



Government of **Western Australia**
Department of **Health**

WA Health Plan towards Modernising Career Pathways for Allied Health Professionals



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Introduction

An outcome of 2022 industrial agreement negotiations with the Health Services Union of WA (HSU) included the Department of Health's (Department) commitment to an independent review of career pathways for allied health professionals employed directly by WA Health (Independent Review). On 5 July 2023, the Department appointed AHP Workforce to conduct the Independent Review.

Under the Terms of Reference, AHP Workforce is to make recommendations which will:

- i. support the retention of a skilled health professional workforce for the WA health system; and
- ii. align with the WA health system's overarching workforce priorities arising from the Sustainable Health Review Final Report, notably Recommendations 23 to 27 and the priorities to enhance clinical practice and support new models of care.

In November 2023, the HSU submitted claim 11 – modern career pathways and pay structure for allied health professionals, which sought a modernised career structure to support the retention of skilled health professionals, contemporary clinical practice, and new models of care.

Following extensive consultation with the Department, Health Service Providers, HSU and allied health workforce, AHP Workforce delivered an interim report in March 2024 (Interim Report). The final report of the Independent Review is not finalised and is due by the end of 2024. However, given the findings of the Interim Report, the Department is committed to advance the career pathways of allied health professionals by supporting the workforce to enhance clinical practice, education, research, leadership and strategy, to attract and retain critical allied health professionals. The purpose of this document is to commence implementing the changes needed to modernise the career pathways for allied health professionals in the WA health system.

Our Workforce Profile

Allied health professionals play key roles in our healthcare system across areas such as acute care, rehabilitation, chronic disease management, secondary prevention, and palliative care.

Allied health workers make up WA Health's second largest clinical workforce. The age profile is relatively young, with 44 per cent of the workforce aged 25 to 39 years old.

Our allied health workforce consists of 30 distinct allied health professions. This includes professions that provide therapeutic and diagnostic scientific services, such as:

- Art therapists
- Audiologists
- Biomedical engineers
- Cardiac scientific officers
- Clinical perfusionists
- Clinical psychologists
- Dietitians
- Exercise physiologists
- Genetic counsellors
- Medical imaging technologists
- Medical librarians
- Medical scientists
- Medical physicists
- Music therapists
- Neurophysiology scientists
- Nuclear medicine technologists
- Occupational therapists
- Optometrists
- Orthoptists
- Orthotists & prosthetists
- Pharmacists
- Physiotherapists
- Podiatrists
- Psychologists
- Radiation therapists
- Respiratory scientists
- Sleep scientists
- Social workers
- Sonographers
- Speech pathologists

Workforce by Classification Level

In the Interim Report, AHP Workforce analysed June 2023 payroll data to illustrate the distribution of the allied health workforce between the different P-Scale bands (Figure 1). It was noted some disciplines, including biomedical engineering, clinical psychology, medical physics, medical science, occupational therapy, and radiation therapy have a more balanced workforce distribution across the classification levels. AHP Workforce commented that the size of the discipline (staff numbers) alone does not seem to explain the differences, although small disciplines tend to have proportionately less employees at P3 and above (Figure 2).

It is acknowledged the distributions of some of the allied health disciplines have expanded since June 2023, and the distribution as presented in Figure 1 and 2 has been superseded.

