in 1998, which developed into AHPEP following a recommendation of the Director General’s Allied Health Recruitment and Retention Taskforce. In its current form, AHPEP provides eligible Allied Health Professionals (AHPs) and Allied Health Assistants (AHAs) with access to placement opportunities which focus on improving services and health outcomes for their clients, through genuine developments to clinical practice and service delivery.

AHPEP objectives
The program is modelled on the following objectives to:

- provide AHPs and AHAs 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 client and caseload needs, in particular those areas identified as Hospital and Health Service (HHS) or Queensland Health priorities
  - gather ideas and information to support the implementation of genuine improvements to service delivery for rural and remote clients and communities
- promote the sharing of relevant knowledge, skills, ideas and expertise between remote, rural, regional and metropolitan AHPs and AHAs, in order to facilitate positive changes in service delivery and health outcomes for rural and remote clients and communities.

Placement options
Placements should focus on the AHPEP objectives and service improvement themes:

- clinical practice or evidence based practice outcomes relevant to local health service needs
- skill development for health service succession planning
- implementation of a new service or investigation of a new service delivery model.

Placement proposals should be based on one of the following placement options:

1. Eligible AHPs may visit a metropolitan, regional, rural or remote facility.
   
   A physiotherapist from Hervey Bay is placed with a physiotherapist from the RBWH for three days to develop skills in antenatal and postnatal care and group therapy protocols.
2. Eligible AHAs may visit a metropolitan, regional, rural or remote facility.
   An AHA from Mount Isa is placed for five days with an AHA from Townsville, to develop skills in the provision of paediatric speech pathology and occupational therapy group programs.

3. An Expert Clinician (e.g. an individual AHP, AHA or other relevant health professional) from a metropolitan, regional, rural or remote facility may visit an eligible AHP or AHA.
   A senior podiatrist from Rockhampton visits Longreach Hospital for two days to assist the podiatrist to revise their diabetic foot care management, including provision of outreach services.

4. A team of 2 or 3 multidisciplinary allied health staff from the same service may visit a facility. Either the travelling employees or the host site should be AHPEP eligible. These proposals must clearly demonstrate why a team approach is required and include mutual interdisciplinary goals.
   An occupational therapist, physiotherapist and social worker from Mackay visit the Community Based Rehabilitation team in Cairns to develop a new program for post CVA care in the community.

5. A peer exchange of AHPs or AHAs between two facilities, in order to share ideas and expertise. There must be a demonstrated advantage to each facility, with both applicants in a similar role and similar sized service. At least one of the exchange applicants must be AHPEP eligible.
   To support the development of a new CYMHS inpatient unit, the psychologist from Toowoomba visits the CYMHS team in Nambour to develop inpatient programs for two days. Two months later, the Nambour psychologist visits Toowoomba for two days to assist in the evaluation of the program.

Applicants may additionally request a reciprocal visit from their facilitator or an extended placement of up to two weeks. Applicants may also request a placement to a non Queensland Health facility, however must provide evidence of a professional indemnity insurance policy and justify why a non Queensland Health placement is required.

Eligibility

Queensland Health allied health clinicians from the following disciplines are eligible to apply for AHPEP funding:

- Allied Health Assistant
- Audiology
- Clinical Measurement Sciences
- Dietetics and Nutrition
- Exercise Physiology
- Medical Radiation Professions
- Occupational Therapy
- Podiatry
- Prosthetics and Orthotics
- Psychology
- Social Work
- Speech Pathology
- Orthoptics
- Pharmacy
- Physiotherapy

Other eligibility information

- To be eligible for AHPEP funding, the applicant’s usual work location must be at least 80km from their facilitator or host site.
- All employee types/statuses are funded equally, however temporary employees must have at least six months remaining of their contract at the time of application, in order to fulfil AHPEP processes.
- Travelling employees (participants or facilitators) can only attend a placement during the working hours for which they are being paid wages by their HHS. Placements are not to be undertaken while on leave or ADOs.
Funding

What is funded by AHPEP?

- accommodation at placement site
- return travel between home location and host town/city
- incentive payment to facilitator’s department or service (of $50 per day of placement) to assist with, e.g. purchase of resources, funding of conference fees, training expenses
- meal, incidental and airport transfer expenses for travelling facilitators (for expert clinician visits only).

What is not funded by AHPEP?

- participant meal and incidental expenses
- local transport/commuting or parking
- reimbursement of private accommodation
- wages or backfill
- attendance at/organisation of workshops
- placements which 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 funded by the program are organised by the AHPEP team.
- 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.

Requirements of applicants

Application

Applicants are required to:

- thoroughly discuss placement proposals with line managers and professional supervisors/mentors, and submit by the specified closing date. The AHPEP team will acknowledge receipt of all applications within two business days
- retain copies of all submitted documentation
- update the AHPEP team with any changes in availability. Travel arrangements will not be amended once booked
- regularly check Queensland Health email account, which is the usual means of communication from the AHPEP team

Pre placement

Successful applicants (participants) are accepted into the program with an email containing a link to online enrolment. Placements are not confirmed until an AHPEP memo is sent to participants, line managers and facilitators. Prior to receiving a confirmation memo containing placement dates and location, participants should direct all enquiries to the AHPEP team.

