HealthWork
AHP Workforce

Independent Review – Career Pathways for Health Professionals

Project Plan (Deliverable 1)

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Context

The allied health workforce is experiencing unprecedented shortages in Australia as a result of an increased population need for allied health, corresponding with new employment opportunities resulting from the growth in funding models in aged care, disability, primary health and mental health.

Recruitment and retention challenges for allied health are not new, as these published articles show (Arnold et al., 2003; Keane, Lincoln, & Smith, 2012; Keane, Smith, Lincoln, & Fisher, 2011; Lincoln et al., 2014; Nancarrow, et.al., 2023). However, the challenges have intensified since the introduction of the National Disability Insurance Scheme and have shifted from being simply a 'rural and remote' problem, to affecting most areas of the allied health workforce. There is also published evidence from NHS England showing the turnover rates of allied health practitioners registered with the Health and Care Professions Council. While not specific to Australia, it is the first systematic analysis of allied health retention rates across all registered AHPs, showing changes over time, and provides a valuable comparison and methodology for consideration by the Australian allied health professions.

Many authors have identified supported career pathways as an important means of influencing workforce retention outcomes (e.g., Chamberlain, 2017; Wakerman, et.al., 2019; Coffman, et.al., 2021). For instance, research by Chamberlain (2017) found that even after …

> *"… controlling for pay, industry, job title, and many other factors, we find workers who stay longer in the same job without a title change are significantly more likely to leave for another company for the next step in their career."*

Ridoutt and Santos (2008) found that one of the five most important things a health service could do in order to become an attractive employer or workplace was to ensure workers had strong and recognisable "job futures". Clear career pathways were integral to perception of strong "job futures", along with associated relevant professional development. Other researchers have found a career pathway is a necessary, but not always sufficient factor in retention. Thus, even when a career path has been created by an organisation, the impact on retention will be limited if perceived support from the direct supervisor is low (Maertz, et.al., 2007) or the pathways are not made clear and well defined to workers (Coffman, et.al., 2021).

WA Health has identified that career progression for allied health professionals is a source of concern and a possible reason for turnover at comparatively low classification levels. The Chief Allied Health Office points out that career prospects in clinical roles are very limited and that career

progress is predominantly limited to administrative roles. There are limited opportunities or incentives within WA Health for allied health professionals to progress into other areas of expertise, including education, mentoring, quality improvement and research.

Deliverables

The purpose of this project is to review the career pathways used in the WA Health system for allied health professionals to support allied health recruitment and retention, while assisting in the development of contemporary clinical practices and new models of care.

a. Review and evaluate the WA health system's career pathways for health professionals[1], focussing on classifications P2 and above, with regard to the qualifications, skills, experience and responsibility of those health professionals;

b. Compare the WA health system's health professional workforce to other jurisdictions in Australia, from both a metropolitan and country health perspective;

c. Consider the size, composition, and geographical distribution of the WA health system health professional workforce; and

d. Make recommendations which:

    - support the retention of a skilled health professional workforce; and
    - align with WA health system workforce priorities to enhance clinical practice and support new models of care and Recommendations 23-27 of the Sustainable Health Review Final Report.

This will include:

- The identification and evaluation of alternative career pathways and organisational structures for health professionals, or potential enhancements or modifications to existing pathways and structures, that could support attraction and retention strategies, provide development opportunities, enhance service delivery, and meet WA Health priorities.
- Drawing from both the current WA Health example and those from other Australian jurisdictions.

[1] Health professional refers to the health professionals and other specified callings listed in paragraph 20.5(a) of the WA Health System – HSUWA – PACTS Industrial Agreement 2022.

- Inclusion of recommendations that could inform future activities to optimise the allied health workforce.

