Department of Health

Return to practice guide for the allied health workforce

March 2015

Queensland Government

Guide to the return to practice of allied health professionals

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An electronic version of this document is available at http://www.health.qld.gov.au/ahwac/html/clin-gov.asp.

Contents

1. Purpose

This Guideline provides recommendations regarding best practice for supporting allied health professionals and technicians who wish to return to practice after a period of absence. It can also be applied to allied health professionals and technicians who wish to change their area of clinical practice. These recommendations may be adapted to suit individual Hospital and Health Services and individual circumstances. Supporting clinicians to return to practice will ensure that re-entrants practise safely and competently, in accordance with the Allied Health Clinical Governance Framework[1]. Additionally, supporting qualified health practitioners to return to practice can provide a means of addressing acute local workforce shortages, as well as longer term jurisdictional workforce shortages.

2. Scope

This Guideline provides information for all allied health employees, clinical supervisors, managers, contractors and consultants within Hospital and Health Services (HHSs).
A diverse group of professions comprise the allied health workforce within Queensland Health. These include nationally registered, self-regulated and unregulated allied health professionals and assistants. This guideline has been developed to guide and help develop consistent governance processes regarding return to practice for professionals and technicians outlined in Table 1.

Table 1

Registered professions	Self-regulated professions	Unregulated professions
• Nuclear medicine technologists • Occupational therapists • Pharmacists and technicians • Physiotherapists • Podiatrists • Psychologists including clinical and neuropsychologists • Radiation therapists • Radiographers/medical imaging technologists	• Audiologists • Dietitians/nutritionists • Exercise Physiologists • Leisure therapists • Music therapists • Orthoptists • Orthotists, prosthetists and technicians • Physicists, including radiation oncology, nuclear medical and radiology medical physicists, and health physicists • Social workers • Sonographers (including echo-sonographers) • Speech pathologists	• Anaesthetic technicians • Clinical measurement scientists and technicians Rehabilitation engineers and technicians • Welfare officers

3. Guide to commencement of a return to practice program at Queensland Health

3.1. Eligibility

Re-entrants are eligible to request participation in a return to practice program through Queensland Health, regardless of whether they have previously held a position of any nature within the organisation.

3.1.1. Employment capacity

In units or teams where a vacancy exists, the re-entrant may be employed on a temporary contract without formally advertising the position. Re-entrants may not be assigned to permanent positions without winning the position through a formal advertised recruitment process. For more information, refer to the Queensland Health Human Resource policies at: http://qheps.health.qld.gov.au/hr/employment-conditions/policies-index.htm.

In extenuating circumstances, if no vacant position or funding is available, the re-entrant may choose to complete their return to practice program in a voluntary capacity.

3.1.2. Professional requirements

HHSs should ensure that allied health professionals and technicians employed or volunteering within their services are suitably qualified and have the necessary skills to provide safe, quality care to patients that is within the scope of practice appropriate for the position. There are a number of ways that the suitability of practitioners can be verified, based on the regulatory arrangements of the respective profession. It should also be noted that individual practitioners are also responsible for maintaining professional competence and for practicing within the scope of their skills and competence.

The types of regulation for allied health professionals and technicians and the ensuing recruitment verification processes that should be followed by HHSs are outlined in the *Allied Health Clinical Governance Framework.*

Some allied health professions have developed their own specific recommendations and guidelines for re-entry, through the relevant registration board and/or professional association. The requirements of these profession-specific guidelines should be met prior to or in conjunction with any Queensland Health re-entry requirements.

3.2. Determining skill set and best placement

When an allied health professional or technician approaches an HHS with a desire to re-enter the workforce after a period of absence or to change their area of clinical practice, the *Questions for Potential Re-Entrants* (Appendix B) may be of use to establish previous experience, recency of practice and any other needs of the re-entrant. The responses to these questions should be assessed by a manager from the same allied health profession as the re-entrant.

- (Capability frameworks such as those described in Victoria's *Allied health: credentialing, competency and capability framework may be used to assist this process.*

http://health.vic.gov.au/workforce/employers/allied-health-ccc-framework.htm)

3.3. Duration of return to practice program

Some of the re-entry guidelines and programs that have been developed for specific allied health professions by their registration boards or professional associations have policies on recency of practice and/or previous experience. They specify the number of hours of supervised clinical practice required for re-entry, based on recency of practice and experience. Due to the range and diversity of allied health professionals and technicians that make up the Queensland Health allied health workforce, this guideline does not outline specific requirements. Rather, it advocates for the development of an individualised learning plan for each allied health re-entrant, based on their current knowledge and skills, and also based on what will be required of them in their new working environment. The learning plan should, however, be developed with deference to any existing specifications from registration boards and professional associations.