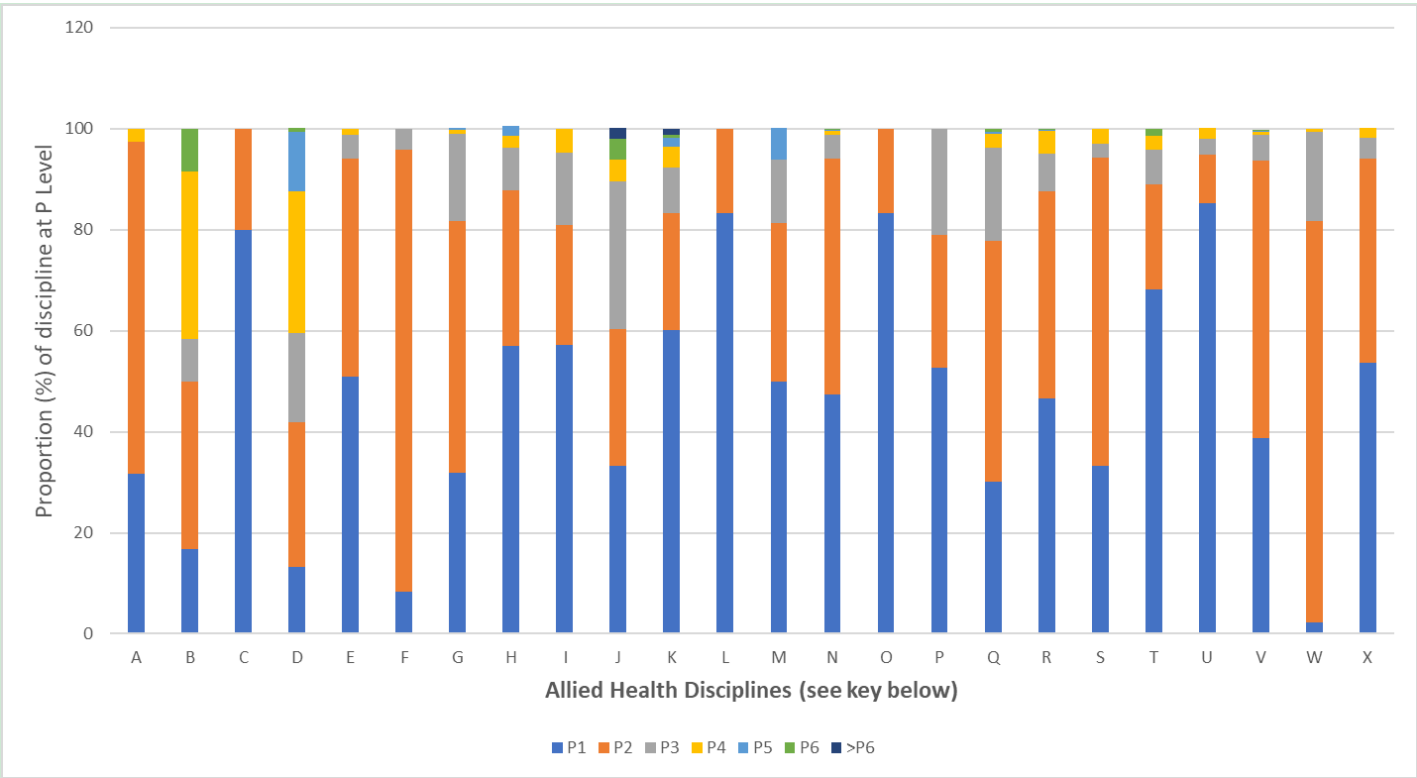
Figure 1: Distribution of allied health discipline workforces by classification level

Level	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
P-9																								
P-8																								
P-7																								
P-6																								
P-5																								
P4																								
P3																								
P-2																								
P-1																								

Key to Disciplines

A	Audiology	M	Nuclear medicine technology
B	Biomedical engineering	N	Occupational therapy
C	Clinical perfusion	O	Orthoptics
D	Clinical psychology	P	Orthotics and prosthetics
E	Dietetics	Q	Pharmacy
F	Exercise physiology	R	Physiotherapy
G	Generic	S	Podiatry
H	Medical imaging technology	T	Radiation therapy
I	Medical librarian	U	Respiratory sleep science
J	Medical physicists	V	Social work
K	Medical science	W	Sonography
L	Neurophysiology science	X	Speech pathology

Figure 2: Distribution of allied health discipline workforces by Classification level



A	Audiology	G	Generic	M	Nuclear medicine technology	S	Podiatry
B	Biomedical engineering	H	Medical imaging technology	N	Occupational therapy	T	Radiation therapy
C	Clinical perfusion	I	Medical librarian	O	Orthoptics	U	Respiratory sleep science
D	Clinical psychology	J	Medical physicists	P	Orthotics and prosthetics	V	Social work
E	Dietetics	K	Medical science	Q	Pharmacy	W	Sonography
F	Exercise physiology	L	Neurophysiology science	R	Physiotherapy	X	Speech pathology

Governance of the plan

This three-year project plan complements the strategic direction and commitment set out in other WA Health plans and Public Sector strategies, specifically the:

- [WA Health Workforce Strategy 2034](#) and WA Health Workforce Strategy [Implementation Plan](#)
- [Sustainable Health Review – Final Report to the Western Australian Government](#)
- [Public Sector Commission’s Leading with Impact Strategic Plan 2023-2026](#)
- [Health Leadership Strategic Intent 2019-2029](#)

While the Independent Review is not finalised, significant information has been gathered throughout the review process and in the development of the Interim Report. This plan commences the changes needed to achieve modern career pathways, with a wide range of actions to be implemented during the term of the plan. The actions committed to in this plan may be complemented by further or other changes that support the objective of modernising career pathways and/or facilitate addressing the core themes identified by AHP Workforce.

