

Cunningham Centre

...delivering excellence in education, training and support to the health workforce

The Allied Health Professional Enhancement Program Educating the Allied Health workforce through clinical placements since 2000

Introduction

Lack of training and support, difficulties with local access and/or prohibitive costs associated with offsite training attendance, discipline specific support and a varying "generalist-specialist" scope of practice are some of the issues facing remote, rural and regional health practitioners (National Rural Health Alliance, 2004).

The Allied Health Professional Enhancement Program (AHPEP) provides regional, rural and remote allied health professionals and assistants with access to individually tailored placement opportunities which focus on improving services and health outcomes for their clients. The program has an emphasis on those areas identified as Queensland Health priorities.

Placements focus on service improvement themes such as clinical or evidence based practice, skill development, succession planning, investigation of a new service delivery model or clinical education. AHPEP coordinators identify appropriate facilitators to meet the participant's learning goals, and organise a placement of up to 10 days in a mutually suitable format, e.g. individual, team or exchange placement, expert clinician or reciprocal visit.

Over a decade of evaluation, data has demonstrated that the program provides many benefits to the participant. More recent evaluation has also highlighted benefits to the participants' health services and clients as well as host site facilities.

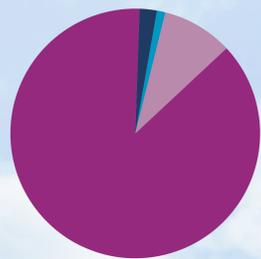
Methodology

During 2011/12, 88 placements were completed and evaluated. SurveyMonkey® evaluations were emailed to participants and facilitators (one week post placement) and line managers (two months post placement). Follow up phone interviews with participants were conducted by AHPEP staff three months post placement to determine outcomes that had been implemented into the participant's practice as a result of the AHPEP placement. Survey return rates were: participants (100%); facilitators (78%); line managers (76%).

Results

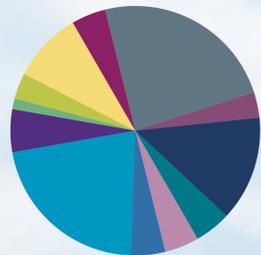
Participants and facilitators confirmed that the participants' pre-placement learning goals had been achieved in 100% of placements. Line managers reported that 81% of placement outcomes had directly assisted to meet local health service or Queensland Health priorities.

Other placement data for 2011/12:



Placement Type

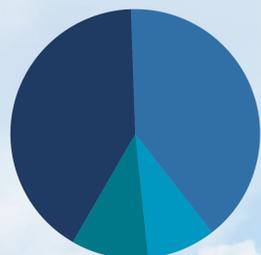
- Team placement – 2%
- Exchange – 1%
- Expert clinician visit – 9%
- Individual placement – 88%



Participant discipline

12 of 15 eligible allied health disciplines utilised the program in 2011/12

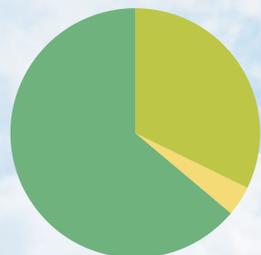
- Audiology – 1%
- Clinical Measurements – 3%
- Dietetics – 9%
- Medical Radiation Professions – 5%
- Occupational Therapy – 23%
- Pharmacy – 3%
- Physiotherapy – 14%
- Podiatry – 5%
- Psychology – 5%
- Social Work – 5%
- Speech Pathology – 21%
- Allied Health Assistance – 6%



Participant classification levels

on the Health Practitioner (HP) scale

- HP3 – 41%
- HP4 – 40%
- HP5 – 9%
- Other – 10%



Facilitator location

- Regional – 32%
- Rural – 4%
- Metropolitan – 64%

Evaluation results reflected common themes for participants, their facilitators and host sites, as well as local health services and clients. The top 10 themes were:

Increased knowledge and skills

Enhanced clinical confidence

Service development

Sharing of resources

Established professional support networks

Improved collaboration across services

Insight into regional or rural practice

Transfer of knowledge to rural colleagues

Reduced travel for clients

Enhanced continuum of care

Conclusions and implications

Ongoing program evaluation has shown that AHPEP has been highly beneficial to the regional, rural and remote allied health workforce in Queensland, with placements providing benefits for all involved.

Continued program improvements have been implemented, shaped by the evaluations of participants, their line managers and placement facilitators, as well as feedback provided by key program

stakeholders. The longevity of the program can in part be attributed to its flexibility to accommodate the changing needs of its clients and the organisation.

Lessons learnt from implementing hundreds of successful, outcome focussed placements may be applicable to similar programs or work-shadowing opportunities in other regions or healthcare settings.

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