3.4. Human resource considerations

Allied health professional re-entrants will be employed under the Health Practitioners' (Queensland Health) Certified Agreement (No. 2) 2011(HPEB2).Queensland Health HR Policies are to apply for recruitment and all aspects of employment. Some important human resource points are highlighted below.

3.4.1. Classification

It is expected that allied health professional re-entrants be classified at HP3 as a minimum level, because they are degree qualified, regardless of their registration or accreditation status. Technicians are expected to re-enter at HP2 as a minimum level. Classification level (including increment levels) for re-entrants may be awarded at the discretion of the operational manager in consultation with the profession-specific manager, taking into account previous relevant experience and time away from clinical practice.

Experience may include administrative duties within the health sector, overseas clinical experience or other experience that is deemed relevant. Refer to Section 25 (Appointment to Classification Levels) of the Health Practitioners' (Queensland Health) Certified Agreement (No. 2) 2011(HPEB2). Clause 25.4 in particular should be considered when awarding classification levels to re-entrants:

25.4 When external appointments are made to any classification level, consideration must be given to the paypoints of existing employees performing similar work within those classifications levels to ensure equity between employees within a work unit. Consequently, external appointees to the health practitioner classification structure may have their experience recognised to the extent that:

a) the experience is accepted to be equivalent or higher to the proposed level; and

b) the appointment does not disadvantage existing employees with equivalent experience.

3.4.2. Flexible work arrangements

Flexible employment conditions, such as negotiated hours of employment, may be available during the return to practice program. The approval should be at the

discretion of the operational manager, and based on work unit requirements and logistics. Should flexible work arrangements be negotiated, consideration should be given to the amount of time and exposure to clinical experiences that the re-entrant requires.

3.4.3. Probation

As per the Queensland Health Probation HR Policy B2, a six month probation period applies to *permanent* health practitioner, professional and technical stream employees. For employees undergoing the return to practice program, the probation process could be linked with the return to practice supervised clinical practice process. The results of reassessment against profession specific standards should be well-documented by clinical supervisors and profession-specific managers, in order for the results to be used as the basis for any probationary issues.

The period of probation may be extended when expected performance outcomes are not met. The appointment letter should state the period of probation and any extension that may be applied. If an extension period is warranted, the manager should notify the employee in writing *before* the end of the initial probationary period. The period of extension should be a reasonable period based on the nature of the role and the circumstances that warrant the extension of probation. Probation should be extended only once, and the extension should not be more than three months in duration.

