HealthWork
AHP Workforce

Independent Review – Career Pathways for Health Professionals

Interim report

Prepared for WA Health

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List of Acronyms and Abbreviations

ABLE	Allied Health Building Leadership Experience
AHRGP	Allied Health Rural Generalist Pathway
AHPs	Allied Health Professionals
HHS	Hospital and Health Services
HRIS	Human resources information system
HSUWA	Health Services Union of WA
JDFs	Job description forms
OCAHO	Office of the Chief Allied Health Officer
PRG	Project Reference Group
THS	Tasmania Health Service
WA	Western Australia
Department	Department of Health, Western Australia
WACHS	WA Country Health Service
WA HPCF	WA Health Professions Career Framework
WMD	Workforce Modelling and Data Branch

Executive Summary

Background

Nationally, the allied health workforce is the largest clinical workforce in primary care, and the second largest clinical workforce overall (AIHW, 2022). Allied health professionals work in various sectors across WA Health including in acute and subacute care such as rehabilitation, outpatient, and community settings. WA Health recognises more than 25 defined allied health disciplines who deliver preventative, diagnostic, technical, and therapeutic health and social care. The health workforce in WA Health is diverse and complex, and only one employment classification covers all the traditional therapeutic allied health disciplines, pharmacists and diagnostic health science disciplines.

The purpose of this review and consultation with key stakeholders including the WA Health workforce, the Health Services Union of Western Australia as the representative union and Department of Health as the System Manager is to evaluate the health professional career pathways in WA Health to suggest how to better support recruitment and retention. Recommendations are to align with WA Health workforce priorities to enhance clinical practice and support new models of care and Recommendations 23-27 of the **Sustainable Health Review Final Report.**

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 (health professionals[1]) employed directly by the WA health system. Scope of the review is:

- 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 and Recommendations 23-27 of the Sustainable Health Review Final Report.

Method

The project methodology was developed by AHP Workforce Consulting Group and modified following consultations with CAHO and the Project Reference Group (PRG). An overview of the project activities is shown in Figure 1.

[1] The 'health professions' workforce covered by this review includes all those covered by Schedule 2 – Salaries – Professional Division & Other Specified Callings within the *WA Health System – HSUWA – PACTS Industrial Agreement 2022*. A list of professions covered is provided *in Health Professional Classifications and Recruitment to Health Professional Positions*, December 2018. A list of the professions covered is provided in Appendix 3.

Figure 1: Overview of the steps in the method

Findings

Literature review

The literature review suggests six potential allied health **career pathways** for the WA HPCF: clinical practice, research and service improvement, education and learning facilitation, leadership and management, strategy and policy, and a rural generalist pathway.

Consistency in **career levels**, ranging from novice to extended scope or consultant practitioner, is evident, although the definition of the highest level varies across jurisdictions. For instance, the UK NHS acknowledges consultant level practitioners, while others are less explicit about the roles of their most senior clinicians. Most frameworks recognise either 4 or 5 career levels.

There is a strong alignment of **job attributes** across the literature with those used by WA Health, encompassing knowledge, relationships, judgement and risk, independence / autonomy, strategic change, impact, breadth, and resource management / responsibility.

Information on **career progression** pathways identified: time-based progression (automatic), competency-based progression (dependent on achieving specific skills and attributes), and performance-based progression.

Jurisdictional benchmarking of salaries and pay scales shows the starting salary for WA Health employees is higher than other states, and the top of the P9 scale in WA is the highest salary of all states other than Queensland. However, few health professions in WA have access to salaries above P6. WA has fewer increments than other states (20, compared with a range of 23 – 30).

Payroll data analysis

The An analysis of payroll data for the period January – June 2023 identified the following workforce attributes in WA Health:

- 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 Professions with the highest rural proportion of rural employees are podiatry (33% rural), dietetics (32% rural), speech pathology (27% rural) and occupational therapy (25% rural).
- 67% of all allied health professions are at the top salary increment of their classification level (ceiling effect). Nearly one third of these are at the top of the P2 classification.
- Only medical physicists and medical scientists have staff employed at P7 to P9 classifications. 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.

Survey and focus group results

At least 1,000 data sources included responses from 393 survey participants, over 35 focus groups and targeted discussions, and additional input from over 200 individuals via online polls during initial consultation sessions in Perth.

Consultation was extensive, encompassing representatives from every HSP, discipline, and employment grade within WA Health. The key themes from the focus groups are summarised below:

Flat Career Structure and Early Ceiling: Many health professionals encounter a flat career structure, resulting in early career ceilings, limiting opportunities for progression.

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.

Limited Innovation and Training Opportunities: Staffing shortages in some areas limit the ability of health professionals to introduce service innovations or pursue training.

Dominance of Medical and Nursing Fields: Perceived dominance of medical and nursing professions seen to limit access to the creation of some extended scope roles and prevent health professionals from accessing interdisciplinary job roles.

Limited Access to Training and Professional Development: Access to training is limited, with insufficient funding or protected time. Workers are not incentivised to undertake further training due to limited progression opportunities.

Variability in Flexible Working: Access to flexible working varies across professions, with some reporting adequate flexibility. Some respondents reported taking more junior roles to increase their flexibility. Flexibility is reduced by a lack of IT infrastructure to allow staff to work from home.

Challenges in Rural/Remote Working: Rural and remote working presents unique challenges, including professional isolation, high clinical loads, and the need to value generalist expertise.

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.

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 fair degree of autonomy at the individual health service level leading to differences between services and even within services as to how the agreement is interpreted and applied. In addition, innovation tends to be locally driven innovations rather than through state-based approaches, compounding differences in approach to things like advanced scope of practice and research activity.

Proposed framework

A conceptual framework for an allied health profession career pathways and levels structure in WA is proposed with five career PATHWAYS (clinical practice, research and service improvement, education and facilitation of learning, leadership and management and strategy / policy making) and five career LEVELS (entry level practice, early career practice, advanced level practice, expert level practice and consultant level practice).

1. Introduction

WA Health recognises more than 25 defined allied health disciplines who deliver preventative, diagnostic, technical, and therapeutic health and social care. Some health disciplines are supported by support workforces of allied health assistants, technicians, and discipline specific assistants. These support workforces are vocationally trained and/or workplace trained and are non-regulated health workers who perform tasks under the delegation, supervision, and responsibility of health professionals (WA Department of Health Chief Allied Health Office, 2023). This workforce is outside the scope of this review.