This plan will drive reform and build a sustainable and engaged workforce. To support the Department and Health Service Providers to achieve the outcomes and priorities outlined, a range of activities and methods of application are compiled in the Implementation Plan.

The Department will need to work closely with our internal and external stakeholders, including the HSU to deliver and progress these activities. Reform will happen in stages, and the stages are designed to be timely and lead to meaningful improvement. This plan identifies commitments that will be completed within 30 months of the date of registration of the replacement WA Health System – HSUWA – PACTS Industrial Agreement 2022 (Replacement Agreement). The commitments have been further separated into four horizons as specified in the Implementation Plan:

- Horizon 1 (6 months from registration)
- Horizon 2 (12 months from registration)
- Horizon 3 (20 months from registration)
- Horizon 4 (30 months from registration).

The initiatives are to be completed over 4 horizons and will be underpinned by key performance indicators. The end of each horizon provides an opportunity to monitor progress and critically evaluate outcomes and impacts. This evaluation will also offer an opportunity to realign any activities or outcomes that may no longer be applicable.

The Department seeks to continue to collaborate and consult with the HSU as a key stakeholder in this work. Upon registration of the Replacement Agreement, parties will develop the terms of reference to confirm stakeholder engagement and provide transparency of the project progress to the workforce. As a maturing system, it is vital to note that some of the activities may already be in progress where they align to the WA Health Workforce Strategy 2034, or another Department led initiative.



Commitments

WA Health recognises there are workforce challenges which exist within the WA health system, such as retaining skilled staff due to limited career pathways and competition from the private and disability sectors, particularly in the context of the National Disability Insurance Scheme.

The Department is taking steps to address this through the development of a WA Health Allied Health Workforce Implementation Plan 2024-2034: Horizon 1 2024-2027 and an Allied Health Advanced Practice Governance Framework.

In addition, WA Health is committed to taking actions which reform the career pathways of all health professionals and will commence addressing the core themes as identified by AHP Workforce:

- **Flat career structure and early ceiling:** Acknowledging many health professionals encounter a flat career structure, resulting in early career ceilings, and limiting opportunities for progression.
- **Loss of clinical skills to project roles:** Professionals must shift to non-clinical roles on the 'G-Scale', such as project roles, to advance their careers, leading to a loss of clinical expertise within the workforce, and limiting opportunities for career flexibility.
- **Barriers to progressing to higher roles/leadership positions:** Advancement to higher or leadership role is hindered by disincentives because of increased responsibilities without commensurate pay, and limited access to training or support for leadership positions.

It's important in the implementation of the plan to note Health Service Providers have flexibility to introduce and support initiatives which are impactful to them, noting priorities may change over the lifespan of the plan and in response to evolving workforce landscape.



Priority 1 - Foundations

Laying the foundations for a modern career pathway.

WA Health Workforce Strategy 2034 and WA Health Allied Health Workforce Implementation Plan 2024-2034: Horizon 1 2024-2027

The WA Health Workforce Strategy 2034 outlines a structured approach to optimise the capability and capacity of the health workforce to ensure continued delivery of safe, reliable, and person-centred health care, addressing workforce challenges unique to WA over the next 10 years. This was released on 26 September 2024.

This is the first overarching workforce strategy since the introduction of the *Health Services Act 2016* and the associated devolved governance structure, incorporating seven HSPs and the System Manager, that the WA health system operates across.

The Chief Allied Health Office has been leading the development of an implementation plan as a 10-year road map, which is in alignment with priorities identified in the Sustainable Health Review, Independent Governance Review and the WA Health Workforce Strategy 2034. The implementation plan was developed under the governance of the Allied Health Executive Forum, with input from senior allied health managers and directors, and stakeholder groups, including consumer representatives.