3.4.4. Insurance

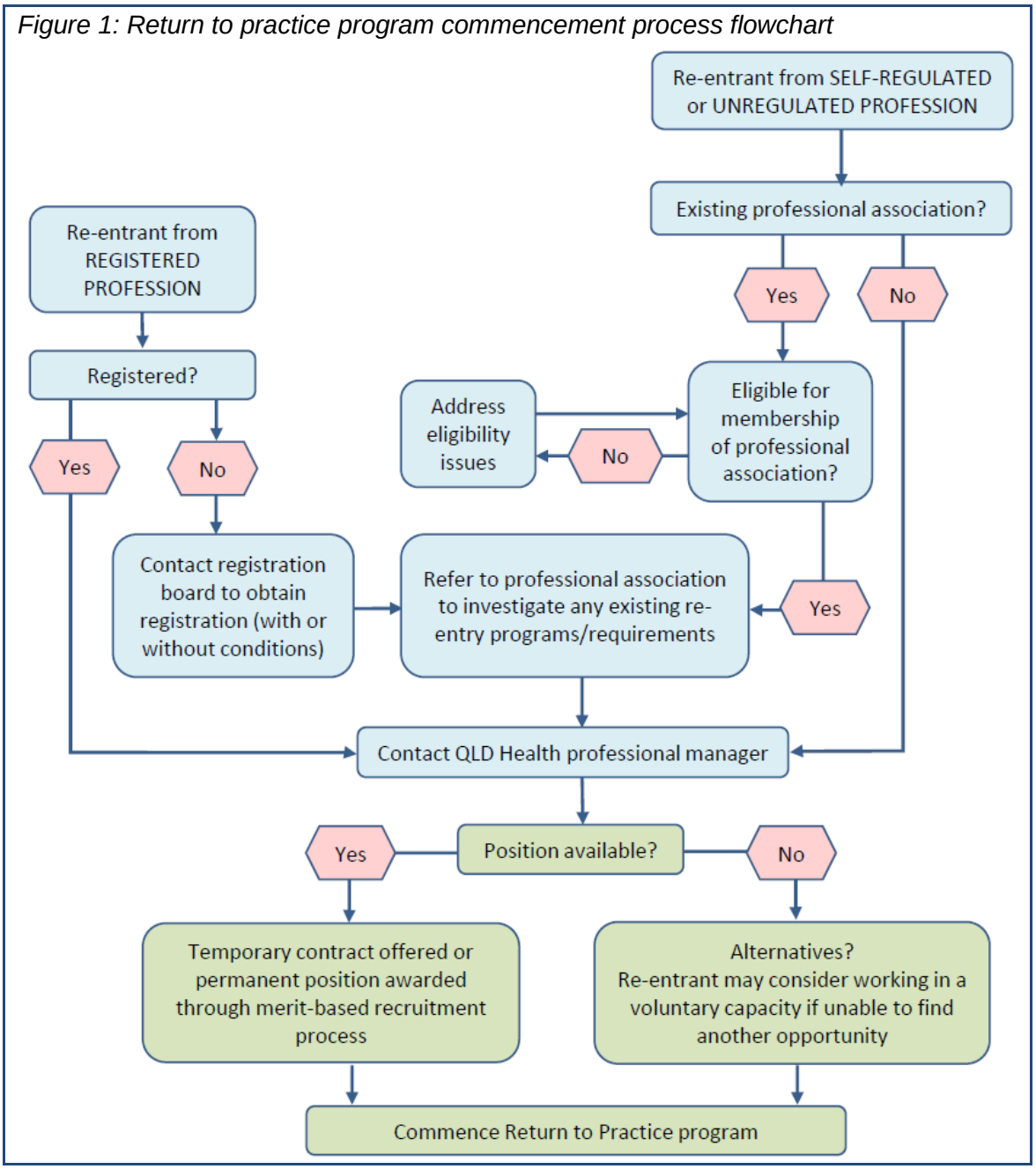
Re-entrants who are functioning in a permanent, temporary or volunteer capacity by Queensland Health are indemnified under Queensland Health's Professional Indemnity insurance policy. HHSs may require re-entrants to register as volunteers with the organisation in order to access professional indemnity insurance. It is at the discretion of the individual re-entrant as to whether they organise additional personal professional indemnity. If they wish to do so, re-entrants should contact their union or professional association to find out how to organise this.

Permanent and temporary employees are covered for workers' compensation with Queensland Health. However, volunteers are not. HHSs may have their own individual workers' compensation policies to cover volunteers, or alternatively, the re-entrant should obtain their own workers' compensation policy (and provide proof of their cover before commencing). Individual policies are not provided by WorkCover but by other private brokers. Re-Entrants should contact WorkCover Queensland to obtain the name of private brokers who are able to arrange the cover.

3.5. Summary of the return to practice program commencement process

The flow chart at *Figure 1* summarises the process for meeting the relevant re-entry requirements and finding a suitable position within Queensland Health. The blue shaded boxes indicate the responsibilities of re-entrants and the green shaded boxes indicate the responsibilities of the profession-specific and/or operational manager.