Fewer than one-third of all allied health professionals employed in WA work for WA Health (WA Department of Health Chief Allied Health Office, 2023). For WA Health to remain a competitive employer compared with other jurisdictions and the private and not-for-profit sectors, it is imperative that WA Health establish new ways to grow, sustain and retain staff (WA Department of Health Chief Allied Health Office, 2023). Regarding the latter, many authors have identified supported career pathways as an important means of influencing workforce retention outcomes (e.g., Chamberlain, 2017; Coffman et.al., 2021; Wakerman, et.al., 2019). For instance, research by Chamberlain (2017) found that even after …

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

The scope of this project is to review the career pathways for health professionals in WA Health and make recommendations that will retain these skilled health professionals. Recommendations are to align with WA Health workforce priorities to enhance clinical practice and support new models of care and Recommendations 23-27 of the Sustainable Health Review Final Report.

2. Career framework components

Career pathways

Key documents used to inform this review included:

- **Allied health career pathways blueprint** produced by the Victorian DHHS (2019).
- **New Zealand Allied Health Career Pathway Policy** (Wairarapa, Hutt Valley & Capital and Coast DHBs, 2020).
- **The Nursing, Midwifery and Allied Health Professions (NMAHP) Development Framework;**
- The UK **Knowledge and Skills Framework** (Department of Health England, 2004); and
- The Victorian DHHS ***Allied health: credentialling, competency and capability framework***.

The table below summarises the career pathways advocated within each of the key documents.

Table 1: Proposed career pathways

Allied health career pathways blueprint	**Allied Health Career Framework from Wairarapa, Hutt Valley & Capital and Coast DHBs in New Zealand**	**UK Multiprofessional Framework for Advanced Practice (four pillars)**	**Nursing, Midwifery and Allied Health Professions (NMAHP) Development Framework (four pillars)**	**BUILD Opportunities Program for Allied Health Professionals Levels 1 and 2**
Practice	Practice	Clinical Practice	Clinical practice	Clinical experience
Strategy				Service planning
Research	Research	Research	Research	Quality improvement and research
Management	Management	Leadership and management	Leadership	Professional supervision / mentoring
Education	Education	Education	Facilitating Learning	Teaching and education

Career levels

The review of existing literature and frameworks reveals a limited but significant body of work guiding allied health career pathways at a jurisdictional level. Key studies and frameworks, such as those

developed by the Victorian Department of Health and Human Services and the Queensland Office of the Chief Allied Health Officer, highlight the challenges in creating satisfying and effective career pathways for allied health professionals, particularly in rural health and specific practice areas like research and advanced practice.

Despite management pathways being prevalent in practice, there is a notable gap in published literature on this subject. Government documents and reports emerged as the most valuable resources, offering insights into various aspects of allied health career pathway development. However, comprehensive integration of these components into a cohesive employment award framework remains largely unexplored, with the notable exception of the approach taken by the Wairarapa, Hutt Valley & Capital and Coast DHBs in New Zealand (Wairarapa, Hutt Valley & Capital and Coast DHBs, 2020).

Job attributes

WA Health already recognises a range of job attributes. For instance, the Western Australian Executive Classification Methodology incorporates the following eight job attributes:

1. Knowledge
2. Relationships (liaison with external agencies)
3. Judgement and risk
4. Independence / autonomy
5. Strategic change
6. Impact
7. Breadth
8. Resource management / Responsibility and accountability for resources

There is considerable overlap between these, and the list constructed by Suff & Reilly (2006). With respect to the workforce the subject of this review, there is the *Health Professionals Work Value Review – Updating of Job Description Forms and Advertising of Positions*, which provides a description of the job attributes of jobs at each of the nine P levels. This document is the primary reference for decision-making regarding the level of all current and proposed jobs within the HSU Industrial Award (WA Department of Health Chief Allied Health Office, 2023). Analysis of the descriptors in the *Health Professionals Work Value Review* enables identification of the following job attributes that are (or should be) currently applied to assessment of the career level of each job:

- knowledge.
- relationships (especially liaison with external agencies).
- communication.
- independence / level of autonomy.
- judgement – independent professional judgement and decision-making.
- strategic change.
- responsibility and accountability (for resources management).
- governance level responsibility for clinical and staff outcomes.
- leadership; and
- statewide.

Not all these attributes are applied across all career levels.

Progression mechanisms

Progression mechanisms within a role can be time based, or competency based, or performance based, or a combination of all three.

- Time-based progression allows health professionals to automatically progress to higher positions or pay grades based on their length of service (e.g., Wairarapa, Hutt Valley & Capital and Coast DHBs, 2020).
- Competency based progression relies on the achievement of certain pre-determined skills and / or knowledge, based on the requirements determined in the job attributes.
- Performance based progression allows workers to advance based on the achievement of certain agreed milestones or attributes that may individually negotiated for that role. These may be negotiated within individual employment contracts and are typically reserved for higher level staff. For example, performance payments based on the achievement of specific employment related targets.

3. Results

Secondary (payroll) data analysis

Workforce size

Analysis of June 2023 payroll data by AHP Workforce identified 7152 persons employed. The distribution of the workforce by disciplines for each of the data sources (provided summary data and AHP Workforce unit record data analysis):

Table 2: Distribution of the allied health workforce by discipline:

Allied health discipline	AHP Workforce analysis	Data collated from Infographic Summaries
Audiology	38	37
Biomedical engineering	12	13
Clinical perfusion	10	10
Clinical psychology*	444	417
Dietetics	306	281
Exercise physiology	24	23
Medical imaging technology	501	484
Medical librarian	21	22
Medical physics	48	49
Medical science	916	872
Neurophysiology science	33	32
Nuclear medicine technology**	32	30
Occupational therapy	931	889
Orthoptics	12	11
Orthotics and prosthetics	19	18
Pharmacy	744	745
Physiotherapy	1041	949
Podiatry	69	63

Allied health discipline	AHP Workforce analysis	Data collated from Infographic Summaries
Radiation therapy	72	72
Respiratory and sleep science	95	87
Social work	822	801
Sonography	137	121
Speech pathology	432	407
	6759	6433

*** Most Neurophysiology technologists are uncoded by discipline and can be identified only by job title.*

Workforce status

A majority of the allied health workforce employed by the WA Health (54.8%) work part time. Both full-time and part-time employment can be on a permanent or fixed term contract basis. Just under one tenth of the allied health workers employed are on fixed term contracts (8.5%) or on a casual basis (1.3%). Figure 2 outlines the workforce distribution by employment status.

