# WA Health Professions Career Pathways

Round 2 Consultation

**HealthWork**
AHP Workforce

# Western Australia Health Professional Career Framework (WA HPCF) Components

1. **Career pathways**: e.g., clinical, teaching, research

2. **Career levels**: e.g., basic, intermediate, advanced

3. **Classification level**: the level at which a worker's minimum pay rate is set (sometimes referred to as their 'level' or 'grade')

4. **Job attributes**: job characteristics that determine the classification level of a job (knowledge, skills, attributes)

5. **Progression mechanisms**: how do you progress (e.g., time based, competency based)

6. **Job description:** the document that describes the classification level and job attributes required of a specific job

# Career pathway examples

**Clinical practice:** direct and indirect high-quality healthcare that is safe, effective and person centred, including advanced or specialist skills

**Research and service improvement:** systematic investigation to increase knowledge and establish an evidence base, and/or involved in translating research findings into practice, policy or further research

**Education / facilitation of learning** - providing instruction and education to build understanding and capability of health practitioners, patients, communities, and/or students in clinical and/or academic environments

**Leadership / management** - leading and managing service delivery, human resources, business units or departments, funding and/or projects inside or outside a direct allied health context, including advocacy

**Strategy / policy making** - driving reforms, leading and developing policy, leading change, implementing disruptive innovations, establishing principles or courses of action and/or transforming processes

**Rural generalist** – the delivery of services to a large range of consumers, for a wide breadth of clinical presentations, across the age spectrum in a variety of healthcare delivery settings (inpatient, ambulatory care, community)

# Career levels (examples)

| Career levels | HWA (2012) | Bandaranaike, S and Kimmerly, M. (2014) | NZ Allied Health Career Framework (2020) | Allied Health Rural Generalist Pathway (Queensland Health, 2023) |
|---|---|---|---|---|
| Level 1 | Work within a known and stable context, consulting when anomalies arise before taking action. | Prescribed Direction<br><br>Highly structured directions and modelling from supervisor/mentor | New entry AH professional | Developing Rural Generalist – Early career (0-2 years), new to rural practice |
| Level 2 | Act independently on routine tasks within scope, and in response to knowable dilemmas. | Bounded Direction<br><br>Boundaries set by and limited directions from supervisor/mentor | AH professional | Developing Rural Generalist - > 2 years professional experience, greater independence in complex decision-making & increasing clinical leadership |
| Level 3 | Act independently in complex situations within scope, and in response to unknowable dilemmas. | Scaffolded Direction<br><br>Scaffolds placed by supervisor/mentor | Advanced AH professional (Educator, Coordinator) | Proficient Rural Generalist – Proficient in own profession with clinical leadership of profession / practice area in team / service |
| Level 4 | Provide vision and direction, and shape and implement strategies and initiatives that enable others to perform as required. | Self-Motivated Direction<br><br>Individual initiates and supervisor/mentor provides guidance | Expert AH professional | Advanced and complex practice in rural generalist settings – consistent with similar roles in urban settings including training and competency requirements |
| Level 5 | No Level 5 | Open Direction<br><br>Individual operates within self-determined guidelines | Consultant AH professional (Team Leader, Professional Leader) | No Level 5 |

