



Independent Review – Career Pathways for Health Professionals

Final Report

Prepared for WA Health

June 2025

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WA Health

- Child and Adolescent Health Service
- Department of Health, Chief Allied Health Office
- East Metropolitan Health Service
- North Metropolitan Health Service
- PathWest Laboratory Medicine WA
- South Metropolitan Health Service
- WA Country Health Service

Acronyms and Abbreviations

AHPs	Allied Health Professionals
AQF	Australian Qualification Framework
CAHO	Chief Allied Health Office
HSPs	Health service providers
HSUWA	Health Services Union of WA
JDF	Job description form
NDIS	National Disability Insurance Scheme
NHS	National Health Service (UK)
PRG	Project Reference Group
ROI	Return on investment
WA	Western Australia
WA Health	WA Health system of Western Australia, managed by the WA Department of Health
WACHS	WA Country Health Service

Executive Summary

Following industrial agreement negotiations with the Health Services Union of Western Australia (HSUWA) in 2022, WA Health committed to an independent review of career pathways for allied health, pharmacy and health sciences professionals (henceforth termed allied health professionals) employed directly by the WA health system. WA Health has identified that career progression for health professionals is a source of concern and a possible barrier for retaining staff in some sectors of the workforce.

Allied health professionals (AHPs) are a critical component of the WA Health system, and provide services that enhance patient outcomes, reduce hospital length of stay, and contribute to the health system's economic sustainability. In acute care, AHPs are essential for diagnostics and patient flow, and are crucial in reducing hospital re-admission rates. They play a vital role in keeping people out of hospitals in the first place.

Employment of AHPs is competitive, resulting in high turnover, high vacancy rates, and low retention. This has been exacerbated by the introduction of the National Disability Insurance Scheme and aged care financing reforms, which have intensified recruitment and retention challenges. This has occurred concurrently with a service demand that was already increasing in response to the aging population, prevalence of chronic conditions, and consumer expectations. This shift has turned the recruitment and retention issue into a widespread problem affecting all health service areas and sectors, including public, private, and not-for-profit.

Research consistently shows that supported career pathways are essential for improving workforce retention and competitiveness in the labour market. Clear career pathways help workers perceive they have a strong 'job future' and make health services more attractive employers. Investing in these pathways will be a vital step for WA Health to take to retain skilled AHPs and ensure the continued provision of high-quality health care in WA.

This review focused on AHPs employed under the WA Health System - Health Services Union of WA - PACTS Industrial Agreement 2024 in the Professional (P) Division, acknowledging some WA Health AHPs are employed in the general division of the same agreement, and some in the Public Sector CSA Agreement 2024 (Western Australian Industrial Relations Commission 2024, Western Australian Industrial Relations Commission 2025). Currently, over two-thirds of the allied health workforce employed in the HSUWA P Division have hit the 'ceiling' of their classification level and have stagnated in these positions, often for many years. The only path for progression for these employees is to attain a new position, and the positions they seek are not necessarily within WA Health. Extensive consultation with the health professional workforce in WA revealed a strong desire for more career progression opportunities. Despite the existence of P classification levels from P1 to P9, progression opportunities beyond the P2 level are extremely limited for most professions, with few roles available or, in some cases, no established positions at all. This lack of career progression is contributing to an increasing number of AHPs considering, and ultimately leaving, professional practice and/or WA Health.

Career pathways, especially in clinical roles are limited and career progression is predominantly limited to administrative or line management pathways. Except for some specific professions (e.g., medical physics, clinical psychology), opportunities to progress clinically beyond a P2 scale position are extremely limited, which can result in skilled and experienced practitioners seeking more progressive clinical career opportunities outside of WA Health. In addition, there are limited opportunities or incentives within WA Health for health professionals to progress within other areas of expertise, including education, mentoring, quality improvement and research (WA Department of Health Chief Allied Health Office 2023).

Therefore, investment in an Allied Health Career Framework that supports AHP retention is crucial. In the short term, the return on investment (ROI) is achieved through reduced human resource management costs, including less expenditure on advertising to fill vacant positions, reduced costs on training new staff through induction and onboarding support, and minimised productivity loss due to a more experienced workforce. In the medium to long term, the ROI will be realised through reduced hospital length of stay, decreased hospital admissions and re-admissions, and improved patient self-management of chronic health conditions in community settings.

The development of a draft Allied Health Career Framework was informed by:

1. a review of literature from Australian jurisdictions and selected other countries (including New Zealand and the United Kingdom);
2. analysis of WA Health payroll data; and
3. initial consultations with nearly 1,000 allied health workers / managers employed by WA health service providers (HSPs) (almost 15% of the total WA Health AHP workforce).

The draft Framework was socialised during an additional round of consultation with key stakeholders including WA AHPs, through focus groups and a survey. An estimated 1,500 AHPs reviewed and provided feedback on the draft Career Framework.

Recommendations

Consistent with the identified literature and supported through consultation, it is recommended that the Allied Health **Career Framework** comprises:

1. **Four career pathways:** clinical practice (inclusive of specialised and generalist practice), education / facilitation of learning, research and service improvement, and leadership & management (including policy, strategy, and advocacy). These pathways are inclusive of allied health project management and unit management roles to P classifications, through to consideration of executive levels consistent with the *Health Services Act 2016* and applicable policy (Western Australian Department of Health 2016).
2. **Five career levels:** health professional, senior health professional, advanced health professional, expert health professional, and executive allied health professional. Each career level reflects increasing levels of proficiency.
3. **Consideration of potential linkages between career levels and classification levels:** 3 broadbandings of P1-P2, P3-P4, and P5-P6. Competitive recruitment processes remain required between these bands, between P6, P7, P8, and P9 levels, and into the HSUWA General Division and other public sector awards. The existing overall 20 increments in the P Division classification system would be retained. The 9 increments in P1-2 could be reversed (to 3 increments in P1 and 6 in P2). The 3 increments of P1 align better with graduate development, including trainee and intern-type graduate development evident in many allied health professions such as clinical psychology, medical physics, and sonography.

The proposed Allied Health Career Framework is outlined in **Figure 1** below.

4. **Job attributes:** Consistent application of a set of agreed-upon objectively defined job attributes to support decision-making on job classification / grading to reduce inconsistencies between and within HSPs and professions. A range of possible job attributes were deemed acceptable although 5 attributes received overwhelming support (85-97% of respondents): Knowledge, Leadership, Judgment and Risk, Communication, and Independence/Autonomy (Decision-Making). Job attribute descriptors can be applied to address different types of progression as appropriate.

Failure to acknowledge and support these roles poses significant risks. Without a robust career framework, there is a real danger of losing skilled allied health professionals to other states and,

within Western Australia, to other sectors, where more competitive opportunities exist. This exodus could lead to gaps in service provision, decreased quality of care, and increased strain on the remaining workforce.

To prevent such outcomes, it is crucial to invest in and develop clear and attainable career pathways for allied health professionals. This investment will not only retain talent within WA but also ensure that the health system continues to benefit from the full range of skills and expertise that these professionals offer. By doing so, WA can maintain a competitive edge, attract and retain top talent, and continue to provide exceptional health care to its residents.

5. Next Steps

Before advancing with implementation, critical infrastructure must be established, including an implementation plan, governance arrangements, and the formation of a group to oversee and undertake much of the workload.

The *Independent Review into Career Pathways for Health Professionals* commenced as an agreed action out of the 2022 industrial negotiations between the Department of Health and HSUWA. The interim findings of the review then informed the 2024 negotiations for a replacement WA Health System – HSUWA – PACTS Industrial Agreement 2022. This included an agreed *WA Health Plan towards Modernising Career Pathways for Allied Health Professionals*, confirmed by exchange of letters. The contents of this plan were in part derived from the interim findings of this independent review.

Proposed Allied Health Professional Career Framework

4 CAREER PATHWAYS

Clinical -including generalist and specialised roles and fields
Education -including self and others, staff and/or students
Research -including consumption and production of research, service improvement
Management - including delegated responsibilities, line, project, leadership, strategy

5 CAREER LEVELS¹

Pre-qualification	Entry	Level 1: Developing	Level 2: Senior	Level 3: Advanced	Level 4: Expert	Level 5: Executive
Learning professional concepts. Work under supervision and direction	Consolidating and applying core professional scope	Expanding professional expertise. Accountable for their own actions and the actions of those they direct/supervise.	Highly complex clinical, scientific or technical role, and/or managing a team.	In depth highly complex clinical, scientific or technical role, and/or management of unit/small department, or leader in clinical education or research	Clinical and scientific expertise and leadership within a career pathway, including across professions and settings	Clinical, scientific and management leadership, bringing system strategic direction, innovation and influence
Assistant Technician AH Student	Allied Health (AH) Graduate (including trainees/associates in some professions post academic qualification)	AH Professional	Senior AH - Clinical	Advanced AH - Clinical	Expert AH - Clinical	+AH Executive
		*AH - Education	^Senior AH - Education	#Advanced AH - Education	¶Expert AH - Education	
		*AH - Research	^Senior AH - Research	#Advanced AH - Research	¶Expert AH - Research	
		*AH - Management	^Senior AH - Management	#Advanced AH - Management	¶Expert AH - Management	
Comments	Entry level AH professional	*No dedicated titled roles at this step	^Most but not all profession-specific roles	#Many roles are not profession-specific	¶Many roles are not specific to allied health	+AH or broader
Example job titles	Occupational therapist (OT)	OT	Senior OT Senior clinical educator - OT Senior clinical educator - AH Senior clinical researcher	OT - advanced practice AH education director Director AH research Coordinator - OT	Head of Department - OT HSP Director of research HSP Director of education Principal AH Advisor	Chief AH Officer Director AH

Figure 1: Proposed Allied Health Professional Career Framework

¹ The Career Levels do not directly equate to pay scale P levels

Examples of Allied Health Professional Career Pathways

Five illustrative career pathways are presented below. These simplified examples demonstrate how allied health professionals can progress through different levels within and across pathways. Career movement may include lateral shifts, breaks, or transitions between domains such as clinical, education, research, and management.

Table 1: Example Physiotherapist (PT) – Clinical Pathway

Career Level	Title	Description
Level 1	Graduate PT	Entry-level position following qualification.
Level 2	PT	Gains foundational experience and clinical competence.
Level 3	Senior PT	Leads complex clinical cases and mentors junior staff.
Level 4	Advanced Practice PT	Specialist expertise in a clinical area; often holds postgraduate qualifications.

A classic linear progression within the clinical stream, focusing on increasing depth of clinical expertise and responsibility.

Table 2: Example Speech Pathologist (SP) – Education Pathway

Career Level	Title	Description
Level 1	Graduate SP	Entry-level clinician role.
Level 2	SP	Builds clinical and communication competencies.
Level 3	Senior SP	Begins mentoring and supporting educational activities.
Level 4	Senior Clinical Educator (Allied Health)	Specialises in designing and delivering professional development programs.
Level 5	Education Director (Allied Health)	Oversees allied health education strategy across a service or system.

Education progression with a focus on capability development and workforce education leadership.

Table 3: Example Social Worker (SW) – Research Pathway

Career Level	Title	Description
Level 1	Graduate SW	Entry-level clinician.
Level 2	SW	Gains professional experience and explores research interests.
Level 3	Senior SW	May participate in research projects.
Level 4	Senior Clinician Researcher (SW)	Actively leads allied health research initiatives.
Level 5	Research Director (Allied Health)	Leads strategic research agendas across allied health and interdisciplinary teams.
Level 6	Director of Research (Health Service)	Provides system-level research leadership and policy input.

Demonstrates crossover from clinical into a dedicated research leadership stream.

Table 4: Example Sonographer – Management Pathway

Career Level	Title	Description
Level 1	Trainee Sonographer	Entry-level clinical and procedural training.
Level 2	Sonographer	Independent clinical practice.
Level 3	Senior Sonographer	Leads complex cases; may supervise others.
Level 4	Team Leader	Manages a small team with some operational responsibilities.
Level 5	Head of Department (HoD)	Leads the department and oversees service delivery.
Level 6	Director of Allied Health	Broader management and strategic input at the service level.
Level 7	Hospital Executive	Executive-level leadership with multi-profession responsibilities.

A clear example of clinical-to-executive progression through structured leadership roles.

Table 5: Example Neurophysiology Scientist (NPS) – Management Pathway

Career Level	Title	Description
Level 1	Trainee NPS	Entry-level training and technical skills acquisition.
Level 2	NPS	Fully qualified practitioner.
Level 3	Project Officer	Engages in non-clinical project work within WA Health.
Level 4	Senior Policy Officer	Leads or contributes to statewide policy initiatives.
Level 5	Manager	Oversees operational areas, often beyond discipline-specific scope.
Level 6	Director	Holds strategic responsibility over a major program or directorate.
Level 7	Chief Allied Health Officer	Executive-level leadership role with system-wide strategic oversight.

A hybrid management/policy pathway demonstrating advancement from technical discipline to statewide leadership.

Notes:

- Progression is often non-linear. Individuals may transition across pathways (e.g., clinical to education or research), pause for career breaks, or return to different levels.
- These examples are intended to illustrate possible trajectories, not prescribe them.
- Each pathway is underpinned by growing responsibility, capability, and strategic influence aligned with the Allied Health Career Framework.

Introduction

The allied health workforce is the largest clinical workforce in primary care and the second largest clinical workforce overall in Australia (Australian Institute of Health Welfare 2022). Allied health professionals (AHPs) deliver safe, high-quality, and efficient care through evidence-based models with well-documented outcomes (Queensland Department of Health 2014). A substantial body of evidence confirms the positive impact of allied health on patient outcomes, risk reduction, and system-wide efficiency—demonstrating its role in meeting increasing demand in a cost-effective way (Davis, Enderby et al. 2017). Allied health services are not only cost-effective but often serve as both a complement and an alternative to medical interventions (Allied Health Professions Australia 2021). Economic evaluations show that expanding allied health in subacute settings reduces hospital length of stay and medication errors, resulting in significant cost savings at both service and system levels (Peiris, Taylor et al. 2011).

Within WA Health, AHPs are employed across acute, subacute, outpatient, and community settings. The system recognises over 30 defined allied health professions that provide preventative, diagnostic, therapeutic, and technical health and social care. These services are further supported by allied health assistants, technicians, and discipline-specific support roles.

Despite their critical role, recruiting and retaining allied health professionals has become increasingly challenging across Australia. The introduction of the NDIS has disrupted workforce distribution, while within WA Health, systemic issues such as limited career progression, competition from better-remunerated sectors, and unsustainable workloads are intensifying retention pressures (Nancarrow, Moran et al. 2023, WA Department of Health Chief Allied Health Office 2023).

Career development pathways are a critical lever for improving workforce retention (Wakerman, Humphreys et al. 2019, Coffman, Rosenblum et al. 2021). Ridoutt and Santos (2006) identified “recognisable job futures” as one of the most important attributes of an attractive employer. For WA Health to remain competitive, it must offer robust, transparent, and achievable career opportunities that support workforce sustainability (WA Department of Health Chief Allied Health Office 2023).

As part of the 2022 industrial agreement with the Health Services Union of Western Australia (HSUWA), WA Health committed to an independent review of career pathways for allied health, pharmacy, and health science professionals (referred to throughout this report as AHPs). Definitions of key terms are provided in Appendix 1. The rationale for reviewing the Allied Health Career Framework and investing in the AHP workforce is outlined in Appendix 2.

In 2023, consultancy group AHP Workforce was engaged to lead the Independent Review of Career Pathways for AHPs employed within WA Health. This review included a comprehensive literature review, workforce data analysis, and two rounds of consultations—delivered both online and in-person. The consultations explored what an ideal career structure would look like, which job attributes should be recognised for classification purposes, and the systemic changes needed to support these career pathways.

Insights from these activities informed the development of a draft Allied Health Career Framework, which underpins the final recommendations in this report. Throughout the review, AHP Workforce delivered an interim report following the first consultation and a detailed synthesis of findings after the second, culminating in this final report.

Project

Project background

The purpose of this review was to evaluate the health professional career pathways in WA Health to suggest how to better support recruitment and retention. Key stakeholders consulted as part of the review included the WA Health workforce, the HSUWA, and the Department of Health.

The scope of the review was to:

- review and evaluate WA Health’s career pathways for health professions, focussing on classifications P2 and above, regarding the qualifications, skills, experience and responsibility of those health professionals;
- compare WA Health’s health professional workforce to other jurisdictions in Australia, from both a metropolitan and country health perspective; and
- consider the size, composition, and geographical distribution of WA Health’s health professional workforce.

And make recommendations which:

- support the retention of a skilled health professional workforce; and
- align with WA Health’s workforce priorities to enhance clinical practice and support new models of care.

Project deliverables included a project plan, an interim report inclusive of findings from the first round of consultation, a data analysis and synthesis report, and a final report (this document).

Process

AHP Workforce Consultants undertook a comprehensive review of published and grey literature on allied health career pathways, with a primary focus on Australian state and territory government documents (see *Appendix 3*). International sources from New Zealand, the United States, Canada, and the United Kingdom were also reviewed to inform global comparisons. In addition, de-identified payroll data from the WA Department of Health’s human resources system was analysed to provide insight into the current size, structure, and distribution of the allied health workforce.

The first round of consultation involved both online and face-to-face engagement with key stakeholders, including allied health clinicians. Between 10 October and 8 December 2023, AHP Workforce conducted 35 focus groups (involving more than 200 participants), multiple interviews and small group discussions, as well as 200 live polls. In parallel, an online survey attracted responses from 393 participants.

Quantitative data from payroll records were summarised using simple descriptive statistics, while qualitative data from surveys, polls, and focus groups were analysed through a combination of content and thematic analysis. Insights from this phase informed the development of an interim report and an initial draft of the Allied Health Career Framework.

A second round of consultation was undertaken from 5 to 31 March 2024. This included both online and face-to-face focus groups held in Perth, Kalgoorlie, and Geraldton, supported by an anonymous online survey. This phase engaged 382 survey respondents and over 250 participants across 44 focus groups. The same data analysis methods were applied, and findings from this round were used to refine and update the Career Framework to reflect stakeholder feedback and emerging themes.