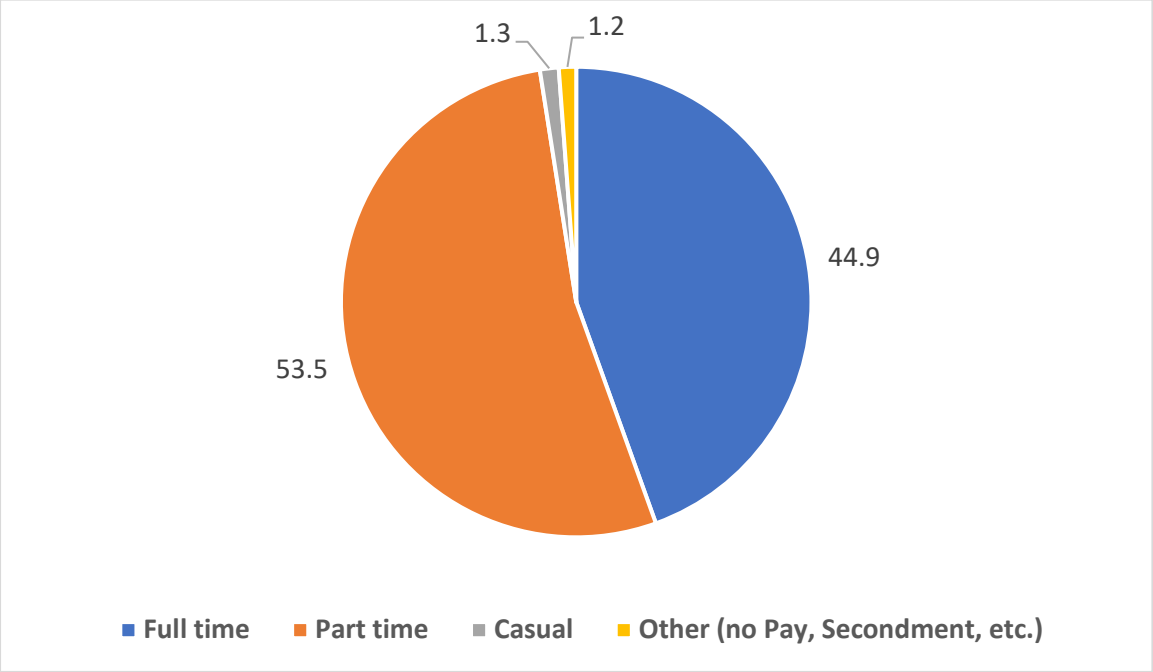

Figure 2: Distribution of the Allied health workforce by employment status

The degree of full-time employment varies between allied health disciplines with some of the larger female dominated disciplines (e.g., Podiatry, Speech pathology) having many more workers employed part time. Similarly, some disciplines have many more workers employed on a fixed term contract basis (e.g., Medical scientists, Clinical psychologists), although the reason for this is not clear.

Rural distribution

WA Country Health Service (WACHS), accounts for just under 15% of the total allied health workforce employed by WA Health. The representation of health professionals across WACHS includes podiatrists (32.9%), dietitians (31.9%), speech pathologists (27.1%), occupational therapists (24.8%) and physiotherapists (22.4%).

Table 3: Proportion of each allied health discipline employed in a rural location

Discipline	% of total persons employed working in a country (WACHS) area
Audiology	10.9
Biomedical Engineering	0.0
Clinical Perfusion	0.0
Clinical Psychology	3.0
Dietetics	31.9
Exercise Physiology	0.0
Medical Imaging Technology	21.2
Medical Librarian	3.2
Medical Physics	0.0
Medical Science	0.0*
Neurophysiology Science	0.0
Nuclear Medicine Technology	0.0
Occupational Therapy	24.8
Orthoptics	0.0
Orthotics And Prosthetics	0.0
Pharmacy	7.3
Physiotherapy	22.4
Podiatry	32.9
Radiation Therapy	0.0
Respiratory And Sleep Science	0.0
Social Work	14.5
Sonography	9.9
Speech Pathology	27.1

** Some Medical scientists employed by PathWest are located in rural areas*

Workforce distribution by 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 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%). If it is assumed that all P3 + are managers / supervisors, then the current average staff to manager ratio is approximately 5.6 staff to one manager.

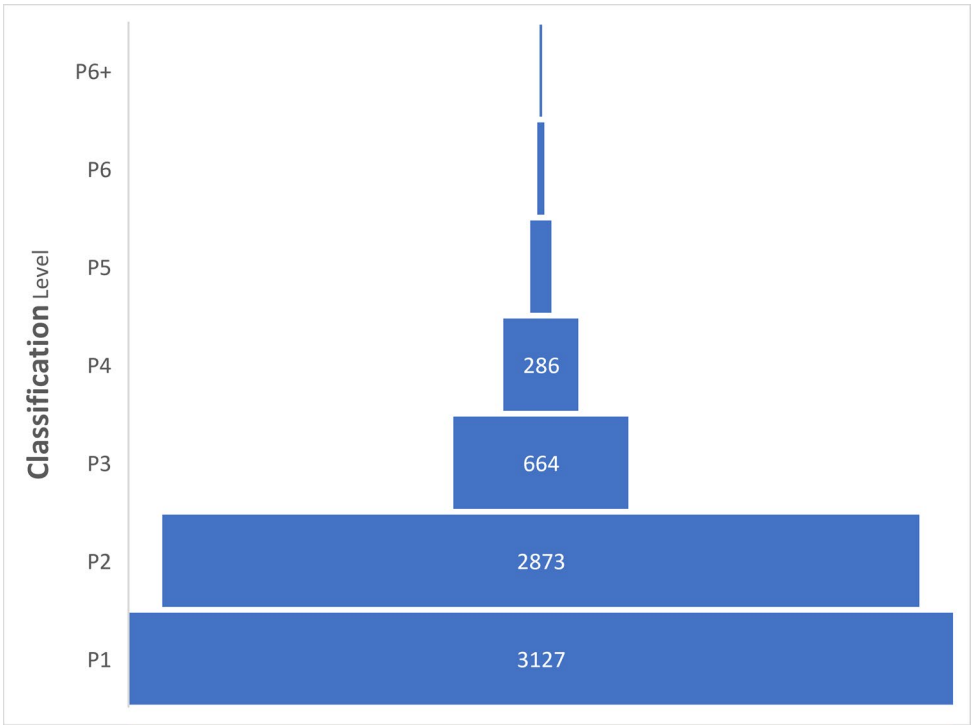

Figure 3: Distribution of the WA Department of Health allied health workforce by broad classification level

There are over two thirds (66.9%) of the total allied health professionals currently employed who are on the top salary increment of their classification level (Figure 4).