Figure 1: Return to practice program commencement process flowchart



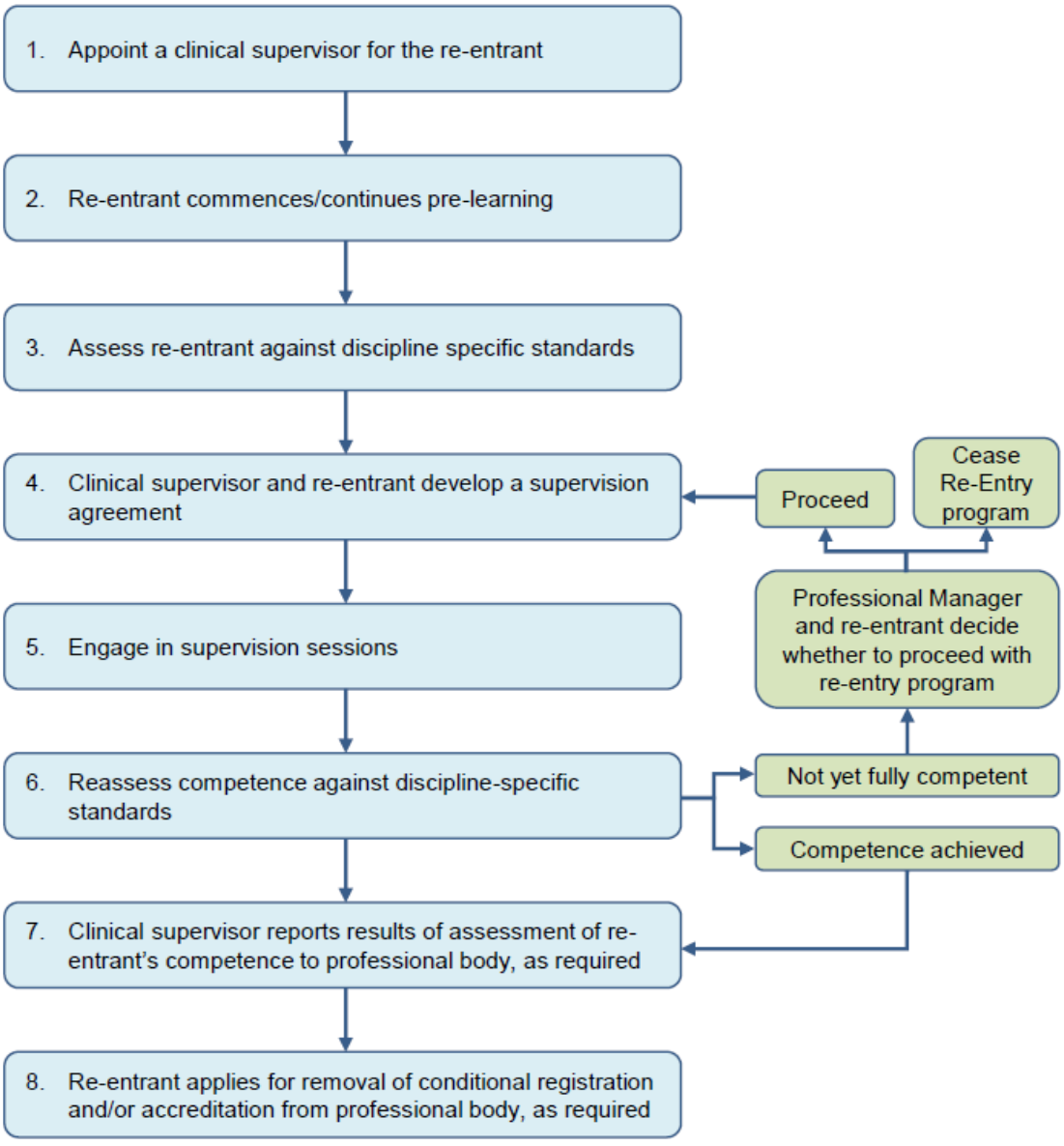
4. Guide to implementation of a return to practice program

Health practitioners or technicians returning to the workforce or changing their area of clinical practice should be supported by a structured Return to Practice program, that involves appointment of a supervisor, formalisation of a supervision agreement, observational and discussional supervision sessions, and assessment of progress and competence. The steps involved in conducting a Return to Practice program for allied health re-entrants are outlined in *Figure 2*. Each step is expanded upon the following pages.

The Allied Health Professional Supervision Guide[2] (downloadable from the Cunningham Centre resources page: http://qheps.health.qld.gov.au/cunningham-

centre/html/ah-resources.htm), provides a wealth of information and templates on professional supervision that complement the Return to Practice program steps below.

Figure 2: Return to Practice implementation process flowchart



1) Appoint a clinical supervisor for the re-entrant

It is an expectation of Queensland Health that clinical supervision is a role for experienced practitioners of the same profession, who have consolidated their practice post-qualification. It is highly desirable that the supervisor undergoes additional training in supervision. In some cases, due to working hours and availability, it may be necessary for the re-entrant to be supervised by more than one experienced practitioner. There should, however be one main clinical supervisor who takes responsibility for assessment of competency, and reports to profession-specific managers, registration boards and/or professional associations.