Current state of WA Health allied health

WA Health's allied health workforce—formerly referred to as allied health and health sciences—comprises over 7,300 professionals across more than 30 distinct disciplines. This workforce is both diverse and complex, yet is largely managed under a single employment classification that encompasses traditional therapeutic allied health professions, pharmacists, and diagnostic health science roles.

In contrast, other jurisdictions, such as Victoria, use separate Enterprise Agreements to cover these professions—for example, the *Allied Health Professionals Agreement* and the *Medical Scientists, Pharmacists and Psychologists Agreement*. In WA, most of these professions are collectively managed under the single *Health Services Union (HSU)* agreement. Specific industrial arrangements, however, apply to clinical psychologists, and more recently, to clinical neuropsychologists.

One advantage of WA Health's single-agreement approach is administrative simplicity. It enables the system to treat allied health as a unified category without needing to define or list individual professions explicitly. This streamlining can aid in workforce planning and system-wide initiatives.

Salary benchmarking shows that WA offers relatively competitive starting salaries, with entry-level positions often higher than in other states. At the top end, WA's P9 classification is second only to Queensland. However, in practice, relatively few roles progress beyond the P2 levels, with limited or no actual positions established at the highest classifications (beyond P6). WA has fewer salary increments overall (20 steps, compared to 23–30 in other states), which may impact long-term career progression.

The allied health professions within WA Health vary significantly in their stages of maturity and visibility. Some professions have longstanding roles in the public health system and are widely recognised by the public and other clinicians. Others have evolved from vocational or technical backgrounds, or emerged in response to advances in healthcare technologies. These newer or more specialised roles are often understood only by experts or by patients with specific needs.

This diversity has created challenges in fostering a unified identity among allied health professions. Despite being covered by the same industrial agreement, there is inconsistency in how these professions are recognised and integrated across the health system. Opportunities for cross-disciplinary collaboration remain limited, affecting the ability to implement joint-care models or integrated team-based approaches.

In the WA public health context, it remains practical to define allied health as comprising all health professions other than medicine, nursing, midwifery, and dentistry. This definition reflects both the shared industrial agreement and the collective role these professions play in providing diverse, specialised care. Framing these professions under the banner of 'allied health' enhances their visibility and influence, enabling a more coordinated contribution to the health system through a collective voice.

Fragmented reporting lines limiting professional voice

The diversity and variability across allied health roles help explain the range of reporting structures within the WA Health system (see Table 6). Many of the smaller, emerging technical professions are based exclusively within tertiary hospitals and are often managed within medical directorates aligned

to their associated medical specialties. In such arrangements, allied health professionals typically have limited or no authority over their profession’s workforce planning or financial resources.

This governance structure can significantly constrain the visibility and influence of these professions within executive decision-making processes and across the broader health system. In contrast, some of the more established allied health professions have larger workforce footprints and dedicated departmental structures, which support stronger professional leadership and greater control over resource allocation.

However, many of the newer or smaller professions lack a dedicated departmental presence or profession-specific leadership. As a result, they face structural barriers to advocacy, strategic development, and system-wide representation—further limiting their capacity to influence policy or service design within WA Health.

Table 6: WA Health allied health general reporting lines.

Therapies	Sciences
<p>Many of these professions are located within a profession specific department.</p> <p>Some are in a program-based service structure e.g. Child Development Service, Rehabilitation in the Home (RITH), Midwest adult mental health service from WA Country Health Service (WACHS).</p>	<p>Some but not all of these professions have a profession specific department.</p> <p>Many of these professions are located within a medical or surgical service e.g. clinical perfusion in surgical service, neurophysiology science in medical service.</p>
<p>Professionals that mostly report to respective Heads of Department or Program-Based Directors include:</p> <ul style="list-style-type: none"> • Art Therapy • Audiology • Dietetics • Exercise Physiology • Music Therapy • Occupational Therapy • Orthotics and Prosthetics • Physiotherapy • Podiatry • Psychology (including Clinical Psychology and Clinical Neuropsychology) • Social Work • Speech Pathology 	<p>Professionals that mostly report to respective Medical or Surgical Directors include:</p> <ul style="list-style-type: none"> • Biomedical Engineering • Cardiac Physiology • Clinical Perfusion • Genetic Counselling • Medical Imaging Technology • Medical Librarian • Medical Physics • Medical Science • Neurophysiology Science • Nuclear Medicine Technology • Optometry • Orthoptics • Pharmacy • Radiation Therapy • Respiratory and/or Sleep Science • Sonography

Workforce establishment and planning

The variability across WA Health’s allied health professions also contributes to longstanding challenges in workforce definition, data quality, planning, and regulation (Naccarella 2015). Allied health professions differ significantly in terms of regulatory status, theoretical foundations, scope of practice, and capabilities. This heterogeneity makes system-wide planning complex and contributes to inconsistencies in workforce reporting and funding.

For example, the Commonwealth government limits its reporting to nationally regulated professions and applies differing levels of access to Commonwealth-funded programs. At the state level, public hospital, community, and mental health services often lack the tools and data required to assess whether their existing allied health workforce is adequate to meet current or future service demands.

Challenges defining workforce establishment have led to notable gaps in care and suboptimal service delivery. Two key examples include:

- **Mental health:** Inpatient, outpatient, and community-based mental health services are state-funded and span the entire life course. Due to insufficient workforce establishment, allied health professionals in these services often spend most of their time on generic case management tasks, with limited capacity to apply discipline-specific expertise that could better support patient recovery and rehabilitation. This shortfall is highlighted in the *Mental Health Clinical Workforce Action Plan* (Western Australian Department of Health 2022).
- **Outpatient reform:** WA Health's system-wide reform program—initiated in 2019 to improve access to specialist medical outpatient clinics—has given limited consideration to allied health-led models of care. This is despite strong evidence from other jurisdictions and internationally demonstrating the effectiveness of allied health professionals as first points of contact in such settings.

WA faces additional complexities in allied health workforce planning due to its geography: a single major metropolitan centre serves one of the most expansive health systems in the world. Key systemic issues include:

1. **Inadequate data and workforce planning** for the allied health sector, hindering evidence-based decision-making.
2. **Inequitable access to allied health services** in rural and remote regions, contributing to health disparities.
3. **Underutilisation of professional skills**, with many allied health professionals not employed in roles aligned to their training.
4. **Low representation at strategic levels**, limiting allied health input into system design and policy.
5. **Fragmented planning and support**, particularly where public health services intersect with the large private and non-government allied health sectors.

Without comprehensive, profession-specific workforce planning and better integration across sectors, WA Health risks underleveraging the capabilities of its allied health workforce and limiting its ability to respond to emerging health system demands.

Workforce leadership

The challenges of fragmented allied health leadership, limited workforce planning, and poor system-wide understanding are not unique to WA or WA Health. However, WA has made some attempts to address these issues over time.

More than two decades ago, the *Reid Report—A Healthy Future for Western Australians: The Report of the Health Reform Committee* (March 2004)—highlighted significant workforce shortages across

most allied health professions in WA (Reid, Daube et al. 2004). Vacancy rates at the time included 13% for podiatry, 11% for clinical psychology, 10% for medical imaging, 7% for occupational therapy, and 6% for physiotherapy. Turnover rates in 2001 were estimated at a concerning 30%. In response, the Reid Report recommended appointing a senior allied health advisor to lead the development of a comprehensive workforce planning, attraction, and retention strategy. Suggested components included:

- Strengthening visible allied health leadership
- Promoting allied health as a desirable and viable career
- Enhancing workforce planning across professions
- Increasing flexibility in working conditions and career progression
- Improving service delivery models, particularly for rural and remote areas
- Expanding opportunities for allied health research

Following the report, WA Health established the position of *Chief Health Professions Officer*, later rebranded to *Chief Allied Health Officer* in line with national trends. While the position provides essential professional leadership and advice, its strategic impact has been constrained by limited resources and scope. The Chief Allied Health Officer is supported by a small team within the Chief Allied Health Office.

Strategic leadership for allied health within WA Health is currently distributed across the Chief Allied Health Officer and several *Allied Health Directors*. These Directors, who may or may not hold executive-level positions in their respective hospitals or services, typically oversee a portfolio of specific professions. Despite the size and importance of the allied health workforce, not a single allied health role is included among the 88 executive positions listed in the *Schedule of Consolidation of Determined Executive Offices in the Health Executive Service* (March 2025) (Western Australian Department of Health 2025). In contrast, six roles are reserved for medical practitioners and eight for nursing and midwifery executives.

System-wide, there is limited representation or advocacy for allied health at senior decision-making levels. Some larger professions have expressed a desire to differentiate themselves from the broader allied health grouping, seeking profession-specific leadership pathways. Conversely, several smaller or emerging professions do not identify with the allied health label and lack any visible leadership structures within WA Health.

Additionally, there is no formal executive leadership stream for allied health professionals within the P-classification structure, creating ambiguity around how allied health professionals might access senior executive roles. Career pathways into non-clinical domains such as project management, policy, or system strategy are similarly unclear.

Compounding this is a misalignment of awards and classifications. The Chief Allied Health Officer and the staff of the Chief Allied Health Office are employed under a different public sector award, despite many being registered allied health professionals. Allied Health Directors within WA Health are covered by the HSUWA industrial agreement but are classified under the General (G) stream, rather than the Professional stream. Many allied health professionals who move into non-clinical roles—particularly in project and program management—also shift to G-classified positions, further fragmenting the professional identity and pathways of the workforce.

Evolving professional practice

Strategic workforce challenges in allied health extend far beyond the absence of executive leadership. They also reflect the need to evolve scope of practice, align education with system demands, and embed research into everyday clinical practice. The scope of allied health professions continues to expand in response to the growing complexity of the health system, population needs, and technological advancements.

As early as 2006, the *Department of Health WA Submission to the Productivity Commission's Health Workforce Study* (p. 25) highlighted the shifting landscape of allied health (Western Australian Department of Health 2006), noting:

- Increasingly, traditional profession-specific roles are evolving, with growing advocacy from professional associations to reduce legislative constraints and enable greater adaptability to community needs. This is being driven by a shift toward competency-based models, akin to developments in nursing, which support the emergence of enhanced scope roles.
- Academic thought leaders have called for a redefinition of the core business of professions such as physiotherapy, proposing a fundamental restructuring of education and workplace competencies to reflect contemporary research, values, and practice—not simply technical and clinical skillsets.
- Expanding the scope of allied health professionals in settings such as emergency departments has been recognised as a practical strategy for relieving pressure on overstretched medical services.

To harness the full potential of the allied health workforce, there must be ongoing support for scope of practice expansion and innovation. A competency-based approach is not merely about cataloguing existing skills—it encourages continuous adaptation and innovation based on emerging evidence, including evidence generated by practitioners themselves. Clinical practice remains central to allied health, but its impact is amplified when supported by embedded research and profession-led education initiatives across the health system.

Allied Health Educators

Aligning allied health education with contemporary health system demands and population needs is essential (World Health Organization 2022). As medical technologies evolve and disease burdens shift, workforce preparation must keep pace. Neither the tertiary education sector nor the health system can drive this change alone.

Dedicated allied health education roles are needed to ensure high-quality, practice-ready graduates and to support ongoing development of competent, effective clinicians (World Health Organization 2016). A successful career progression framework relies on a learning continuum—enabling staff to move from novice to expert—underpinned by resourcing, mentorship, and institutional support.

In-service, competency-based education is critical for maintaining clinical capability across a workforce increasingly required to adapt to new models of care (World Health Organization 2022). However, the absence of clearly defined clinical educator roles within allied health has limited the profession's ability to cultivate education leaders or recognise expertise in training and development (World Health Organization 2022). Unlike medicine or nursing, there is currently no standardised framework for clinical educator competency in allied health. Such standards must be tailored to local context, role expectations, and health service needs.

Allied Health Researchers

To provide the best possible health care, service provision must be evidence informed. Allied health professionals need to participate in the generation and application of evidence, integrate current best available evidence into practice, promote evidence-informed practice amongst colleagues, and assesses data and information from a range of sources (World Health Organization 2022). An embedded researcher model is one way to provide career benefits to allied health professionals as well as benefits to patients and the healthcare organisation through enhancing evidence-based practice (Coates and Mickan 2020). In the embedded model, allied health researchers are core members of a healthcare organisation, with an aim to support competency-based research outcomes for allied health staff including generation of original research and evidence translation.

The idea behind the embedded allied health researcher is that by being immersed in the healthcare organisation, they have insider knowledge and access to contextual information not otherwise available to outsiders. The allied health researcher can gain greater understanding of the pressures faced by the organisation in translating research and implementing evidence-based care (Coates and Mickan 2020). Due to their immersion in a healthcare organisation the position can produce research that is relevant to the healthcare service and support the implementation of research findings into clinical practice (Coates and Mickan 2020). Allied health research positions embedded within healthcare settings have been identified as an enabler to allied health professional research capacity (Wenke, Ward et al. 2017).

Problems identified with current use of P levels

While WA Health applies a common P-level structure to classify allied health professions, the implementation across disciplines and sites reveals inconsistencies that undermine fairness, transparency, and career development. Organisational structures and career pathways vary significantly between professions—despite sharing the same P-level framework. For example, pharmacy and medical science tend to exhibit more structured vertical hierarchies, often leading into executive roles, in contrast to some of the therapy professions with flatter structures.

A review of allied health professions across WA Health has identified five key areas of concern:

1. Inconsistent P Levels for the Same Job Title Across Sites

Allied health professionals performing equivalent roles are often classified at different P levels depending on the hospital or health service. For example:

- **Chiefs of Medical Imaging Technology:** P6 in tertiary hospitals vs P4 in general hospitals
- **Cardiac Scientific Officers:** P2 or P1, depending on the site
- **Manager, Orthotics and Prosthetics:** P3 or P4
- **Chief vs Supervisor Clinical Neurophysiology Scientists:** Varying between P2–P4 across sites
- **Head of Department, Medical Librarian:** P3 or P4

2. Inconsistent Job Titles at the Same P Level

There are cases where different titles are used for roles of similar level and scope:

- **P2 Sonography roles:** Titled both ‘*Sonographer*’ and ‘*Senior Sonographer*’ at different sites

3. Variation in the Top-Level Position Across Sites

The most senior role within a profession can differ across institutions, affecting clarity around leadership and career progression:

- **Supervisor Clinical Neurophysiology Scientist** is the top post at two hospitals, while others have a **Chief**

- **Supervising Nuclear Medicine Technologist** is the top role in one hospital, with **Chiefs** present in others
- **Senior Respiratory Scientist in Charge** is the top post at some sites, whereas **Chiefs** hold that position elsewhere

These first three issues collectively reflect systemic inequities:

- Professionals may receive different classification and remuneration for equivalent work
- P levels may not accurately reflect seniority or responsibility
- Inconsistency hinders workforce mobility and undermines fair recognition of experience and capability

4. Flat P-Level Structures

Some professions exhibit very limited progression pathways:

- **Optometry and Orthoptics** only include P1 and P2 levels. In some cases, professionals remain at P1 indefinitely, despite undertaking complex and valuable work that would warrant higher classification.

5. Underutilisation of Available P Levels

While not all professions require the full range of P levels, in practice many professions and sites are not utilising the full classification structure, limiting available pathways for career progression.:

- **Chief Radiation Therapist (P6)** with **Deputy** at P4
- **Head of Audiology (P4)** with **Senior Audiologist** at P2
- **Biomedical Engineering** does not utilise P4 or P5 at one tertiary site, while these are used at another
- **Chiefs and Deputies of MIT** are appropriately classified at P6 and P4 respectively—but many other professions rarely access higher P levels

Table 7: Summary of Top P Level by Profession (as at June 2024)

Top P Level	Professions
P2	Optometry, Orthoptics
P3	Cardiac Physiology, Genetic Counselling
P4	Audiology, Clinical Perfusion, Medical Librarianship, Neurophysiology Science, Orthotics & Prosthetics, Respiratory & Sleep Science, Sonography
P5	Nuclear Medicine Technology
P6	Biomedical Engineering, Medical Imaging Technology, Medical Physics, Radiation Therapy

Implications

These discrepancies across the P-level structure have significant implications for staff retention, professional identity, workforce mobility, and perceptions of equity. In many cases:

- Experienced professionals feel undervalued when their roles are not matched with appropriate classification
- Career progression is limited not by performance or capability, but by structural constraints in the classification system
- Lack of standardised pathways and leadership roles contributes to disengagement and workforce attrition

A comprehensive and consistent approach to P-level classification—aligned with scope, responsibility, and workforce development goals—is essential to ensure equity, clarity, and retention across the allied health professions.

Results

Literature review

A total of ten documents were identified through a review of published and grey literature on allied health career structures across national and international jurisdictions. These documents included blueprints, frameworks, strategic guides, organisational reports, and policy overviews (hereafter referred to collectively as *documents*). A summary comparison is presented in **Table 7**, with an annotated bibliography provided in **Appendix 4**.

Insights from these documents informed the development of the proposed **Allied Health Career Framework** (see *Figure 1*).

Conceptual Models for Career Pathways

Eight of the ten documents presented conceptual models for allied health career progression. These typically included between three and six domains of professional practice, with four to five levels of proficiency or capability within each domain.

The most common model identified was built on **four pillars of practice**:

1. Clinical practice
2. Research and service improvement
3. Education
4. Leadership

Emerging evidence supports the relevance and applicability of these pillars in defining contemporary allied health roles (see *Appendix 5*).

Some documents that addressed workforce redesign and organisational change proposed an expanded **six-pillar model**, comprising:

- Clinical practice
- Research and service improvement
- Education and learning facilitation
- Leadership and management
- Strategy and policy
- Rural generalist practice

Of these, four pillars were retained in the final proposed Allied Health Career Framework, with the remaining two (strategy/policy and rural generalist practice) integrated into the domains of clinical practice and leadership/management (see *Figure 1*).

