

Health Practitioner Research Scheme

Application Guidelines
2024 Funding Round

Health Practitioner Research Scheme Application Guidelines (2024 Funding Round)

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An electronic version of this document is available at

<https://www.health.qld.gov.au/hpresearch/html/grants>

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1. Introduction

The Office of the Chief Allied Health Officer (OCAHO) welcomes all Health Practitioners to the 2024 funding round of the Health Practitioner Research Scheme (HPRS or the Scheme). The HPRS is administered and managed by the OCAHO, Clinical Excellence Queensland, with the Health Practitioner Research Advisory Group (HPRAG) as the Scheme's governing body.

[The Health Practitioners and Dental Officers \(Queensland Health\) Certified Agreement \(No.4\) 2022](#)

HPDO4) provides for up to \$400,000 in funding for eligible Health Practitioner (HP) professions listed in schedule 3 of the HPDO4 and employed by Queensland Health and Mater Health Service to build research capacity in the health practitioner workforce and facilitate the implementation of evidence based clinical services in Queensland Health.

2. Key Information

Applications will be open to **new researchers** in the 2024 funding round.

Funding up to **\$30,000/project** will be available in the 2024-25 financial year for **one-year projects**.

Key dates of the HPRS 2024 funding round are outlined below:

| Application due date | Applicants notified of results | Funding made available | Ethics & SSA due |
|----------------------|--------------------------------|------------------------|------------------|
| 20 October 2023 | December 2023 | July 2024 | August 2024 |

3. Aims of the Scheme

The aims of the Scheme are to:

- support research that adds to the evidence for health practitioner services in enhancing patient, consumer, and community outcomes and demonstrates the value of the health practitioner workforce;
- build the research capacity and capability of the health practitioner workforce in Queensland Health;
- build and contribute to multidisciplinary research and health delivery partnerships and collaboration;
- provide opportunities for health practitioner researchers across the state; and
- enhance the dissemination of research findings; and
- enhance the translation of research into practice.

4. Target areas and priorities

4.1. Target areas

This funding round is to support research projects that demonstrate the value of health practitioner workforce in improving patient access to care and/or improved health outcomes in the following target areas:

- **Evaluation of innovative models of care and service delivery models led by the health practitioner workforce**
- **Digital transformation led by and/or primarily impacting the health practitioner workforce, services, processes, or models of care**
- **Clinical education and training initiatives led by and/or primarily impacting the health practitioner workforce.**

If the application does not clearly demonstrate that the research proposal meets the target areas, it will be deemed ineligible for funding in this round of the Scheme (see Section 4 for further clarification).

4.2. Strategic alignment

The research must align to one or more of the following Queensland Health Strategies:

- [Optimising the allied health workforce for best care and best value 2019-2029](#) (the 10-year Strategy)
- [HEALTHQ32: A vision for Queensland's health system](#)
- [Safe and applicable health care for rural and remote communities](#)

4.3. HP Research Scheme priorities

In addition, research projects that support the following statewide priorities will be scored favourably (See Section 9 – Assessment process):

- Consumer involvement in the design and delivery of the research project;
- Rural and remote, and regional partnerships or Chief Investigators (CI) [see here for rural and remote facilities](#);
- Research projects led by CI from non-tertiary* Queensland Health site;
- Collaboration across professions, services, sites and/or external agencies.

**non-tertiary facilities include those who provide <5 services rated at Clinical Services Capability Framework Level 6 as described at [CSCF public hospitals | Queensland Health](#)*

5. Eligible research activity and funding use

The OCAHO HP Research Team is happy to provide advice to HP research teams during the open submission period of the HPRS 2024 round regarding any queries regarding eligibility of research activities and funding use; and can be contacted via phone 3328 9322 or email

HP-Research@health.qld.gov.au.

5.1. Examples of eligible research activities

Each research project should include research activities and procedures that directly relate to the stated aims of the project. The below list describes potential research activities that would be considered appropriate however is not exhaustive and is provided as a guide only. Each project team should carefully consider the aims of the project, and the target areas and priorities of this funding scheme, in selecting the research focus, methods and activities.