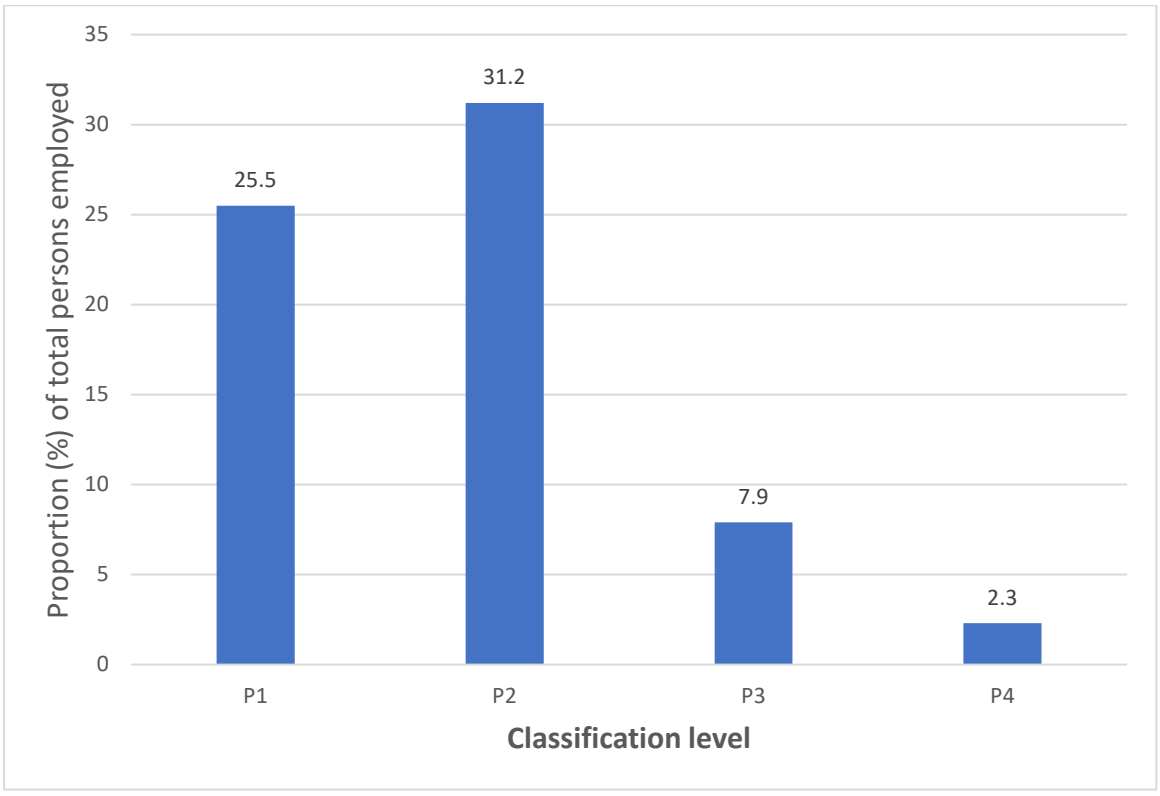

Figure 4: Proportion of workers who are at the highest step at a classification level

There is considerable variation between allied health disciplines in the use of higher classification levels in the P-Scale bands (see Figure 5). Only two disciplines, medical physicists and medical scientists, have people employed at P7 to P9 levels. It is understood these levels are reserved for persons who have statewide responsibilities or provide statewide consultation services. Several occupations have no workers above P2 level classifications (Clinical perfusion, Neurophysiology science and Orthoptics), while two more (Exercise physiology, Orthotics and Prosthetics) only have workers employed up to P3.

There is considerable variation also between disciplines in the distribution of their workforces between different P-Scale bands (Figure 5). Some disciplines (e.g., Biomedical engineering, Clinical psychology, Medical physics, Medical science, Occupational therapy, Radiation therapy) have more balanced distribution of the workforce across the classification levels. The size of discipline (staff numbers) alone though does not seem to explain the differences, although smaller disciplines (< 50 workers) tend to have proportionately less P3 and above.

Classification levels	Allied health disciplines (see key to disciplines below)																							
	A	B	C	D**	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
9.1																								
8.4																								
8.1																								
7.1																								
6.2																								
6.1																								
5.2																								
5.1																								
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1.6																								
1.5																								
1.4																								
1.3																								
1.2																								
1.1																								

Figure 5: Distribution of allied health discipline workforces by Classification level

KEY TO DISCIPLINES

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

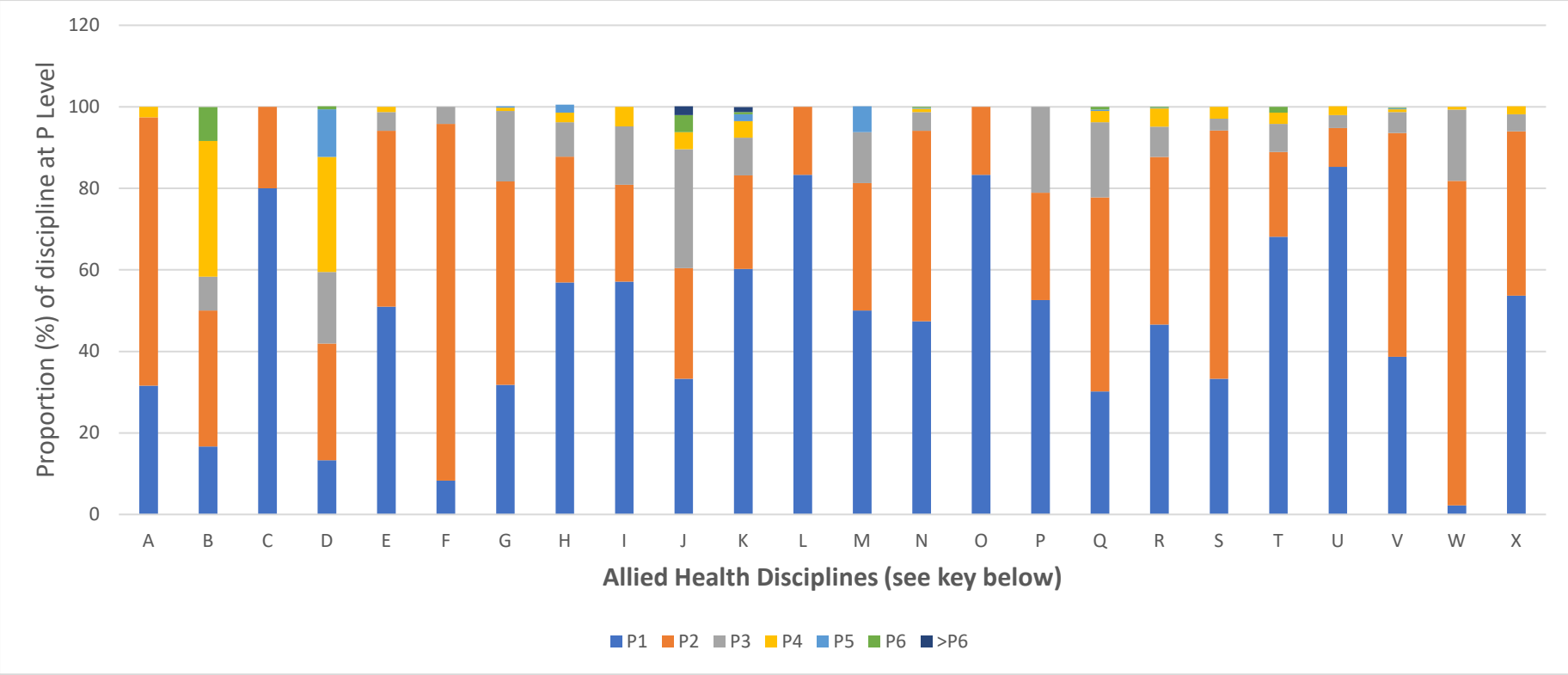

Figure 6: Distribution of allied health discipline workforces by Classification level