In all models, the level of proficiency in each pillar varied by role and career stage. The term *proficiency level* was the most common descriptor for career development and professional progression.

Career Levels

Across the reviewed literature, most models included **four or five career levels**, typically ranging from *novice* through to *advanced* or *consultant-level* practice. While definitions of the most senior levels varied between jurisdictions, there was general consistency in the use of tiered levels to guide career progression.

For example, the **UK NHS** recognises *consultant-level* allied health practitioners with clearly defined roles, whereas other jurisdictions use less explicit terminology to describe senior clinical positions.

Linkages Between Career and Classification Levels

Although explicit mapping between career progression and employment classification levels was limited in the literature, four common models of progression were identified:

- **Time-based progression:** A traditional model based on tenure, typically tied to annual increments within industrial agreements. While often linked to minimum performance standards in policy, in practice, increments are rarely withheld. This model aligns with vertical promotion pathways in hierarchical organisational structures.
- **Competency-based progression:** Advancement is based on the demonstration of specific capabilities, assessed through qualifications, credentialing, or workplace evidence. Though less commonly implemented, this model supports lateral mobility and recognition of diverse career paths—particularly valuable in multidisciplinary and rural contexts.
- **Performance-based progression:** Advancement is linked to consistently high or improving performance, typically assessed through key performance indicators (KPIs) or role-specific objectives. While widely recognised in other sectors, this model is not currently used in current WA Health allied health position descriptions.
- **Merit-based progression:** Career advancement is achieved through open, competitive recruitment processes, as per standard public sector practice.

Job Attributes

Across the literature reviewed, there was strong alignment between the job attributes described in national and international frameworks and those used within WA Health. These commonly included:

- Knowledge
- Relationships
- Judgement and risk
- Independence and autonomy
- Strategic change
- Impact
- Breadth
- Resource management and responsibility

These attributes form a consistent foundation for assessing roles and guiding progression across various career levels and practice domains.

Intended Use: Employee-Led vs Organisation-Led Pathways

The reviewed documents generally fell into two categories based on intended use:

1. **Employee-directed tools** for self-assessment and professional development
2. **Organisation-led guides** for career structure reform and workforce planning

Aside from the NSW frameworks (which blend both approaches), most documents were clearly aligned with either self-directed or top-down organisational intentions. In the self-directed models, allied health professionals were encouraged to map their current capabilities to specified

competencies and create a personalised development plan aligned to desired proficiency levels across each pillar of practice.

In contrast, organisational or structural change documents presented career pathways in terms of defined roles, responsibilities, and hierarchical advancement. These documents targeted health service managers and leaders, though in many cases, the primary audience was not explicitly stated. When specified, audiences ranged from narrow (e.g., allied health clinicians) to broad (including teams, executives, and workforce planners).

Each approach has strengths and limitations:

- **Self-directed frameworks** empower staff to shape their career trajectory and may stimulate innovation, particularly in emerging roles where organisational structures have not yet evolved.
- **Organisation-led models** offer clarity and consistency, helping align workforce design with system-wide strategy, but may be more rigid and less responsive to individual aspirations.

Ultimately, an effective career development strategy should balance both perspectives—providing employees with autonomy and flexibility while ensuring organisational alignment and system-level workforce sustainability.

WA Health Workforce Structure

Within WA Health, career progression for allied health professionals is primarily governed by **merit-based recruitment** to a P-classification level, followed by **time-based incremental advancement** within that level. An exception to this is the **clinical psychology profession**, which operates under a grade-based structure that allows for **criteria-based progression** through levels P1 to P4. This model offers a valuable precedent for exploring more **competency- and performance-based progression** approaches across other allied health professions.

A review of the current WA Health allied health structure highlights an urgent need for stronger **strategic leadership** to support progression across all four pillars of practice—clinical, research, education, and leadership. This may include the creation of **strategic roles** designed to drive excellence across these domains, identify and scale best practices, and support system-wide capability development.

While such roles may be relatively few in number, their strategic function could help clarify career pathways and provide aspirational opportunities for experienced staff seeking advancement without needing to exit the public system or their profession.

Table 8: Comparison of jurisdictional career frameworks

Document	Location	Audience	Number of WA professions covered	Intended use*	Pillars of practice (most common term)	Level of proficiency (most common term)	Approach to career
Allied Health Career Pathways Blueprint (Victorian Government Department of Health 2017)	Department of Health Victoria	Allied health & organisation	23	Self-directed	5 'work streams' <ul style="list-style-type: none"> • Practice • Education • Research • Management • Strategy 	4 'growth rings' <ul style="list-style-type: none"> • Gaining experience • Further skills & knowledge • Becoming an expert • Acknowledged leader 	Employs a range of proficiencies across pillars of practice as a tool for professionals to reflect on and plan their career direction. Mapped to spider diagrams.
Te Awa Tārai: a career development guide for Allied Health (New Zealand Ministry of Health 2025)	Ministry of Health New Zealand	Allied health & organisation	≥14	Self-directed	6 'development streams' <ul style="list-style-type: none"> • Practice • Te Tiriti (treaty Māori/British Crown) • Strategic & systems thinking • Education • Service improvement & research • Stewardship 	5 'riverbanks of growth' <ul style="list-style-type: none"> • Unfamiliar • Familiar • Confident • Capable • Leader 	Employs a range of proficiencies across development streams as a tool for professionals to reflect on and plan their career direction. Mapped to a river diagram.
Allied Health Career Framework (Wairarapa Hutt Valley & Capital and Coast DHBs 2020)	Wairarapa, Hutt Valley & Capital and Coast District Health Boards	Organisation	9	Organisational or structural change	4 'pillars of practice' <ul style="list-style-type: none"> • Clinical practice • Teaching & learning • Leadership & management • Service improvement & research 	Unclear, but uses 5 terms: <ul style="list-style-type: none"> • New entry • Professional • Advanced • Expert • Consultant 	Career progression described for allied health educators, coordinators, professionals, team leaders, & professional leaders. There is no research pathway. 17 progression steps are described. Composition of the pillars of practice varies by role. A range of proficiencies across pillars of practice are mapped to these progression steps.
Allied Health Workforce Macro Trends Report (New South Wales Ministry of Health 2022)	NSW Ministry of Health	Unclear – likely organisation	18	Workforce planning	N/A	N/A	Projecting workforce issues and opportunities based from literature review and consultation with 18 professions

Allied Health Graduate Workforce Pipeline Report (New South Wales Ministry of Health 2023)	NSW Ministry of Health	Unclear – likely organisation	18	Workforce – influencing pipeline	Not identified	Not identified	Career journey map covers high school, undergraduate, new graduate, early/mid-career, & mid-career levels.
Queensland Health Allied Health Research Careers Development Framework (State of Queensland (Queensland Health) 2024)	QLD Health	Allied health, teams, organisations, universities	17	Self-directed & (implied) organisational or structural change	5 ‘research domains’ <ul style="list-style-type: none"> • Research knowledge & skills • Research impact & translation • Clinical & healthcare research context • Research leadership & strategy • Research capacity building & mentorship 	5 ‘capability proficiency levels’ <ul style="list-style-type: none"> • No proficiency • Emerging proficiency • Consolidating proficiency • Advanced proficiency • Expert proficiency 	This resource is specific to research pathways. The individual assessment tool employs a range of proficiencies across research domains as a tool for professionals to reflect on and plan their career direction. Mapped to spider diagrams.
Allied Health Rural Generalist Pathway - Overview (Queensland Health n.d.)	QLD Health	Organisation	10	Organisational or structural change	Developing/proficient rural generalists 3 areas of practice <ul style="list-style-type: none"> • Workplace support/supervision • Education & training • Service This then transitions to 4 pillars of practice for advanced & complex practice in rural generalist settings <ul style="list-style-type: none"> • Clinical practice • Management • Education & training • Research 	4 ‘roles’ <ul style="list-style-type: none"> • Developing rural generalist – stage 1 • Developing rural generalist – stage 2 • Proficient rural generalist • Advanced & complex practice in rural generalist service settings 	Specific to clinical practice pathways (generalism). Each role builds on the previous one through further developing proficiency in the specified areas of practice.
Multi-professional framework for advanced clinical practice in England (NHS England 2017)	NHS England	Organisation	13	Organisational or structural change	4 ‘pillars of practice’ <ul style="list-style-type: none"> • Clinical practice • Leadership/management • Education • Research 	Capabilities under these pillars have been mapped to level 7 taxonomy for NHS England.	Provides guidance on evidencing capabilities as part of career development in advanced clinical practice. Career progression not detailed with a focus on level 7 positions.
Nursing, Midwifery and Allied Health Professionals Development Framework (NHS)	NHS Education for Scotland	Allied health	14	Self-directed & organisational or structural change	4 ‘pillars of practice’ <ul style="list-style-type: none"> • Clinical practice • Facilitation of learning • Leadership 	Levels of proficiency are mapped to career progression & remuneration.	Employs a range of proficiencies across pillars of practice as a tool for professionals to reflect on and plan their career direction. A range of proficiencies across pillars of practice are also

Education for Scotland n.d.)					<ul style="list-style-type: none"> • Service improvement 		mapped to levels at different stages of career progression.
Modernising allied health professions careers in Wales (Welsh Government 2016)	NHS Wales	Unclear – likely allied health & organisation	10	Self-directed and organisational or structural change	4 ‘pillars of practice’ <ul style="list-style-type: none"> • Clinical practice • Education • Leadership • Research 	Spectrum of proficiency ranges from novice to expert.	The characteristics, role responsibility, key knowledge skills and behaviours, and educational development of for each level from 5 – 9 of the NHS Wales career framework for health is mapped to the pillars of practice.

***Self-directed** – intended for use by individual allied health professionals seeking professional development material; **Organisational or structural change** – intended for use by organisations to direct structural change including career structure and potential industrial relations action; **Workforce** – intended for use as a discussion piece that explores allied health workforce projections and opportunities to influence.

Consultation one

Round one of consultation confirmed the following key issues with the current state:

Flat career structure and early ceiling: Many allied health professionals are restricted by a flat career structure, resulting in early career ceilings, and limited opportunities for progression. This was a key issue identified by participants, and is visible in the payroll data, which reports that 67% of all allied health professions are at the top salary increment of their classification level. Nearly one third of these are at the top of the P2 classification. Across all disciplines the numbers in each broad classification level are shown below (**Figure 3**). Just over 47% are at level P1 and a further 43% are at level P2. There is a considerable proportional drop in numbers to level P3 (9.4%). Just 5.7% of the allied health workforce is employed at above P3 level, with the top three classification levels (P7 to P9) hardly used (0.2%). Only medical physicists and medical scientists have staff employed at P7 to P9 classifications, though it should be noted this is extremely limited, with less than 11 FTE allocated across these levels. Several professions have no workers employed at levels above P2 or P3. Smaller professions are more likely to have a higher proportion of their workforce at P2 or below.

Loss of clinical skills to project roles: Professionals often 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 roles is hindered by disincentives because of increased responsibilities without commensurate pay, and limited access to training or support for leadership positions.

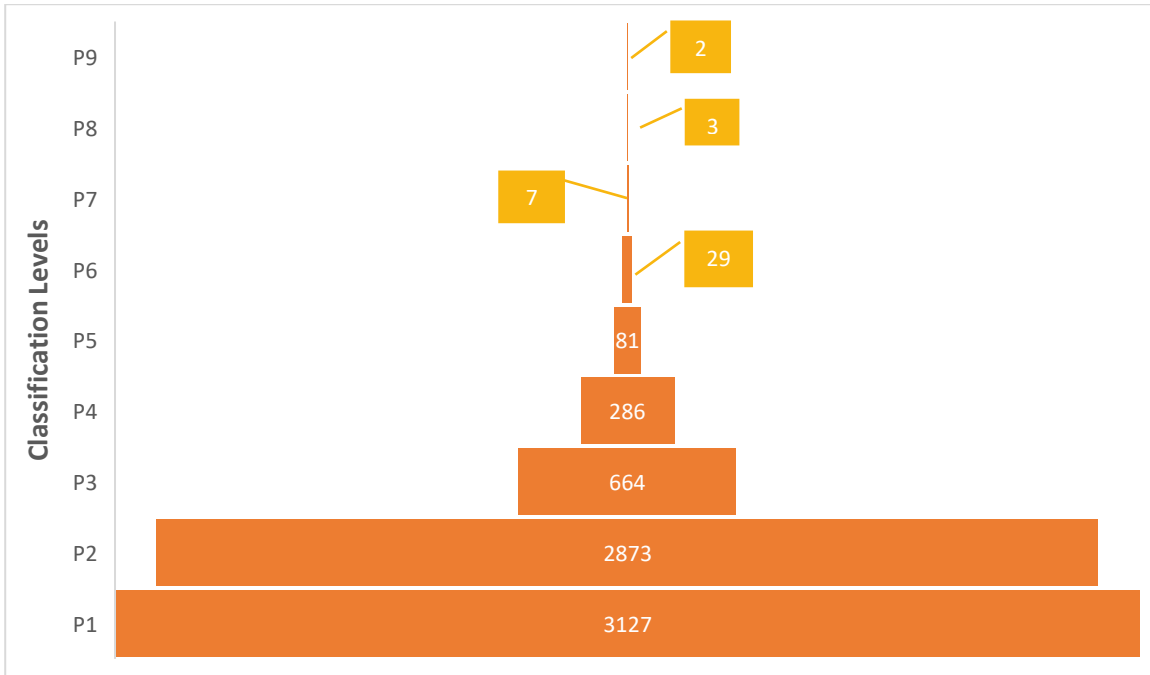
Challenges in rural/remote working: Rural and remote working presents unique challenges, including professional isolation, and high clinical loads. There is a need to value generalist expertise.

Value of public sector work: Despite challenges, many participants value their work in WA Health due to the complexity of the workload, team cohesion, and the opportunity to work with at-risk populations.

Impact of organisational structures: The operational distinction between allied health and scientific professions and the line management structures significantly influences career pathways and visibility within the organisation.

Variation between health services: There is a degree of autonomy at the individual health service level, which is exploited by enterprising managers to create differences between services and even within services as to how the agreement is interpreted and applied. In addition, innovation tends to be locally driven rather than through state-based approaches, compounding differences in approach to things like advanced scope of practice and research activity. An example of this from the payroll data is the variation in P level of Principal Scientists in PathWest, who range from P6 to P9 despite holding the same job title and similar roles.

Opportunities for change and career pathway enhancement: Access to supervision, meaningful performance appraisal systems, and consistent credentialing pathways are crucial for career development. Opportunities also exist in establishing clear career pathways in established practice areas and promoting the effective use of allied health assistants.



Headcount of employed Allied Health Professionals

Figure 2: Distribution of the WA health system allied health workforce by broad classification level

A draft career framework was developed following the first round of consultation and is supplied in Appendix 6. More detailed information regarding the payroll data is available in Appendix 7.

Consultation two

The proposed Allied Health Career Framework was presented as the focus of consultation two. Over 70% of respondents accepted the proposed career pathways, career levels, and associated job attributes. The majority of respondents perceived that the career pathways were somewhat relevant (34%) or very relevant (54%) to their current roles and future aspirations. There was moderate to strong agreement that the proposed career pathways will meet the needs of the WA health professions (12% slightly well, 39% moderately well, 39% very well and 3% extremely well), noting that the survey feedback was based on the first round of consultation, and the feedback from this consultation has been addressed (as far as possible) within the revised Framework. Questions asked during the consultation are available in Appendix 8, and graphical representations of responses to the questions are available in Appendix 9.

Career pathways

There was broad acceptance of the proposed model for career pathways. Focus group discussions and text responses in the survey provided nuanced perspectives on implementation challenges, resource requirements, and the necessary political support, but did not substantively change the overall positive sentiment. Overall, respondents were satisfied with the comprehensiveness of the pathways but also noted the need for further clarification and understanding, especially regarding the ways the pathways intersect and overlap.

All proposed pathways were supported to a greater or lesser extent (all achieved a > 65% 'I like it' rating), but 'Clinical' and 'Leadership / Management' (84% and 79% 'I like it' rating respectively) remain the most popular. These are effectively the current established career pathways, albeit

truncated. There is good support (>70% 'I like it' rating), with little dissent (only 3% 'I don't like it' rating), for the introduction of two additional pathways, 'Research and service improvement' and 'Education and facilitation of learning'. Both these pathways are already in early stages of development, although are still unstructured and inconsistently implemented across WA Health.

Feedback from the focus groups and written responses suggested the following additional considerations to the proposed pathways:

- **Combining, removing or adding pathways:** Participants suggested combining the strategy and policy pathway with leadership and management and merging generalist and specialist clinical practice pathways into clinical practice. The term 'specialist' especially was contentious, since it is seen to be associated with legislated, accredited roles and not appropriate for the career pathway. Both researchers and educators agreed that clinical practice should remain part of research and education career pathways perhaps well into the pathway, perhaps until expert level. This ensures that the knowledge base remains current (especially important for educators). Those supporting this perspective also agreed that management should not be the end point of their progression.
- **Need for flexibility and movement between pathways:** Respondents recognised that health professionals' roles would normally follow multiple different pathways simultaneously (or sequentially) and they wanted this potential flexibility in pathways more clearly articulated in the Framework.
- **Training and Development:** Participants were concerned about the lack of access to formal training and development opportunities to progress in chosen career pathways, particularly in areas of advanced specialised practice for smaller professions.

A primary theme from the feedback emphasised equity, highlighting discrepancies in pay between HSPs, inadequate compensation for rural staff, and the need for transparency and fairness in recruitment and progression processes. There was a strong desire for more transparent and equitable career pathways that recognise expertise, performance, and the unique needs of different clinical roles and settings. Additionally, there was a clearly articulated aspiration for greater equity between metropolitan and rural/regional positions, across different allied health disciplines, and among HSPs.