Method

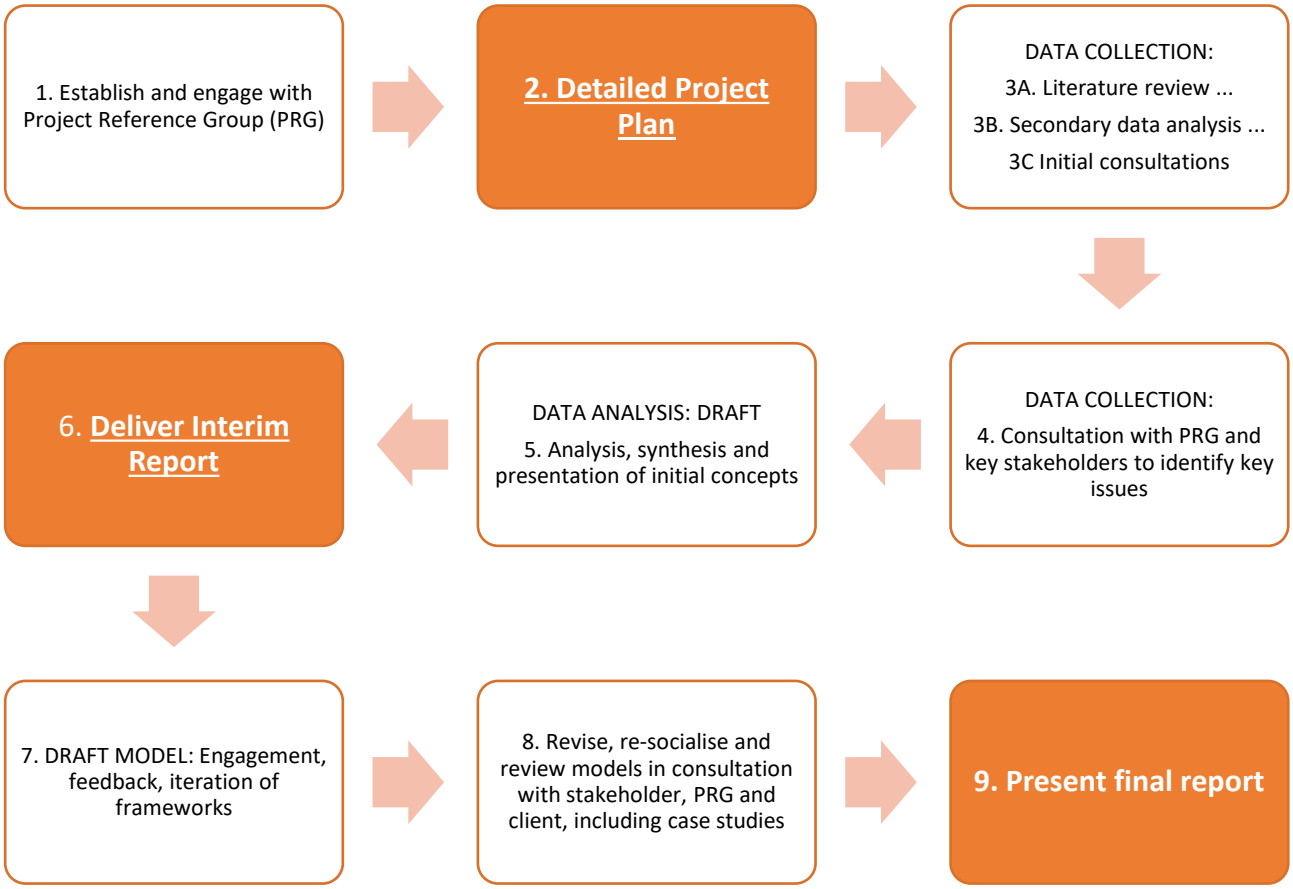
Method overview

To meet the objectives of this project, we will draw on multiple data sources and methods of analysis. The methods will be refined in consultation with a Project Reference Group ((PRG)see section on 'Governance'), but will adhere to the core principles of co-design and emphasise collaborative and participatory approaches to problem-solving, innovation, and decision-making, specifically:

1. Inclusivity: recognising diverse perspectives, expertise, and stakeholders throughout the process and valuing the contributions of individuals with different backgrounds.
2. Participation: actively involving participants as co-creators and decision-makers rather than passive recipients of design solutions.
3. Collaboration: promoting collective problem-solving, pooling of knowledge, resources and creativity, leading to more robust and effective solutions.
4. Co-creation: participants and stakeholders collaborate in generating ideas, prototyping, and refining solutions. It recognises that the expertise and experiences of different individuals are essential for developing meaningful and contextually relevant outcomes and embraces cycles of iteration and feedback, with cycles of prototyping, testing, and feedback.
5. Contextual relevance: developing solutions that are appropriate and respectful of the local context.
6. Transparency and accountability: promoting transparency in decision-making, ensuring that the process and outcomes are accessible and understandable to all stakeholders.

The project activities will be undertaken as shown in Figure 1.

Figure 1: Overview of the steps in the method



Data collection

Literature search and review

A review of the current existing published and grey literature relating to career pathways in the allied health workforce will be undertaken. The literature search will focus on respective state and territory government employment documents, and published literature on allied health career pathways from New Zealand, the USA, Canada and the UK. Further steps will be taken to obtain literature from overseas through personal contact with key informants identified by members of the consultancy team and Reference Group. Team member Beverley Harden will also provide the project with a valuable international context to inform allied health career pathways.

The search processes will interrogate relevant abstract databases including:

- CINAHL , ProQuest, Web of Knowledge
- Medline, PubMed and related electronic databases;
- internet search engines (Google Scholar, Scirus);

- internet sites of State Governments in Australia; and
- citation checking.

Set out in Figure 2 below is the proposed search criteria for the literature review.

Figure 1: Literature search criteria

Search terms

Workforce	**Human resource issues**	**Service settings**
Allied health	Career pathway	Acute care
Therapists[2] (including selected professions)	Career development / progress	Rehabilitation
Technologists[2] (including selected professions)	Education & training	Outpatient care
Scientists	Advanced practice	Community care
	Retention strategies	Rural & remote service delivery

Some initial literature review work on allied health career pathways has already been completed through AHP Workforce's work on the Illawarra Shoalhaven LHD workforce plan[3] with innovative career options having been explored along with the resources for supporting individual allied health professional decision making. This work suggests that allied health career pathways are both a global challenge for employers of AHPs, and a key policy focus in many jurisdictions.

The literature search will also take into account specific issues such as rural and remote health locations, community-based healthcare (where relevant), profession specific issues, and other issues that may be impacted by allied health employees by WA Health.

The literature search will be built around existing documentation already gathered by the Department, the consultant and PRG members.

[2] List of professionals covered by the Agreement include Audiologist, Biomedical Engineer, Clinical Neurophysiology Scientist/Technologist, Clinical Perfusionist, Dietitian, Librarian, Medical Imaging Technologist or Radiographer, Medical Scientist, Nuclear Medicine Technologist, Occupational Therapist, Orthoptist, Orthotist and Prosthetist, Pharmacist, Medical Physicist, Physiotherapist, Podiatrist, Psychologist, Radiation Therapist, Respiratory Scientist, Exercise Physiologist, Sleep Scientist, Social Worker, Speech Pathologist and Sonographer.

[3] Career pathways were chosen by ISHLHD allied health discipline leads as one of three critical workforce elements to address from a recruitment and retention perspective.

Secondary data analysis

Unit record data[4] in de-identified form from the WA Department of Health's Human Resource Management Information System (HRMIS[5]) will be gathered. Data will be extracted as per specifications from AHP Workforce (based on an understanding of the HRMIS variables and the existing dashboard) and after providing assurances of data security to the data custodian.

This data will be analysed to provide a current picture of the size and distribution of the workforce covered by the relevant industrial agreement. Specific issues that will be explored (at a minimum) include:

- relative size (headcount and FTE) of the constituent allied health workforces included in the industrial agreement,
- distribution of the workforces by gender and age (if available),
- distribution of the workforces by Health Service Provider level (i.e. North/South/East Metro Health Services, Child and Adolescent Health Service, PathWest, WA Country Health Service). This should allow some limited analysis of geographic distribution (metropolitan vs country), and
- distribution of the workforces by classification level including a comparison between large and small allied health professions[6].