1. Finalise the WA Health Allied Health Workforce Implementation Plan: Horizon 1 2024-2027. This 10-year plan aims to advance the contributions of allied health in WA Health, aligned to the WA Health Workforce Strategy 2034. Horizon 1 of the plan is focused on activities to support the allied health workforce, to enhance allied health clinical practice and clinical research, and develop allied health leadership.
2. To ensure a consistent approach and shared vision across the WA health system, the Department will prepare a first draft for an allied health career pathways blueprint (**blueprint**) to support the implementation of modernised career pathways. The blueprint will provide a framework for the workforce in a similar nature to Victoria's [Allied health career pathways blueprint](#) and [New Zealand Allied Health Career Pathway Policy](#). Additionally, the blueprint will be influenced by insights from other leading state jurisdictions, including Queensland and New South Wales.
3. In acknowledgement of the workforce concerns about internal training support, the Department will establish a pro forma JDF for senior allied health clinical educator and research positions to support the health professional workforce and will commence a gap analysis to identify new career opportunities, including the establishment of roles across WA Health.
4. Finalise the WA Health Allied Health Advanced Practice Clinical Governance Framework and introduce the WA Health Allied Health Advanced Practice Committee.

Refer to Table 1 of the Implementation Plan 1 for further details and implementation horizons.

Priority 2 – Work Value

Shape our workforce and review and modernise classification descriptors.

Historical Context

On 12 December 2005, the WA Industrial Relations Commission issued orders varying the *Hospital Salaried Officers Award 1968*¹ to reflect the agreed outcomes of the Health Professionals Work Value Review. The Department has maintained the [Classification Descriptors](#) arising from those proceedings, which remain the primary reference for decision making regarding the levels of all current and proposed positions listed in subclause 20.5 of the WA Health System – HSUWA – PACTS Industrial Agreement 2022 (Agreement).

Subclause 20.5(c) of the Agreement states “The Classification Level Descriptors for each level in Schedule 2 Salaries – Professional Division & Other Specified Callings will be agreed from time to time between the System Manager and HSUWA and will be published by the System Manager”.

5. Review and modernise the [Classification Descriptors](#) for levels P-3 to P-7 to better reflect modernised career pathways in collaboration with the HSU and other relevant stakeholders, acknowledging agreement with the HSU is required before publication by the System Manager.
6. Review and modernise the [Classification Descriptors](#) for Levels P-7 to P-9 to remove barriers to progression for roles which are not part of a state-wide service, where appropriate, acknowledging agreement with the HSU is required before publication by the System Manager.

Following completion of the interdependent items contained in actions 2, 5, and 6 the Department will:

7. Review employees at P-6 and P-5 for reclassification against the new classification descriptors. This will have implications for biomedical engineering, clinical psychology, medical imaging technology, medical science, nuclear medicine technology, occupational therapy, pharmacy, physiotherapy, radiation therapy, and social work.

Existing Classification	Proposed Classification	FTE In Scope
P-6	P-7	34.86
P-5	P-6	103.09

8. Review employees at P-4 and P-3 for reclassification against the new classification descriptors. In addition to the professions listed at action 6, this will have implications for audiology, dietetics, clinical perfusion, exercise physiology, medical librarians, medical physics, neurophysiology scientist, orthotics and prosthetics, podiatry, respiratory and sleep science, sonography, and speech pathology.

Existing Classification	Proposed Classification	FTE In Scope
P-4	P-5	242.35
P-3	P-4	400

9. As actions are completed at 7, 8 and 11, site-based line managers at Health Service Providers will be responsible for amending JDFs to align with the revised Classification Descriptors, as and when directed by the Department.

¹ Since replaced by the *WA Health - HSU Award 2006*.

10. Following the completion of interdependent items at actions 5, 6, 7 and 8, the Department will introduce a new classification descriptor for P-3 to recognise advanced practice allied health professionals.

The Department projects 80% of current Levels P-3 to P-6 will be eligible for realignment to Levels P-4 to P-7 in accordance with the revised Classification Descriptors, which have not been updated since 2007.

Refer to Table 2 of the Implementation Plan for further details and implementation horizons.



Priority 3 – Clinical Practice

Retain our workforce through evaluating our established workforce structures and invest in and build our existing workforce.

Allied Health Advanced Practice Clinical Governance

The Chief Allied Health Office, with the support of the Allied Health Executive Forum, comprising of allied health directors from Health Service Providers are progressing an Allied Health Advanced Practice Clinical Governance Framework.

Advanced Practice is delivered by experienced professionals and is a level of practice that is characterised by enhanced clinical reasoning and a high degree of independent clinical decision making in a particular area of practice. An essential part of advanced practice positions and related models of care is that professionals are able to demonstrate measurable value and benefits for patients. The four pillars of advanced practice are:

1. Clinical service delivery
2. Leadership and management
3. Education and training
4. Research.

Advanced Scope roles are a higher form of advanced practice, delivered by expert professionals and is a level of practice characterised by complex clinical reasoning and a high degree of autonomous clinical decision making.