Based on the feedback received, it is recommended that the Allied Health Career Framework be streamlined from the six identified in the early project phases to include **four career pathways**: clinical practice, education/facilitation of learning, research and service improvement, and leadership and management (including policy, strategy, and advocacy). Such pathways may address some of the concerns raised through this independent review, and may look different when applied to different roles, professions, and HSPs.

This recommendation considers the difficulty of distinguishing between 'specialist' and 'generalist' clinical practice, instead relying on job attributes to assign appropriate value to these different forms of practice. Simplifying the framework to four pathways should facilitate easier implementation, especially since there are already established or emerging pathways for each of these areas that can be further developed.

Many respondents stressed the importance of aligning career pathways with professional development programs. They argued that this alignment would motivate clinicians, even if immediate career progression was not possible, while simultaneously improving workforce quality.

Respondents also highlighted the significance of mentorship and advocacy in clinical roles, believing these elements are crucial for developing the next generation of staff. Mentorship was seen as vital for departmental sustainability, enhancing job satisfaction, and providing opportunities for upskilling.

Career levels

The feedback was broadly favourable for all career levels with more than 70% of respondents rating level as 'I like it'. Respondents reported that seeing a career ladder for progression is motivating and gives them something to strive toward. The 'consultant level' received the lowest rating at 71%, and the greatest feedback, with some concern that it was too medical or too elite. Entry level practice, although well liked (84% of respondents rated it 'I like it') also raised some discussion, with some perceiving that it diminished their early practitioner experience, while others welcomed the concept of a 'transition to practice'. The terminology is also potentially inclusive of 'apprentice' type or other on-the-job training periods required by some professions prior to independent practice (e.g., Medical Physics, Neurophysiology Science), where several years of training follow an undergraduate degree.

Some additional considerations offered by respondents included:

- **Combine levels:** There were several suggestions that advanced and expert be combined, or expert and consultant combined. Many thought consultant should be the same as expert, for example one respondent commented: *"I suspect most people, myself included, consider consultant level practice equivalent to expert thus it makes no sense for the two levels to be separate"*. Another thought: *"Consultant sounds too medical"*. In the health system, use of the term consultant as part of a job title is exclusive to senior medical doctors.
- **Support for entry level practice:** Respondents commented that: *"entry level practice is a much needed level, acknowledging that this is the time to develop foundation skills but that early career is a step up"*, although there was less support for the terminology itself.
- **Terminology:** There were some levels of dissent with the terms 'early career' (3% rated 'I don't like it'), 'early career practice' (6%), and as noted above, the term 'consultant' (10%).

Based on the feedback received, it is recommended to adopt **five distinct career levels**: health professional, senior health professional, advanced health professional, expert health professional, and executive allied health professional. These levels, in ascending order, avoid potential terminology disputes around 'specialist' and 'consultant' while accommodating both concepts. Limiting the framework to five career levels also simplifies implementation.

Each career level reflects increasing proficiency and will need to be defined collaboratively. The Australian Qualifications Framework (AQF) serves as a suitable guiding framework for this task, linking career levels to industry-wide acknowledged standards of proficiency (Australian Qualifications Framework Council 2013). The link of career levels to relevant AQF levels is provided in appendix 10. This is not to suggest that advancement to higher levels requires post-graduate qualifications, rather that the AQF describes a level of aptitude that is appropriate for that specific career level. However, assigning qualifications to these levels may be appropriate, and recognition of prior learning can be used in the absence of formal qualifications.

Mechanisms for progression

Participants provided feedback through the survey on the career progression mechanisms. The survey results show a strong preference for competency-based progression (73% of survey respondents rated this as the number one method for making decisions) as opposed to 'time in role,' which only 17% rated number one as the basis for progressing.

However, the focus group consultation increased the nuance around the survey findings, noting the use of competency-based progression, while ideal, is acknowledged as challenging to implement for all levels of progression. For instance, some respondents voiced concerns about the potential for injustice (people wrongly being advanced or people wrongly being not advanced) due to management prejudices or lack of experience in competency assessment, or both.

The majority of respondents prefer a system that supports competency-based progression, rather than time in the role. This was especially supported as a progression mechanism between grades P1 and P2 after an initial increment progress (which might be time-based) and as a way to soften the current hard boundaries between P1 and P2.

Several suggestions were made through the focus group discussions to reduce perceived concerns with implementation of a competency-based progression model. These involved creating guides and templates for competency assessors, training and accrediting assessors. Perhaps the strongest suggestion was to take some or all the decision-making on competence assessment out of the hands of supervisors / managers and place it in the hands of a formal and structured credentialling system. Use of a credentialling process would need to be supported by establishing a portal that could track and record each AHP's advancing competence.

Many respondents feel that the current pay scales do not adequately recognise experience, knowledge, and skills. Some feel that competency-based progression could address this.

Industrial arrangements

Previous attempts to develop career or capability frameworks for allied health professions in Australia (e.g., Victoria, Queensland) and overseas (e.g., New Zealand, United Kingdom) have explicitly avoided linking career levels with industrial arrangements. For instance, the Victorian capability framework (Department of Health and Human Services 2016) stated it was:

"... designed to supplement and strengthen other governance processes in the local organisational environment. It is not intended to ... be aligned with remuneration or replace or retest entry-level professional standards or qualifications."

Feedback from the survey and other forms of consultation strongly indicated a desire for more opportunities to progress within each classification level of the agreement. Given that the WA agreement has fewer increments than agreements in other jurisdictions (20), there initially seems a compelling argument to increase the number of increments in the WA agreement.

While there is strong support for a more consistent, structured approach to classifying allied health roles, significant challenges remain—particularly in the absence of changes to the salary structure. Currently, WA's salary ceiling is the second highest in Australia, and without adjusting this range—particularly at the top end—it is difficult to recommend structural reforms to career pathways.

Nonetheless, potential options for industrial relations reform could include:

- **Increasing the number of increments** within classification levels to enable longer progression without structural change, or
- **Reducing the number of classification levels** while preserving differentiation through expanded increment steps or competency thresholds.

Improving Consistency through Job Attributes

Participants broadly agreed that the consistent application of a clearly defined and agreed set of **job attributes** would improve equity and reduce variation across Health Service Providers (HSPs). However, it was acknowledged that such consistency would not be sufficient to fully eliminate classification discrepancies.

The **Health Professionals Work Value Review descriptors** were analysed to identify the core characteristics used to differentiate job levels (Western Australian Department of Health 2018). While three primary attributes were originally identified—

1. Decision-making standards
 2. Communication standards
 3. Knowledge and skill proficiency
- further analysis revealed **seven additional job characteristics**.

All ten characteristics were tested through a workforce survey, with a minimum of 50% of respondents endorsing each one. However, five job attributes emerged as particularly strong indicators of job value, receiving support from 85–97% of respondents:

1. **Knowledge**
2. **Leadership**
3. **Judgement and risk**
4. **Communication**
5. **Independence / autonomy (decision-making)**

These five attributes provide a robust foundation for evaluating job levels. When clearly defined and applied using transparent, objective processes, they offer a practical and less complex alternative to current evaluation models—and are likely to enhance fairness across the system.

Benchmarking Against Other Jurisdictions

Two benchmark frameworks illustrate the viability of streamlined yet rigorous job evaluation approaches:

- **Queensland Health’s Health Practitioners and Dental Officers Certified Agreement (No. 4) 2022 (Queensland Industrial Relations Commission 2024):**
This model uses just two core evaluation criteria: *Knowledge, skills and expertise*, and *Accountability*. The second category encompasses autonomy, decision-making, and leadership, offering a compact but comprehensive structure.
- **NHS Job Evaluation Scheme (NHS Employers 2024):**
This framework outlines **16 specific job evaluation factors**, grouped into five overarching domains:
 1. Responsibility
 2. Freedom to act
 3. Knowledge
 4. Skills
 5. Effort and environment

Notably, **‘Knowledge’ and ‘Skills’ account for nearly 50% of the total job value weighting**, reaffirming the importance of these factors across international models.

These examples support the inclusion of the five priority job attributes identified through the WA review as credible and effective markers of job value.

Recommendation: Systematic Job Classification Audit

To ensure fairness and accountability in the application of classification levels, it is recommended that a **routine audit process** be established. This process would:

- Review a representative sample of allied health positions across the system
- Assess whether roles are appropriately classified against agreed job attributes
- Identify inconsistencies in classification across and within HSPs

Such an audit should sit within a broader **governance and oversight framework** tasked with managing the implementation and refinement of job evaluation processes. This would support system-wide transparency, workforce mobility, and sustained alignment between role complexity and classification.

Reforming Classification Levels and Job Evaluation

1. Challenges with the Current Classification Structure

Survey results revealed widespread dissatisfaction with the existing 9-level classification structure and 20-point increment scale. Fewer than one in five respondents (19%) expressed satisfaction with the current system, while 65% supported reform. Key concerns included the *ceiling effect*—particularly within P2 and P3 grades—and the limited use of higher classification levels (P7–P9).

Participants consistently expressed a desire for more meaningful progression opportunities, fairer recognition of role complexity, and the ability to advance to senior levels within their professional practice.

Key Suggestions for Change

- **Expand Increment Steps:**
Respondents advocated for increasing the number of increments to between 23 and 26, aligning with classification structures in other states and territories. This was especially important for roles at P2 and above, where additional increments could better reflect growing experience and expertise.
- **Streamline or Optimise Classification Levels:**
Opinions varied on structural reform:
 - Some called for consolidation from nine to six levels for simplicity and clarity.
 - Others preferred retaining all nine levels but fully utilising the P7–P9 range, which are currently underused. A common frustration was the limited opportunity for upward mobility, leading to stagnation and poor retention. The current system was seen as inadequately rewarding long-term contribution or professional growth.
- **Increase the Salary Range:**
Many respondents argued for salary increases to address inflation and remain competitive with other sectors. Although WA Health's top-end salary is the second highest nationally (per the 2022 HSUWA agreement), the lack of movement or access to those higher tiers was seen as a barrier to retaining skilled staff.

2. The Role of Job Attributes in Career Assessment

A key theme emerging from focus groups and survey responses was the need for a consistent, equitable mechanism to evaluate the diverse range of allied health roles. Job attributes were broadly

supported as a tool to anchor this process: over 70% of respondents rated nearly all attributes as "valuable."

However, **concerns were raised regarding over-reliance on certain attributes**, particularly *number of direct reports*, which was supported by only 51% of respondents. Many participants viewed this metric as a poor proxy for leadership, particularly for smaller professions or those in non-managerial leadership roles.

Most Valued Job Attributes

The five highest-rated attributes for evaluating job complexity and value were:

1. **Knowledge** (97%)
2. **Leadership** (91%)
3. **Judgement and Risk** (88%)
4. **Independence / Autonomy (Decision-making)** (89%)
5. **Communication** (86%)

3. Additional Feedback from Respondents

a. Contextualising Job Evaluation

Respondents stressed that job evaluation must reflect the unique demands of specific professions and service settings. A uniform approach across more than 30 diverse allied health professions was seen as impractical. This concern was particularly strong among rural health practitioners, who noted that leadership and impact can manifest differently in remote or regional contexts compared to metropolitan areas.

Respondents called for flexible criteria that account for setting-specific variables, including access, service scope, and organisational structure.

b. Clarifying the Concept of Leadership

Leadership was identified as one of the most valued but poorly defined attributes. Respondents distinguished between:

- **Operational or line management leadership:** focused on supervision and budgets—viewed as less significant.
- **Professional or clinical leadership:** including influence without formal authority, project leadership, thought leadership, policy development, interdisciplinary collaboration, mentorship, and innovation—viewed as more meaningful.

Effective leadership was most often linked to improvements in clinical outcomes, quality of care, reform, and ethical practice—attributes not always captured in current definitions.

c. Concerns with 'Statewide Responsibility' as a Classification Factor

The current emphasis on *statewide responsibility* as a determinant for higher classification levels was widely seen as outdated and exclusionary. Given the **decentralised structure** of WA Health—where Health Service Providers (HSPs) operate largely autonomously—true statewide roles are increasingly rare.

Respondents recommended recognising alternative forms of system-level leadership, such as:

- Responsibilities spanning multiple sites within an HSP
- Cross-HSP leadership or influence
- Profession-specific leadership roles not tied to geographic reach

One participant noted:

“WA Health is broken into HSPs that operate as separate business entities... There should be recognition of those leaders who take on leadership roles within their HSP that span across hospitals or sites.”

Recommendations for implementation

Overview

Critical Elements of the Career Framework

The revised Career Framework for allied health professionals is built around two core structural elements:

- **Four career pathways**
- **Five career levels**

These career pathways—focusing on **clinical practice, education, research, and leadership/strategy**—are not new. They have been recognised in prior discussions between government and the Health Services Union of Western Australia (HSUWA), and elements of each pathway already exist within WA Health. However, even the most developed of these pathways lacks the structural clarity required for consistent implementation and career progression.

The final form of these pathways may be subject to refinement, depending on the government's response to the recommendations of the **Independent Review**—particularly regarding the potential adoption of broadbanded career levels.

Background and Commitment to Implementation

The Independent Review was initiated as part of the 2022 industrial negotiations, with its interim findings informing the more recent 2024 negotiation round. In response to these findings, the Department of Health has committed to strengthening career pathways for allied health professionals, supporting growth across the domains of **clinical practice, education, research, and management**. These reforms are critical to attracting and retaining a highly skilled and future-ready allied health workforce.

Enabling Infrastructure and Implementation Requirements

Successful implementation of the Career Framework will require a coordinated and well-resourced program of work. Key infrastructure components include:

1. **A detailed implementation plan** outlining phases, timelines, deliverables, and milestones
2. **Establishment of project governance** to ensure oversight, accountability, and system alignment
3. **Resourcing of a dedicated implementation unit**—led by the Chief Allied Health Office

Preliminary Implementation Tasks

The early set-up phase should prioritise the following foundational activities:

- **Review and modernisation of classification descriptors**, guided by the *Health Professionals Work Value Review Descriptors for a Revised Classification Structure*
- **Development of contemporary Job Description Form (JDF) templates** to ensure consistent language, structure, and alignment with the new framework

Supporting Strategic Resources

Implementation should be underpinned by two key strategic documents:

- *WA Health Allied Health Workforce Implementation Plan 2024–2034: Horizon 1 (2024–2027)*
- *WA Allied Health Research Strategic Framework Update (January 2025)*

These resources are essential for guiding content development—particularly in the **research and education pathways**—and ensuring alignment with broader workforce and service delivery objectives. Without these guiding plans, the creation of new JDFs risks being fragmented and misaligned with strategic priorities.

Staged Implementation Approach

Given the scale and complexity of change, a **phased implementation strategy** is recommended. Breaking the process into manageable components will allow for early wins, iterative refinement, and continuous stakeholder engagement—ensuring the new Career Framework is both practical and sustainable in the long term.

Preliminary set-up phase

The successful implementation of the Allied Health Career Framework will require a well-defined governance structure, dedicated resourcing, and a clear, phased implementation approach. This section outlines the foundational steps and critical infrastructure required to support the transition.

1. Establish Project Governance

Effective governance is essential to guide the implementation process, maintain accountability, and ensure alignment with strategic goals. In this context, governance refers to the framework of rules, procedures, roles, and responsibilities that structure decision-making and project execution.

An effective governance model should clearly articulate authority, accountability, and oversight across all levels. Key elements to consider when establishing governance include:

- Defining project objectives, scope, and deliverables
- Identifying key stakeholders and assigning roles
- Establishing communication protocols across project teams and governance groups
- Implementing mechanisms for project monitoring, reporting, and quality assurance
- Confirming resourcing and funding arrangements

2. Establish the Allied Health Careers Unit (AHCU)

The Chief Allied Health Office (CAHO) is the most logical entity to lead implementation.

This dedicated unit will ensure continuity, accountability, and system engagement throughout the implementation process.

3. Develop a Detailed Implementation Plan

One of the AHCU's initial priorities will be drafting a **comprehensive implementation plan**, to be endorsed by the relevant governance and system leadership bodies. The plan will define strategy, process, and action, and should include:

1. **Scope Statement** – Clarifying the work to be completed (and exclusions)

2. **Milestones and Objectives** – Defining key phases and success criteria
3. **Resource Plan** – Outlining human and material resources required, including role allocations and timeframes
4. **Timeline** – Estimating implementation duration and key deadlines
5. **Progress Milestones** – Structuring staged delivery with measurable targets
6. **KPIs and Metrics** – Establishing performance indicators to track outcomes

The plan should draw on models from **Queensland and Victoria**, and align closely with:

- *WA Health Allied Health Workforce Implementation Plan 2024–2034: Horizon 1 (2024–2027)*
- *WA Allied Health Research Strategic Framework Update (January 2025)*

It should also identify other preliminary actions, such as establishing supports for advanced practice clinicians or assessing where P-levels could be better utilised or streamlined.

4. Develop an Allied Health Career Pathways Blueprint

The **Career Pathways Blueprint** will serve as a key supporting document, translating the Career Framework into a practical model for use across WA Health. The blueprint will:

- Introduce and define the four pillars: **Clinical Practice, Education, Research, and Leadership/Strategy**
- Guide workforce planning, recruitment, and development decisions
- Be developed iteratively over the first year of implementation, with stakeholder consultation
- Serve as a foundational reference for JDF development and workforce alignment

5. Review and Revise Classification Descriptors

The **Health Professionals Work Value Review Descriptors** have long underpinned classification decisions for allied health roles. The Independent Review identified **five core job attributes** strongly endorsed by stakeholders for guiding job classification:

1. Knowledge
2. Leadership
3. Judgement and risk
4. Communication
5. Independence / autonomy

These attributes should be clearly defined and embedded into a **Guideline for Job Evaluation**, ensuring consistency, transparency, and ease of use across the system. A structured tool—akin to the *NHS Job Evaluation Handbook*—may be developed to support this work. Descriptor revision will occur progressively throughout implementation.

