



## COMMUNITIES OF PRACTICE

# ALLIED HEALTH SOLE PRACTITIONERS

Brisbane South PHN is creating a new Community of Practice (CoP) to connect and support allied health practitioners who operate as sole traders and do not have a multidisciplinary team.

As a member of the allied health CoP, you will determine the type of support you would most value from Brisbane South PHN e.g. personalised education and training.

*A community of practice is a group of people who share a concern or a passion for something they do, and learn how to do it better as they interact regularly  
(Wenger-Trayner, 2015)*

### BUSY PRACTITIONERS NEED A ONE-STOP-SHOP FOR:

- Building your knowledge and expertise, while meeting other like-minded practitioners
- Further developing your referral networks and relationships with other practices
- Knowledge sharing between service providers and finding out about the latest evidence, resources and programs for your patients
- Bringing any local issues/challenges/concerns to the table and having a group of peers to workshop ideas and advocate for change

There are a range of barriers and challenges to achieving integration reported by providers across the Brisbane South PHN region, including making multidisciplinary team care work in the 'real world' and improving knowledge sharing between service providers and linkages within pathways of care.

Brisbane South PHN understands that Allied Health Providers operating as sole practitioners face additional challenges to larger multidisciplinary practices, including:

- Working in isolation
- Managing multiple clinic locations, often without administration support
- Difficulty marketing their services and competing against larger practices/organisations

## QUICK STATS:

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BRISBANE SOUTH  
An Australian Government Initiative

**COMMUNITIES OF PRACTICE  
ALLIED HEALTH SOLE  
PRACTITIONERS**

**REGISTER YOUR INTEREST VIA THE BRISBANE  
SOUTH PHN WEBSITE [www.bsphn.org.au](http://www.bsphn.org.au)**

or complete the form and return to Laura, Allied Health  
Engagement Coordinator.

Name: .....

Practice address: .....

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Please email this completed form to: [alliedhealth@bsphn.org.au](mailto:alliedhealth@bsphn.org.au)