2) Re-entrant commences/continues pre-learning

The re-entrant should be able to demonstrate a commitment to ongoing learning, prior to commencing supervised clinical practice. This may be achieved by reading journals

and texts, in order to gain knowledge of new research and evidence-based practice. The clinical supervisor may assist by providing relevant literature, in-house presentations, treatment protocols and any other relevant resources. The re-entrant should be encouraged to utilise libraries. Queensland Health library staff can provide training and library tours to assist the re-entrant to find literature more confidently. The Clinicians Knowledge Network (CKN), which is available on QHEPS, is also a valuable tool for searching the literature. The re-entrant should investigate the level of computer skills required in order to return to clinical practice. It may be necessary for the re-entrant to access computer training prior to commencing supervised clinical practice.

3) Assess re-entrant against profession specific standards

At the beginning of the Return to Practice program, the re-entrant's level of competence should be assessed by the appointed clinical supervisor against profession specific standards. These standards will then form the basis for any future assessments and feedback. There are competency standards for most allied health professions, which are available from universities, registration boards, or professional associations. In addition, some professions within Queensland Health have developed clinical capability frameworks, which are excellent tools for assessing the clinical competence of re-entrants across specified clinical practice domains.

The clinical supervisor is required to initially observe the re-entrant performing various interventions and caseloads. Choice of caseload and the nature of the observation and feedback should be based around the profession -specific competency standards. In some cases, departmental or profession-specific treatment protocols and care plans may also be useful for this purpose. Profession-specific templates for assessment and feedback may be available from university departments, professional associations or registration boards.

4) Clinical supervisor and re-entrant develop a supervision agreement

As outlined in the Professional Supervision Guide[2], a professional supervision agreement should address the what, how, when and why of being in a professional supervision relationship. The function of the agreement is to clearly identify the goals of professional supervision and what is to be achieved by being in a professional supervision relationship, and what the responsibilities are of the parties involved. The intent of the professional supervision agreement is to make the expectations of the involved parties of the professional supervision relationship explicit from the outset and to establish ground rules of the professional supervision relationship. It is aimed at preventing misunderstandings that could harm the supervisory relationship.

The agreement should be completed in a written format and negotiated between the supervisor and supervisee. During or as part of the joint discussion and development of the supervision agreement, the re-entrant's learning plan should also be formulated. The learning plan will help to establish the needs and goals of the re-entrant and to plan how these will be met. It should also include any assessments and reports that may be required by the relevant registration board or professional association. Learning plan templates can be obtained from universities and professional associations. Some allied health departments will have their own clinical supervision templates and tools which may be utilised. An example of a simple Learning Plan Template can be found in *Appendix A*.

It is important that the supervisor and re-entrant jointly determine the frequency, structure and duration of supervision sessions during step 4. It is also important to

schedule regular evaluation sessions to gauge the effectiveness of the supervisory relationship.

5) Engage in supervision sessions

The content of supervision sessions should be discussed and clarified during the agreement phase and also during the preparation of agendas for each professional supervision session. There is a range of issues/activities that could be included in professional supervision sessions, including but not limited to[2]:

Session content	Task examples
Individual case review	Choice of assessment; intervention; frame of reference/ evaluation; reflection of practice; problem solving approaches
Documentation review	Clinical notes; reports; applications; business cases
Clinical skill practice	Observation or demonstration of practice of supervisee or supervisor
Communication issues	Documentation reviews; team relationship / conflict
Responses to work demands	Scope of practice; time management; prioritisation.
Professional issues	Boundaries; values; ethics

Depending on the individual re-entrant's needs, a high level of supervision may be required in the early stages. It may be necessary for the clinical supervisor to demonstrate treatment techniques. Initially, the level of supervision given to the re-entrant should be similar to that given to a graduate, and any chart entries or notes written by the re-entrant should be checked by the supervisor. The re-entrant should start with less complex cases and gradually increase variety and complexity, as specified by the learning plan. Initially, individual cases should be planned together by the re-entrant and the clinical supervisor.

Interim assessments of the re-entrant's clinical competence should be conducted by the clinical supervisor, as necessary. Complexity and/or variety of case load should increase as competencies are met. The supervisor, however, is responsible for ensuring the practice of the re-entrant is safe and within acceptable standards.