As placements are work place specific, should the participant resign their position as stated in this application they must notify AHPEP immediately. The placement will be cancelled in the event of a resignation as it is expected that participants intend to remain in their workplace for at least three months after the placement occurs to fulfill program obligations.
Participants must also:

- promptly complete any documentation required by the AHPEP team
- keep their line manager and professional supervisor/mentor informed of the placement progress
- 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 of a difficult or challenging client, seeking input from host site clinicians
  — facilitate a discussion on ways to strengthen collaboration between services to improve client outcomes and experiences.
- prepare by conducting independent study regarding learning goals, including any pre-reading provided by the facilitator
- liaise with facilitator prior to the placement to discuss learning goals in depth and organise an appropriate daily timetable of activities. Where the placement focuses on clinical goals or other practical skills, include client sessions or appropriate active tasks
- raise any concerns with AHPEP staff directly, e.g. if the host site or facilitator may not be able to fulfil learning goals
- for an expert clinician visit, plan and prepare the necessary local resources for the placement, e.g. booking of clients, rooms or equipment.

During placement

Participants are expected to:

- 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: QH-POL-046:2015
- provide an informal information session to their host site (as detailed above)
- actively participate in the preplanned timetable and endeavour to achieve stated learning goals
- complete a daily learning journal, reflecting on learning goals and ways to implement new knowledge, ideas and skills into local practice
- review progress of learning goals with facilitator.

Post placement

Participants are required to:

- create a useful local facility resource containing placement learnings, e.g. PowerPoint presentation, report, business case, facility protocol
- implement placement outcomes, i.e. improvements to the local service
- complete an online post placement evaluation regarding changes implemented within the service
- within one month of placement completion, provide an inservice to colleagues on the placement experience and subsequent service delivery or clinical practice improvements. The transfer of knowledge and skills gained during the placement is a key component of this program. Where
placement learnings are not relevant to local colleagues, organise videoconference/teleconference with colleagues from other health services

- be willing to share knowledge, ideas and skills from the placement experience (if requested by the AHPEP team) with other AHPEP participants who have similar learning goals
- three to six months post placement, provide feedback to facilitator regarding the changes that have been implemented to clinical practice.

**Requirements of line managers**

**Application**

Line managers are expected to:

- provide guidance to the applicant when creating their placement proposal, targeted learning goals and anticipated outcomes, focussing on AHPEP objectives (this can be delegated to an appropriate professional supervisor or mentor)
- commit to releasing applicants, with normal wages being paid for each day of placement, i.e. no leave, PDL or ADOs for placement days
- ensure any placement dates which are not suitable for the local service are listed on the initial application, or emailed to AHPEP as staffing challenges arise. Travel arrangements will not be amended once booked
- contact the AHPEP team regarding any issues which may affect the application, e.g. expiry of contract or possibility of the applicant leaving their role prior to fulfilling their above commitments. All temporary applicants must have at least six months of their contract remaining as at the application closing date
- 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, e.g. with offline time, related expenses, direction. 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 participant 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 an expert clinician visit (at facilitator’s usual work location).

**Pre placement**

As placements are work place specific, should the participant resign their position as stated in this application they must notify AHPEP immediately. The placement will be cancelled in the event of a resignation as it is expected that participants intend to remain in their workplace for at least 3 months after the placement occurs to fulfill program obligations.

Line managers should:

- advise AHPEP of any changes to the participants employment – e.g. resignation
- be aware of participant’s travel arrangements or emergency contacts, as required
- be involved in placement planning discussions between participant and placement facilitator, as required (e.g. for junior or new staff). Any concerns regarding the capacity of the facilitator or host site to fulfill the participant’s learning goals should be raised with AHPEP staff directly.
During placement
Line managers may be required to liaise with the facilitator regarding participant’s performance.

Post placement
Line managers are expected to:
• support the participant to fulfill their AHPEP obligations and implement placement outcomes
• complete a brief online evaluation post placement reviewing the outcomes for the local service.

Requirements of facilitators
Application
Facilitators are expected to:
• review participant’s placement proposal to determine whether their facility is able to assist the participant to achieve their learning goals
• seek approval from their line manager prior to confirming the placement, as required
• nominate placement dates and/or length of placement to suit their service.

Pre placement
Facilitators are requested to:
• assist participant to create a timetable of activities relevant to their learning goals and the AHPEP objectives
• send participant any relevant pre-reading or resources regarding their learning goals, host site expectations or facility requirements
• inform AHPEP team of all clinicians at the host site who will be undertaking a significant role in the placement
• guide participant to ensure their short information session is relevant to your service
• liaise with other host site facilitators for split placements, if necessary
• for expert clinician visits, clearly outline to participant and their line manager your expectations for the placement to allow adequate preparation.

During placement
Facilitators are expected to:
• orientate and support a participant visiting their facility
• organise a suitable time for participant to provide a short information session for host site colleagues – usually provides most benefit early in the placement so that facilitators have a better understanding of the participant’s service and local challenges
• organise clinical information and resources to be available, as required
• ensure participants receive practical experiences from active learning tasks and client based activities, wherever possible
• relay any performance or other significant issues to participant’s line manager
• on the last day of placement, review participant’s learning goals and provide feedback to participant.

Post placement
Facilitators are asked to:
• complete a brief online evaluation post placement
• organise appropriate documentation if their service wishes to receive an AHPEP incentive payment, or reimbursement of meals, incidentals or airport transfers for expert clinician visits. Instructions will be forwarded to facilitator
• continue to liaise with 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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