Examples of eligible research activities include:

- Evaluation of health practitioner service delivery models or models of care
 - For example, delegated models of care, expanded scope of practice, telehealth, transdisciplinary practice, integrated care models, student led models of care
- Research activities related to health practitioner led digital transformation
 - For example, utilisation of data insights to inform service planning, digitally enabled care, digitally enabled processes to support service efficiency and/or outcomes, application of data insights from data linkage to inform service delivery
- Research activities related to health practitioner led clinical education or training

- For example, learning approaches and methods that support workforce capability development, community of practice or other knowledge development and management approaches

Projects may include feasibility, acceptability, efficacy and effectiveness outcomes that relate to technical, clinical or interventional aims. However, the focus of outcomes should relate to health practitioner service delivery and/or outcomes that demonstrate the value of the health practitioner workforce.

Example of successful projects are available [HERE](#)

5.2. Examples of ineligible research activities

- Projects that do not meet the target areas of the Scheme in Section 4 of this guideline
- Projects where the primary aim is not research e.g. implementation of new services, development of training packages, education modules or resources
- Research where the HP workforce or HP-led service delivery is not the primary focus
- Research where the outcome is primarily related to specific clinical assessment or interventions rather than HP-led **service delivery or models of care**, such as;
 - Comparing the efficacy of different clinical interventions
 - Investigating the clinical appropriateness of an intervention
- Research that primarily focuses on reviewing existing literature e.g. Meta-analyses, Systematic reviews
- Activities that would typically be considered quality improvement activities
 - Clinical audits
 - Development of best practice clinical guidelines.
 - Quality improvement cycles where the evidence is well established

5.3. Use of HPRS funding

A major aim of the Scheme is to build HP research skills and capacity, therefore it is expected that the majority of requested funding be allocated to providing backfill for the Chief Investigator, enabling them to directly engage in the research activity, without outsourcing wherever possible.

Additionally, HPRS funding may also be used for:

- Research assistant time to gather data and support other administrative or clerical research duties – Note: the HP level for research assistant time must be aligned to the level of expected duties.
- Contracting fees (as a minor allocation of total funds) for relevant experts needed for the research e.g. statistician, health economist, where one is not easily available within the Health and Hospital Service (HHS) or via existing collaborative arrangements with a university or other HHS.
- Administrative costs where this activity is necessary for the delivery of the research project (photocopying, printing, postage, etc).
- Travel costs including accommodation, taxis, flights and meal allowances where justified as the most appropriate method of collaboration and/or data collection.
- For the purposes of dissemination or communication of research results. This must be clearly indicated in the budget as a separate line item.
- Remuneration for consumers.

Funds may not be used for:

- Hiring additional FTE to **implement** the service being researched and evaluated.
- Purchase of capital expenditure of any kind (computer hardware, health technology, office furniture or clinical machinery).
- The use of office space or other location-related expenditure.
- University partner overheads or expenditure.

6. Project team and Eligibility

6.1. Researcher categories

This round is open to:

- **New researchers with one-year projects (maximum amount awarded - \$30,000 per project).**

The researcher category (and therefore funding amount available) is determined by the CI's research experience. Please note:

- Time as a clinician does not correspond to research experience.
- An Associate Investigator (AI) in the project team may be a 'new', 'mid-career' or 'experienced' researcher.
- Mentors should have significantly more research experience than the CI.

| Category | Criteria | Additional information |
|------------------------------|---|---|
| New Researcher | <ol style="list-style-type: none">1. Has not attained, but may be in the process of completing, a relevant higher degree by research (including MPhil, PhD or professional doctorate etc.); AND2. Has not received significant competitive research funding (over \$50,000) through any scheme as the Principal / Chief Investigator of a research project. | Generally, a new researcher has no or minimal experience in: <ul style="list-style-type: none">• undertaking research tasks such as developing a study protocol, obtaining ethical approval, data collection, data analysis, or interpretation of findings.• publishing the outcomes of previous research in peer reviewed journals, either as the primary author or a co-author. |
| Mid-Career Researcher | <ol style="list-style-type: none">1. Has not attained, or may be in the process of completing, a higher degree by research; OR2. Is less than 6 years post-completion of a relevant higher degree by research (MPhil, PhD, Research Masters etc.) AND3. May have obtained some competitive research funding (less than \$150,000 funding in total) as a Principal / Chief Investigator. | Generally, a mid-career researcher has some experience in: <ul style="list-style-type: none">• conducting research including applying for ethical approval, developing and following protocols, and managing small research teams,• publishing the outcomes of previous research in peer reviewed journals, either as the primary author or a co-author,• presenting research results to a local, state or national audience. |