KEY TO DISCIPLINES

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

Survey results

Responses were received from 393 health professionals within WA Health. The largest group of respondents was physiotherapists (18%, n = 393), followed by pharmacists (13.5%) and occupational therapists (10.2%). This proportional distribution largely mirrors the overall distribution of the allied health workforce although medical scientists and social workers are slightly under-represented. "Others", which made up nearly 10% of respondents, included some disciplines which were out of scope (e.g., health promotion officers, pharmacy technicians, non-clinicians (e.g., managers / directors / former clinicians/ project manager), laboratory technicians, and anaesthetic technicians).

Career pathway preferences

Survey respondents were asked to nominate possible career pathways as part of an overall 'ideal' career structure (Figure 7). The most nominated pathways were Clinical Practice (69.2%, n = 308) and Supervision / mentoring (also 69.2%) followed by Management / Leadership (62.7%). These three pathways currently exist, although not in a way that is clearly defined. Other nominated pathways were Service Planning / Strategy (55.2%), Clinical Education (52.3%) and Research / Innovation (49%).

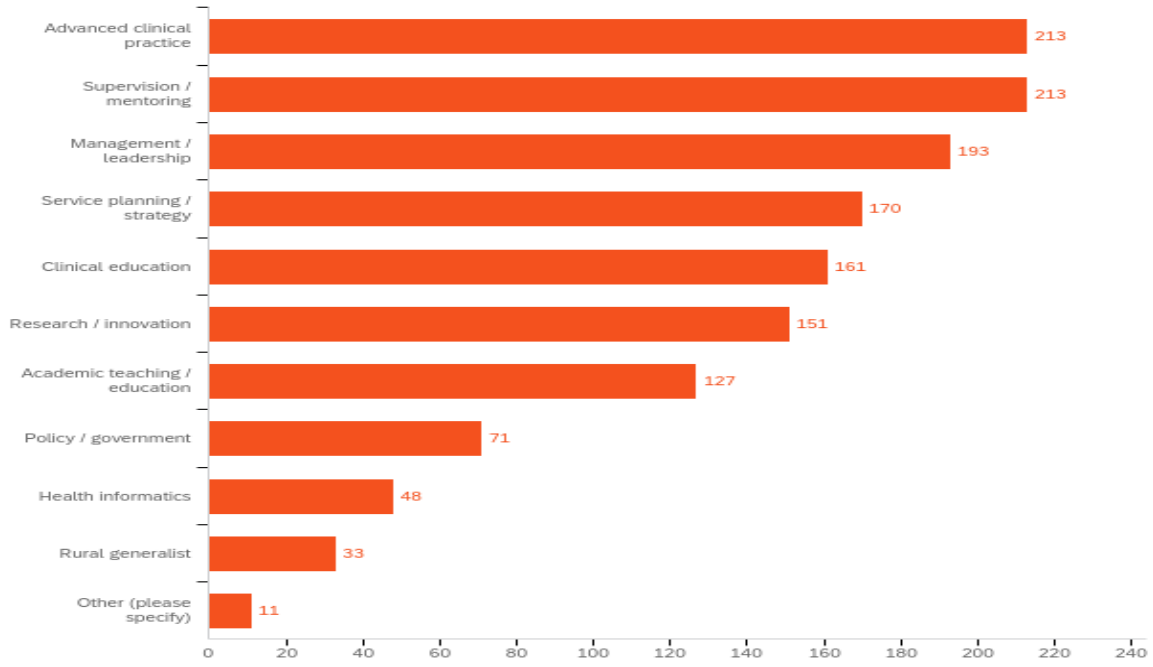

Figure 7: Responses to 'What does an 'ideal' career structure look like?'

Job attributes that should be recognised for job classification

Jobs are currently classified on the P1 to P9 classification scale by broad P level based on a range of factors are embedded into a set of descriptors (Health Professionals Work Value Review: Descriptors for Revised Classification Structure). Respondents were asked to identify job attributes they felt should be considered to assess (evaluate) a job's classification level. The results of the survey respondents' thinking are provided in Figure 8 (note: response labels in Figure 8 are truncated from those in the original survey for formatting and brevity reasons).

Unique clinical expertise, which could be understood as less common and more complex, was identified by most respondents (80.5%, n = 308) along with higher qualifications (masters, PhD, etc.,

72.7%). Another reasonably well nominated attribute was years of work (66.6%, presumably this is seen as highly related to clinical expertise) and policy knowledge and expertise (48.1%). Interestingly, the factors which are currently the strongest drivers of job evaluation processes, 'Overall team size' and 'Number of direct reports' (40.9% and 35.1% respectively), were not as commonly identified.

