INDEPENDENT REVIEW OF CAREER PATHWAYS

Draft HSU Submission to the Independent Reviewer, Susan Nancarrow of AHP Workforce

HSU Members won the Independent Review Career Pathways process. The full breadth of the public Allied Health and Health Sciences workforce (described in this document as Allied Health Professionals - AHPs), is covered by the HSUWA Union Agreement. In recent years factors such as population growth, an ageing population, the growth of the NDIS and a global shortage of skilled health workers, has led to a highly competitive environment for skilled AHPs.

The Independent Review of Career Pathways is a key step to achieving the **HSUWA goal of modernising the career pathways and pay structure of allied health, pharmacy, and health professionals in WA Health to retain experienced professionals in public health.** WA needs to support the growth and development of the versatile AHP workforce so it can meet the current and future healthcare needs of our population, in line with innovative and evidence-based practice. Opportunities for lifelong learning and development are critical to sustain engaged and high performing AHPs in public health.

This submission is on behalf of HSU members working across all AHP occupations and is designed to address the key principle of unity across all AHP's. For too long, AHP's have been fractured into individual professions, which has only served to aid division and delay positive change.

Member advocacy aims to unify AHPs, and ensure all professions are given robust opportunities for engagement. Acting collectively does not mean assuming AHPs are homogeneous, but recognising and embracing the collective strength of the multiplicity of professions they represent. Improving career pathways will be measured by improving career opportunities and better pay and conditions for all AHPs.

A MODERN CAREER FRAMEWORK

The current structure and systems in place to upgrade positions/classifications is limited, opaque and serves to suppress development and innovation. It has created unfair and inconsistent outcomes and a multitude of work arounds. New models of care are suppressed because of the subjective nature of decision making around career pathways. Other jurisdictions are now well ahead of WA their development of modern career and pay frameworks for AHPs.

Recommendation 1: Improve Entry into employment for Graduates

A considered investment into new graduate AHPs entering the workforce is needed. For example, the existing level P1 could be re-oriented and operate as a highly supported graduate program, or 'new entry' step focused on developing capability with support from more experienced practitioners and/or leaders giving new employees a range of clinical (or as necessary non-clinical) opportunities.

This should consider and factor in changing the existing 6 levels of pay point P1 to less levels – for example 2-4 levels. This would need to consider the occupations that already enter higher and there may also be a need for differentiation to the initial entry pathway for some professional groups due to training requirements unique to that profession.

Recommendation 2: Broaden Career Pathways

A broadening or re-orienting existing classification structures to allow for a career framework based on pillars of practice (or streams) is needed. Pillars of practice may include:

- Clinical Practice
- Non-Clinical Specialisation
- Teaching and Learning
- Leadership and Management
- Research and Service Improvement

There are limited opportunities for any recognition and reward for experienced clinicians or for those wishing to advance their area of expertise. Most opportunities for advancement are managerial or project management roles. There is an urgent need to support the advancement of expert clinical knowledge and skills. Advanced Scope roles may be accounted for within the Clinical Practice stream. Development of such roles will not only enhance the AHP workforce capability it will enable new models of care and better management of complex presentations.

The pillars of practice are not silos – it means that at different levels and or different roles, different amounts of time and focus are spent on different pillars. This could include a general professional progression from pay point P2 (or similar) and a career pathway for professional excellence in particular streams) from pay point P3 (or similar) on. New modern descriptors would be needed. There may be a need to consider if a profession should have particular considerations due to a unique regulated pathway.

The facilitation of research opportunities and time for research for all AHP roles must be included**.** The strong evidence that AHP research leads to improved service delivery (including more efficient and less costly hospital stays) and patient centred care is not reflected in a consistent structured approach to supporting research. To do this effectively there should be a commitment to developing the capability and capacity of every AHP to undertake research.