Initial consultations with the PRG

The findings from the literature review / environmental scan will form the basis of a discussion with the PRG and the HSUWA to identify, understand and validate:

- key issues (themes) around the career pathways for AHPs in Western Australia,
- key stakeholders for further consultation, and
- exemplars and areas of best practice or particular contexts that may be outliers and need special consideration.

We expect this will entail a half day workshop with the PRG possibly facilitated by the Principal Allied Health Advisor. See Appendix 1 for draft Terms of Reference.

The members of the PRG will consist of the following representatives:

- Chief Allied Health Officer, Chief Allied Health Office, Clinical Excellence Division

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[4] If relatively current analysed data and findings, in the form of tables and graphs, is already available then this might avert the need for unit record data. Our preference would be to have access to unit record data to undertake our own analyses, but 'processed' data could also be easier to provide.
[5] We are not sure of the capability of the WA Department's HRMIS, but even if it is only a basic payroll system then the data we seek should be available.
[6] Note – there are some nuances in the workforce to consider, specifically clinical psychologists who were successful in a work value claim and have higher levels for their positions than other AH professions.

- Director, System Wide Industrial Relations, Strategy and Governance Division
- Allied Health Clinician, Tertiary Hospital
- Allied Health Clinician, Secondary Site
- Allied Health Clinician, WA Country Health Services
- Allied Health Clinician, Mental Health
- Allied Health Clinician, PathWest
- HSP Workforce Director

Consultation/engagement with broader stakeholder groups

We propose to hold a series of consultation/engagement activities, such as focus groups and interviews or small group discussions, with key stakeholders based on the outcomes identified through consultation with the PRG and the environmental scan. These broader stakeholder consultations will include:

- Verbal consultations with the HSUWA (in person or remote) with allowance also for the HSUWA to make written submissions on behalf of, and in collaboration with its members.
- WA Health stakeholders, including the Chief Allied Health Officer and leader representatives from key clinical services where AHPs are employed (e.g. public hospitals, mental health services, population health services and community health centres).
- WA Country Health Service executive and AHP rural and remotely located leaders.
- WA Health AHP leaders including Directors of AH and AH Clinical Leads across the many AH disciplines covered by the Agreement.
- WA Health AHP employees (from both smaller and larger AH disciplines).

The consultation will be guided by a set of consultation principles to ensure transparency and inclusivity in the processes. A draft of these principles is outlined below, and will be further developed in collaboration with the PRG.

Draft Consultation principles

1. **Inclusivity:** Ensure a diverse and representative sample of stakeholders, considering factors like age, gender, ethnicity, disability, profession, socioeconomic status, and other relevant criteria.

2. **Transparency:** Be transparent about the criteria and methods used to select participants. Openness builds trust in the process.

3. **Relevance:** Ensure participants are engaged because of their specific area of expertise or knowledge and its relevance to the consultation.
4. **Equity:** Ensure that all groups have an equal opportunity to have their say in this project.
5. **Avoid Conflicts of Interest**
6. **Consultation approaches adapted to the needs of participants:** Ensuring that a range of face-to-face and remote approaches to consultation are available to support equity of access for groups with different needs.
7. **Open Application:** Allow individuals or groups the opportunity to express their interest in participating. This can help in finding interested parties that might have been overlooked.
8. **Feedback Mechanism:** Provide a way for those who were not selected to still provide input or feedback, ensuring their voice isn't completely left out.
9. **Documentation:** Maintain records of selection processes and decisions to provide accountability and for future reference.
10. **Review and Iteration:** Regularly review the selection process to ensure it's effective and adjust as necessary based on feedback and experience.
11. **Respect and Confidentiality:** Ensure that the privacy and confidentiality of all potential and selected participants are respected.

A tentative framework for the extended stakeholder consultations is provided in Figure 3 below. We have commenced discussions around this, and the full consultation approach will be developed with the PRG.

Figure 3: Tentatively proposed consultation framework

Context	***Professions / Disciplines (n=29)***	***Grade / level***	***Remoteness / geography***
Departmental/ Union			
HR			
Unions			
Industrial relations			
CAHO			
AHPs			
Tertiary hospital			
Secondary hospital			
Mental Health			
Pathology laboratories			
CAHS			
Country health WA			
Community / primary care			

Proposed approach

- Engagement processes will be dictated by the context and the specific needs of particular groups
- Members of the PRG will identify existing networks and groups who may be appropriate groups for consultation.
- Consultation with Country Health WA will primarily be undertaken remotely (using videoconferencing)
- Existing networks within pathology services will be used to guild consultation with these teams (and are likely to be remote)

We propose to approach the consultation from the perspective of three different stakeholder groups to reflect the types of organisational and policy / system-wide structures, contexts and supports that will be needed to support individual career pathways. A draft framework for consultation is provided in Figure 4 and will be developed further in consultation with the PRG.