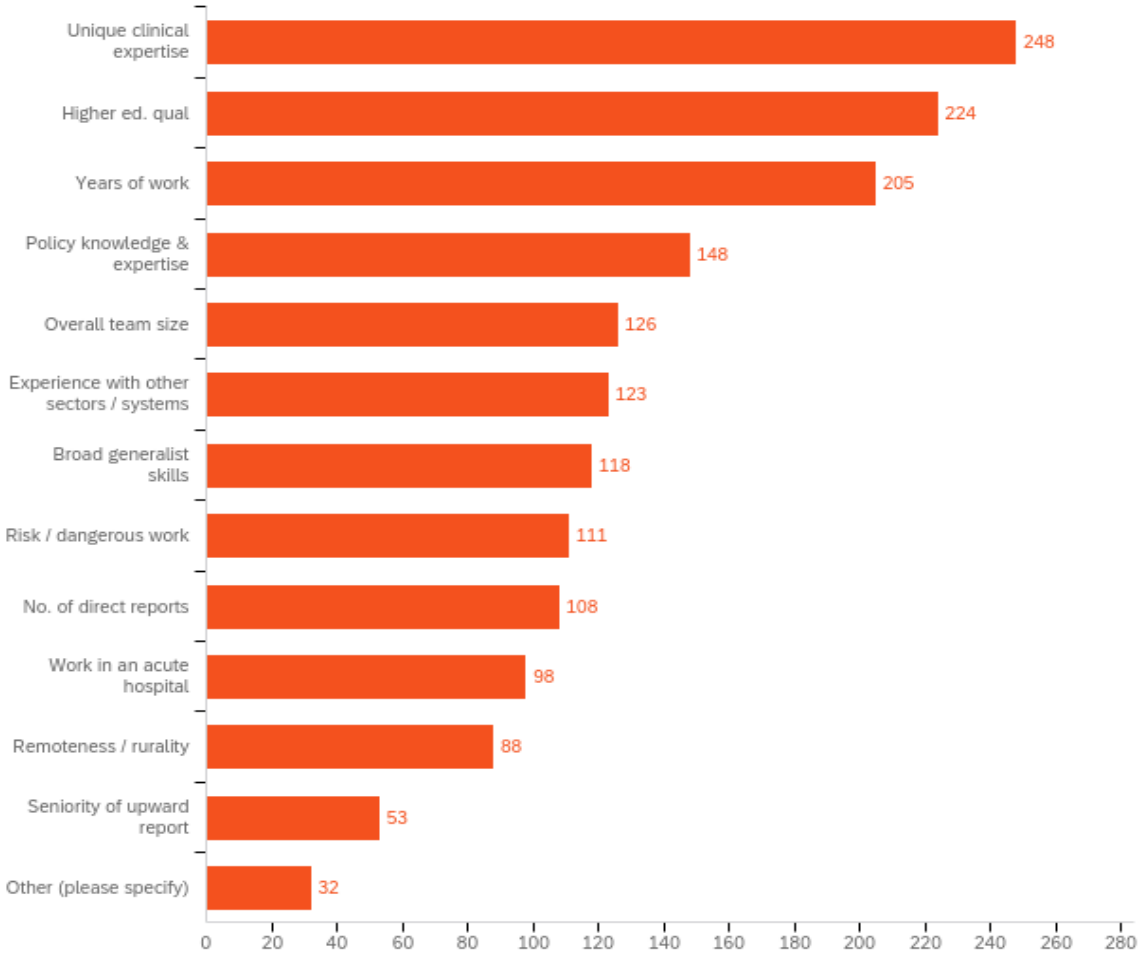

Figure 8: Responses to 'What types of skills, knowledge, responsibility and accountability should be recognised at higher career levels?'

Change requirements for an ideal career pathway

Several broad themes emerged. Key theme was the lack of higher-grade opportunities (84.1%, n = 308) resulting in a flat structure (72.7%). One respondent noted:

> *"[There is a] Flat structure / hierarchy, the only senior roles being on management (management skills and responsibilities are more 'rewarded' than clinical skills and responsibilities)."*

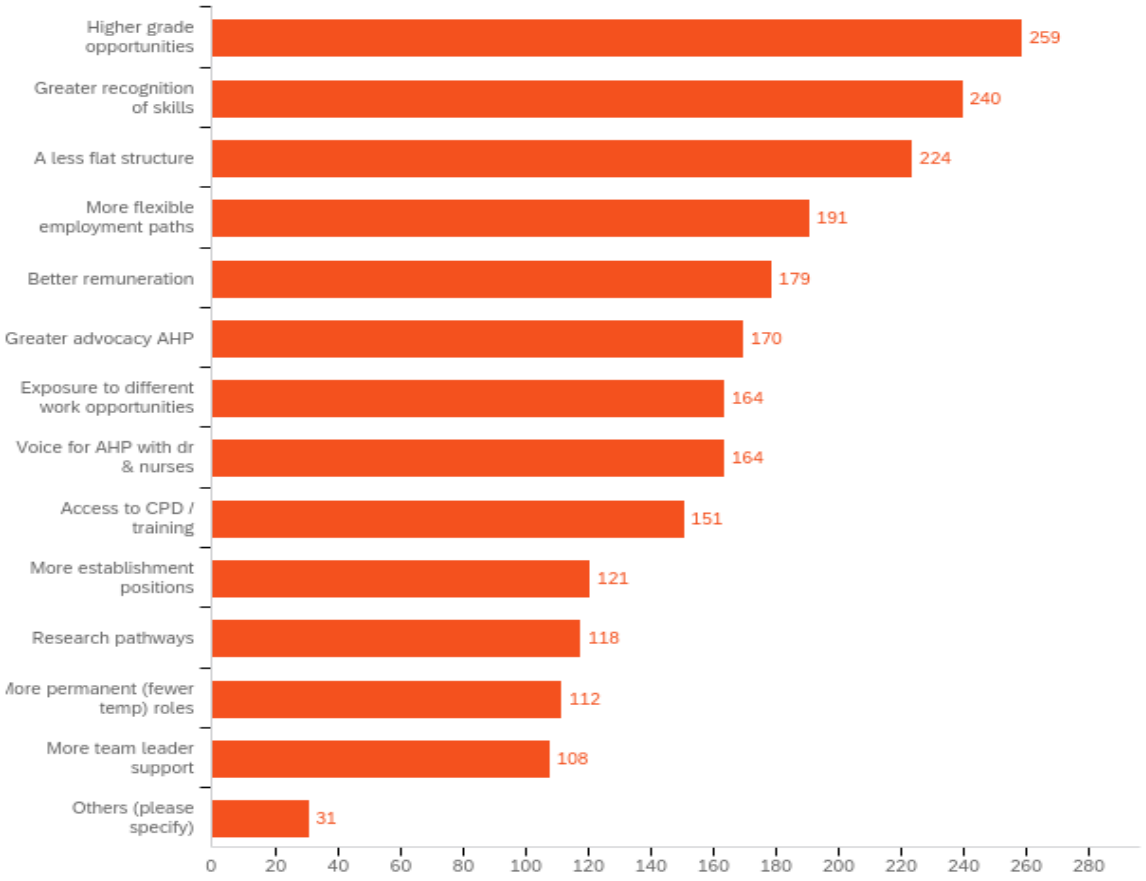

Figure 9: Responses to 'What needs to change to enable you to have the ideal career pathway (multiple responses possible)?

Another broad theme is the need for greater recognition of clinical skills (77.9%). Clinicians across most disciplines reported that they bring substantial expertise and experience to their roles, but that there is no way to recognise or reward that expertise within WA Health. Experience and expertise are derived from several years in a position; often working in a niche area of practice; from having undertaken higher-education training; or due to previous work experience.

Another broad theme is around being given the opportunity to build skills (clinical or other) relevant to a chosen career path. Just over half of the respondents (53.2%) desired more 'Exposure to different work opportunities' and 49% wanted more access to CPD and training.