| Category | Criteria | Additional information |
|-------------------------------|---|---|
| Experienced Researcher | <ol style="list-style-type: none"> 1. Is 6 or more years post-completion of a relevant post-graduate research qualification by research (PhD, Research Masters etc.) OR 2. Has obtained significant competitive funding (over \$150,000 in total) as the Principal / Chief Investigator of a research project AND 3. Demonstrates a commitment to research capacity building in the health practitioner workforce. | <p>Generally, an experienced researcher has significant experience in:</p> <ul style="list-style-type: none"> • conducting research, including obtaining ethical approval, developing and managing research protocols, budgets and research staff, • presenting research results to a local, state or national audience, • publishing with a substantial publication history, including as first author. |

6.2. Chief Investigators

As the project lead, the CI must be:

- a) a Queensland Health (HHS or Department of Health) or Mater Health Service employee for the duration of the project, and
- b) employed against a Health Practitioner position (HP1 – HP8) in a profession listed in the [Health Practitioners and Dental Officers \(Queensland Health\) Certified Agreement \(No.4\) 2022](#) Schedule 3 (see appendix A).

The CI must notify the OCAHO immediately of any changes to employment or periods of extended leave (greater than 4 weeks). If the CI ceases to work for Queensland Health or the Mater, or is unable to continue with the research activity, the relevant Head of Department and Director of Allied Health (or equivalent) will be contacted to determine if the project can continue with a new CI that meets the eligibility requirements of the Scheme. If the CI plans to take extended leave during the research project, the OCAHO must be notified using the Project Amendment Form and detail implications for the project impacts, including how the timelines and outcomes will be met.

6.3. Associate Investigators

An Associate Investigator (AI) is any individual who provides some intellectual and/or practical input into the research and whose participation warrants inclusion of their name on publications (see the [NHMRC Authorship Guide](#) for details). The CI must obtain written agreement from all AIs to be named on the application (all signing in Section 9 of the application form).

Unlike the CI, an AI may be from a non-Health Practitioner profession (e.g. dental, medical or nursing) and may also work externally to Queensland Health.

6.4. Mentors

Mentors are required for all new researcher and mid-career researcher funding applications.

A mentor is any individual with appropriate experience in designing and implementing research that will be responsible for:

- sharing knowledge and skills with the research team regarding methods, directions, creative thinking, scientific communication, ethical requirements, etc.;
- providing advice and assistance to the CI as required to successfully complete the research activity;
- ensuring the CI meets all the terms and conditions of receiving the funds, including the provision of all required reports;

- overseeing the CI's work.

The mentor will form part of the project team as an AI. While it is preferred that the mentor be a Queensland Health employee due to their active role in the project, this is not a requirement.

7. Consumers in Research

Consumers contribute unique expertise, perspectives, and insight into research. Effective, safe, and diverse consumer engagement and involvement will improve the quality, relevance, success and impact of the research conducted.

Examples of relevant consumer engagement stakeholders may include:

- Health consumers including past, present, or future users of health services such as patients, consumers, carers, and the broader community;
- organisations representing consumers' interests;
- health professionals, health providers and/or health networks;
- other end-users or beneficiaries as relevant.

Consumer engagement and/or involvement should be considered (as relevant and applicable) by every CI and research team when planning, developing and undertaking a HPRS project as well as in interpreting, reporting, disseminating and translating the findings. Methods of consumer engagement can include (but is not limited to):

- involving consumers as part of defining the rationale or 'need' for the project
- involving consumers in the project design and / or the delivery of the project
- gaining consumer input to confirm validity of findings
- engaging with consumers to increase community awareness and promote the translation of the research into practice
- engaging consumers as members of the research team (e.g. as Associate Investigators).