Figure 4: Framework for consultation

Level	Example questions	Who to consult
Individual	• Considerations around different professions / sizes of professions / nature of work • Ambitions around career structure – what does the 'ideal' career pathway look like? • What factors enable / prevent career pathways? • How can AHP be more effectively used to deliver high value care?	AHPs (all levels / grades)
Organisational	• What is the impact of reporting structures and systems • How do opportunities vary by context • What factors enable / prevent career pathways? • Exemplars of good career structures • Meeting professional accreditation/credentialing requirements (eg mandated supervision requirements) • Generalist vs specialist roles / functions • What systems / structures involving AHPs facilitate high value health care	Leads / DAH / discipline leads / managers etc

Global (policy / HR perspective)	• Industrial context • Supply / demand issues • Substitution / trans-disciplinarity • Resource implications • Values, drivers, principles to organise and support the workforce • High value health care using allied health – optimising workforce resources • 'Boundaries' imposed by other professions – eg medical / nursing workforces (to Advanced AHP)	Unions, department consultation, political, policy

AHPW has budgeted travel and accommodation costs for a total of 20 consultant days for consultation processes and the bulk of this will entail face to face consultations in WA. This includes the initial consultations with the PRG, extended consultations with a range of stakeholder groups and consultations that will consider draft career pathway models. Accordingly, and wherever appropriate, engagement activities will be undertaken face to face. Although, travel to rural and remote areas will be rationalised and some key stakeholder consultations will need to be undertaken remotely by Teams or Zoom. It is anticipated that the WA Country Health Service will organise these consultations in order to optimise consultation with managers and practitioners in rural and remote areas.

The engagement activities will be structured in a way that optimises collaboration between the participants and the project team (e.g. drawing on real world examples of issues or challenges of the existing career pathways within teams or organisations and collectively solving the problem). As well as expanding our understanding of the current situation, the consultations will be openly seeking local examples of innovative thinking and practice. Summary notes and impressions will be developed at the completion of each consultation by the evaluators. Where accepted by the interview/focus group, participants consultations will be recorded. These will not be transcribed but will be used to validate and/or expand upon notes taken at the time of the consultation. All consultations will be conducted in keeping with the *National Statement on Ethical Conduct in Human Research* (The National Health and Medical Research Council, 2018).

To allow participation of key stakeholders that could not be available for scheduled consultations, AHPW has the ability to record engagement activities. For participants who are unable to attend, an asynchronous data collection approach will be made available using semi-structured written feedback options (subject to participant approval).

Data analysis

Literature review

The findings of the literature review and the feedback from the advisory groups will be combined to draft the first stage of consultation and iteration and will be returned to the PRG for input and consultation.

This will include a summary of key themes arising from the stakeholder feedback and models or frameworks arising from the best practice, including preliminary case examples of innovative and best practice in supporting allied health career pathways already being employed. The literature review will attempt to differentiate between disparate types of literature, reflect research studies of reasonable scientific method and articles that enhance the understanding of current practices, offer viewpoints of specialists in the field (e.g. editorials and commentaries) and reports on surveys of opinion.

Analysis of secondary data

The analysis of the quantitative data will mostly be simple statistical descriptions in the form of frequency distributions (presented as tables or graphs).

Some cross tabulations will also be attempted to explore the influence of different variables on career structures, for instance factors like the type of AHP, size of the service, location of the service, etc.

Analysis of data from consultations

Data from the consultations will primarily be text or qualitative data. The aim of qualitative data analysis will be to provide a subjective view of peoples' work lives, and identify the meanings that people give to the concept of 'career' in their natural settings (Pope & Mays, 2000).

A combination of content and thematic analysis (Ezzy, 2002) will be used to explore themes and concepts within the interview and focus group data. Initially themes will be identified from the literature (and the structure of the interview and focus group schedules) but allowance will be made for other themes to be elicited. Text from the consultations will be coded thematically to identify common themes across stakeholder groups and locations. Links between the thematic codes will

then be explored to identify the relationship between themes and possible workforce (e.g. retention) outcomes.

This approach gathers separate pieces of data to allow complex relationships between data to be identified (Richards, 2005).

Data and privacy

Only the members of the project team will have authority to access data for the purposes of analysis and reporting. The project team consists of Susan Nancarrow, Lee Ridoutt, Nicki Atkinson and Beverley Harden. The individual team members are described in the Section 'Project Team Members'.

All data will be stored securely. Electronic copies of data files will be password-protected and hard copies will be stored in a locked filing cabinet.

All quantitative [secondary] data will be transferred to Lee Ridoutt since he will be the team member responsible for the secondary data analysis. Data will be stored on a SharePoint network located in the cloud. Access to the network is password protected and only Susan Nancarrow, as the Project Leader will have access to these files other than Lee Ridoutt.

All digital files will be individually stored with password protection and only the two above-mentioned members of the consultant team will be allowed access to the files.

The data will be securely disposed of after five years (or sooner if desired), in a way that ensures the privacy and confidentiality of workers. Electronic copies will be deleted from folders and the recycling bin facility of computers in accordance with any WA Department of Health guidelines.

Only analysed and aggregated data will be presented in reporting publications. Interview notes will be kept with AHP Workforce on a secured shared file arrangement between the researchers.

All hard copy and digitised field notes will be rendered non-identifiable at the individual level. This data will, however, be re-identifiable and re-identifier lists will be used to manage the process of withdrawal of data associated with any respondents who may subsequently choose to withdraw their consent for participation. The re-identifier list will be stored in a password-protected Word document on a password-protected server folder. The re-identifier list will be separate to the data and only available to research team members.

Reporting

Deliver interim report

The findings of the literature review, analysis of secondary data and the feedback from the advisory groups and broader stakeholder consultations will be combined to form the interim report. The outcomes of this project will provide a valuable blueprint for recommendations in line with the vision for allied Health in WA Health.

The interim report will include a summary of key themes arising from the various data collection sources, and present initial models or frameworks arising from the best practice, including preliminary case examples of innovative and best practice in supporting allied health career pathways already being employed.

Engagement, feedback and iteration of career pathway frameworks

Based on the feedback from the interim report, it is likely more data will be required, the findings modified, and then further targeted stakeholder consultations undertaken.

As per earlier consultations, it is proposed multiple separate stakeholder engagement sessions which will involve the presentation of the synthesis of the feedback from the interim report combined with the suite of draft options developed as a result of the consultation feedback and literature review be undertaken. These consultations would be based in Perth for one week during which time as many consultations as possible could be conducted. These consultations are planned as both face to face and remotely. For those stakeholders that cannot make either form of consultation, a structured written feedback process will be facilitated.