Focus group results

Factors limiting career progression

- Flat career structure and early 'ceiling' for most occupational groups.
- Lack of opportunity to progress was compounded by a lack of senior positions to move into, and the need to wait for someone to leave before those positions become available.
- Lack of an explicit career pathway was reported as both a limitation to retention and career progression and creates poor morale in staff.
- Innovation and an ability to introduce changes is limited by severe staffing shortages in several contexts.
- Medical and nursing dominance arose as a theme across numerous areas.

- Limited access to training and continuing professional development. This includes limited time allowed for training, lack of consistent access to funding to support training.

Barriers to retention

- Inequity of grading across employment sites, within and across professions, and across different levels of seniority.
- Pay inequity, differing levels of responsibility, and varied management expectations across employers and professions create a challenging work environment.
- Lack of appropriate tools to recognise, reward and value specific skillsets within professions, across professions, and across organisations resulted in a great deal of discussion about the inequity of rewards for different types of roles.
- Access to flexible working varied by profession.
- Lack of flexibility was partly attributed to the lack of IT infrastructure within WA Health.
- Loss of people to administrative roles due to parental responsibilities and need for flexibility that is not available in clinical work.

Disincentive to pursuing higher roles / leadership positions

Despite an understanding that management roles often represent the best or only way to progress one's career, workers often believe they face the prospect of significantly increased responsibilities by assuming leadership / management roles without a commensurate increase in pay.

Career pathway opportunities

Participants identified various career pathway opportunities, each offering unique avenues for professional growth and development. The clinical educator career pathway allows healthcare professionals to transition into roles where they can impart their knowledge and experience to the next generation of practitioners, blending clinical expertise with educational skills.

4. Discussion

Key themes regarding career pathways and levels

Career stagnation and limited opportunities for progression – 'flat structure'

WA Health has a flat career structure for allied health professions with almost half (44%) of the workforce in the P1 classification and 85% in the two bottom classification levels. There are only twelve workers (0.2%) of the workforce in the top three classification levels (P7-P9) which apparently are reserved for people in jobs with a 'statewide' responsibility or influence. These classification levels represent a potential 'low hanging fruit' opportunity to provide longer career paths for the more ambitious. Most health professionals reported hitting the ceiling of their grade after five years in the profession and this was confirmed in analysis of payroll data, which showed that just over two thirds of the workforce are currently on classification levels from which there is no automatic progression.

While most industrial arrangements attempt to balance worker aspirations with service delivery workforce requirements, there is strong perception of a lack of structured career pathways (that would be consistent with value-based service delivery), and limited opportunity for progression besides through management roles, which is not appealing to many AHPs. It was noted there are very few clinical opportunities for P3 level and above. As such, staff are waiting for their seniors to leave before they can progress. As a result of this flat structure, some staff are leaving the P classification structure to undertake senior project roles on the G classification structure or leaving WA Health altogether.

Inconsistent recognition of skills, experience, qualifications

Inconsistent recognition and remuneration of skills, experience, additional credentials, and post-graduate qualifications is a common theme. Seemingly similar qualifications recognised to support career progress in one discipline is not in another. Or the seemingly same position in separate health services, are classified differently. This can lead to unrewarded efforts to increased competence through further education.

Medical and nursing dominance

Health professionals often feel they must ask permission of their medical colleagues to work to their full scope of practice or expand their practice. It is often reported that health professionals feel that their skills and expertise are not well understood. In several cases, senior leadership roles were explicitly only available to nursing staff.

Training, development and supervision opportunities

Existing workload models within WA Health do not allow time to facilitate professional training, development, and supervision. Current staffing configurations fail to recognise that clinical duties represent only a portion of the total work responsibilities. Equally crucial tasks, such as undertaking, facilitating, supporting, and supervising skill development, are often overlooked. Consequently, health professionals frequently find themselves overburdened with clinical demands, leaving insufficient capacity to provide proper training and supervision for junior staff. The problem is particularly acute in rural and remote areas.

Formal credentialing processes

There is inconsistent application of credentialing programs across WA Health employers. We understand that a credentialing policy exists and that it is currently being reviewed.

Rural and remote challenges

WACHS was consulted with heavily to understand the contextual issues specific to rural and remote working. There is a lack of recognition of the generalist skill set compared to specialist. Staff are performing the same jobs in metropolitan and rural sites, yet these jobs are being recognised as advanced scope of practice at metropolitan sites but not rural sites. There is a real enthusiasm for rural generalist pathways, but capacity to implement is limited. Recruitment and retention are a particular challenge in rural and remote areas, as highly skilled staff are often lost to metropolitan sites due to perceived better career pathways. Due to difficulties with recruitment and retention, some staff are being asked to fill senior positions that they are not competent to perform, which creates clinical risks.

What staff value about working for WA Health

Emphasising the positive aspects of working for WA Health is essential. Staff members appreciate the diverse and complex caseloads they encounter, as well as the supportive team culture and work environment. Some professionals value the opportunity to serve vulnerable populations and express a specific interest in working in areas like rural and remote regions. Additionally, some employees highlight the flexibility of their roles as a key benefit of their employment with WA Health. These are important ‘retention’ opportunities for WA Health to promote.

Pockets of innovation

Lastly, there were a few exemplars of career pathway innovation scattered throughout WA Health. For instance, physiotherapists at Fiona Stanley Hospital and Sir Charles Gairdner Hospital spoke of their

Advanced Scope roles in the emergency department. The audiologists in one health service had created and were actively promoting through innovative interpretation of the award, a very strong research culture. In another health service, a very structured apprentice type competency-based training arrangement had been put in place to support the development of neurophysiology scientists.

All these pockets of innovation need to be better explored and understood, and where applicable, generalised to the broader health system.

5. Preliminary / Draft Recommendations

Recommendations

1. **Expand Career Pathway Options**: Enhance the diversity of career pathways to allow health professionals to pursue specific practice interests, enhancing skill development and job satisfaction. This would also enable health services to structure jobs that align better with their workforce needs. A detailed framework is presented in the following chapter.
2. **Create More Higher-Level Jobs**: Rethink or redefine the 'statewide' job attribute to foster innovative roles at higher levels, possibly incorporating statewide influence or cross-health service responsibilities.
3. **Soften Boundaries Between Pay Points**: Transition from rigid to more flexible boundaries between pay points, allowing for later career ceiling hits. Consider a competency-based progression system, especially at lower levels, with the introduction of soft boundaries to balance time-based and competency-based advancements.
4. **Develop Decision-Making Tools for Career Progression**: Provide resources to help health professionals understand required skills and competencies for career advancement, drawing on existing tools from other jurisdictions for customisation to WA.
5. **Structured Performance Reviews Aligned with Career Pathways**: Implement performance reviews that align with career pathways, assisting staff in identifying upskilling areas and understanding necessary job attributes for advancement.
6. **Incorporate All Career Pathways Within the Same HSUWA Scale**: Unify all career pathways, from entry-level to management, within the same award system, facilitating career progression across various fields without needing to switch classifications.
7. **Increase the Number of Pay Points**: Benchmark with other states to increase pay points, providing more career progression opportunities. This could include introducing additional increments within existing salary ranges or at the start of career structures.
8. **Establish Clear Career Pathways in Specialised Clinical Areas**: Develop distinct career pathways in specialty clinical areas like Women's Health and Paediatrics, to provide progression opportunities and appropriate remuneration.
9. **Increase Training Opportunities Aligned with Career Development**: Enhance support for training, including budget allocation, incorporating training in workload models, incentivizing training through career progression, and increasing clinical educator roles.