# Job attributes
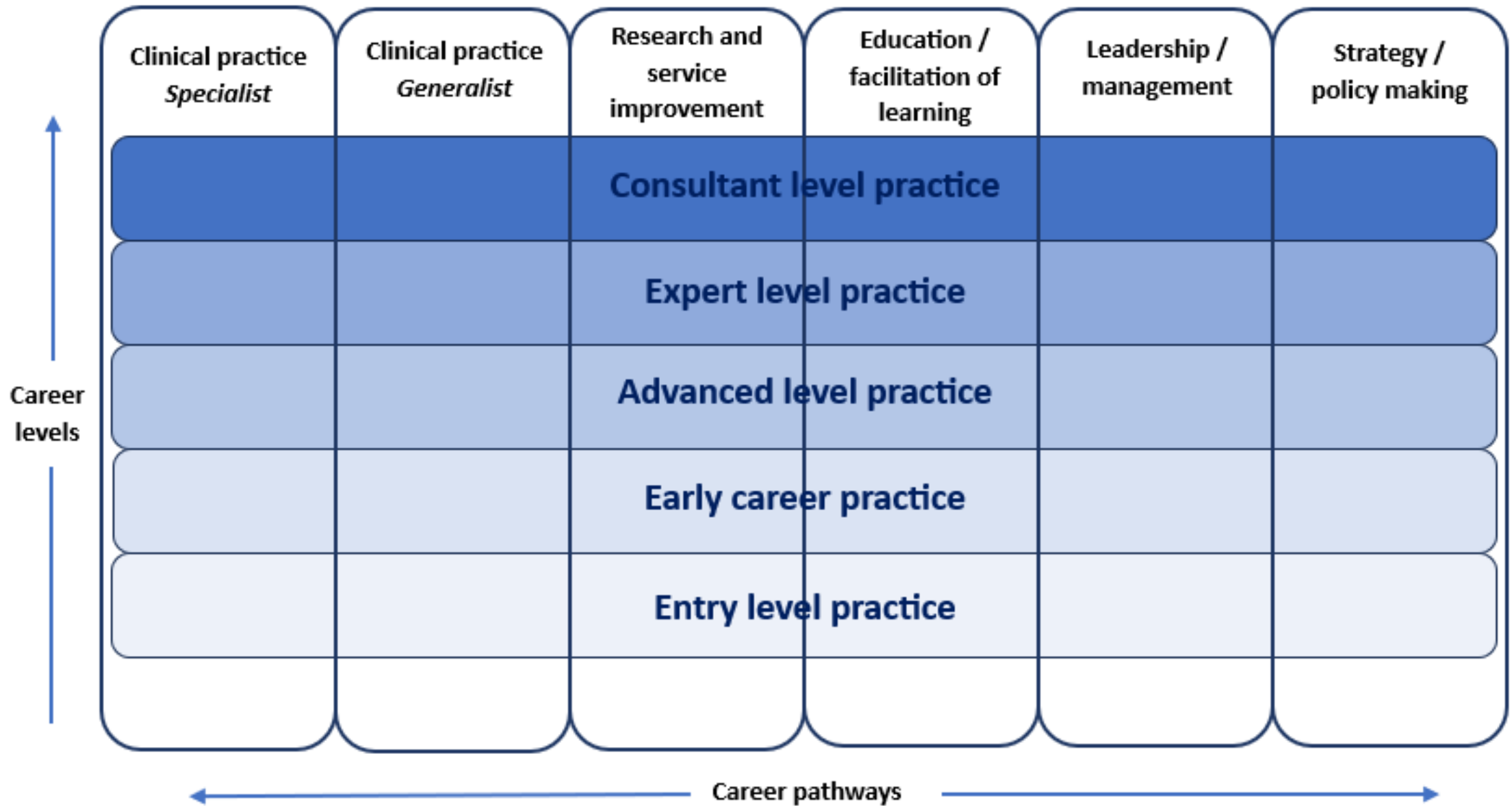
▶ Knowledge

▶ Relationships (liaison with external agencies)

▶ Judgement and risk

▶ Independence / autonomy

▶ Strategic change

▶ Governance level responsibility for clinical and staff outcomes

▶ Communication

▶ Leadership (line management responsibility?)

▶ Responsibility and accountability for resources
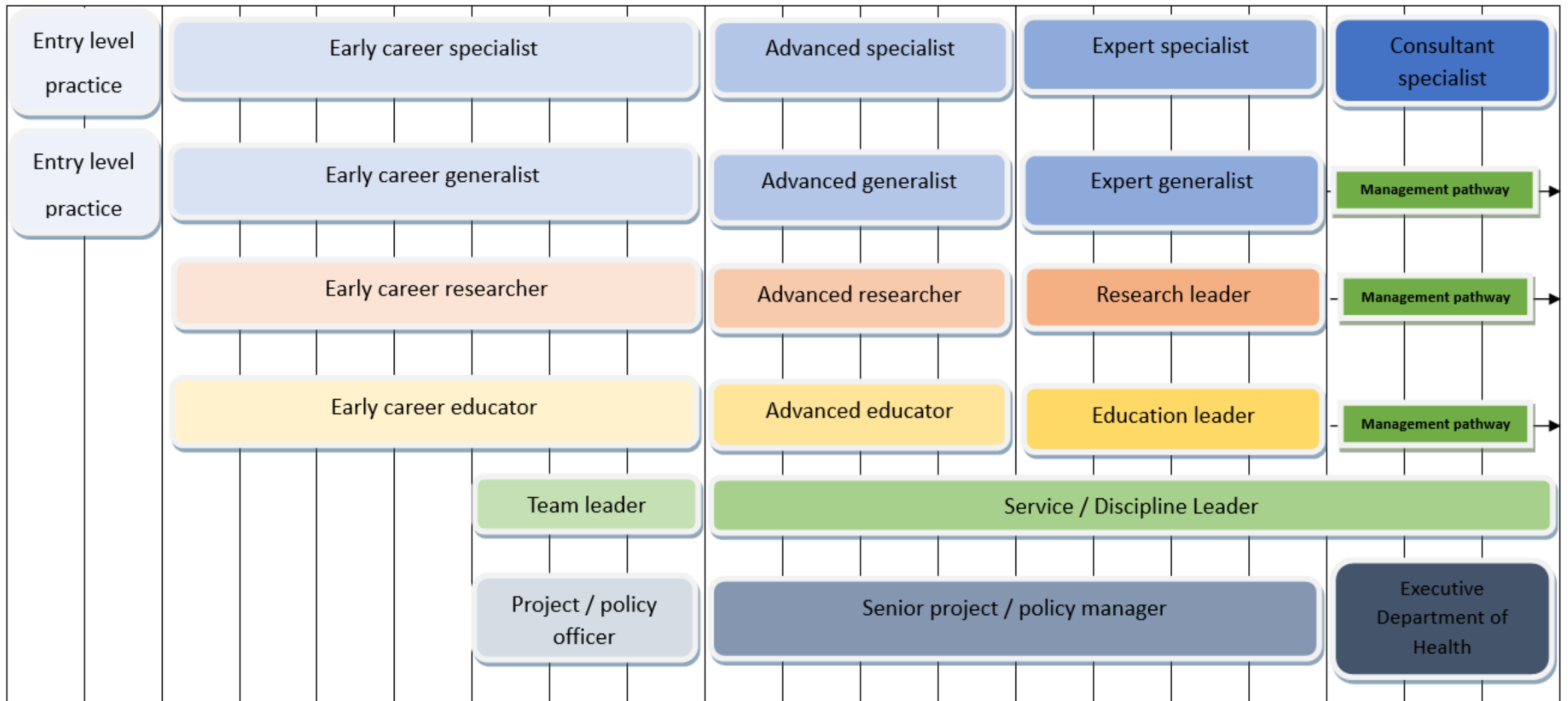
▶ Statewide responsibility (or cross service)