The exact session structure will be developed in consultation with the PRG but may include preparation of a written report and a pre-recorded presentation of the key findings and overview, followed by a 1–1.5-hour discussion with participants, inviting feedback in a structured way. Asynchronous options for providing feedback will be offered to participants, to maximise the breadth and depth of feedback we receive.

Although an outcome of these consultations and the co-design processes is not pre-empted, it is anticipated an allied health career pathway will be produced that is relevant to the range of contexts required within WA Health.

It is important at this stage to closely engage with stakeholders to ensure that proffered options:

(1) meet the statutory and administrative requirements of WA Health,
(2) do not disrupt unnecessarily the structures of the industrial agreements of the HPs,

(3) align with strategy recommendations of the Sustainable Health Review (2019),
(4) satisfy the guidelines of work value for any proposed parts of the career pathway as per the *Health Professionals Work Value Review* (2018), and
(5) recognise the needs of WA Health allied health professionals in various settings (such as rural/remote, specific contexts or communities).

Present final report

Following feedback from the PRG and stakeholders, the penultimate tool will be presented to, and discussed with the stakeholder groups to help ensure ownership of the processes and outputs by the participants and identify any further enablers to support implementation.

Following detailed feedback from stakeholders, the draft report will be presented to WA Health, and finalised according to the time frames specified in the contract.

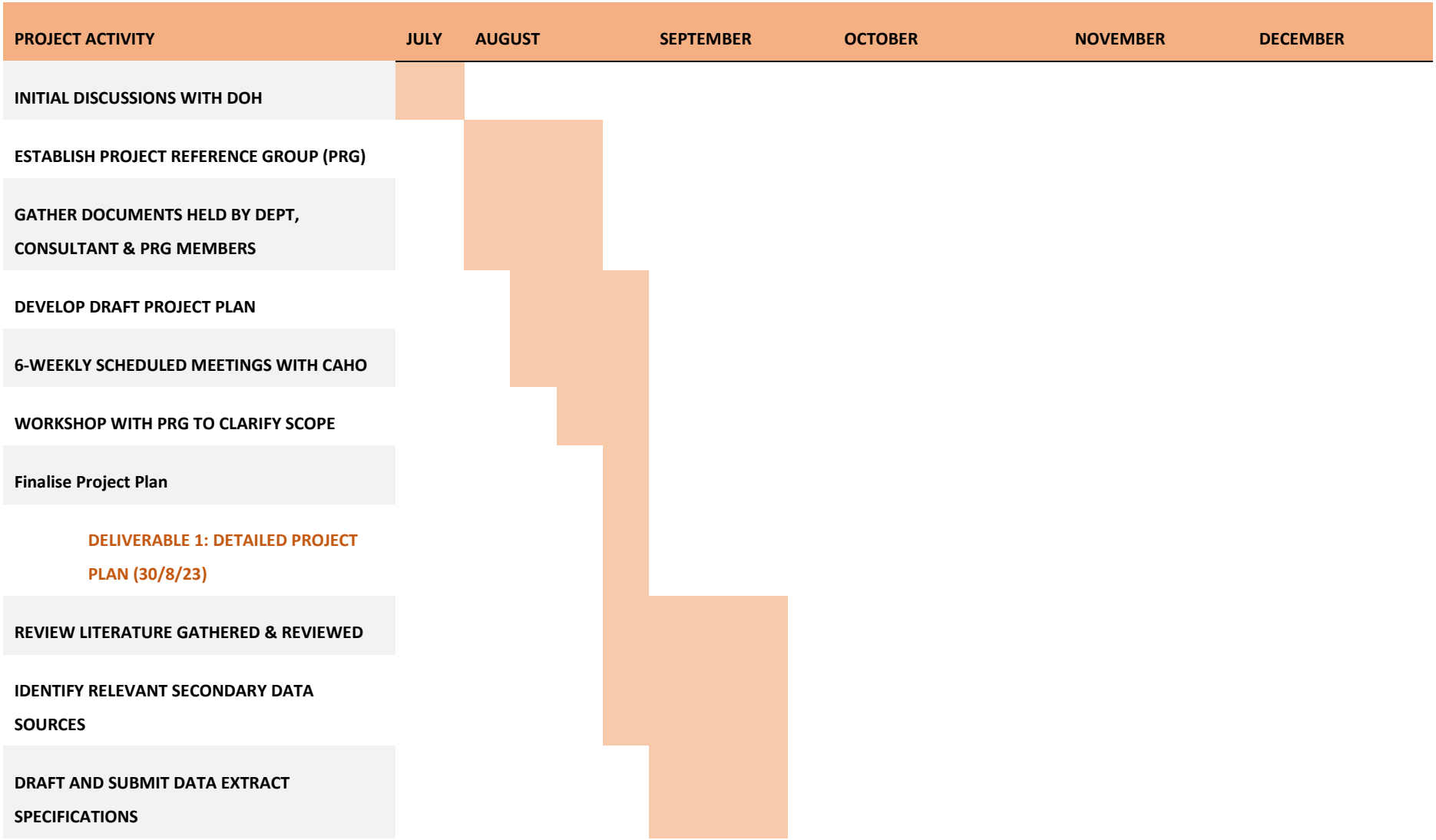
Ethics

A low-risk ethics application will be submitted through Southern Cross University at an additional cost. This will ensure that the results could be published if that was desired.

Project timeline

A detailed timeline is provided in Figure 4 below. The project commences on the 1st August 2023 and will be completed in the second half of 2024.