As the re-entrant develops in competence, supervision sessions may consist predominantly of discussions away from the clinical environment. They may be held on a daily or sessional basis at first and gradually decrease to weekly sessions as competence increases. The clinical supervisor and the re-entrant should continue to meet regularly at a designated time to review the learning plan and revise learning goals or objectives.

It is essential that all matters related to the Return to Practice program are well-documented for accountability purposes. Supervision Logs should record all supervision contact, such as:

- Dates, times and attendees of supervision sessions
- Learning goals achieved/not achieved
- Results of any competence assessments
- Any other content of supervision session, such as feedback from either party

Many professional associations and some allied health departments have professional development log books, which may be used for this purpose. The Allied Health Professional Supervision Guide[2] also provides a sample log. Records should be

maintained and stored appropriately and confidentially. The information recorded in Supervision Logs may be required for the following:

- Reporting to professional or operational managers about re-entrant's competence and development
- Reporting to registration boards or professional associations about re-entrant's competence and development
- Probationary or other performance-related issues
- Resolution of conflict or other issues related to clinical supervision

6) Reassess competence against profession -specific standards

Re-entrants should be reassessed against the profession specific standards after completion of the learning plan and the planned period of supervised clinical practice. If deemed not competent at reassessment, re-entrants and clinical supervisors could develop another learning plan and arrange another period of supervised practice, or terminate the process. Commencement of a new learning plan should only occur at the discretion of the professional and operational managers. As stated previously, if the re-entry process is linked with probation, the maximum probationary period including extension provisions is 9 months.

7) Clinical supervisor reports results of assessment of re-entrant's competence to professional body as required.

When the re-entrant is deemed competent and safe to practice, a report should be submitted in the required format by the re-entrant and supervisor to the profession-specific manager, registration board and/or professional association.

8) Re-entrant applies for removal of registration with conditions and/or accreditation from professional body, as required.

The re-entrant will make a formal application to the relevant professional body to gain general registration or accreditation, specific to their profession or area of practice as required. The *Return to Clinical Practice* program comes to an end and the re-entry candidate is free to apply for positions within or outside of Queensland Health.

4.1. Other types of support for re-entrants

4.1.1. Membership of the relevant professional association

Re-entrants from all professions (registered and unregistered professions) should be encouraged to join their professional association. Membership is desirable in order to access continuing professional development activities, be aware of professional and accreditation standards and access the association's learning resources.

4.1.2. Mentorship

Support from a mentor before, during and after return to clinical practice can be useful for general guidance, support and to help identify learning needs. Having a mentor is not compulsory.

The mentor does not need to be from Queensland Health or from the same profession, as long as they are able to offer support and guidance. The re-entrant may seek out their own mentor, or they may require assistance from Queensland Health to find an appropriate individual to fill this role. A mentor does not replace the need for a designated clinical supervisor from the same profession.

4.1.3. Peer support

Support from a range of sources, including peers, has been identified as being a crucial component to the success of a return to practice process. Peer support relies on the experiences and skills of others to provide support to their colleagues, to help reduce stress, anxiety and help build confidence. Peers also provide an additional source of clinical practice expertise.

5. Supporting supervisors of re-entrants

Additional training and ongoing support may need to be provided in order for an allied health professional to become a clinical supervisor of a re-entrant. Supervisors should be able to meet previously determined clinical and supervision competencies.

5.1. Face-to-face training

Staff are encouraged to attend supervision training within their respective HHS. Courses are also available through the Cunningham Centre, Queensland Health's largest Registered Training Organisation, for all Queensland Health employees. Information can be found at: http://www.health.qld.gov.au/cunninghamcentre/html/allied_health.asp.

5.2. Written supervision resource

The *Allied Health Professional Supervision Guide*[2] is essential reading for all supervisors. This document provides detailed information on the following:

- Definitions of terms surrounding clinical supervision
- Clarification of supervision roles
- Current theory behind supervision and feedback
- Organisation and administration of clinical supervision
- Models of supervision

It also contains valuable resources and tools to support supervisors during the Return to Practice program, such as:

- Interdisciplinary Capabilities for Supervisors and Mentors
- Ethical Decision Making Model
- Sample Agreement for Professional Supervision
- Completed Example Agreement for Professional Supervision
- Sample supervision meeting Agenda and Notes
- Professional Supervision Log
- Sample Professional Supervision Log
- Sample Evaluation of Professional Supervision Template

5.3. On-Line training for clinical supervisors

Current and potential clinical supervisors should be encouraged to enrol in the *Clinical educator preparation and support program (CEPS) on iLearn.* CEPS has been developed to guide nurses, doctors and allied health professionals through the experience of supervision. While the course focusses primarily on supervision of students during clinical placements, it is also applicable to supervision of re-entrants.