11. Action 10 will be supported by the progression and quarantined appointment of 300 existing FTE of suitably skilled, experienced, and qualified P-2 health professionals (subject to an individual assessment) into the P-3 band.
12. Advanced scope physiotherapist positions will be established at all metropolitan hospital emergency departments and opportunities to create advanced practice/scope roles in cardiac science, medical imaging, neurophysiology science, occupational therapy, pharmacy, physiotherapy, respiratory and sleep science, social work, and speech pathology will be identified.
13. A number of allied health professions have been identified by the Department as having an early ceiling and/or the highest representation of P1 positions. The Department will work with Health Service Providers to support reform in these professions including, cardiac science, genetic counselling, neurophysiology science, orthoptics, orthotics and prosthetics, radiation therapy, and respiratory sleep science.

Refer to Table 3 of the Implementation Plan for further details and implementation horizons.

Priority 4 – Leadership

Furthering the direction of allied health and supporting clinicians in leadership and management positions.

In addition to the review of leadership and management positions in actions 7 and 8 above, the Department will:

14. Standardise career structures across the WA health system in the professions specified in the Implementation Plan.
15. Establish management positions at a minimum of P4 for professions who have an early ceiling at P-2 or P-3 as specified in the Implementation Plan.

Refer to Table 4 of the Implementation Plan for further details and implementation horizons.



Priority 5 – Entry-Level Roles

Furthering the development of a sustainable talent pipeline through support for entry-level roles².

16. The Department will support sonographers and medical physicists, who have stringent training requirements, to have access to criteria based progression from trainee to professional level.
17. Assess and review the current utilisation of the current state of trainee, intern and registrar positions across the WA health system. This includes roles in pharmacy, clinical psychology, sonography, medical physics.
18. The Department will lead discussions with Health Service Providers regarding the introduction of trainee opportunities in cardiac science, clinical perfusion, neurophysiology science, and respiratory and sleep science.

Refer to Table 5 of the Implementation Plan for further details and implementation horizons.



² Complements WA Health Workforce Strategy | 2034's Strategic Priority 2

Implementation Plan

Table 1 - Priority 1 - Foundations

Context	Activities/Applications	Responsibility	Horizon			
			1	2	3	4
1. The WA Health Workforce Strategy 2034 outlines a structured approach to optimise the capacity and capability of the health workforce to ensure continued delivery of safe, reliable, and person-centred health care, addressing workforce challenges unique to WA over the next 10 years. In support of the strategy, a WA Health Allied Health Workforce Implementation Plan: Horizon 1 2024-2027 will be released to advance the contribution of allied health professionals.	a. The Chief Allied Health Office will lead the development of a strategic action plan in the form of a 10-year roadmap which aligns the direction of allied health within the broader strategic direction of WA Health and sets strategic priorities and actions for the next 3 years. The plan will unite allied health in the focus areas of clinical practice, leadership, clinical research and workforce.	DoH	X			
2. The Allied Health Career Pathways Blueprint will support the implementation of the modernised career pathway. The blueprint will introduce the concept of key pillars of clinical practice, education, research and leadership and strategy.	b. A first draft for the blueprint will be prepared to support the implementation of modernised career pathways.	DoH, HSPs	X			
	c. Consultation period for the first draft of the blueprint with subject matter experts (allied health professionals) and the HSU.	DoH, HSPs	X	X		
	d. Finalisation of the blueprint.	DoH		X		
	e. Apply the blueprint sequentially to determine and implement new and/or refocussed opportunities for the following cohorts as an initial review: pharmacy, medical imaging, psychology, medical science, respiratory science, exercise physiology, podiatry and medical librarians.	DoH, HSPs			X	X
3. The Department recognises the need to pursue strategies at a system level to build education and research capabilities across the allied health workforce.	f. The Department will create and introduce a pro-forma JDF for a Senior Allied Health Clinical Educator role, which can be implemented across HSPs.	DoH	X			
	g. The Department will introduce a pro-forma JDF for research roles, which can be implemented across HSPs.	DoH	X			
	h. Conduct a gap analysis for education and research capabilities across WA Health.	DoH, HSPs		X		
	i. Embed a research and education ethos with Health Service Providers.	DoH, HSPs			X	X
4. Advanced Practice is delivered by experienced professionals and is a level of practice characterised by enhanced clinical reasoning and a high degree of independent clinical decision making in a particular area of practice.	j. Establish and endorse a WA clinical governance framework for advanced practice within allied health professions to provide guidance on maintaining robust governance for these positions.	DoH, HSPs		X		
	k. Create a WA Health Allied Health Advanced Practice Committee as a pathway for stakeholder input and to support HSPs with advanced practice issues.	DoH, HSPs		X		