Figure 4: Proposed timeline for consultancy project (12 months)



PROJECT ACTIVITY	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
SECONDARY DATA ANALYSIS						
INITIAL DRAFT 'CHAPTER' WRITTEN ON REVIEWED LITERATURE						
INITIAL DRAFT 'CHAPTER' ON SECONDARY DADTA ANALYSIS						
AGREE ON AND PREPARE FOR STAKEHOLDER CONSULTATION PROCESSES[7]						
CONDUCT FIRST ROUND OF STAKEHOLDER CONSULTATIONS IN PERTH AND ONLINE (ENDS 8/12/23)						
ANALYSIS AND SYNTHESIS OF CONSULTATION DATA						
DEVELOPMENT OF PRELIMINARY FINDINGS (INCL. MODELS)						

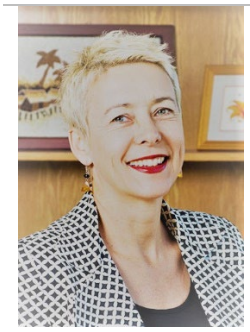
[7] Includes F2F, remote and asynchronous data collection

PROJECT ACTIVITY	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
DRAFTING OF INTERIM REPORT (INCLUDING LITERATURE & SECONDARY DATA) AND ONE PAGER						
INTERIM REPORT SUPPLIED, REVIEWED & REVISED (2/2/24)						
FINALISATION OF ONE PAGER SUMMARISING CONSULTATION FINDINGS TO SHARE WIDELY (2/2/24)						
DEVELOP CONSULTATION PAPER WITH DRAFT CAREER PATHWAY FRAMEWORK						
SUPPLY CONSULTATION PAPER WITH DRAFT CAREER PATHWAY TO DOH FOR FEEDBACK						
SOCIALISE CONSULTATION PAPER WITH DRAFT CAREER PATHWAY WITH ALL WA HEALTH STAFF						
CONDUCT SECOND ROUND OF STAKEHOLDER CONSULTATIONS F2F IN PERTH (EARLY MAY)						
ENGAGEMENT, FEEDBACK AND ITERATION OF CAREER PATHWAY MODELS						
ANALYSIS AND SYNTHESIS OF DATA						

PROJECT ACTIVITY	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
CONSULTATION WITH PRG & HSUWA						

PROJECT ACTIVITY	JULY	AUGUST	SEPTEMBER
DRAFTING OF PRELIM. FINAL REPORT			
FINAL PRESENTATION / ENGAGEMENT WITH PRG			
REDRAFT FINAL REPORT BASED ON FEEDBACK			
FINALISE REPORT AND SUBMIT			
PROJECT COMPLETION REPORT AND CONTENT PRESENTED TO DOH FOR APPROVAL (30/08/24)			

Project team members



Adjunct Professor Susan Nancarrow *- PhD (ANU), Master of Applied Science (Research) (QUT), Bachelor of Applied Science (with Distinction) Podiatry (QUT), GAICD*

Senior leadership / management

Extensive senior leadership and management experience across higher education and health care sectors including Deputy Vice Chancellor (Vice President) Research, Chair of Academic Board, and Director of Research (Health) at Southern Cross University; multidisciplinary team leader ACT Health and Community Care; Senior Podiatrist; small business owner / manager.

Experienced Chair, Director and Trustee of several statutory and not-for-profit organisations in health care and education.

Organisational development and capacity building

Assisting organisational and team improvement through structured facilitation in interdisciplinary team development, strategic planning, research capacity building; coaching; supervision development; grant writing; and enhancing organisational governance.

Research, consultancy and project management

Health services researcher with 20 years' international experience (UK and Australia) in health workforce reform, service delivery and organisation with particular expertise in allied and community health, regional and rural health issues, new models of care and capacity building.

Recent projects include:

- the Victorian Allied Health Workforce Research Project, involving large scale mapping of 27 allied health professions and in-depth analysis of 11 professions for the Victorian Department of Health and Human Services (3 year project);
- use of telehealth to keep older people independent at home with Feros Care;
- primary health care integration of allied health and general practitioners;
- use of social media to engage with health service users;
- evaluation of the rural generalist training program.

Outputs and impact on health care policy, patient experience, service delivery and policy and over 80 peer reviewed journal publications, reports and book chapters.

Allied Health Clinician

Qualified podiatrist with experience in community health care (publicly funded); private practice (as employee and business owner); Aboriginal and Islander Health Services; volunteer in Northern India.

Mr Lee Ridoutt

Adjunct Associate Professor Lee Ridoutt *BSc (UNSW), MA Education & Work (Macquarie University), Adjunct Associate Professor, Notre Dame University, Member AHRI, Member Australasian Evaluation Society*

Over 30 years of consultancy, Lee has many career highlights. As well as consulting within Australia, he has provided consultancy in Asia to British, American and Australian companies, as well as consultancy assignments with some of the major United Nations organisations such as WHO, UNICEF, UNDP, EBRD and the World Bank. Most of these overseas assignments have been in challenging low- and middle-income country environments such as Solomon Islands, Papua New Guinea, Mongolia, Ukraine, Malaysia, Tonga, Bangladesh and Egypt, and more developed economies such as Ireland, Saudi Arabia and Hong Kong. All of these assignments have involved helping to improve human resource planning and management responses.

Lee is best categorised as a strategic planner specialising in health human resources. Lee has specific skills in working with, managing and analysing program / service problems, through the design and evaluation of workforce interventions. He has extensive health service and organisational evaluation research experience, underpinned by a philosophy espousing primacy of customer needs in assessing the appropriateness of service delivery. He is a highly experienced qualitative researcher and quantitative data analyst.

Lee's strategic HRH journey began through eight years employed in the NSW Department of Health, the last 4 years as the **Director of Health Workforce Planning**. During his employment in NSW Health, he designed and planned health workforce policies to optimise the delivery of health care. Since forming HCA Lee has continued to undertake many health workforce planning projects, helping to establish his company's reputation in this comparatively niche field of consultancy.

Professor Beverley Harden MBE

Professor Beverley Harden is the Deputy Chief Allied Health Professions Officer for England, and Health Education England's Allied Health Professions Lead. In a career spanning more than 30 years, she is recognised nationally as an accomplished health service leader with both operational and strategic leadership experience.