An online supervision training platform is currently being developed by the Cunningham Centre. This supervision training platform will ensure easy access to foundational supervision training for those that are unable to attend the face-to-face supervision workshops. This training platform is being designed to be interactive and user-friendly. The platform (due to become available in 2015) will be interdisciplinary and open to staff from allied health, nursing, medicine, dentistry and other health professions, across all HHSs.

5.4. Supervision competencies

To develop and maintain clinical supervisor competency Health Workforce Australia (HWA) developed the National Clinical Supervision Competency Resource[3] to document the core competencies of a clinical supervisor and to:

- identify and describe the professional expectations of current and future clinical supervisors;
- provide both a baseline for uniform quality and the potential to further develop clinical supervision for the Australian health system; and
- contribute to interprofessional learning, teamwork and interprofessional understanding through the identification of core competencies for clinical supervision across all health professions.

The Resource can be used to assist in the development of high quality clinical supervision from local level initiatives to wider systems level changes. For example, it may be used as the basis of a tool to assess the clinical supervision competency of individual clinical supervisors, and also as a resource for health service administrative units (for instance a local health network or a state or territory health service) or whole health professions.

Queensland Health specific Interdisciplinary Capabilities for Supervisors and Mentors are also available in the Allied Health Professional Supervision Guide[2].

6. Definitions of terms

Term	Definition / Explanation / Details	Source
Allied health professional	The person being supported and developed. This person will be from any professional level, and may seek support for any aspect of their normal duties that they require e.g. clinical, administrative.	Queensland Health
In-service	A session where health professionals increase their professional knowledge and skills, and ensure they're up-to-date with contemporary and evidenced based practices.	Queensland Health, 2009
Journal club	A group which reviews article/s relevant to allied health practice to 'encourage reflection on clinical practice and an evidence-based approach to professional practice'.	Milinkovic et al 2008

Mentoring	A relationship which gives people the opportunity to share their professional skills and experiences, and to grow and develop in the process. Typically mentoring takes place between a more experienced and less experienced employee.	Office of the Director of Equal Employment Opportunity in Public Employment in Rural Connect, 2001
Peer group supervision	A group that meets on a regular basis in order to review professional competence.	New Zealand Mentoring Centre, 2000
Peer review	The presentation of a clinical scenario or case study to a group of peers where the ensuing discussion may validate current approaches to practice or provide ideas for alternate approaches.	Queensland Health, 2009
Profession specific manager	The profession-specific manager is the designated most senior manager of an allied health profession in a HHS/sector. The profession-specific manager is accountable for the maintenance of professional standards for their profession. This position promotes and leads their profession at a strategic level and most commonly refers to the Director of a profession in a facility or HHS. In situations where there is no Director, a profession-specific manager could be from an adjacent HHS/facility or Department of Health Division.	Queensland Health, 2010
Professional supervision	A working alliance between two health professionals where the primary intention of the interaction is to enhance the knowledge, skills and attitudes of at least one of the health professionals.	Queensland Health, 2004
Professional support	A term that refers to activities that create an environment where personal and professional growth may occur.	Steenbergen and Mackenzie, 004:160.
Registered allied health professions	Professions that are regulated under the National Registration and Accreditation Scheme, meaning that practitioners require registration to work in Australia. Registration is a legal process whereby an eligible practitioner is registered to practice under the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. Each registered profession has a National Board that regulates the profession, registers practitioners and develops standards, codes and guidelines for the profession. The Australian Health Practitioner Regulation Agency (AHPRA) provides administrative support to the National Boards.	Allied Health Clinical Governance Framework in Queensland Health, 2015
Self-regulated allied health professions	Professions that are not registered with AHPRA, meaning they are not governed by the National Law. They are regulated by having recognised qualifications, and/or a mandatory accreditation program (also known as a certification program) that is administered by the professional association. Only those individuals who have obtained a tertiary qualification from a course accredited by the professional association are eligible for accreditation. The individual is then required to meet ongoing professional development requirements of the professional body in order to obtain and maintain accreditation.	Allied Health Clinical Governance Framework in Queensland Health, 2015