Table 2 – Priority 2 – Work Value

Context	Activities/Applications	Responsibility	Horizon			
			1	2	3	4
<p>1. The Department has maintained the Classification Descriptors which are the primary reference for decision making regarding the levels of all current and proposed positions listed in subclause 20.5 of the Agreement.</p>	<p>a. Review P-5-9 classification descriptors, including a commitment to the removal of the statewide requirement for P-7-9.</p>	DoH		X		
	<p>b. Review employees at P-6 and P-5 for reclassification against the new classification descriptors. This will have implications for biomedical engineering, clinical psychology, medical imaging technology, medical science, nuclear medicine technology, occupational therapy, pharmacy, physiotherapy, radiation therapy, and social work.</p>	DoH, HSPs			X	X
	<p>c. Review of P-4-5 classification descriptors.</p>	DoH, HSPs		X		
	<p>d. Review employees at P-4 and P-3 for reclassification against the new classification descriptors. In addition to the professions listed at 1(b) above, this will have implications for audiology, dietetics, medical librarians, podiatry, sonography and speech pathology.</p>	DoH, HSPs			X	X
	<p>e. Introduce a new classification descriptor for P-3 to recognise advance practice allied health professionals.</p>	DoH, HSPs			X	X

Table 3 – Priority 3 – Clinical practice

Context	Activities/Applications	Responsibility	Horizon			
			1	2	3	4
<p>1. Advanced Practice (cont.) is delivered by experienced professionals and is a level of practice that is characterised by enhanced clinical reasoning and a high degree of independent clinical decision making in a particular area of practice.</p>	<p>a. Support the progression and quarantined appointment of 300 existing FTE of suitably skilled, experienced, and qualified P-2 health professionals into the P-3 (interlinked with Table 2 - 1(e) above. Positions will be established across Health Service Providers and across the allied health disciplines.</p>	DoH, HSPs				
	<p>b. Reviewing the use of advanced practice allied health first contact models in specialist medical outpatient clinics. With an initial focus on creating, consolidating or expanding models of care/service models for specialist medical outpatient clinics in:</p> <p>i. Ear Nose and Throat, Urology, Neurology, Plastics as priority areas for action identified in the Sustainable Health Review.</p> <p>ii. Gastroenterology and subacute care (including Gerontology and Rehabilitation).</p>	DoH, HSPs		X		
	<p>c. Establishing advanced scope physiotherapist positions at all metropolitan hospital emergency departments.</p>	DoH, HSPs	X			
	<p>d. Identify opportunities to create advanced practice/scope roles in occupational therapy, physiotherapy, social work, speech pathology, pharmacy, medical imaging, cardiac science, neurophysiology science, podiatry, and respiratory and sleep science.</p>	DoH, HSPs		X	X	X
	<p>e. Progressively introduce partnered pharmacist models where pharmacists work collaboratively with medical practitioners to provide services including Partnered Pharmacist Medication Charting and Partnered Pharmacist Medication Prescribing.</p>	DoH, HSPs		X	X	X
<p>2. Cardiac Scientific Officers look at how a patient's heart works and carry out tests to find out if there are any problems such as the amount of blood flow or if the heart does not beat correctly. There is approximately 30 FTE employed across 4 HSPs, with a clinical position classified at P-1 and Manager positions at P-3.</p>	<p>f. Create a Senior Cardiac Scientific Officer JDF at P-2.</p>	DoH, HSPs	X			
	<p>g. Reclassifying 6 of the existing P-1 position into P-2 Senior role across four metropolitan health services.</p>	DoH, HSPs		X		
<p>3. Genetic Counsellors have specialist knowledge in human genetics, counselling and health communication skills, providing information to individuals and families about hereditary conditions and also providing emotional and practical support to assist people living with or at risk for genetic conditions. There is approximately 24.79 FTE employed across 2 HSPs with clinical positions at P-1 and coordinator positions at P-3.</p>	<p>h. WA Health will complete the process to recognise Genetic Counsellors as a standalone Health Profession, inclusive of rationale, existing and proposed JDFs, a current organisation chart and any proposed changes if applicable, and a list of current occupants.</p>	DoH, HSPs	X			
	<p>i. Existing Genetic Counsellor will be reclassified to reflect the formalised JDFs.</p>	DoH, HSPs	X			
<p>4. Neurophysiology scientists undertake specialised tests to ascertain the health and function of the central and peripheral nervous system. There is approximately 24.30 FTE employed across four HSPs, with CAHS being the only HSP to have positions across three levels.</p>	<p>j. Create a Trainee position at P-1 to introduce training positions for graduates to complete practical clinical neurophysiology training.</p>	DoH, HSPs	X			
	<p>k. Reclassifying the existing P-1 positions where the incumbent has significant experience in the role to P-2.</p>	DoH, HSPs		X		
	<p>l. Reclassifying 2 FTE at P-2 positions to P-3 positions.</p>	DoH, HSPs		X		