Professor Harden has led a variety of large multi-professional healthcare services, NHS trust education services and complex service and workforce transformations across systems as national advisor to the NHS England New Models of Care team. Since 2018 she has led work in her current role across England to enable employers to realise the full workforce potential of the fifteen Allied Health Professions, secure and grow the future workforce and develop the skilled allied health support, assistant practitioner and technician workforce.

In 2021 Professor Harden established the Centre for Advancing Practice to bring together clinical and education experts from across all professions, to develop educational and career pathways for enhanced, advanced and consultant-level practice. This is enabling more highly skilled staff to pursue more inclusive clinical career opportunities as advanced and consultant practitioners.

Beverley's clinical roots are as a physiotherapist. She worked as an expert clinician in critical care and with people with chronic respiratory failure requiring home ventilation and rehabilitation. Her clinical work has focused on optimising person-centred quality of life outcomes. Beverley's voluntary contributions to the work of the Chartered Society of Physiotherapy notably includes establishing safe and effective national on-call standards and guidance.

As a Visiting Professor at the University of Winchester, she continues her research activity and is committed to the development of education and training to optimise capability across the workforce. Outside of the NHS Beverley is a Board Trustee for Carers UK and, as a carer herself, is a passionate advocate for unpaid carers across the UK.

Professor Harden is a Fellow of the Chartered Society of Physiotherapy, and in recognition of her services to healthcare, she was awarded an MBE in the King's 2023 New Year Honours list.

Ms Nicki Atkinson – *Master of Public Health (UQ), Bachelor of Physiotherapy (Honours) (UQ), Member Australian Physiotherapy Association, Member Public Health Association Australia*

Project management
Extensive project management experience including the ability to plan, coordinate and be responsible for several concurrent project activities, while working to tight deadlines. Outputs include impacts on patient experience, health system integration and service delivery.

Leadership
Leading teams, including allocation of resources, and promoting collaboration and a positive high-performance culture.

Communication
Establishing and maintaining effective relationships with internal and external stakeholders, including government agencies, peak bodies and communities. Utilising interpersonal skills to maintain positive partnerships through negotiation, networking and advocacy.

Allied Health Clinician
Qualified physiotherapist with experience in acute and community settings in public and private hospitals across Australia and the United Kingdom, and community aged care. Currently working as a casual physiotherapist in a public hospital.

Project governance and quality

Establish a project reference group (PRG)

A PRG will be established with key stakeholders to be determined by the Department of Health (e.g. CAHO, industrial relations), and may include some Directors of Allied Health, a sample of managers of key clinical services and professional leaders in some large and some small disciplines from within the Professional Division award. Strong representation of the rural 'voice' would be expected through representation of the WA Country Health Service. The PRG is a critical component of co-production of the project processes, consultations and deliverables.

The purpose of the PRG is to ensure project governance and oversight.

The research team will work closely with the PRG and meet at key times during the research process (see timeline above). The first meeting of the PRG will be used to review this Project Plan that will be subsequently agreed and set the direction for the research. The following issues will be discussed at the initial meeting:

- scope of the review, especially the openness to change,
- proposed method and activities,
- allocation of responsibilities (department/consultant/other stakeholders),
- data available for analysis (including secondary data from the human resources information system and any appropriate documentation),
- governance arrangements,
- communication and reporting requirements, and
- project risks.

Project management

Susan Nancarrow will lead the project and take responsibility for the project structure, deliverables, reporting and all outputs, including delivery of the final report. LR and our project officer (Nicki Atkinson, NA) will coordinate the literature review and the secondary data analysis, SN and LR will coordinate the initial and subsequent consultations. SN, LR and NA will participate in the co-design activities and engagement.

Professor Harden will provide expert advice and input through project team meetings, as well as guidance on relevant international literature. Professor Harden has been the successful recipient of a Churchill Fellowship and is intending to visit Australia in early 2024. We will attempt to align our second engagement event in Western Australia with that visit if the timing is suitable.

Risk mitigation strategy

Risk assessment is completed to determine the likelihood and impact of an issue affecting the project and what management principles will minimise or eliminate that particular risk. A standard risk matrix (likelihood/consequences) will be used to define the level of risk severity for identified risk factors.

Risk assessment will be used as an ongoing project management tool allowing for future or potential risks to be identified, assessed, managed and evaluated before impact occurs.

The scoring matrix and table below provide an early assessment of potential risks and associated risk mitigation strategies.

Table 1: Risk matrix scores

Likelihood (L)		Consequences (C)				
		low	minor	moderate	major	critical
		1	2	3	4	5
Low	1	1	2	3	4	5
Unlikely	2	2	4	6	8	10
Possible	3	3	6	9	12	15
Likely	4	4	8	12	16	20
Certain	5	5	10	15	20	25

Other anticipated risks for this project are also listed in the table below.

Table 2: Risks assessed for this project and possible risk management strategies

The risk *What can happen?*	Likeli-hood	Conse-quence	Risk rating	Risk mitigation strategy
Ethics approval required which could delay data collection	Possible	Moderate	9	**Several research components (e.g. the literature review) can proceed until ethics approval obtained.**
Key project team members become unavailable to undertake the	Unlikely	Minor	2	**All experienced team consultants will be involved with (and therefore fully briefed about) this project. Although all team members have relevant skills, each has**

The risk *What can happen?*	Likeli-hood	Conse-quence	Risk rating	Risk mitigation strategy
agreed project activities				**been assigned a proportional role which can be easily adjusted over the course of the project if unforeseen circumstances/unavailability of one or more team members requires review of roles.** **Additional very experienced researchers can be called upon if needed.**
HSUWA could decide not to participate in the project	Possible	Major	12	**A strong communication channel will be set up with the HSUWA to ensure they are fully engaged in the project. As much as possible HSUWA will be treated as 'partners' in the research.**
Interviews with key informants cannot be conducted face-to-face	**Likely**	**Minor**	**8**	**Interviews with key informants can be conducted by phone or video during the consultation process with only limited loss of effectiveness. Stakeholders given a chance to provide input to consultations outside of the set consultation periods.**

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Appendices

Appendix 1: Draft Terms of Reference

INDEPENDENT REVIEW – CAREER PATHWAYS FOR HEALTH PROFESSIONALS

Terms of Reference

1.0 Name

The Group will be known as the Project Reference Group (PRG).