It is strongly recommended and highly encouraged to engage and involve consumers in an effective and meaningful way across the research process.

8. Application process

Applicants must download and complete the HPRS Application Form (2024 Funding Round) from the [Health Practitioner Research Scheme Internet site](#). Late submissions cannot be accepted under any circumstances. Please submit a PDF copy of your application using the [2023 Funding Round Application Form](#) via email to: HP-Research@health.qld.gov.au by

5pm, Friday 20th October 2023

It is the responsibility of the applicant to ensure that it is a true, full copy of the signed application. Submitted applications are not reviewed prior to the Scheme's closing date and you will not be advised prior to the scheme closing if your application is incomplete in any way. **Late applications will not be considered under any circumstances.**

The Scheme is competitive, and applications will be judged by a peer review panel according to pre-determined criteria and ranked accordingly, with a high standard of application required for funding to be awarded. The following tips may be useful, particularly for new applicants:

- Carefully read this document, paying particular attention to CI and Mentor eligibility rules and endorsement requirements.

- Ensure your application meets the word limit requirements.
- Ensure the project meets one of the target areas and is an eligible activity for this Scheme.
- Seek the input of the Mentor to complete the application where required, particularly the research outline.
- Confirm prospective AI eligibility and participation prior to commencing your application.
- Contact your Head of Department, Director of Allied Health (or equivalent) and line manager well in advance of the application due date to advise them of your intention to apply, ensuring you also allow enough time for sign-off by the Head of Department and Executive/ Director of Allied Health (or equivalent).

A member of the Peer Review Panel may contact the CI and/or Mentor to clarify any queries or request additional information regarding the application.

9. Assessment process

The applications will be assessed by the OCAHO for completeness and eligibility in the first instance. The OCAHO has the right to remove applications that are incomplete, ineligible, do not meet the 2024 Funding Round Guidelines, and to provide preliminary advice to the independent review panel. Exclusion of applications may take place at any time during the selection process, including under the following circumstances:

- the application contravenes or is inconsistent with the HPRS Funding Round 2024 Application Guidelines and associated documentation
- the application was not submitted through HP-Research@health.qld.gov.au
- the application includes any false or misleading information
- the application is incomplete or late
- if the applicant attempts to give or offer any inducement, gift or reward, which could in any way influence the Department's actions in relation to an application
- if the applicant, or a person on their behalf, attempts to contact members of the independent review panel in relation to the assessment of their application or the peer review process.

The applications will be assessed under a competitive, merit-based process against the following selection criteria by an expert peer review panel, which will provide recommendations to the Department and the Health Practitioner Research Advisory Group (HPRAG).

| Selection Criteria | New |
|--|-------------------------|
| Aligns with Target areas | |
| <p>Research projects that improve patient access to care and/or health outcomes in:</p> <ul style="list-style-type: none"> • evaluations of innovative models of care and service delivery models led by the health practitioner workforce • digital transformation led by and/or primarily impacting the health practitioner workforce, services, processes, or models of care • clinical education and training initiatives led by and/or primarily impacting the health practitioner workforce, services, processes, or models of care | Eligible/ Ineligible |

Supports Queensland Health's strategic direction and health practitioner research priorities

| | |
|---|-----|
| Aligns with relevant Queensland Health Strategies and supports HPRS priorities: <ul style="list-style-type: none">• Consumer involvement in the design and delivery of the research initiative• Rural, remote and regional partnerships or CIs• Research projects led by CI from non-tertiary Queensland Health site• Collaboration across professions, services, sites and/or external agencies | 15% |
|---|-----|

Strength of Research Plan, outcomes and impact

| | |
|--|-----|
| The quality and justification of the proposed project including utilisation of appropriate research methodology, consumer engagement (where applicable), and project outputs | 40% |
| The feasibility of the proposed project including expected outputs | 10% |
| Potential for the research to impact policy and practice that leads to improved patient access to care and/or improves health outcomes | 25% |
| The budget is appropriate and justified and represents good value | 10% |

10. Outcomes

The outcomes of the application review and funding allocation processes are final and cannot be negotiated.