<p>5. Orthotists/prosthetists assess and treat the physical and functional limitations of people resulting from illnesses and disabilities, including limb amputations. There is approximately 15.36 FTE, employed across two HSPs.</p>	<p>m. Reclassifying 2 of the existing P-1 positions into P-2 Senior role at EMHS. This will ensure an even number of senior positions at both CAHS and EMHS.</p>	DoH, HSPs		X		
<p>6. Orthoptists assess, diagnosis and provide non-surgical management of eye disorders including strabismus (squint), double vision and amblyopia (lazy eye). There is approximately 5.32 FTE employed as a P-1 orthoptist across 3 HSP.</p>	<p>n. Reclassifying 1 of the existing P-1 position into P-2 Senior role at SMHS and 1 of the existing P-1 position into P-2 Senior role at EMHS.</p>	DoH, HSPs		X		
<p>7. Radiation therapists are key members of the professional team that manages cancer patients' treatment. In conjunction with the Radiation Oncologists, they are responsible for the design, calculation and delivery of a prescribed radiation dose over a course of treatment to the patient. There is approximately 60.74 FTE across only NMHS, with positions in P-1, P-2, P-3, P-4 and P-6 on their career pathway.</p>	<p>o. Reclassify 4 of the existing P-1 positions into P-2 positions.</p>	DoH, HSPs		X		
<p>8. Respiratory Scientists perform standardised diagnostic tests that measure lung function and associated organ systems. There is approximately 15.86 FTE employed as P-1 Respiratory Scientists and 2.90 FTE as P-2 Senior Respiratory Scientists.</p>	<p>p. Reclassifying 4 of the existing P-1 positions into P-2 positions.</p>	DoH, HSPs		X		
<p>9. Respiratory Sleep Scientists conduct a range of diagnostic tests which may include performing and analysing overnight sleep studies and daytime tests such as Multiple Sleep Latency Tests and Maintenance of Wakefulness Tests. There is approximately 18.74 FTE employed as P-1 Respiratory Sleep Scientists and 5.56 FTE as P-2 Senior Respiratory Sleep Scientists.</p>	<p>q. Reclassifying 4 of the existing P-1 positions into P-2 positions.</p>	DoH, HSPs		X		
<p>10. Sonographers are highly skilled allied health professionals who perform comprehensive medical diagnostic ultrasound examinations on behalf of medical practitioners, supporting the diagnosis and management of a wide range of conditions from pregnancy to heart conditions to cancer. There is approximately 83.11 FTE employed across 5 HSPs with clinical positions beginning at P-1.</p>	<p>r. Standardising the Sonographer role at P-2 and Senior Sonographer role at P-3*.</p> <p><i>*The Department acknowledges the position titles are not standardised for this cohort. Existing JDFs will be reviewed to ensure a consistent approach to position titles, responsibilities (where practicable), and remuneration are harmonised. Some positions titles may need to be adjusted to reflect the responsibilities/remuneration to ensuring that only positions undertaking senior duties are paid the P-3 rate.</i></p>	DoH, HSPs	X	X		
	<p>s. Reclassify the Tutor, Supervisor and Deputy from P-3 to P-4.</p>	DoH, HSPs	X	X		
	<p>t. Reclassify the Chief Sonographer position from P-3 or P-4 to P-4 or P-5, depending on operational considerations.</p>	DoH, HSPs	X	X		