6. Create and Test JDF Templates

A core deliverable for the AHCU will be the development of **standardised JDF templates**, applicable across classification and career levels. Initial steps will include:

- Drafting a general template and testing it across a sample of roles
- Validating the template for clarity, relevance, and adaptability

- Using it to create exemplar JDFs across the five career levels and four career pathways

At minimum, this will involve the development of **at least 16 exemplar JDFs**. Priorities identified by the CAHO include:

1. Allied Health Clinical Educator
2. Senior Allied Health Clinical Educator
3. Profession-Specific Clinical Educator
4. Allied Health Clinical Researcher
5. Allied Health Research Fellow

Particular focus will be placed on **Education** and **Research** pathway roles, especially at the **Senior Health Professional** and **Advanced Professional** levels.

A **testing phase** will enable the use of selected JDFs in recruitment, followed by evaluation to inform refinement and broader rollout.

Primary implementation phase

Given the embryonic nature of the allied health research and education career pathways, initial implementation would benefit from focussing on building these career structures.

Elements of both the primary and secondary implementation phases have already been embedded in the *WA Health Plan towards Modernising Career Pathways for Allied Health Professionals*, with the plan's development informed by the findings contained in the Interim Report (Western Australian Department of Health 2024).

Clinical research

Research capability gap analysis

A gap analysis of research capabilities for allied health in the WA health system will inform strategies to build competency in this area and strengthen research positions. This process will flesh out what the current capacity of the system is to accommodate these roles. The *WA Allied Health Research Strategic Framework Update* could be used to support this work (WA Department of Health Chief Allied Health Office 2025).

Education and training

Clinical Education and Workforce Training Plan

Consider development of a Clinical Education and Workforce Training Plan (similar to the Queensland Health plan) which could guide work specific to allied health education and training (State of Queensland (Queensland Health) 2019). Examples of such plans already exist in other jurisdictions, including Victoria and Queensland. The potential for this plan to be developed by the small existing network of allied health clinical educators could be explored.

Education and training capability gap analysis

A gap analysis of education and training capabilities for allied health in the WA health system could inform strategies to build competency in this area and strengthen education and training positions. This process will flesh out what the current capacity of the system is to accommodate these roles, and would be supported by any Clinical Education and Workforce Training Plan developed, as recommended above.

Clinical practice

Opportunities for trainee and intern models

Allied health professions are not homogeneous, with some graduating job-ready and able to step into positions where they further develop their autonomy as a clinician. In contrast, some professions require additional post-graduate training, entering into health services as trainees or interns. Exploring opportunities for these models will occur as part of the initial implementation, with consideration for this group to access criterion-based progression. This will support career pathways for professions which use trainee or intern models.

Review and amend P3 to P9 classification descriptors

A review of the classification descriptors for P levels ranging from P3 to P9 could give the AHCU insight into the existing constraints of positions at each level and inform subsequent revision of classification descriptors. This review could be chunked into smaller sections, such as P3, P4 – P5 and P6 – P9. As the primary reference point for decision making regarding the levels of allied health positions, this review would benefit from being in-depth, and would inform the secondary implementation phase.

Reclassification and standardisation of some roles below P3

Where appropriate, at this stage of implementation some role types may be created while others are reclassified. Where conflicting position titles exist there will be a standardisation process to address this. It would make sense to focus as noted above on those jobs that are currently occupied by professionals on the highest scale within the classification, and those professions which do not utilise all of the lower P levels. For example, professions which have roles at P1 and P3, but not at P2. This would bring some clarity to career progression in these professions and ensure the career pathway does not have visible gaps when it comes to mid-level roles.

Opportunities for advanced practice career pathways

At this stage of implementation, identification of opportunities for advanced practice including developing clinical governance for these positions could be beneficial in further defining the clinical practice career pathway. Creation of a committee to support HSPs with advanced practice issues could also be of benefit. Reviewing the use of allied health first contact models in specialist medical outpatient clinics could indicate other opportunities for allied health clinical practice career pathways, and creating, consolidating or expanding such models could strengthen these pathways and improve service offerings.

Leadership and management

Review of existing leadership and management positions

Review existing senior allied health management positions in consideration of what work can be done to improve leadership and management pathways. This may include an examination of what leadership roles are available, mapping career pathways towards these roles, and describing the various levels of leadership which exist in the WA health system.

Secondary implementation phase

Clinical research (2)

Embed research ethos within HSPs

At this stage HSPs could be encouraged to strengthen their allied health research opportunities, including through dedicated research FTE.

Education and training (2)

Embed education and training ethos within HSPs

HSPs could be encouraged to strengthen their allied health education and training opportunities, including through dedicated FTE for allied health and profession specific educator roles.

Clinical practice (2)

Assess use of trainee, intern and registrar positions

Assess current use of trainee, intern and registrar positions for allied health in the WA health system. This assessment could be compared to the opportunities identified in the initial implementation phase for these roles and could inform subsequent action.

Review employees at P3 – P6 for potential reclassification against new classification descriptors

This review would cover almost 800 FTE and would require a phased approach to accommodate workload management. Using the revised classification descriptors from the primary implementation, at this stage of implementation the AHCU could lead a review of existing employees at P3 to P6 in consideration of reclassification. This would be a review for reclassification to the next P level, so could be chunked into phases for P3 – P4, P4 – P5, and P5 – P6.

Introduce new P3 classification descriptor for advanced practice

A new classification descriptor at P3 could be developed to support clinicians develop advanced practice. This could then streamline the career pathway for those interested in pursuing advanced practice.

Support progression of a select number of FTE from P2 to P3

Supporting the quarantined appointment of a select number of allied health professionals from P2 to P3 would indicate a high level of support for allied health clinical practice career pathways, and would recognise those with suitable skills and experience. Positions would be established across HSPs and professions.

Introduce Advanced and Expert JDFs

Create new clinical practice JDFs primarily at the Advanced and Expert career levels (P4 – P6). These could build on skills, knowledge and expertise in the workforce by leveraging existing WA examples of good practice into other settings (e.g. physiotherapists as first contact professionals in the emergency department) and aim to solve existing system issues such as employing dietitians to triage gastrointestinal waiting lists, podiatrists to triage foot surgery waiting lists etc.

The JDFs could also be supported with a view to building system capacity to support and embed new advanced and expert roles and build a succession plan for existing senior professionals to grow into the new roles.

Identify opportunities to create advanced practice roles

In consideration of the benefits of allied health advanced practice roles, it is considered that supporting the creation of roles could further support the clinical practice career pathway. This implementation step could be supported by work done for advanced practice careers in the preliminary and primary implementation phases.

Leadership and management (2)

Explore incorporating senior leadership and management positions on P classification scale

Currently many of the senior leadership positions for allied health in the WA health system are on a different classification scale or in some cases, a different award, to the majority of allied health

professionals. Incorporating all if not most of these positions onto the same classification scale could improve clarity towards the leadership and management pathway. This could also have the added benefit of improving visibility over the allied health constituency through data, as the existing allied health workforce dashboard pulls from payroll and human resource data warehouses connected to the P scales of the HSU award.

Review unit management structure in consideration of clinical and management roles

As noted in this report some allied health professions report through medical professions with no distinct leadership role for their profession, or no avenue through which to pursue a management role. Reviewing the unit management structure could give more insight into how common these arrangements are and inform strategic development of leadership and management pathways.

Ensure management positions exist for allied health within smaller professions

A Head of Department or Chief position could be developed to strengthen the leadership and management career pathway. This may not be possible or appropriate for every profession, and may bring the most benefit for smaller professions.

Potential ongoing implementation

Establish an Emerging Allied Health Leaders Program

- An Emerging Allied Health Leaders Program could be used to build leadership capacity in the allied health workforce (e.g. like [this model](#) provided by HETI in NSW (Health Education and Training Institute 2024)).
- This would be an example of training pathways in the leadership and management career pathway.
- The program could be capped at a number of people per profession or HSP, or potentially at involve participant selection via an application process.

Assess current state of allied health generalism and develop model

- Assess how allied health generalism operates across comparable jurisdictions and within the WA health system.
- Develop an allied health generalism model inclusive of a career pathway and implementation opportunities.

Map educator and research positions

- Map the existing allied health research and educator FTE.
- This will support modelling career pathways for those seeking a dedicated education or research position.

Review current use of allied health assistants (AHAs)

- Allied health assistants may provide benefit so a range of allied health professions, such as by improving the distribution of clinical and non-clinical workload.
- Improving efficiency and use of AHAs will in turn increase the capacity of allied health professionals to take on additional workload.
- This has the added benefit of introducing AHAs to the idea of a career in allied health, and itself could be situated on the career framework.

Flexible deployment

- Flexible deployment of allied health across HSPs could be explored as a way to increase allied health professionals’ exposure to different areas of clinical and professional practice.
- This would also have a benefit during times of public health crises or when there is difficulty ensuring allied health presence in specific HSPs.

Increase awareness of and access into allied health career pathways

- Improving understanding towards the potential of an allied health career will be beneficial both for recruitment and retention of allied health professionals.
- High school students may be more interested in pursuing allied health if there is a strong and clear career pathway for the profession they are interested in.
- Mid-career allied health professionals would also benefit from increased awareness of and access into allied health career pathways, as these may represent an opportunity for them to pursue different professional interests which may have not been available in their early career.

Explore allied health data and service metrics to demonstrate value

- When introducing any changes to support the new career framework, it should be considered how these changes could accommodate the collection of allied health data and service metrics.
- This data would be useful in demonstrating value of various allied health career pathways such as educators and researchers.
- There is a current lack of robust data on the value of these roles.

Implementation timeline

The recommended timing of the implementation is broadly outlined in **Figure 3**.

Implementation phases	Months of implementation												
	1-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33	34-36	>3 years
Pre-Implementation													
Primary Implementation Phase													
Secondary Implementation Phase													
On-going Implementation													

Figure 3: Proposed Timing of implementation

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Appendix 1: Definitions

Career framework	A career framework enables employees to understand what is required to progress in their work, how the development of new skills / knowledge will contribute to their development, supports employees to contribute productively to their workplace, and be rewarded for their contribution in line with the requirements of the position.
Career pathways	These are distinct avenues within a profession, also known as 'pillars of practice' or 'workstreams', encompassing areas like clinical practice, research, leadership, and education.
Career levels	These refer to the proficiency levels required for different roles within a career pathway, such as basic, advanced, and expert levels, and are aligned with job classification levels in WA Health.
Classification level	These are characteristics of a job, such as knowledge, skills, impact, and communication, which determine its classification level.
Job attributes	The attributes of the job that determine the classification level (e.g., knowledge and skills, impact and influence, communication).
Progression mechanisms	These are the criteria or processes, like time-based, performance-based, or competency-based evaluation, that facilitate movement between different career levels.
Job description	A document that outlines the classification level and job attributes for a specific role on the career pathway, based on role requirements rather than the incumbent's proficiency level.

Appendix 2: Arguments for change

1. Economic sustainability and competitive advantage

- **Current situation:** AHPs are pivotal in acute care, diagnostics, patient flow, and reducing hospital re-admission rates. They play a crucial role in population wellness, preventing hospital admissions through community-based care.
- **Argument for change:** To remain competitive against other sectors and jurisdictions, WA Health needs innovative strategies to attract, sustain, and retain AHPs. A reformed Career Framework will enhance WA Health's attractiveness as an employer by offering structured career progression and job satisfaction, crucial for retaining top talent and ensuring the continued delivery of high-quality healthcare services.

2. Increase retention of staff

Evidence shows that staff satisfaction and retention are negatively impacted by lack of career pathways. Therefore, the introduction of a structured approach to career pathways is likely to introduce the following benefits:

Short-term ROI:

- **Reduced HR costs:** Lower expenditure on advertising for vacant positions, training for new staff, and induction support.
- **Increased productivity:** Retaining experienced staff reduces productivity loss associated with less experienced workforce members.

Medium to long-term ROI:

- **Reduced hospital stays and admissions:** Effective utilisation of AHPs can shorten hospital stays, lower admission and re-admission rates, and enhance patient self-management of chronic conditions.
- **Improved community health outcomes:** AHPs' preventive care efforts will keep more people out of hospitals, reducing overall healthcare costs.
- **Support sustainable workforce training:** Senior AHPs remain in roles, while medical staff rotate. A stable core of AHPs contributes substantially to workforce training (including medical) and ongoing effectiveness and sustainability of services.

3. Alignment with value-based care and workforce reform

- **Current situation:** The diffuse and heterogeneous nature of allied health roles leads to a lack of recognition and visibility of skills within and across professions, resulting in underutilisation of highly skilled areas of practice.
- **Argument for change:** Implementing a transparent and structured Career Framework that supports job design principles aligned with value-based care will facilitate broader workforce reform. Specifically, it will enable the implementation of Recommendation 25 of the Sustainable Health Review Final Report (2019), which advocates for contemporary workforce roles and flexible career pathways proven to support better health outcomes and sustainability (Sustainable Health Review 2019).

Rationale for increased investment

1. Enhancing career pathways and flexibility

- **Challenge:** AHPs face a flat career structure with early ceilings, limiting progression opportunities and forcing professionals into non-clinical roles to advance, resulting in a loss of clinical expertise.
- **Rationale:** Increased investment will create advanced clinical roles and clear progression pathways, allowing AHPs to maintain and develop their clinical skills. This flexibility will cater to individual career aspirations and improve job satisfaction, thereby retaining a skilled workforce.

2. Addressing barriers to leadership roles

- **Challenge:** Advancement to higher or leadership roles is hindered by increased responsibilities without commensurate pay and limited access to leadership training.
- **Rationale:** Investing in competitive compensation and leadership development programs will attract and retain talented professionals in leadership positions, driving organisational success and innovation in healthcare.

3. Supporting rural and remote AHPs

- **Challenge:** Professional isolation, high clinical loads, and undervaluing of generalist expertise are significant barriers for AHPs in rural and remote areas.
- **Rationale:** Providing targeted support, professional development opportunities, and valuing generalist skills will enhance job satisfaction and retention of AHPs in these crucial areas, ensuring equitable healthcare access across regions.

4. Promoting innovation and standardisation

- **Challenge:** Variations between health services and locally driven innovations leads to inconsistencies in career pathways and utilisation of AHPs.
- **Rationale:** Standardising career frameworks and promoting best practices across the state will ensure consistent service delivery and professional development opportunities. This approach will maximise the effective use of AHPs, supported by an evidence base, such as dietitians triaging gastroenterology waiting lists.

5. Enhancing Professional Recognition and Skill Utilisation

- **Challenge:** The lack of recognition and visibility of allied health roles results in underutilisation of skilled professionals and a potential loss of unique expertise.
- **Rationale:** Investing in a structured Career Framework will enhance the visibility and recognition of AHPs, enabling the full mobilisation and utilisation of the workforce. This investment will support the creation of new roles and redesign existing ones at higher classification levels, reflecting the true value and contribution of AHPs to the healthcare system.

Revising the Career Framework for AHPs and increasing investment in their development is crucial for sustaining and enhancing the WA Health workforce. By addressing the identified challenges and implementing the proposed reforms, WA Health can ensure the retention of skilled professionals, improve patient care, and maintain economic sustainability. Government support in these reforms is essential for building a resilient and efficient healthcare system for the future.

Appendix 3: Project process

Method

The project activities are summarised in **Figure 4**.

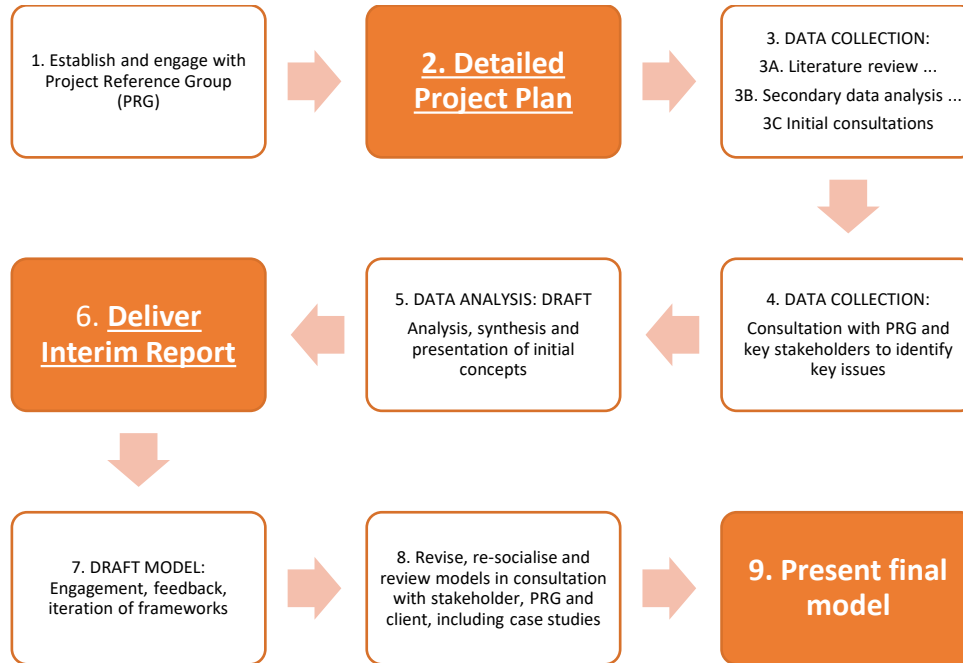


Figure 4: Overview of the steps in the method

Project reference group

A Project Reference Group (PRG) was established to provide project governance and oversight. The PRG supported the consultants to access the workforce equitably and appropriately for the purpose of project consultation.

The PRG also assisted the consultants in understanding the following:

- 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.

The members of the PRG consisted of the following representatives:

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

Detailed project plan

A detailed project plan was developed and shared with PRG members for endorsement. The project plan included the following:

- Context
- Deliverables
- Method including data collection, data analysis, data and privacy, and reporting
- Ethics
- Project timeline
- Project team members
- Project governance and quality

Following endorsement by the PRG, the project plan was made available for all WA Health staff to view on the WA Health Career Pathways Project webpage in the Allied Health Academy.