Senior member of the profession	Smaller professions may not have profession-specific managers in the HHSs. If there is no designated profession-specific manager position, the most senior member of the profession from within the HHS should be approached to assist with the credentialing process. The chair of the state-wide profession specific group will be able to assist in arranging the support of a senior member of these smaller professions.	
Unregulated allied health professions	Professions that are unregulated because there is no recognised qualification and/or there is no available accreditation or certification program to ensure that practitioners have obtained and maintain the necessary skills to practice in that profession. Unregulated professions may or may not have a national professional association.	Allied Health Clinical Governance Framework in Queensland Health, 2015
Work shadowing	A method of professional support that involves engaging in a structured, goal directed learning placement in a work unit or area of practice in order to provide experience and contribute to the professional development of the participant.	Queensland Health, 2008

7. Version Control

Version	Date	Prepared by	Comments
1	2010	Allied Health Workforce Advice and Coordination Unit	
2	February 2015	Allied Health Professions' Office of Queensland	Updated content, reformatted on new template.

8. References

1 Allied Health Professions' Office of Queensland 2015, Allied Health Clinical Governance Framework, Queensland Health, Brisbane. Available at: http://qheps.health.qld.gov.au/ahwac/content/clingov_1.htm

2 Allied Health Professional Support Team 2011, *Professional Supervision Guide*, Queensland Health – Cunningham Centre, Toowoomba. Available at: http://qheps.health.qld.gov.au/cunningham-centre/docs/allied-health/ah-psp/sup-gde18jul.pdf

3 Health Workforce Australia 2014, *National Clinical Supervision Competency Resource.* Available at: http://www.hwa.gov.au/sites/default/files/HWA_National-Clinical-Supervision-Competency-Resource_FINAL_LR_0_0.pdf

Appendix A: Learning plan template

Name:		Date:	

Learning Goals What skills and knowledge do I require to achieve competence? (Must be a SMART objective, i.e. specific, measurable, achievable, realistic, time-oriented)	**Current Status** What level of skills and knowledge do I have now with respect to this learning goal?	**Learning Strategies** How will I reach this learning goal?	**Required Resources** What resources do I need to achieve this learning goal?	**Key Performance Indicators** How can I demonstrate to myself and others that I have achieved this learning goal?
Example: **1.** Independently perform 4 complete neurological physiotherapy assessments of CVA patients over the next 4 weeks.	Have observed 2 neurological assessments of CVA patients performed by a Senior Physiotherapist today.	Study Physiotherapy Department neurological assessment protocol. – Watch UQ Physiotherapy Department DVD of neurological assessment – Practice neurological assessment on another physiotherapist or relative at home – Perform 1-2 assessments with clinical supervision – Perform 4 assessments independently – Clinical supervisor reviews and observes assessments as required	Physiotherapy Department neurological assessment protocol. – UQ Physiotherapy Department DVD of neurological assessment – Clinical supervisor to be available to observe 1-2 assessments – 6 suitable CVA patients who require assessment	– Clinical supervisor is satisfied that assessments were conducted safely and competently.
2.				

3.				
4.				
5.				
6.				

Appendix B: Questions for Potential Allied Health Re- Entrant

Questions	Details
1. Name: Address: Phone number: Email address:	
2. What is your allied health discipline?	
3. What year did you graduate?	
4. From which institution did you graduate?	
5. What is your previous work experience in this allied health discipline?	
6. How long have you been out of the workforce?	
7. Do you have current national registration? (if from a AHPRA registered profession)	
8. If yes to question 7, is your registration general or do you have registration with conditions?	
9. Are you a member of your professional association?	
10. Broadly speaking, what support/experience do you require to undertake a re-entry or a change of area of specialty placement?	
11. Do you have computer skills? Please give details.	
12. Would you prefer to undertake a re-entry process on a full time or part time basis?	
13. If part time, how many hours/ days per week are you willing to work?	
14. When would you be willing to commence the re-entry placement?	
15. Are there any particular Queensland Health facilities at which you would prefer to participate in a re-entry process	