Table 4 – Priority 4 – Leadership and Management

Context	Activities/Applications	Responsibility	Horizon			
			1	2	3	4
<p>1. Review the leadership structure of these groups is crucial to ensuring clear pathways to progress into leadership roles, and support and build the capacity of existing leaders.</p>	<p>a. Review the unit management structure of dietetics, occupational therapy, physiotherapy, social work, and speech pathology in line with the following clinical and/or management roles:</p> <ul style="list-style-type: none"> i. P-1 entry level, P-2 senior, P-3 advanced practice (enhanced), P-4 coordinator or advanced scope, P-5 deputy head of department (large size/scope unit)/head of department (small size/scope unit), P-6 head of department (large size/scope unit). 	DoH, HSPs			X	
	<p>b. Establishing a minimum P-4 unit management position (titled Head of Department or Chief) in each HSP where the profession is employed for:</p> <ul style="list-style-type: none"> i. Clinical measurement science professions (cardiac science, exercise physiology, neurophysiology science, respiratory and sleep science). ii. Eye health professions (orthoptics and optometry). iii. Genetic counselling, nuclear medicine technology and sonography. 	DoH, HSPs			X	
	<p>c. A review of the senior management positions across all WA Health allied health professions considering:</p> <ul style="list-style-type: none"> i. Incorporation of senior leadership and management positions on the P classification scale. ii. Establishment of director roles for allied health research and for allied health clinical education in each HSP. 	DoH, HSPs		X	X	X
	<p>d. Review the unit management structure of the allied health professions that may commence employment as a trainee (cardiac science, clinical perfusion, neurophysiology science, respiratory and sleep science, sonography) in line with the following minimum requirements:</p> <ul style="list-style-type: none"> i. P-1 trainee level, P-2 independent professional, P-3 senior/supervisor, P-4 chief/head of department. 	DoH, HSPs			X	

Table 5 – Priority 5 – Entry-Level Roles

Context	Activities/Applications	Responsibility	Horizon			
			1	2	3	4
1. In an environment of global health workforce shortages and significant interstate and interstate competition to attract skilled professionals, it is essential that WA Health is regarded as an employer of choice for entry-level practice.	a. Assess and review the current utilisation of the current state of trainee, intern and registrar positions across the WA health system. This includes roles in pharmacy, clinical psychology, sonography, medical physics.	DoH			X	
	b. Reclassifying the existing Pharmacy Intern at G-2 to G-3.	DOH, HSPs		X		
2. A small number of professions are subject to stringent training requirements prior to becoming eligible for registration with their professional association.	c. Introduce an opportunity for those completing the bachelor component of their Sonography education to be employed as an Intern Sonographer at G-2.	DoH, HSPs	X			
	d. Maintain Trainee Sonographer for those with a completed Bachelor who are completing the graduate diploma in Sonography at P-1.					
	e. Introduce an industrial mechanism to support criteria based progression from Trainee P-1 to Sonographer P-2 with effect with the date the employee is eligible to be listed on the Australian Sonography Registry as an Accredited Medical Sonographer 1A/B.					
	f. Introduce an industrial mechanism to support criteria based progression of Radiation Oncology Medical Physicists from P-1 Registrar to P-2 Medical Physicist with effect with the date the employee is eligible to be listed on the Australasian College of Physicists Scientists and Engineering in Medicine (ACPSEM) as completed the ACPSEM Training, Education and Assessment Program.	DoH	X			
	g. Introduce an industrial mechanism to support criteria based progression of Diagnostic Imaging Medical Physicists from P-1 Registrar to P-2 Medical Physicist with effect with the date the employee is eligible to be listed on the Australasian College of Physicists Scientists and Engineering in Medicine (ACPSEM) as completed the ACPSEM Training, Education and Assessment Program.	DoH	X			
	h. Issue advice to related workforce subject matter experts to ensure there is improved understanding of existing subclause 20.6(c) when Clinical Psychologist Registrar (Grade 1) are eligible to progress to Clinical Psychologist (Grade 2).	DoH, HSPs	X			
3. A small number of professions, especially in the biomedical workforce which require hospital based experience to gain relevant knowledge and practical skills in the relevant clinical area. For some professions the relevant training is based in the eastern states or overseas.	i. Explore opportunities to introduce a trainee opportunity in allied health professions that commence employment as a trainee including cardiac science, clinical perfusion, neurophysiology science, respiratory and sleep science.	DoH, HSPs		X	X	