# Benchmarking of pay points in other jurisdictions

▶ WA has 9 levels and 20 pay points (salary range $80,963 - $188,649);

▶ NSW has 8 levels and 23 pay points (salary range $70,944 - $176,309);

▶ SA has 6 levels and 24 pay points (salary range $67,466 - $150,673);

▶ NT has 5 levels and 24 pay points (salary range $64,904 - $155,362);

▶ ACT has 6 levels and 24 points (salary range $66,285 - $157,201);

▶ QLD has 6 levels and 24 pay points (salary range $76,747 - $242,656);

▶ VIC has 7 levels and 26 pay points (salary range $68,067 - $183,527); and

▶ TAS has 6 levels and 30 pay points (salary range $69,117 - $169,988).

# How the career pathway framework addresses themes from consultation

▶ Suite of career pathway opportunities beyond clinical / managerial

▶ Applicable to entire health profession workforce – and provides equity of opportunities for growth *regardless* of profession

▶ Opportunities for smaller professions to progress to advanced scope roles (if the roles can be appropriately created)

▶ Fewer 'hard boundaries' between levels

| Entry level practice | Early career specialist | | Advanced specialist | Expert specialist | Consultant specialist |
| Entry level practice | Early career generalist | | Advanced generalist | Expert generalist | Management pathway → |
| | Early career researcher | | Advanced researcher | Research leader | Management pathway → |
| | Early career educator | | Advanced educator | Education leader | Management pathway → |
| | | Team leader | Service / Discipline Leader | | |
| | | Project / policy officer | Senior project / policy manager | | Executive Department of Health |

