# Rural and Remote Research Capacity Building Program (RRR-Cap): Graduate Diploma of Research Funding Support

* The Office of the Chief Allied Health Officer (OCAHO) invites expressions of interest (EOI) from HHSs nominating an eligible rural and remote Health Practitioner to receive:
* reimbursement for associated fees in undertaking a Graduate Diploma course in research
* facilitated mentoring support program
* Successful applicants will complete a relevant graduate diploma course in research, participate in the facilitated mentoring program, and develop a research proposal and protocol for a clinical or service development project/study of relevance to their local service setting.
* Please read the accompanying Information Sheet before completing this expression of interest. A copy of the information sheet can also be obtained by contacting the OCAHO at
* [HP-Research@health.qld.gov.au](mailto:HP-Research@health.qld.gov.au).

### Submission details

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| Due | 1st May 2024 |
| Submit to | [HP-Research@health.qld.gov.au](mailto:HP-Research@health.qld.gov.au) (subject line “EOI: RRR-Cap Graduate Diploma of Research Funding Support”) |
| Instructions | Incomplete EOIs will not be accepted. Complete EOIs have all required signatures (page 7) supplied by the due date. Please submit:   * one signed copy of the EOI in PDF format (.pdf). * Other supporting documentation i.e. CV and role description/s |

### Nominated employee details

| * Full name including title | * [insert] |
| --- | --- |
| * Profession | * [insert] |
| * Position title | * [insert] |
| * Classification | * HP3  HP4  HP5  HP6  HP7  HP8 |
| * Base facility, location and HHS | * [insert] |
| * Employment status | * [insert if temporary or permanent employment in the position. If temporary, insert the end date of the current employment agreement] |
| * Appointment | * [insert FTE of individual's appointment e.g. 1FTE] |
| * Commencement date | * [insert date of commencement in this position] |

### Nominated employee details (continued)

| * Is a CV supplied? | * Yes – CV is attached that lists at a minimum all qualifications and all positions held as a health professional along with any relevant awards or achievements (NOTE: referees are not required). |
| --- | --- |
| * Office phone / mobile | * [insert phone number] |
| * Email address | * [insert email address] |
| * Graduate Diploma course proposed for funding | * Institution (university): [insert] * Course title (in full): [insert] * Course code (if known): [insert] |
| * Course eligibility | * The nominated employee confirms he/she meets the admission requirements for enrolment in the nominated graduate diploma course including meeting the criteria for a *domestic tuition fee paying student* (refer to funding support EOI information sheet). |
| * Proposed study commencement date | * [insert] |

## Supporting statements and strategic alignment

* The nominated employee can provide a brief supporting statement for this EOI. The supporting statement/s should focus on:
* how the funding support and targeted development of research skills will provide benefits for the local service, including links to strategic priorities for the organisation.

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| * Statement 1: Employee * Why are you interested in this program and what would you like to achieve? * [insert statement (up to 350 words). Include in your statement the motivation for applying and what you would like to do with your research proposal when its developed e.g. higher research degree, apply for a grant etc] * Statement provided by: [insert name and position] |

### Operational supports

* The operational manager is responsible for oversight of the nominated employee’s engagement with post-graduate study and mentoring requirements, and will provide operational advice / support in relation to the development of a research proposal, and for reporting to the OCAHO.
* The operational manager (or HHS delegate) is requested to provide a brief supporting statement that includes the support that will be provided for the nominated employee to engage in the education and mentoring opportunities of this initiative.
* Examples may include allocating work time for education activities, local peer support arrangements, operational support for the project, team readiness building for changes associated with the project etc.

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| * Statement 2: Manager * [insert statement (up to 350 words) including operational supports that will be provided to assist the employee e.g. time, access to data, etc] * Statement provided by: [insert name and position] |

## Research proposal

* As outlined in the EOI information sheet, the nominated employee will develop a research proposal through their Graduate Diploma studies and participation in this program. The research proposal does not need to be implemented within the term of the funding agreement but may enable the employee to subsequently apply for enrolment in a higher degree by research or to apply for a grant to undertake the project proposed. As the purpose of the Graduate Diploma in Research opportunity is to enable the nominated employee to comprehensively scope a research project, it is not expected that this EOI will present detailed information or a definitive plan. Provide a concise outline below of the current ideas for the research proposal.

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| --- | --- |
| * Project name | * [insert] |
| * Please describe how your project aligns with “Optimising the allied health workforce for best care and best value: A-10 year Strategy 2019-2029” and/or your own HHS strategic plan | * [insert] |
| * Background | * [what is the background to the topic and why is it important?] |
| * Aims/Question | * [what are the primary aims and/or research questions you wish to address (dot points)?] |
| * Expected outcomes | * [what contributions / difference will the research can make in practice?] |
| * Other information | * [insert any other relevant information] |

## Conditions of Funding Support

### Funding offer

* Following acceptance of an EOI, the OCAHO will provide a written offer of funding to the HHS representative and nominated employee. The offer will outline the funding commitment of the OCAHO for the nominated employee. The HHS delegate, operational manager and nominated employee will sign the offer and return it to the OCAHO by the due date in order to accept the funding support.