Literature review and secondary data analysis

A comprehensive review of existing published and grey literature on career pathways in the allied health workforce was conducted. The literature search focussed on employment documents from Australian state and territory governments, as well as published literature on allied health career pathways from Australia, New Zealand, the USA, Canada, and the UK. The search was guided by an agreed set of criteria related to career pathways.

Additionally, de-identified unit record data from the WA Department of Health's Human Resource Management Information System (essentially payroll data) was gathered as specified by AHP Workforce. These data were analysed to provide insights into the size and distribution of the workforce at a specific point in time.

Round one data collection

Several consultation and engagement activities were conducted, both face-to-face in Perth and remotely via Microsoft Teams. These activities included focus groups, interviews, and small group discussions. Key stakeholders, identified through consultations with the PRG and the environmental scan, participated in these sessions. The preliminary stakeholder consultations took place between October 10 and December 8, 2023.

Responses were collected from:

- 393 survey participants;
- 35 focus groups (over 200 individual participants); and
- 200 online survey polls.

The consultation framework was designed to ensure representation from every profession, grade, and relevant sectors (health department, union, industrial relations, health facility, rural / remote).

Data analysis

The payroll data provided by WA Health was analysed primarily using simple statistical descriptions, such as frequency distributions. Additionally, cross-tabulations were conducted to explore the influence of various variables on career structures, such as the type of AHP, size of the service, and location of the service.

For the qualitative data collected from surveys, survey polls, and focus groups, a combination of content and thematic analysis was employed. Initially, themes were identified from the literature. The consultation texts were then coded thematically to identify common themes across stakeholder groups and locations. The relationships between these thematic codes were explored to understand the connections between themes and workforce outcomes, such as retention. This approach allowed for the identification of complex relationships within the data.

Delivery of interim report and draft Career Framework

The findings of the literature review, analysis of secondary data and the feedback from the PRG and broader stakeholder consultations were combined to form the interim report. The interim report included a summary of key themes arising from the various data collection sources and presented an initial Career Framework which formed the basis for the round two consultations.

Round two consultations to gain feedback on draft Career Framework

Round two consultations took place between March 5 and March 31, 2024. The PRG provided guidance on the best consultation methods to obtain feedback on the draft Career Framework from key stakeholders. To maximise the breadth and depth of feedback, asynchronous options were offered to participants.

Two pre-recorded presentations of the key findings and the proposed draft Framework—one detailed and one shorter—were shared with the WA Health workforce. Staff were asked to review these presentations before completing the survey or attending a focus group.

Multiple online focus group sessions were facilitated remotely via Microsoft Teams. Additionally, face-to-face focus groups were conducted in Perth, Kalgoorlie, and Geraldton.

An online survey, developed using Qualtrics survey software, was created to supplement the focus groups and provide an opportunity for participants to give anonymous feedback. To encourage a range of open responses, no questions were compulsory.

Responses were collected from:

- 382 survey participants; and
- 44 focus groups (over 250 individual participants).

Framework revision

A combination of content and thematic analysis was employed to analyse the qualitative data collected from the survey and focus groups during round two of consultations. As in round one, the consultation texts were coded thematically to identify common themes across stakeholder groups and locations. Based on the feedback received from the PRG and key stakeholders, the Career Framework was subsequently revised to reflect the insights and suggestions gathered during this consultation phase.

Presentation of report

The revised Career Framework is presented in this report with recommendations and considerations for implementation.

Appendix 4: Literature review annotated bibliography

Allied health career pathway documents from other jurisdictions

Victoria

Victoria Allied Health Career Pathways Blueprint (Victorian Government Department of Health 2017)

Description

The blueprint provides guidance on how to strengthen career development and progression opportunities for allied health professionals at all career stages. There are two elements to this plan: 1) the self-assessment tool used by professionals for their career development and, 2) advice to organisations employing allied health professionals. For example, appendix 3 is a checklist for organisations to consider their current level of support for the career development of allied health professionals.

The theory underlying career progression is also explored, and practical resources are provided including spider diagrams for career assessment and lists of potential career development opportunities. It outlines key actions that allied health professionals can take to develop knowledge/skills required to make a meaningful contribution. One of the concepts the blueprint is based on is that “individuals define their own career progress and determine what 'career progress' means to them.” Victoria Health lists 27 professions as making up allied health, of these 23 align with what WA Health considers allied health.

Analysis

This blueprint requires clinicians to take initiative to use the included resources, working best when professionals self-assess and pursue their own career development. While it offers valuable insight and ideas for this development, it is primarily aimed at individuals with less consideration of what is available at an organisational level, and what said organisation could provide to staff in terms of career development support. Though it is proposed for allied health professionals to further their career development, support is not necessarily available for this through their organisation.

New Zealand

Te Awa Tārai: a career development guide for Allied Health (New Zealand Ministry of Health 2025)

Description

This guide includes information and resources for both individual professionals and the organisations they work with. Written to be a national career development guide, this document encourages clinicians to think beyond traditional boundaries of career progression and existing roles, allowing for development of emerging careers and pathways. A career is described as a river, with 6 development streams, 5 ‘riverbanks of growth’ or progress/proficiency indicators, and 4 intended outcomes. The development streams align with the pillars of practice, and are made up of practice, Te Tiriti partnership (referring to the treaty between Māori and the British Crown), strategic and systems thinking, education, service improvement and research, and stewardship.

The guide acknowledges that many existing career documents suggest career progression occurs on a linear pathway which doesn't reflect reality. While career progression tends to refer to the development and acquisition of operational responsibilities, and/or clinical or technical expertise, there is a largely variable element that comes down to the actions of the individual throughout their career. The document has 3 appendices including a career planning tool, examples of development activities, and a self-assessment tool for organisations. It is not specified in the document what professions are covered, though notes allied health is "an inclusive term for the 40+ allied, scientific and technical professions which provide services to people throughout Aotearoa New Zealand."

Analysis

This guide is similar to the Victorian blueprint in that it supports clinicians to identify their professional development goals, while also providing resources for organisations to self-assess their progress with supporting staff to access professional development. The mapping exercise using the river is similar to the spider diagrams in the Victorian document. It is however unique in its positioning of career progression as a non-linear process and its encouragement for clinicians to think beyond traditional career boundaries. The development streams and riverbanks of growth are akin to the pillars of practice and associated proficiency.

New Zealand Allied Health Career Framework (Wairarapa Hutt Valley & Capital and Coast DHBs 2020)

Description

This framework describes various roles for allied health educators, coordinators, professionals, team leaders, and professional leaders. Notably there is no research role, with a focus on advanced clinical practice and leadership roles. It proposes the four pillars of practice apply to these roles with the level of each pillar varying depending on the role and responsibilities of the position inhabited. It was designed for use "across different professional groups and specialty areas" to promote consistency for allied health professions across a range of sites. This would cover 13 professions (4 not considered allied health in WA) which is less than half of what is employed by WA Health. The framework ties deliverables (expectations of practice) to positions and aligns these with pillars of practice. The discussion of recruitment, levels, and role descriptors positions this document as strongly connected to industrial relations and describes changes that would be made at an organisation level. While there is a small element of professional development, the suggestion in the framework is to utilise a supporting professional development framework for this purpose.

Analysis

This framework is focussed on redesigning roles and positions to support career pathways for allied health, instituted by changes to industrial relations. It emphasises the levels available throughout the career pathway and describes progression. The description of careers in this framework are intrinsically linked with remuneration. The use of the 4 pillars of practice is a way to visually demonstrate the changing responsibilities across the levels.

New South Wales

Allied Health Graduate Workforce Pipeline Report (New South Wales Ministry of Health 2023)

Description

This report was drafted to identify workforce initiatives which could support an improved graduate pipeline into NSW health. There is a particular focus on student and graduate experience, from the

perspective of attracting and recruiting new staff. The Allied Health Professional Career Journey Map is presented in the report, and notes known pressures and influencers on careers. This includes both external and person-centred factors. The map covers high school, undergraduate, new graduate, early/mid-career, and mid-career levels. However, the document itself is predominantly focussed on students entering the workforce and suggests opportunities for NSW Health to improve attraction of students to the organisation. There are 23 allied health professions covered by this report, 5 of which are not covered as allied health by WA Health.

There is little focus on careers, though employment stability and ongoing access to professional development were identified as important for the career satisfaction of employees. It was believed that illustrating diversity of allied health careers would also be a good way to attract staff.

Analysis

This report summarises information to inform action but doesn't commit to action or describe a plan for implementation. This document is more descriptive in contrast to the New Zealand and Victorian documents. There is a list of recommendations provided for the Ministry of Health and local service providers, however there is no commitment to action these. With a predominant focus on students and attraction it has little relevance for retention of existing professionals.

Allied Health Workforce Macro Trends Report (New South Wales Ministry of Health 2022)

Description

This report aims to support development of career pathways for the allied health workforce collective through identifying common elements across the professions and guiding future workforce priorities. Findings from the report include that there are currently limited opportunities for career progression for allied health, that professionals want more access to education and professional development opportunities, and that the setup of awards and agreements has constrained opportunities for training and career progression. Potential opportunities identified in the report are to develop resources that enable professionals to plan their learning and careers, strengthening support for professional development, creating a pipeline of allied health talent, and designing contemporary employment arrangements. Similar to the graduate report described above, this report covers 23 allied health professions, 5 of which are not covered as allied health by WA Health. The lack of professional development opportunities was described as one of the top supply drivers which impacts retention of allied health professionals. Several constraints of different awards were noted including the variability in interpretation of the award which subsequently impacts the grading of roles, levels of remuneration aligned with duties, and the inability to progress beyond a particular level.

Analysis

Similar to the other NSW report, this document is relatively soft with no commitment to action. Potential opportunities are described which can be "used by teams, committees and professions at any level of the allied health workforce to prompt, guide and plan for change that supports the future direction of the allied health workforce." Thus, the work has been done to identify what could and should be done but has not been assigned to any group to implement. It differs from the New Zealand and Victoria documents which specify more clearly an audience for the documents they have published.

Queensland

Queensland Allied Health Workforce Plan 2022-2026 (State of Queensland (Queensland Health) 2022)

Description

This plan “defines and directs implementation of the workforce enabler” of the Queensland optimising the allied health workforce strategy, which is covered below. The overwhelming focus of this document is the community with little focus on careers unless this aligns to ensuring workforce availability to support the community, or to increase diversity of workforce to reflect the community.

Analysis

This plan is more appropriate to compare to the *Allied Health Workforce Implementation Plan 2024-2034* and the *WA Health Workforce Strategy 2034* than as a career pathways document (Western Australian Department of Health 2024, WA Department of Health Chief Allied Health Office 2025).

Queensland optimising the allied health workforce for best care and best value: a 10-year strategy 2019-2029 (Queensland Government 2019)

Description

This strategy notes a key achievement from the decade beforehand being the implementation of a new Health Practitioner structure that supports structured career progression including through recognition of increased responsibility for management and clinical streams. However, the strategy itself does not cover anything similar to this, with a focus on supporting those accessing allied health services. The strategy describes higher level overarching objectives and activities which are non-specific to career pathways and development.

Analysis

This plan is more appropriate to compare to the *Allied Health Workforce Implementation Plan 2024-2034* and the *WA Health Workforce Strategy 2034* than as a career pathways document (Western Australian Department of Health 2024, WA Department of Health Chief Allied Health Office 2025).

It is interesting to note the discrepancy in consideration of careers pathways where research pathways are more identifiable in this document than other pathways. This will be explored in the next section below.

Queensland Health Allied Health Research Careers Development Framework (State of Queensland (Queensland Health) 2024)

Description

This framework “provides the foundations for a shared understanding of knowledge, skills and capabilities required of the research workforce,” and “describes the unique capabilities of allied health clinicians engaged in research, translation of research into practice, and research leadership.”

It is intended to be a resource widely used by individuals, organisations, leaders, and partners including universities. These groups can use the framework to identify capabilities of clinician-researchers and develop opportunities for career development with the ultimate aim to optimise the contribution of researchers to allied health services. To attain this requires establishment of visible and embedded research career pathways for allied health in Queensland Health.

The framework is made up of three components 1) the allied health research careers development framework, 2) the allied health research careers development individual assessment pack and tools (used for individual self-assessment), 3) the allied health research careers workforce development pack and tools (for use by allied health leaders and teams – still in development).

The key attribute of this document is its description of 5 capabilities and the included competencies, alongside 5 proficiency levels ranging from no proficiency to expert proficiency. An example of a domain is 'research knowledge and skills'.

The framework can be used by clinicians and researchers to self-assess and develop personalised career development plans, and by leaders and teams to inform targeted training, support collaborative career planning, and develop role descriptions, among other uses. University partners can use the capabilities to guide curriculum development.

Analysis

This document has a wide range of uses compared to other documents reviewed so far. It is proposed to be used by clinicians as well as their managers, leaders, and teams. The document doesn't link the competencies and proficiencies described to specified levels and remuneration, distancing it from industrial relations. While specific to research it would be feasible to expand this to cover a broader range of domains of practice.

However, this document doesn't mandate action and implementation, relying on professionals to take initiative to put it to use. It directs career development and milestones and could be used to influence role descriptors.

Allied Health Rural Generalist Pathway (Queensland Health n.d.)

Description

This pathway document outlines a structured progression over time towards becoming an allied health rural generalist, describing the competencies expected across domains such as clinical practice, education/training, research, and others. These align with the pillars of practice referred to in other documents in this analysis. The pathway is made up of 3 key components: 1) workforce policy and employment structures, 2) education program, 3) service delivery models.

It defines the role as well as lists the roles and responsibilities of the enablers of this pathway such as the pinnacle allied health body for the state, hospital services, and human resources. It has a defined scope and lists 10 eligible professions, all of which are covered as allied health in the WA health system, that are included for consideration to become a rural generalist. The pathway outlines the expected capabilities at each stage of career progression.

Different to other documents explored here, the pathway describes both funding expectations and an implementation model. While not overtly tied to industrial relations the progression from a training position to an advanced role implies a corresponding increase in pay. There is a specific focus on rural and remote professionals which is linked to the concept of allied health generalism in this document.

Analysis

As a training pathway this document describes career progression with limited scope. One key element is the use of the domains/pillars of practice inclusive of research and education and training. This more closely links this pathway to other documents described in this appendix, such as the New

Zealand Allied Health Career Framework, where the competency underlying the domains changes with the role and level of experience. The clear listing of expectations for roles and responsibilities of supporting groups is also seen in other documents described in this paper though are uncommon. Another consideration for this document is its positioning of clinical practice, where the higher level of experience does not correlate directly to advanced practice, with generalist clinical practice an alternative to what is commonly discussed in terms of career progression in the clinical practice space.

United Kingdom

Multi-professional framework for advanced clinical practice in England (NHS England 2017)

Description

This framework is focused on advanced clinical practice, and the presentation shares similarities with the Queensland research career pathway document described above. A key aim of the document is to bring consistency to the definition of advanced practice and describe the associated capabilities and competencies. It is intended that it “sets the standard for the system.”

The framework goes on to describe a large volume of work that goes beyond industrial relations to governance and service transition considerations. It is stated that the capabilities have been deliberately mapped to “level 7 taxonomy to support and make clear the expectation that people working at this level are required to operate at masters level.” The framework goes on to describe the need for governance and education of the workforce, clearly indicating there is a significant volume of work associated with what has been described.

Analysis

The focus of this framework is on a transition to consistently defining and embedding advanced clinical practice. To this end it includes much detail on what governance and infrastructure changes are required, including education and supervision requirements, with an expectation that the workforce being described is not prepared for this transition. It is assumed the workforce is not developed enough for the changes being proposed, and hence require further education to “support development of the workforce.”

Nursing, Midwifery and Allied Health Professionals Development Framework (Scotland) (NHS Education for Scotland n.d.)

Description

This is a web-based resource which provides information on the levels of practice and pillars of practice, and is to be used by educators, organisations/managers, professionals and students. Similar to other documents the composition of the pillars of practice changes across roles and levels.

Several tools are included in the framework such as the “Development Needs Analysis Tool” which identifies learning and development needs, and the “Framework Reflective Self-Assessment Tool” which can be used to evaluate knowledge/skills/behaviours for each level of practice. The framework acts more as a guide than a structured organisation wide approach. There are 14 allied health professions covered by the framework, all of which are recognised by the WA health system as allied health.

Analysis

This resource is one which relies on the initiative of the individuals and groups it is aimed at. The tools can guide assessment and career development but doesn't ensure a position is available. A large difference from the other resources assessed in this document is the fact this is a web-based resource. It continues the trend of describing roles and levels with the changing composition of competencies across the pillars of practice – this is common across several documents described in this appendix.

Modernising allied health professions careers in Wales (Welsh Government 2016)

Description

This document was developed to “provide guidance for allied health professionals” in regard to career opportunities. It covers 11 professions, 1 of which is not covered as allied health in WA.

The document acknowledges the need for development opportunities, and “realistic development and career-advancement pathways that are actively managed and offer clear and genuine development opportunities for the workforce.” It goes on to map characteristics, responsibilities, and key knowledge of different pillars of practice across different levels of practice.

It is noted that for this document advanced practice refers to a middle level of proficiency in practice which sits on a continuum between novice and expert practice. Specialist practice is the term used for specific role types with a contextual focus, closer to the definition of advanced practice in the WA health system. The document covers levels 5 to 9 and reads similarly to the public sector capability profiles developed by the WA government.

Analysis

This document links capabilities to different roles and it is unclear who the target audience is. The information covered therein is akin to role descriptors, though it goes into more detail and categorises individual items into characteristics, role responsibilities, key knowledge, and educational development. Similar to other documents this could be seen as a guide to direct career development at an individual level more so than in an industrial relations sense.

Appendix : Evidence supporting the 4 pillars of practice

Clinical practice

Funding clinical career pathways would allow more allied health professionals to enter advanced practice roles and develop cost-saving ventures. Improving existing career pathways would be beneficial in attracting and retaining the allied health workforce, potentially addressing the existing workforce shortages.