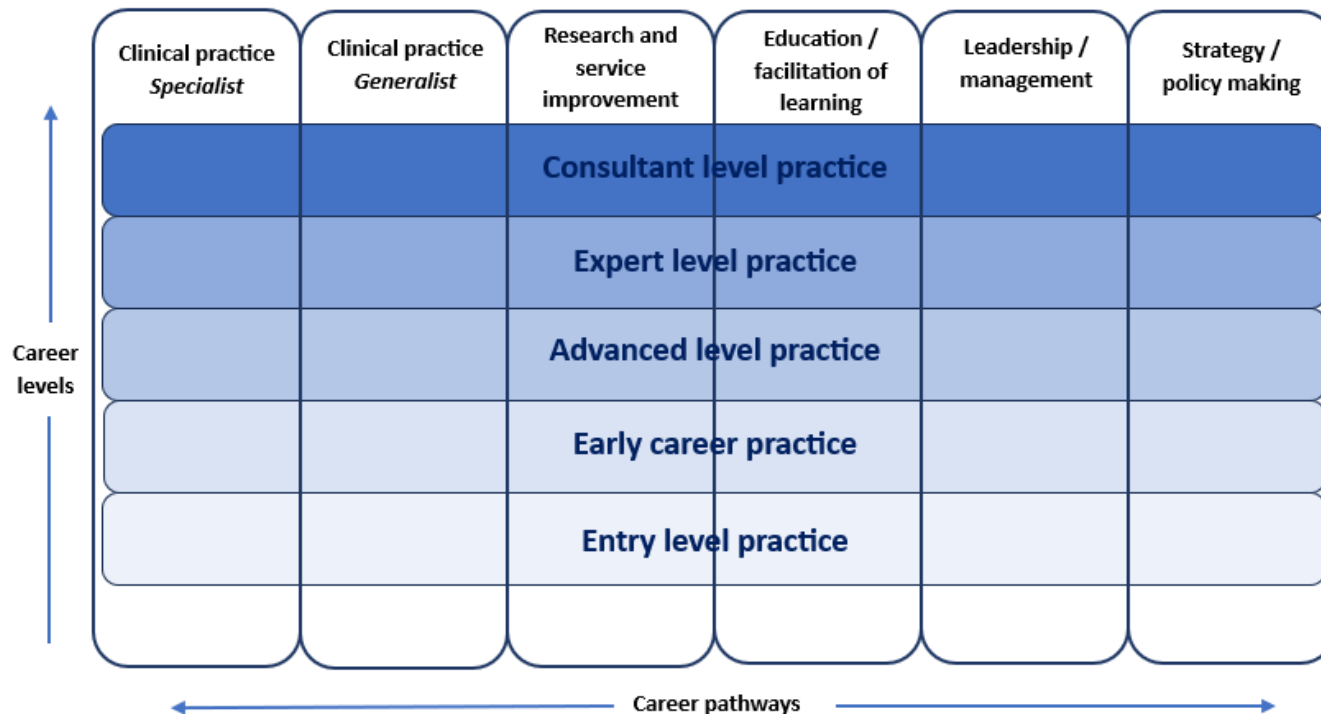| Discussion point: how do you progress? Competency based? | Designated positions and merit steps |

Discussion and feedback

# Discussion question 1: Career pathways

**1a: Are these the appropriate career pathways?**

▶ **Is anything missing?**

▶ **Is anything obsolete?**

**1b: Is '*clinical practice generalist*' preferable to '*rural generalist*'?**

| | Clinical practice *Specialist* | Clinical practice *Generalist* | Research and service improvement | Education / facilitation of learning | Leadership / management | Strategy / policy making |
|---|---|---|---|---|---|---|
| Career levels | | | Consultant level practice | | | |
| | | | Expert level practice | | | |
| | | | Advanced level practice | | | |
| | | | Early career practice | | | |
| | | | Entry level practice | | | |

← Career pathways →

# Discussion question 2: Career levels

- We have proposed a 5 level career framework from entry level practice to consultant level

- Not all career pathways will have access to all levels

- Some other models use a 4 level career framework

- The 4 level career frameworks conflate advanced and expert level

**2a: What do you see as the advantages and disadvantages of the 4 and 5 tier models?**

**2b: Is the 5 level career framework appropriate?**

**2c: Are there other options that should be considered**

# Discussion question 3: Job attributes

▶ The job attributes determine the level at which a job can be classified

▶ Progression will be determined by levels of achievement against specific attributes

**3a: Are these the appropriate attributes for the WA Health Career Framework?**

**3b: What others should be included?**

▶ Knowledge

▶ Relationships (liaison with external agencies)

▶ Judgement and risk

▶ Independence / autonomy

▶ Strategic change

▶ Governance level responsibility for clinical and staff outcomes

▶ Communication

▶ Leadership (line management responsibility?)

▶ Responsibility and accountability for resources

▶ Statewide responsibility (or cross service)

# Discussion question 4: Increments and pay scales

▶ WA Health HSU Award currently has 20 increments and 9 pay levels

▶ Salary banding ranges from $80,963 - $188,649

**4a: Are all of the 'early career' roles equal, or should they be differentiated in terms of their 'ceiling'?**

**4b: What is the appropriate point at which someone moves from 'early career' to 'advanced' (does there need to be a step between the two?)**

**4c: Would the current 9 point scale / 20 increments work on the proposed framework?**

**4d: Are more increments needed?**

**4e: Should executive be included on these increments?**

# Discussion question 5: Progression

5a: Should progression be based on 'time', 'competence', 'performance' or a combination?

5b: Should this vary at different classification levels?

# Discussion question 6: Special attributes of jobs

- In some cases, special attributes of a job (such as hard to recruit to) are accommodated within the pay scale, meaning that someone might accordingly be employed at a higher level than colleagues at a similar level of competence

- This creates clinical governance risks (e.g., not skilled to do the job), but also inequity and unrealistic expectations (e.g., rural P2 returning as metro P1)

**6a: What 'special attributes' or special conditions could be considered in allocation to a pay point that does not disrupt the logic of the classification levels?**

**6b: How should these be determined and rewarded?**

# Other comments, feedback discussion on the proposed model

- ▶ Considerations around implementation
- ▶ Barriers and facilitators to implementation?