### Reporting

* The below reporting requirements are to be provided to [HP-Research@health.qld.gov.au](mailto:HP-Research@health.qld.gov.au) in order for the HHS and nominated employee to have continued eligibility for the funding support. Failure to meet the reporting requirements may lead to withdrawal of the funding support.

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| Report | Due by | Items |
| Enrolment confirmation | June 28, 2024 | Evidence of enrolment  * Changes to contact information (if any) |
| Scheduled report 1 | September 23, 2024(census date) | * research proposal summary (e.g. abstract / 2-page outline) * academic results / evidence of submission from first assessment in all subjects currently enrolled * tax invoice/receipt of fees paid for subjects **\*** |
| Scheduled report 2 | January 31, 2025 (6 months after commencement) | * brief report (~1 page) on progress of research proposal development, including any completed / draft components (e.g. literature review). * academic results from all subjects currently enrolled * a tax invoice/receipt of fees paid for subjects **\*** * staff expense claim form for fees paid. |
| Scheduled report 3 | August 1, 2025(12 months after commencement) | * completed research proposal\*\* * academic results from all subjects currently enrolled * a tax receipt of fees paid for subjects \* * staff expense claim form for fees paid |
| Scheduled report 4 | September 22, 2025(census date) | * academic results from all subjects currently enrolled * a tax receipt of fees paid for subjects \* * staff expense claim form for fees paid |
| Completion report | January 30, 2026 (24 months after commencement) | * final report on project outcomes\*\* * academic results from all subjects currently enrolled * report on learnings, outcomes and outputs from previous study period, and overall |

**\*Note**: OCAHO cannot process reimbursement on a ‘financial statement’, only a ‘tax invoice/receipt’; OCAHO cannot reimburse any fees that are not paid ‘up front’ including fees deferred to FEE-HELP (taxation system) or student loan program. The tax invoice/receipt must list the subjects undertaken, or evidence of subjects currently enrolled accompany the tax invoice/receipt.

\*\*Templates will be supplied to the employee and manager for the midpoint and completion reports.

## Eligibility

* AHHS is eligible to submit an EOI if the nominated employee meets criteria listed below.

#### Position classification

* Health Practitioner Level 3 (HP3) and above.

#### Position status

* The employee can be temporary or permanent. If temporary, the employees’ appointment should extend to at least three months beyond the funding term. The employee can be full-time or part-time.

#### Position location

* The Applicant’s position base location is classified according to the [Modified Monash Model](https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm) (MMM) as Remoteness Classification MMM Level 3 (large rural town) up to MMM Level 7 (very remote community). A full list of RRR-Cap eligible Queensland Health locations can be found [here](https://www.health.qld.gov.au/hpresearch/html/RRR-Cap).

### Exception reporting

* The HHS will advise the OCAHO within 7 days of the following:

1. The nominated employee:
2. resigns from the position (or other form of position separation). The nominated employee will not have access to the funding support if they leave their position permanently.
3. has a change of employment status e.g. is approved to change from full-time to part-time.
4. takes a period of paid or unpaid leave greater than six continuous weeks or greater than nine weeks in a 24-month period. The OCAHO will liaise with the HHS and nominated employee to determine if completion of the program is feasible within the term of the funding support and determine whether access to funding will be continued.
5. ceases their enrolment in the graduate diploma course prior to completion of all subjects.
6. is at risk of failing to complete the requirements for the graduate diploma in the term of the funding support.
7. completes all requirements for the graduate diploma course.
8. The nominated employees’ position status (permanent, temporary, FTE) changes to no longer meet the requirements for funding.

## Support for the Graduate Diploma in Research Funding Support

* HHSs with nominated employees that have access to the OCAHO funding support will:
* allow relevant staff to participate in reasonable evaluation activities associated with the statewide rural and remote research capacity building strategy.
* ensure relevant ethics and governance approvals are sought before evaluation activities undertaken as formal research coordinated or commissioned by the OCAHO are commenced.
* grant reasonable requests for staff to contribute to promotion, profiling and other media opportunities related to their participation in the research capacity building strategy. Formal approvals will be requested from HHS delegates prior to progressing any media activities.

## Certification

| **Nominated Employee** | | | |
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| I certify that I have read the information and conditions described within this EOI, and that I meet the eligibility criteria. I certify that all details in this application are correct. I understand and agree that if successful, I will be required to meet the terms and conditions of receiving the funding including the provision of all reports and evidence of funding expenditure. | | | |
| * Name | * [insert name] | * Date |  |
| * Signature |  | | |
| **Operational manager** | | | |
| I certify that I have read the information and conditions described within this EOI, and that I support this Graduate Diploma of Research Funding Support application. | | | |
| * Name | * [insert name] | * Date |  |
| * Position | * [insert position] | * Unit |  |
| * Signature |  | | |
| **HHS delegate (e.g. Director of Allied Health, Executive Director of Rural Services)** | | | |
| I certify that I have read the information and conditions described within this EOI, and that I support this application for this Graduate Diploma of Research Funding Support application. | | | |
| * Name | * [insert name] | * Date |  |
| * Position | * [insert position] | | |
| * Signature |  | | |