The results from the Peer Review Panel process will be sent to HPRAG for endorsement. HPRAG has discretion in determining the final amounts awarded to successful applicants based on the merit of applications. A transparent procedure will be used to award funding, and HPRAG's decision will be final.

All applicants will be notified of the result of their application via email, with individual feedback provided to applicants upon request.

11. Conditions of the Scheme

Before applying, the Applicant should ensure they are able to meet the following conditions:

- The project is suitably focused, supervised and will enhance the applicant's research capabilities.
- The nominated mentor (where required) must play an active and supporting role in all stages of the project.
- The research activity benefits and adds to the body of knowledge for at least one HP profession.
 - Partnerships with other professions (such as nursing or medicine) are desirable, however **the primary beneficiary of the research must be a HP profession.**
- The research activity must be conducted within Queensland Health.
 - However, as per Section 5.3, funding may be used to employ research assistants, statisticians or other relevant experts external to Queensland Health as required.
- There is agreement and approval from the relevant line manager/supervisor in the HHS to progress this work and the project must be supported by the line managers whose services may be impacted by the project.
- Research funded by the Scheme must comply with the established ethical guidelines of the relevant Queensland Health unit, government department, non-government organisation and/or university associated with the project. It is the responsibility of the applicant to ensure that the appropriate

ethical and research governance approvals are obtained. Human Research Ethics Committee and Research Governance approvals must be provided prior to commencement of the research project (as applicable). A copy of all approvals must be forwarded to the OCAHO by August 2024.

- Proposed changes to project expenditure must be approved by the appropriate Director of Allied Health. The OCAHO is to be consulted and notified of any decision to reallocate funding.
- CIs who are awarded funding must continue to work within Queensland Health or Mater Health Services for the duration of the research activity. The OCAHO must be notified immediately of any planned change of employment of the CI and may revise allocated funding accordingly.
- The OCAHO must be notified of any significant changes to the proposed research activity, including study design, research team, funding allocation, as soon as practicable through the submission of a Project Amendment Form.

12. Certification

A full and complete, signed copy of the application form must be submitted for the application to be eligible for consideration. If all the required signatures are not provided, the application will be deemed ineligible and will not be processed further.

It is understood that the project team may be located in a variety of facilities and as such, signatures across multiple pages will be accepted. Emails advising of endorsement of the application will only be accepted in extenuating circumstances and will only be accepted for members of the project team. You must obtain prior permission from a member of the OCAHO HP Research Team before providing an email of endorsement.

Please note: The Director of Allied Health is a position title and does not refer to your local Director of the relevant allied health profession. If you are unsure of the Director of Allied Health within your Hospital and Health Service, please contact a member of the OCAHO HP Research Team.

The list of successful applicants will be published on the HP Research QHEPS page.

13. Funding

The OCAHO has no capacity to roll funds over across financial years. Funding will be transferred from the OCAHO via a service agreement amendment window to the HHS. Funding provided for a given financial year will become available at the start of the financial year (1 July) and must be expended in that financial year (by 30 June).

14. Reporting

It is a condition of funding that progress reports are submitted to the OCAHO every 6 months, with the first 6-month report due in February 2025 (for the period 1 July to 31 December 2024). If the project is completed when the 12-month progress or 24-month progress report is due, CIs should submit a final report instead.

| Project length | 6-month progress report (1 July - 31 Dec 2024) | 12-month progress report (1 Jan - 30 June 2025) | 18-month progress report (1 July – 31 Dec 2025) | 24-month progress report (1 Jan – 30 June 2025) | Final report |
|----------------|---|--|--|--|-----------------------|
| 1 year | February 2025 | August 2025 | N/A | N/A | On project completion |

The OCAHO will distribute reminders when these reports are due. Reports must be endorsed by the CI, Mentor, Head of Department (or equivalent) and Executive/Director of Allied Health.

The OCAHO may offer to support successful candidates to develop a research impact report following the completion of the project once the project has been finalized. This process will allow for showcasing of further outcomes or deliverables from the research project, following project completion, the translation of research into practice and any other further research impacts achieved (e.g. 2 years post project completion). This will be **optional** for projects successful in the HPRS 2024 funding round.

NOTE: The CI and Mentor will be ineligible for funding in future HPRS rounds until all outstanding reports have been submitted.