Advanced practitioner roles and allied health model of care bring benefits including:

- Positive contribution to patient outcomes, service redesign and workforce development (Mann, Timmons et al. 2023).
- Financial benefits and improvements to patient experience (Stewart-Lord, Beanlands et al. 2020).
- Reduction of clinic costs along with reduction of median length of stay (Gabbe, Reeder et al. 2023).
- Significant cost saving for the health service and health system with shorter lengths of stay (Philip 2015).

E.g. 1. Extended scope of practice audiologist in a WA ear nose and throat outpatient clinic (Távora-Vieira, Voola et al. 2022).

- Could treat and discharge 87.5% of non-urgent patients on the hospital waitlist.
- Saved costs in comparison to a pure medical model.
- Increased the flow of patients through the clinic while reducing wait times.
- Could provide more value if supported by career pathway. Currently there is only 1 audiologist in the WA health system who can operate such a clinic.

E.g. 2. Advanced-scope physiotherapists leading diversion pathways in WA emergency departments (Truter, Flanagan et al. 2024).

- Reduced mean length of stay, required less resources and discharged more people within 4 hours in comparison to usual ED care.
- Cost saving to employ physiotherapists than emergency physicians.
- Career pathways support training of these clinicians. Of the more than 1000 physiotherapists in the WA health system currently only 35 are advanced scope with most working part-time.

E.g. 3. Podiatrist integration into orthopaedic department (Walsh, Ferris et al. 2017).

- Cost-effective increase in patients seen while improving use of orthopaedic surgeons.

E.g. 4. Targeted allied health-led rehabilitation in an acute inpatient setting (Gabbe, Reeder et al. 2023).

- Reduced mean total 6-month costs of clinic from \$69,335 to \$37,833.
- 2-day reduction in median length of stay for major trauma patients.

E.g. 5. WA programs staffed by allied health at P2 and P3 levels may face difficulty recruiting experienced clinicians due to the existing career bottlenecks. Funding career progression would enable more staff to be involved in these programs and provide a greater cost-benefit to the health system. Lack of opportunity for career progression for allied health professionals is a possible barrier

for retaining staff in some sectors of the workforce. It is more costly to hire new staff and train them in these positions compared to retaining experienced staff.

- 5a. Senior allied health staff are involved in the Complex Needs Coordination Team (CoNeCT)
 - Provides assessment and time limited care coordination service to patients in their homes, avoiding utilising hospital resources such as beds and medical staff.
- 5b. Community Physiotherapy Services (CPS)
 - Provides an out-of-hospital discharge option for patients who require further physiotherapy intervention following inpatient or outpatient care.
 - Swifter discharge frees up hospital resources and supports efficient health service delivery.
- 5c. Rehabilitation in the Home (RITH)
 - Provides short to medium term hospital substitution allied health therapy for people in their home, improving patient flow by supporting early discharge or avoiding hospital admission.

Educators

Allied health educators provide supervision to maximise the number of student clinical placements with additional student exposure increasing attraction and recruitment on graduation to the WA health system. Educators ensure allied health professionals are delivering best practice services to provide the best quality of care and patient outcomes.

Allied health educators

- Support the development of clinical practice, especially advanced scope positions (Naccarella 2015).
- Teach valuable skills to their colleagues to improve efficiency when it comes to introducing new technology, as found in a 2024 review of the medical scientist workforce in PathWest.
- Contribute to realising economic and system benefits (NSW Ministry of Health 2024).

E.g. 1. Queensland Health instated the Clinical Education Workload Management Initiative (CEWMI) (Queensland Health 2019).

- Improved capacity to support student clinical placements so the future workforce can get clinical experience and exposure to Queensland Health as a potential future employer.
- Allowed the establishment of profession-specific clinical education and training programs to support safe and efficient clinical practice.

E. g. 2. NSW Health views allied health educators as key to strengthening workforce capability (NSW Ministry of Health 2024).

- Education is a central platform to reduce healthcare costs and improve patient outcomes.
- Educators are cost-effective per key performance indicators relating to staff retention, turnover, recruitment, learning outcomes, and decreased incidents in areas of training.
- Allied health educators had significantly less positions compared to clinical nurse educators.

E.g. 3. Lack of education opportunities for allied health in the WA health system.

- Previously the Training Centre in Subacute Care (TRACS WA) delivered training to allied health staff working in subacute care however this program ceased with nothing to replace it.

- Currently there are 4 allied health educators in the WA health system for over 7,300 allied health professionals.

Researchers

NHMRC data shows WA is not attracting a substantial portion of NHMRC research funding, and since 2021 WA has had the lowest percentage of funds of any Australian jurisdiction. Allied health researchers actively seek to secure and use these funds for their research and enable clinical practice to advance. This leads to provision of high value care that has a meaningful impact on people's lives.

Allied health researchers

- Carry out research that leads to development of cost-saving initiatives (Davis, Lee et al. 2019), and evaluate allied health models of care to assess their cost-effectiveness (Arena, Goldberg et al. 2011).
- Develop innovative allied health services such as new models of care, advanced practice services, task substitution, hospital avoidance programs.
- Are more likely to translate their research findings into clinical practice when active in research, and are therefore best suited to develop, evaluate, and introduce new findings (Alison, Zafiroopoulos et al. 2017).
- Strengthen and support a research culture associated with increased service efficiencies and reduced patient morbidity and mortality (Wenke, Ward et al. 2017).
- Bring value to healthcare services through building relationships with research bodies, strengthening supports for clinicians to use evidence-based practice, and developing clinically meaningful projects, as found in an evaluation of 15 new allied health research positions (Wenke, Ward et al. 2017).

E.g. 1. Conjoint researcher positions between WA health system and universities.

- Provide leadership and foster research excellence across professions and research programs.
- Deliver insights into allied health research. An example is the Allied Health Research Director at South Metropolitan Health Service (SMHS) and Associate Professor in the Curtin School of Allied Health at Curtin University, who reports biennially on SMHS allied health research capacity and culture, including research initiatives and achievements.
- Increases the opportunity for the WA health system to collaborate with universities.

E.g. 2. Effective allied health research.

- Informs evidence-based practice and quality improvement.
- Supports evidence-based practice which was found to improve return on investments for healthcare systems in 94% of studies (out of 120) in a scoping review (Connor, Dean et al. 2023).
- Guides how to educate allied health professionals along their career pathway (Arena, Goldberg et al. 2011).

Leaders and managers

Funding allied health leadership career pathways empowers staff to deliver cost-effective health system reforms, along with guiding the allied health workforce to effect the best possible outcomes for patients and health services.

Allied health led health reforms:

- Deliver cost-effective workforce models where staff are supported to work to their full scope of practice while enhancing the quality and safety of healthcare provided to patients (Markham 2015).
- Improve organisational planning for allied health clinicians to deliver high-quality care (Mickan, Dawber et al. 2018).
- Contribute to provision of safe, effective, and high quality patient care (Bradd, Travaglia et al. 2017).

E.g. 1. Queensland health system allied health workforce reform (Queensland Health 2019).

- Realised benefits at the patient, service, and organisational levels.
- Optimised resource use and improved response to health service demands.
- Improved efficiency of health service delivery through reallocation of resources.

E.g. 2. A range of allied health leadership opportunities exist

- Leaders can have a background in clinical practice, education, and/or research, further funding of these career pathways can interlink and provide multiple benefits (Queensland Health 2019).

Appendix 6: Draft Career Framework

Drawing on the findings from round one consultation and the literature review, a **draft Career Framework** was developed as shown in Figures 5 and 6 below.

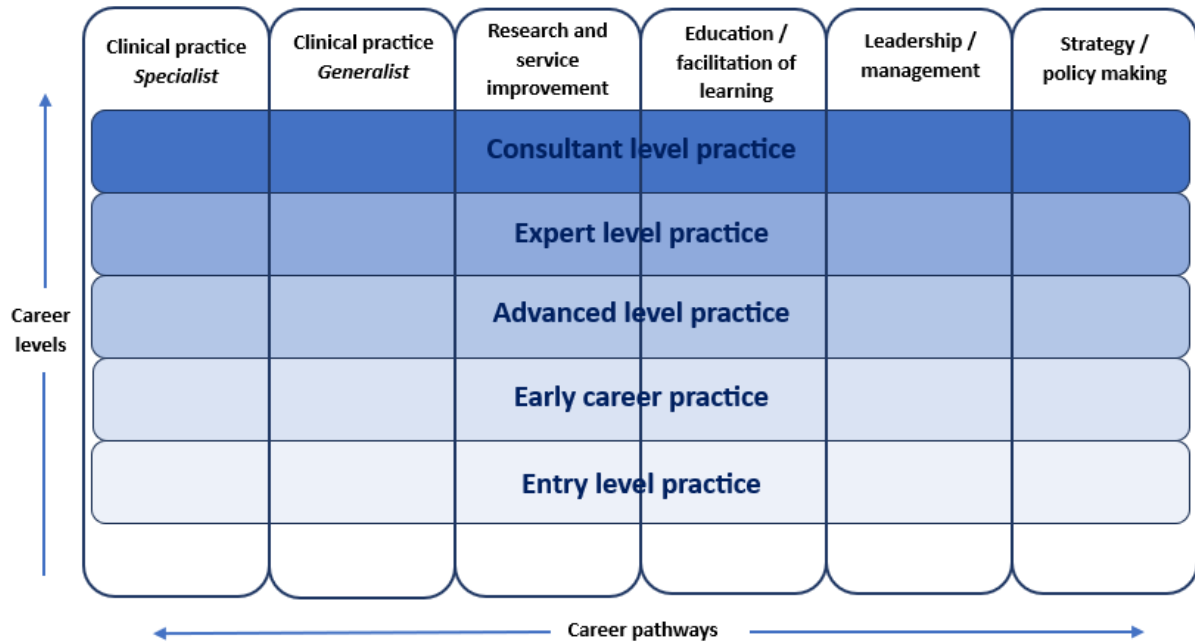


Figure 5: Draft Career Framework

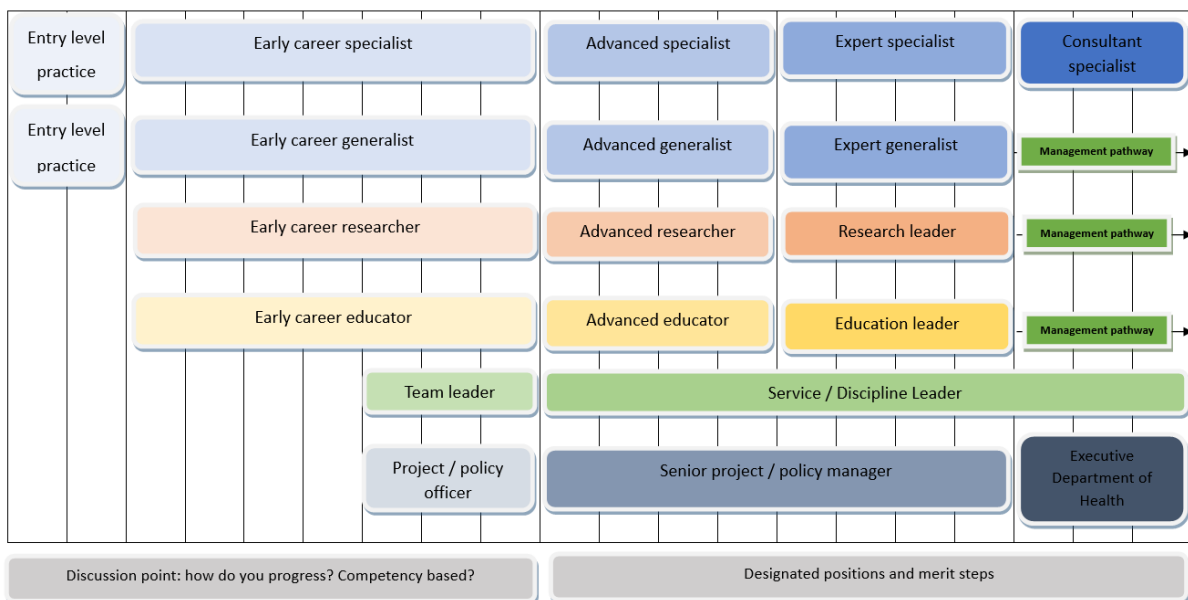


Figure 6: Draft Career Framework with WA pay points

Appendix 7: Payroll data

Based on payroll data for the period January 2023 to June 2023:

- In June 2023, there are 7,152 allied health professionals employed by WA Health.
- The largest groups of professions are physiotherapy, occupational therapy, medical science and social work respectively. The smallest profession is clinical perfusion.
- Just over half of the workforce are employed part-time (55%), and 8.5% are employed on a fixed-term contract, and 1.3% are employed casually.
- The workforce participation rate (total hours worked divided by full-time hours) ranges from 0.48 (orthoptists) to 0.99 (biomedical engineers).
- The professions with the largest numbers of vacancies and higher vacancy rates are medical science (53, 7.0%), social work (59, 9.2%), clinical psychology (48, 16.9%), and occupational therapy (48, 7.3%).
- WACHS accounts for 15% of the total allied health workforce employed by WA Health. Some professions are represented more highly in rural areas, including podiatry (33% of total employed podiatrists in rural areas), dietetics (32% rural), speech pathology (27% rural) and occupational therapy (25% rural).
- Across all disciplines the numbers in each broad classification level are shown below. Just over 47% are at level P1 and a further just over 43% are at level P2. There is a considerable proportional drop in numbers to level P3 (9.4%). Just 5.7% of the allied health workforce is employed at above P3 level, with the top three classification levels (P7 to P9) hardly used (0.2%).

Appendix 8: Consultation two questions

The following questions were asked as part of the second consultation:

- How relevant do you find the proposed career pathways to your current role and future career aspirations?
- Overall, how well do you think the proposed WA Health Professions Career Pathway Framework addresses the career development needs of WA Health Professions?
- To what extent do you agree with each of the proposed career pathway models?
- To what extent do you agree with the 5 career levels?
- Is the current 9-point scale with 20 increments adequate for representing progression within the proposed pay scale framework?
- To what extent do you believe that these job attributes are a meaningful way to capture different levels of complexity and difficulty of health profession jobs?
- What factors do you believe should be the primary basis for professional progression between scales, but within classification levels in WA Health?

Appendix 9: Graphical representation of results

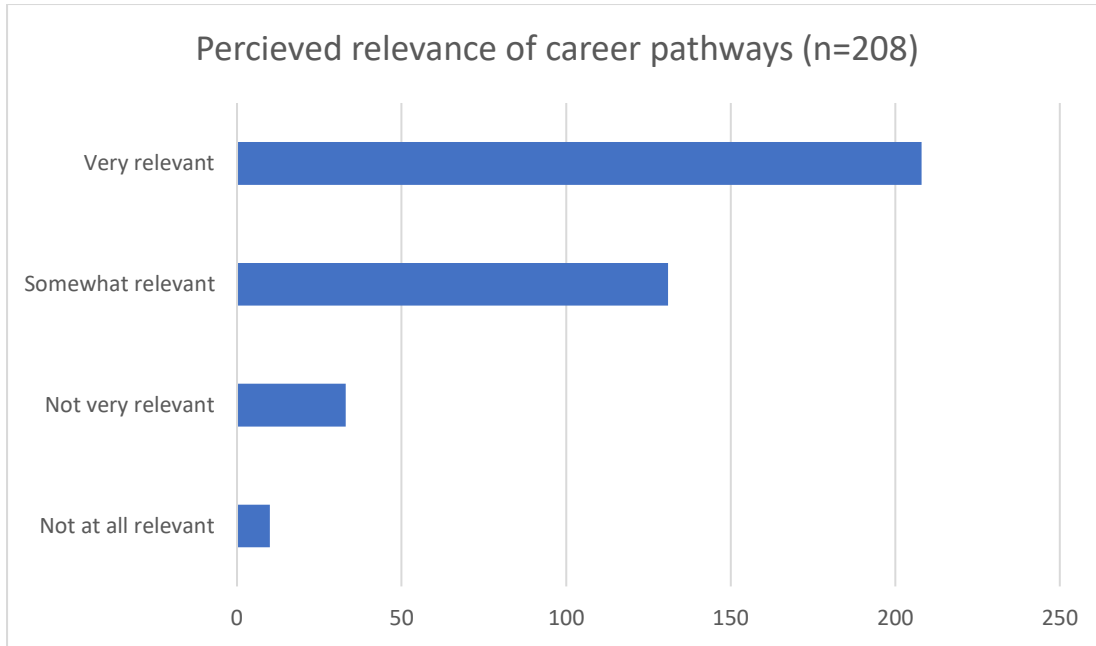


Figure 7: How relevant do you find the proposed career pathways to your current role and future career aspirations?