Recommendation 3: Extend Career Pathways

There is a need to extend the current flat pay structure that currently does not incentivise or allow for clear movement between levels and progress careers. Opportunities beyond managerial based roles (which are also limited, see below) are needed to allow professionals to develop expert skills and progress their careers and pay – for example in clinical practice and non-clinical specialisation, education and learning, and research.

The current flat classification structure also does not reflect the work of AHP in leadership roles. The leadership structure should be extended significantly to provide greater clarity and recognition, as well as incentivise the retention of critical leaders in public health. This is needed to ensure there is a fair, consistent and transparent system, as well as prepare for future needs. A re-configuration /reorientation from pay point P4 (or similar) on is needed.

Recommendation 4: Leadership – recognition of smaller professions

There is strong evidence from smaller professions that while there may not be the same FTE in their professional areas, there is still the same demand on the role to provide managerial support, attend relevant professional forums and meetings, as well as maintain a clinical/operational workload. A modern approach must ensure AHP leadership structures are available in smaller professions.

Recommendation 5: Clinical Educators

The approach to clinical education is inconsistent, under-resourced and under-supported. There is an urgent need to ensure education and learning is prioritised by increasing dedicated roles to develop a supportive and thorough learning process for student placements and graduate programs, as well as

the learning and training needs of a team/service. There is an opportunity for educators to focus on building and enhancing the multi-disciplinary approach and there should be a focus on provided education with a view to enhancing this multi-disciplinary approach. This is a critical precursor to enable models of care that are efficient, effective and consider evolving clinical practices.

Recommendation 6: Preceptor / Supervisor Allowance

Provide recognition and support to ensure a strong culture of teaching and learning across AHPs in public health beyond the role of clinical educators. This would allow for clinical education that is specialised, responds to a clearly demonstrated need, and utilise the skills of the existing AHP workforce. There should be a consideration of formats, for example additional percentage rate or flat rate. The scope and application should be as broad as possible to ensure all AH professions are supported in the culture of teaching and learning.

Recommendation 7: Professional Development

Professional Development is an ongoing requirement for all AHPs. Opportunities should be expanded and supported to ensure a culture of lifelong learning, placing value on achieving best practice. A framework of professional development that aligns to the career pathways should be established. This should include greater accessibility to opportunities by including by increasing the existing time for professional development leave per year and providing an annual allowance to cover some of the expenses incurred in accessing professional development.

Recommendation 8: Higher Qualification Recognition

Higher qualifications should be fully supported and incentivised to value achieving best contemporary practices and developing new models of care. An allowance will incentivise eligible employees to offset the cost of obtaining qualifications relevant to their role (as well as recognising those that have already completed qualifications). The allowance should operate as the following percentages on the base rate:

- 4% for Graduate Certificate relevant to the professions/role.
- 6.5% for Graduate Diploma relevant to the profession/role of Graduate Diploma in Health Administration.
- 7.5% for Masters
- 10% for PHD

Recommendation 9: Market Allowance

A contemporary and practical approach is need that is able to be implemented by the employers and not be effectively blocked by laborious inter-government processes and needing agreement at the highest levels of government. Due to unique workforce supply and demand pressures, the Director General of WA Health or HSP Employer should be able to, at their initiative, or based on the advocacy of union members be able to access timely incentives to attract and keep staff. This could include the following circumstances (but not limited to):

- supply and skills shortages, that may be occupation and/or geographic based;
- interstate and private sector market wage rates and demands; and/or
- the ability to maintain critical service delivery requirements.

Recommendation 10: Job Evaluation

Modern workplaces need consistent and contemporary methodologies and tools to assess jobs and employment architecture to enable effective attraction, development and retention of a critical workforce. It will also ensure internal equity and should take into account competition with other jurisdictions.

The current process of classification and reclassification is antiquated, opaque, time consuming and not equally accessible to all AHP's. It is a source of major frustration and has resulted in problems with role relativities, inequity across the system and various work arounds. It simply does not serve the needs of a modern and diverse health workforce. This evaluation should also allow for consideration of other significant factors, such as when AHP's take on medical duties or are required to work alone.