15. Ethics and SSA approvals

Successful applicants will be notified prior to the commencement of the financial year, on the understanding that they will begin their ethics and site-specific approval (SSA) applications as soon as possible to allow time for the project to run as per the proposed timeline and funds to be expended by the end of the financial year.

If ethics and SSA approvals have not been obtained prior to the submission of the HPRS funding application, the CI must notify the OCAHO of the submission of their ethics and SSA applications and provide a copy of the approvals as soon as received. **If ethics and SSA approval have not been received by August 2024, the OCAHO in consultation with the appropriate Director of Allied Health may request that the funds are used for another research purpose.**

16. Confidentiality

All information provided during the application process is received and accepted by the Department of Health in confidence, subject to any applicable statutory exception.

The OCAHO, the Peer Review Panel, HPRAG and other persons involved in the selection process will not disclose any personal confidential information to which they become privy as a result of exercising their responsibilities in the administration of the HPRS.

Information including the names of successful applicants, their administering health facility, the title and summary of the research project and the funding amount will be made available publicly and for regular reporting and evaluation purposes. Details of unsuccessful applicants will remain confidential.

Documents held by the Queensland Government are subject to the *Right to Information Act 2009* and will be retained as required under the *Public Records Act 2002*.

17. Further information

Further information regarding the HPRS may be obtained by contacting a member of the OCAHO HP Research Team

Phone: 3328 9322

Email: HP-Research@health.qld.gov.au).

Appendix A - Health Practitioner / Dental Officer professions

SCHEDULE 3 – LIST OF ELIGIBLE HEALTH PRACTITIONER DISCIPLINES/PROFESSIONS

The list of eligible health practitioner disciplines and professions are:

- (a) Anaesthetic Technicians;
- (b) Art Therapists;
- (c) Audiologists;
- (d) Biomedical Engineers, including Clinical Engineers;
- (e) Biomedical Technicians;
- (f) Breast Imaging Radiographers;
- (g) Cardiac Perfusionists;
- (h) Chemists and/or Radio-Chemists;
- (i) Clinical Measurement Scientists and Technicians;
- (j) Clinical Physiologist, including Cardiac, Sleep and Respiratory;
- (k) Dental Prosthetists;
- (l) Dental Technicians;
- (m) Dental Therapists;
- (n) Dietitians/Nutritionists;
- (o) Environmental Health Officers;
- (p) Epidemiologists;
- (q) Exercise Physiologists;
- (r) Forensic Scientists and Technicians;
- (s) Genetic Counsellors;
- (t) Health Promotion Officers;
- (u) Leisure Therapists;
- (v) Mammographers;
- (w) Medical Entomologists;
- (x) Medical Illustrators;
- (y) Medical Laboratory Scientists and Technicians;
- (z) Music Therapists;
- (aa) Neurophysiologists;
- (bb) Nuclear Medicine Technologists;
- (cc) Nutritionists;
- (dd) Occupational Therapists;
- (ee) Optometrists;
- (ff) Oral Health Therapists;
- (gg) Orthoptists;
- (hh) Orthotists, Prosthetists and Technicians;
- (ii) Patient Safety Officers;
- (jj) Pharmacists and Technicians;
- (kk) Physicists, including Radiation Oncology Medical Physicists, Nuclear Medical Physicists, Radiology Medical Physicists, and Health Physicists;
- (ll) Physiotherapists;

- (mm) Podiatrists;
- (nn) Psychologists including Clinical and Neuropsychologists;
- (oo) Public Health Officers;
- (pp) Radiation Therapists;
- (qq) Radiographers/Medical Imaging Technologists;
- (rr) Rehabilitation Engineers and Technicians;
- (ss) Researchers, Clinical Trial Coordinators and Data Collection Officers;
- (tt) Scientists – Environmental Health;
- (uu) Social Work Associates;
- (vv) Social Workers;
- (ww) Sonographers, including General Sonographer, Cardiac Sonographer, Vascular Sonographer, Breast Sonographer and Obstetric (Fetomaternal) Sonographer;
- (xx) Speech Pathologists; and
- (yy) Welfare Officers.