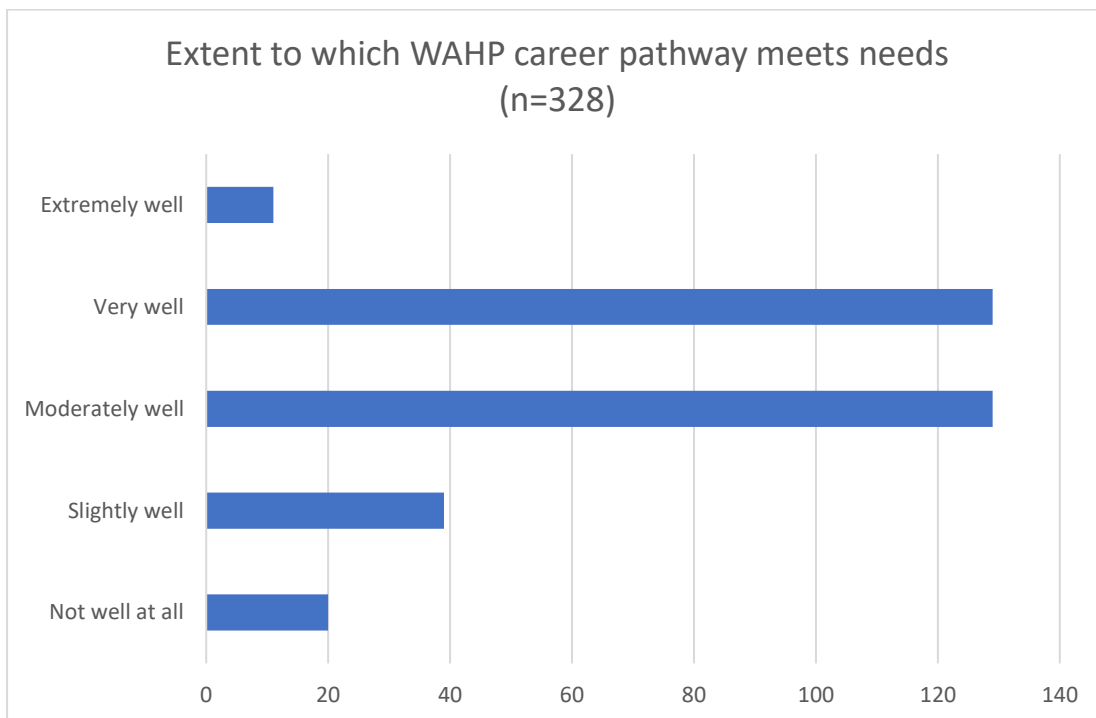


Figure 8: Overall, how well do you think the proposed WA Health Professions Career Pathway Framework addresses the career development needs of WA Health Professions (n=328)

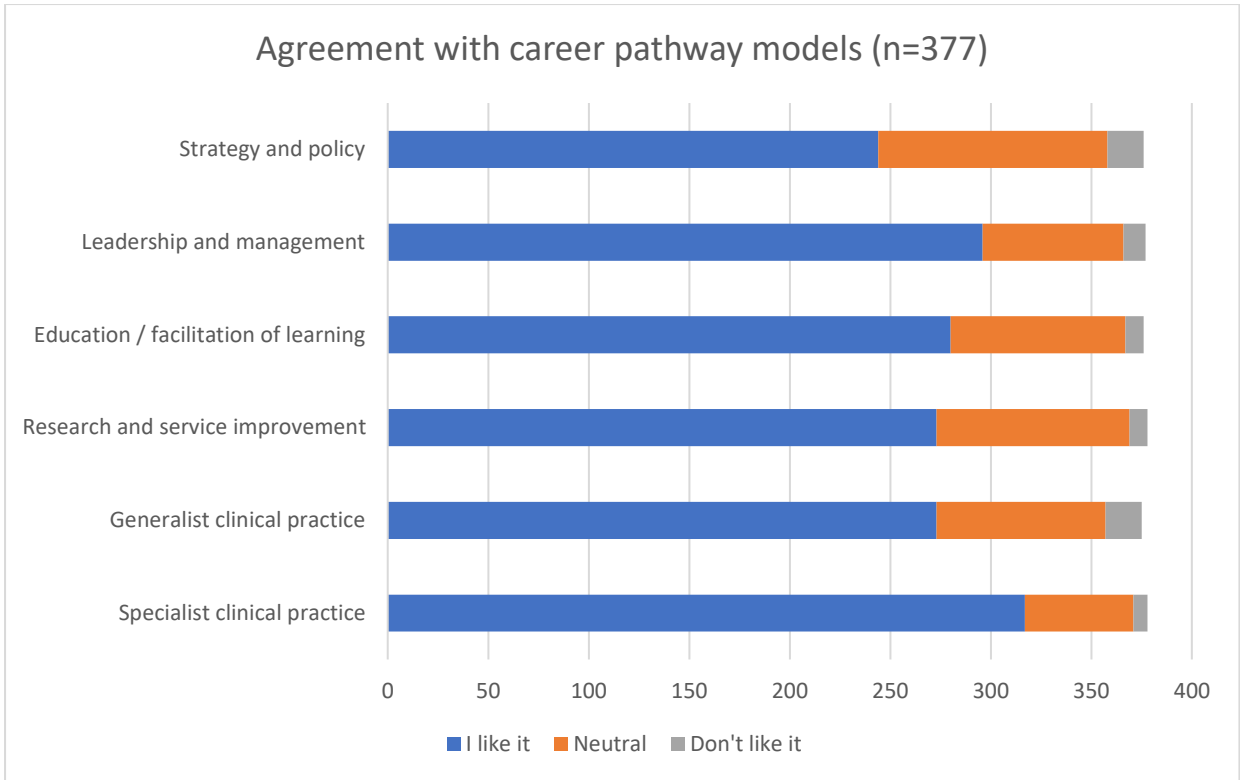


Figure 9: To what extent do you agree with each of the proposed career pathway models? (n=377)

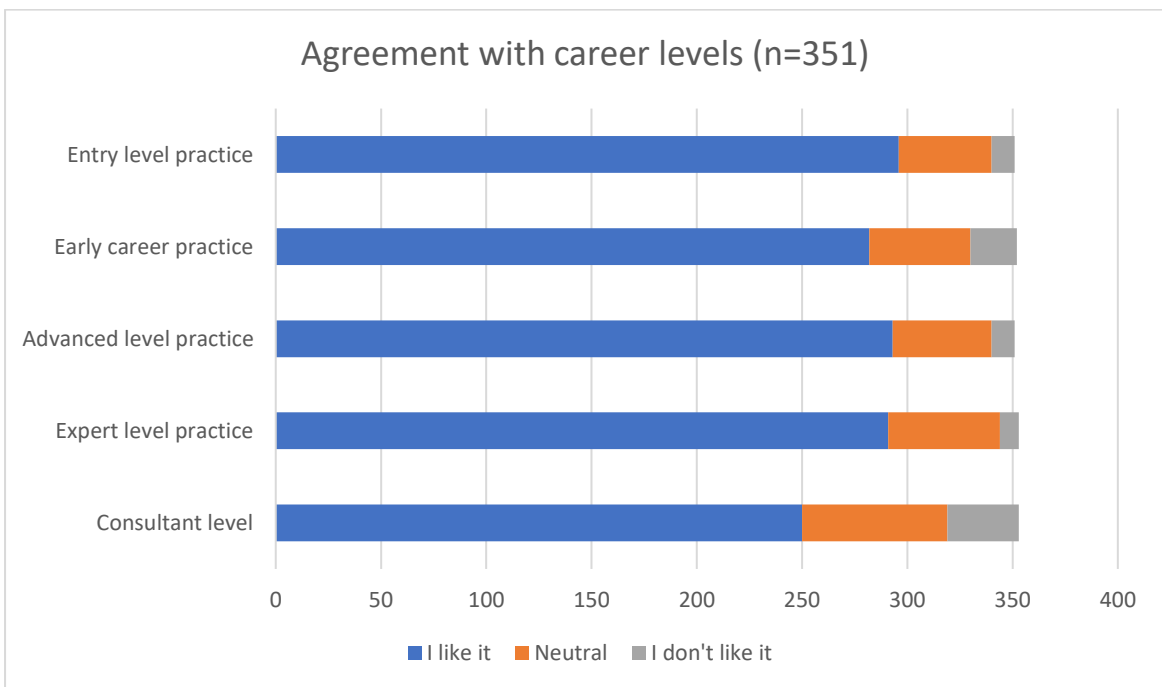


Figure 10: To what extent do you agree with the 5 career levels? (n=351)

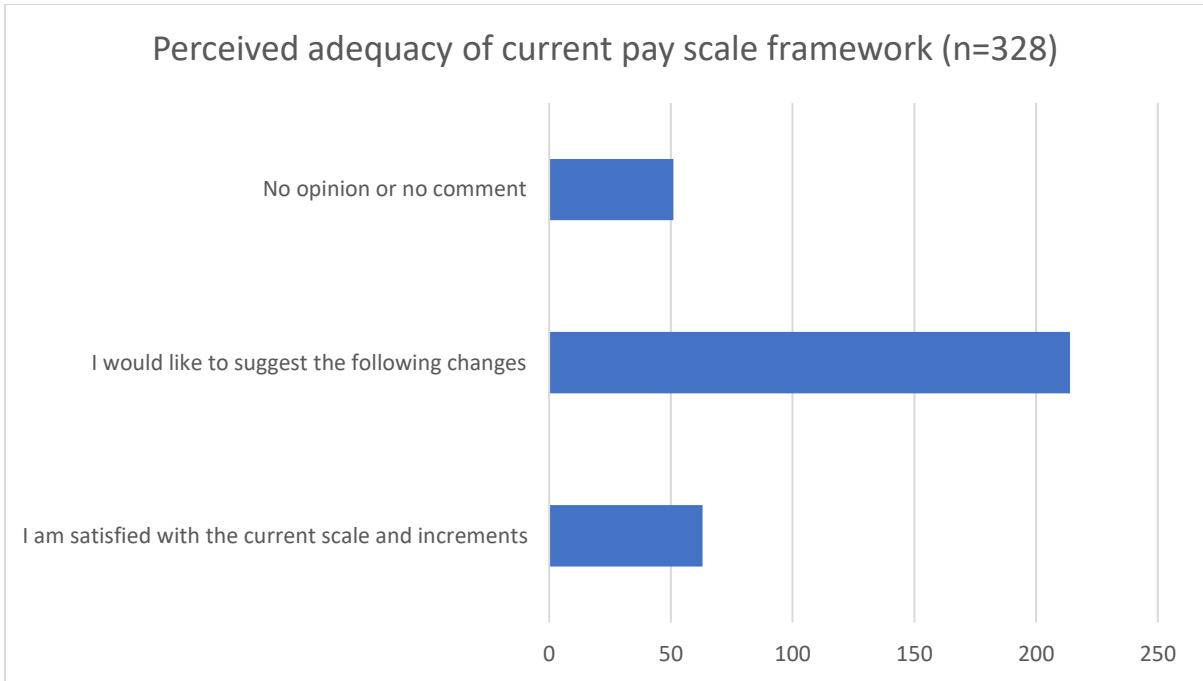


Figure 11: Is the current 9-point scale with 20 increments adequate for representing progression within the proposed pay scale framework? (n=328)

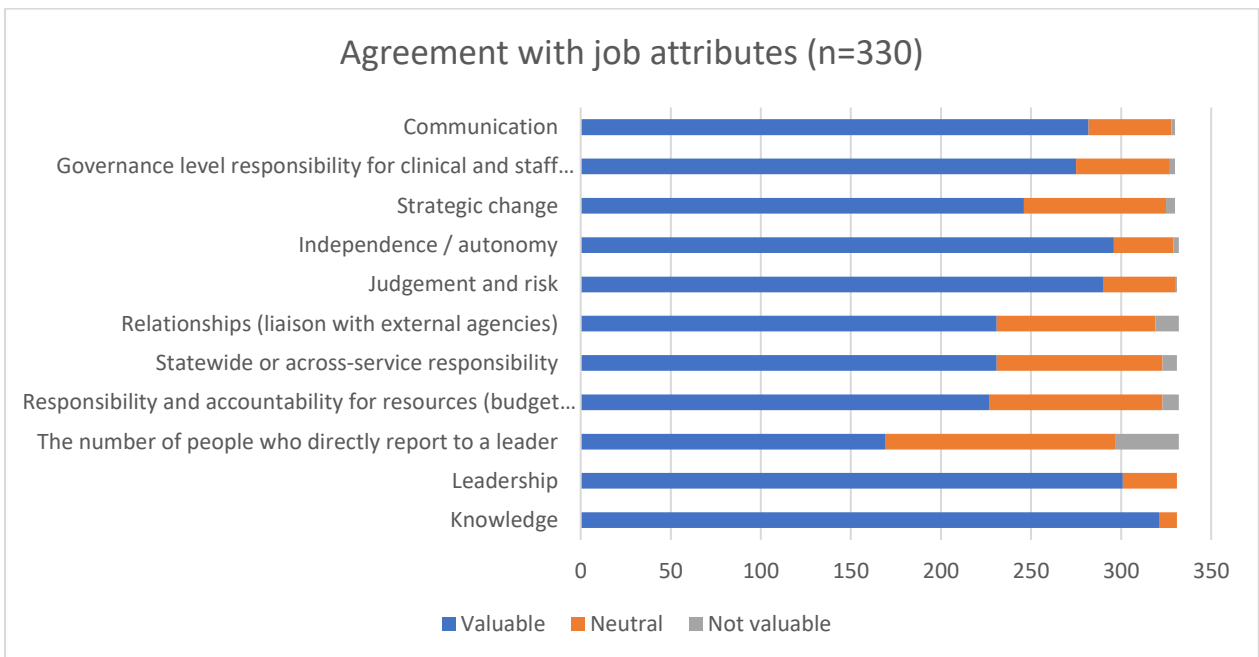


Figure 12: To what extent do you believe that these job attributes are a meaningful way to capture different levels of complexity and difficulty of health profession jobs? (n=330)

Note: response categories are truncated from their form in the survey for presentation in the graph.

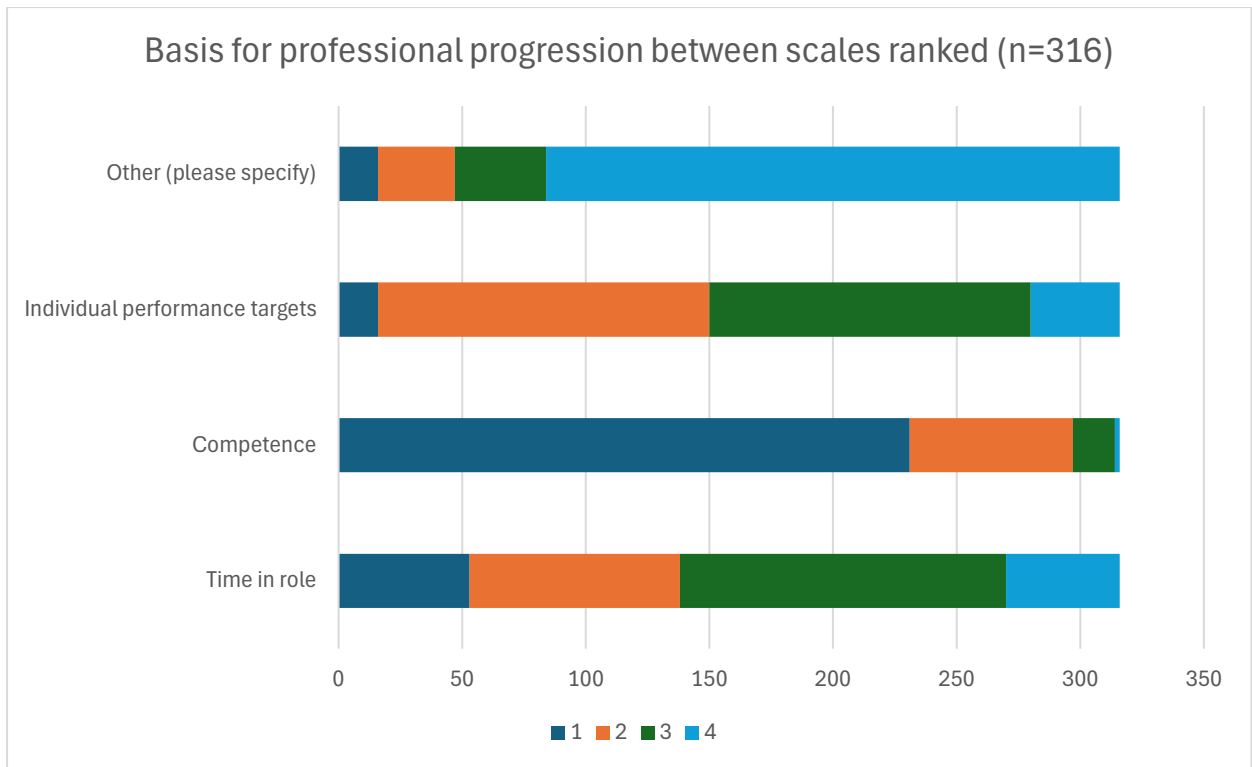


Figure 13: What factors do you believe should be the primary basis for professional progression between scales, but within classification levels in WA Health? (n=316)

Appendix 10: Linking career levels to AQF

Table 9: Link of 'Career Levels' to relevant AQF Levels

Proposed Career Level	AQF Level	AQF work application descriptor	Indicative educational level
Practitioner	Level 7	<p>Graduates at this level will apply knowledge and skills to demonstrate autonomy, well-developed judgement and responsibility:</p> <ul style="list-style-type: none"> • in contexts that require self-directed work and learning; and • within broad parameters to provide specialist advice and functions. <p>They are able to use knowledge to solve problems creatively, make judgements which require analysis and interpretation, and actively contribute to service and self development.</p>	Bachelor Degree
Senior practitioner	Level 8	<p>Graduates at this level will apply knowledge and skills to demonstrate autonomy, well-developed judgement, adaptability and responsibility as a practitioner. They demonstrate initiative and are creative in finding solutions to problems. They consistently undertake self development. They may have responsibility for supervision of staff or training.</p>	Bachelor Honours Degree, Graduate Certificate, Graduate Diploma
Advanced practitioner	Level 9	<p>Graduates at this level will apply knowledge and skills to demonstrate autonomy, advanced judgement, adaptability and responsibility as a practitioner. They have a critical awareness of knowledge issues in the field and at the interface between different fields. They are innovative and have a responsibility for developing and changing practice and/or services in a complex and unpredictable environment.</p>	Masters Degree (Research), (Coursework) or (Extended)
Expert practitioner	Level 10	<p>Graduates at this level will apply knowledge and skills to demonstrate autonomy, authoritative judgement, adaptability and responsibility as an expert and leading practitioner or scholar. They have highly specialised knowledge, some of which is at the forefront of knowledge in a field of work, which they use as the basis for original thinking and/or research. They are leaders with considerable responsibility, and the ability to research and analyse complex processes. They have responsibility for service improvement or development. They may have considerable clinical and/or management responsibilities, be accountable for service delivery or have a leading education or commissioning role.</p>	Doctoral Degree