2.0 Purpose

The Department of Health has engaged AHP Workforce to undertake an independent review of career pathways for Health Professionals in the WA health system.

The role of the PRG is to monitor the delivery of the Independent Review – Career Pathways for Health Professionals including considering and advising the appointed consultant, AHP Workforce on the needs of the WA health system to best support the provision of safe, high quality and sustainable health care.

In conducting the review, AHP Workforce will consult with stakeholders including but not limited to the PRG, the Health Services Union of WA, the Department of Health including the Chief Allied Health Office, and Health Service Providers.

This review will identify and evaluate alternative career pathways and organisational structures for health professionals, or potential enhancements or

modifications to existing pathways and structures, that could support attraction and retention strategies, provide development opportunities, enhance service delivery and meet WA health system priorities.

3.0 Scope

3.1 In scope

The scope of the review include:

- This review will be applicable to allied health professionals (inclusive of health science professionals and pharmacy) employed by the WA health system as health professionals and other specified callings under the HSUWA – PACTS Industrial Agreement, or its successor.
- The focus will be career pathways from classification level P2 and above.
- All WA health system allied health employees are within scope for consultation

3.2 Out of Scope

The following groups are outside the scope of the review:

- Allied health professionals not directly employed by WA Health, such as those employed by private-public partnerships.
- Support roles including allied health assistance.
- Dental officers are covered by a different industrial agreement and will not be included.

4.0 Accountability

- The PRG is accountable to and will report through the Chief Allied Health Officer, to the co-Executive Sponsors Assistant Director General, Clinical Excellence Division and Assistant Director General, Strategy and Governance Division.
- The PRG advice and recommendations requiring the endorsement of the Health Executive Committee (HEC) will be referred via the Assistant Director General, CED in consultation with the Assistant Director General, Strategy and Governance Division.

5.0 Membership

The members of the PRG will consist of the following representatives:

- Chief Allied Health Officer, Chief Allied Health Office, Clinical Excellence Division
- Director, System Wide Industrial Relations, Strategy and Governance Division
- Director, HSP Workforce
- Allied Health, Tertiary health services
- Allied Health, Secondary health services
- Allied Health, Country health services
- Allied Health, Mental health
- Allied Health, Pathology
- Allied Health, Paediatrics

AHP Workforce Project Team will attend as required to report to the PRG.

5.1 Chairperson

The Chairperson will be the Chief Allied Health Officer

6.0 Responsibilities

The responsibility of a member is to:

- provide expert advice, be aware of emerging activities and issues to enable informed discussion at meetings
- participate actively and constructively in meetings
- complete any actions and/or out of session items agreed at meetings within the stipulated timeframe
- give proxy members the authority to represent that member's views on all issues of relevance.
- advise on most appropriate stakeholders and modes for consultation.
- support (and as appropriate, drive) actions required to deliver review.

7.0 Confidentiality

The proceedings and discussions of the PRG are confidential and are not to be disclosed except to the extent required to enable members to comply with decisions, actions and directions.

The PRG will ensure that the integrity of the current contract with AHP Workforce is maintained during the work of the PRG. Communications with the current contractor will be limited to approved consultation.

Any other communication will require permission of the Chair and if approved will be directed to the Department of Health contract manager for consideration and communication with AHP Workforce.

8.0 Conflict of Interest

A member of PRG who has duties or interests in conflict with their duties or interests on the committee, whether direct, indirect, financial, material or otherwise, must withdraw or declare a possible conflict of interest to the Chair of the PRG in accordance with the Department of Health Mandatory Policy MP 0138/20 Managing Conflict of Interest Policy.

The member shall withdraw from the PRG for the duration of the deliberation in question, prior to any discussions or decisions on the matter being undertaken unless the Chair determines the conflict is trivial or unlikely.

9.0 Co-Option

The PRG can co-opt other persons in an advisory capacity. The Chair of the PRG will ensure invited persons are aware of their responsibilities and obligations with regards to confidentiality.

10.0 Proxy

Proxy attendance at meetings is permitted only with the prior approval of the Chair. Prior approval is not required where an officer is officially acting in the position currently held by a member.

Proxies are to have the decision-making authority of the nominating member and to speak on their behalf on all applicable agenda items.

If a member is to be absent an apology should be given to the Chair.

11.0 Operating Procedures

11.1 Secretariat Support

The Secretariat function will be performed by the Chief Allied Health Office. The Secretariat will:

- Be the single point of contact for all meeting matters
- Develop and circulate agendas, meeting papers, action logs and any other relevant information for circulation to members, as required.

11.2 Quorum

Quorum is not required for this is project reference group.

11.3 Meeting Frequency

Meetings will be approximately monthly to align with milestones. Out of session activity via email may require a responses within a specified timeframe.

11.4 Special Meetings

The Chair may convene a special meeting or at the request of another member. When viable, at least 24 hours' notice must be given of the impending meeting. Where possible an agenda for discussion will be provided prior to a special meeting

12.0 Document Control

This PRG Terms of Reference is a managed document. Changes should be issued as a complete replacement document with superseded versions removed from circulation.

Version number	DATE	AUTHOR	REASON FOR MODIFICATION
0.1 draft	August 2023	Charmaine Larment	Initial document
0.2	1 Sep 2023	Charmaine Larment	Updating members and quorum
0.3	14 Sep 2023	Charmaine Laurent	PRG comments
0.4	26 Sep 2023	Mark Petrich	Edits to membership, proxy, and meeting frequency to reflect this as a reference group