10. **Facilitate Rotation Opportunities Across Health Service Boundaries**: Implement a rotation model, allowing health professionals to gain diverse clinical experience and skills across different health services.
11. **Promote Statewide Credentialing for Competence Recognition**: Establish a common statewide credentialing system to facilitate easier movement between employers and recognise competencies.
12. **Review and Standardise Job Attributes**: Develop and agree upon a set of job attributes with clear descriptors for consistent application across the award.
13. **Develop Standard Job Description Forms (JDFs) for New Jobs**: Create standard JDFs for all new roles within the proposed Career Framework.
14. **Review Existing JDFs**: Update existing JDFs according to the newly agreed job attributes and classifications.
15. **Identify Job Attributes for Generalist Roles**: Review and define job attributes that recognise the need for broad competence with limited supervision in generalist settings.
16. **Explore Incentive Payment Mechanisms**: Consider mechanisms separate from job attributes for incentive payments to enhance staff retention and reduce clinical risks.

Career pathway conceptual framework

Figure 10 provides a conceptual framework for an allied health profession career pathways and levels structure in WA. The proposed career PATHWAYS (columns along the X axis) are clinical practice, research and service improvement, education and facilitation of learning, leadership and management and strategy / policy making. The career LEVELS (rows on the Y axis) are in ascending order from the bottom of the Figure and include entry level practice, early career practice, advanced level practice, expert level practice and consultant level practice. Career level descriptors are provided for all the career pathways in the Appendix.

Figure 11 (on page 25) is the career pathway conceptual framework with some more detail on career levels within the pathways and superimposed on the existing 20 pay points in WA. The relationship with the current pay scales in Figure 11 is only to illustrate how the proposed framework could relate to the current situation.

The career pathways are not mutually exclusive. Instead, there are opportunities for staff to move across the different career pathways, and worker roles will almost always include components from all the pathways. The career structure will be driven by the dominant area of practice within that pathway.

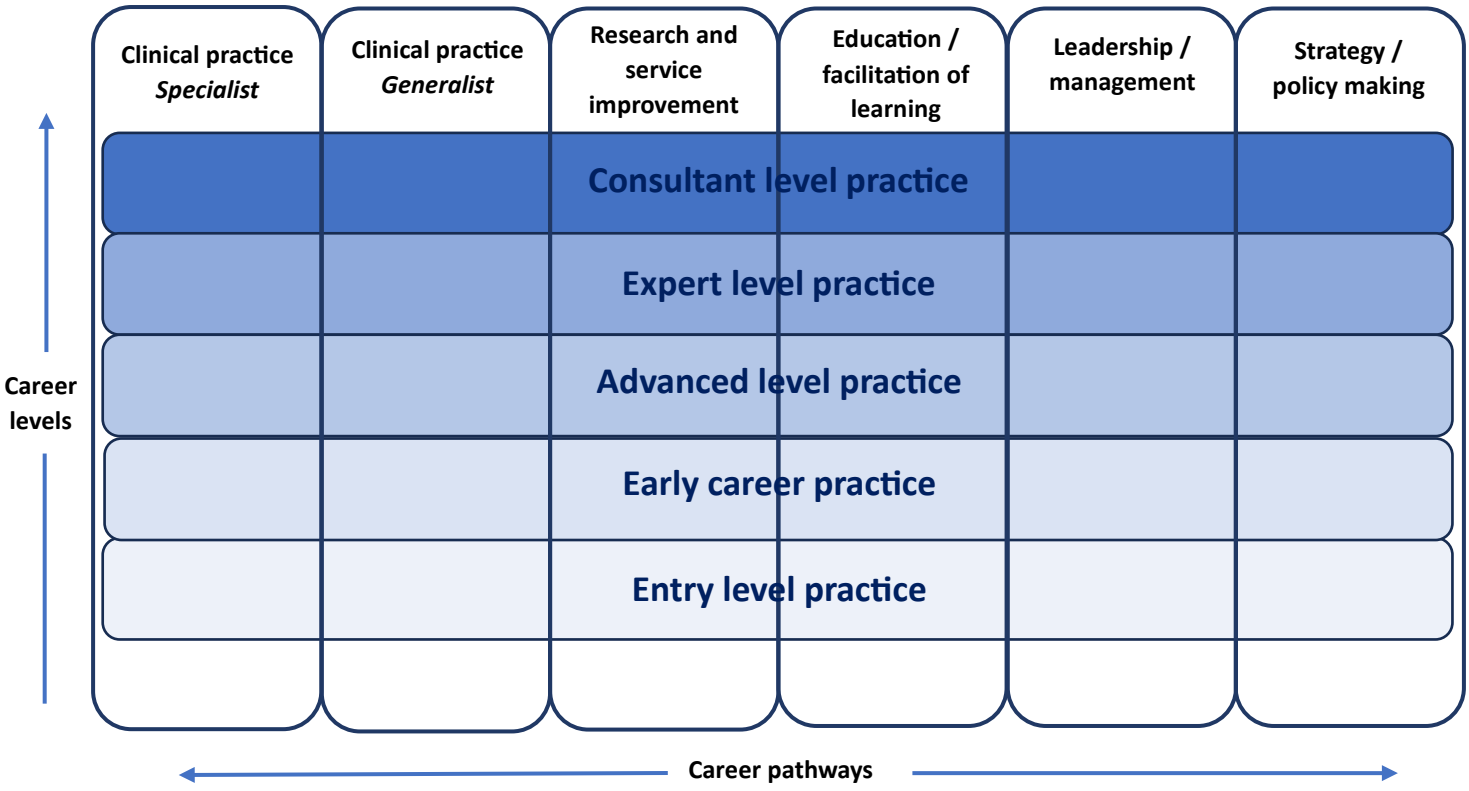

Figure 10: Career pathway conceptual framework

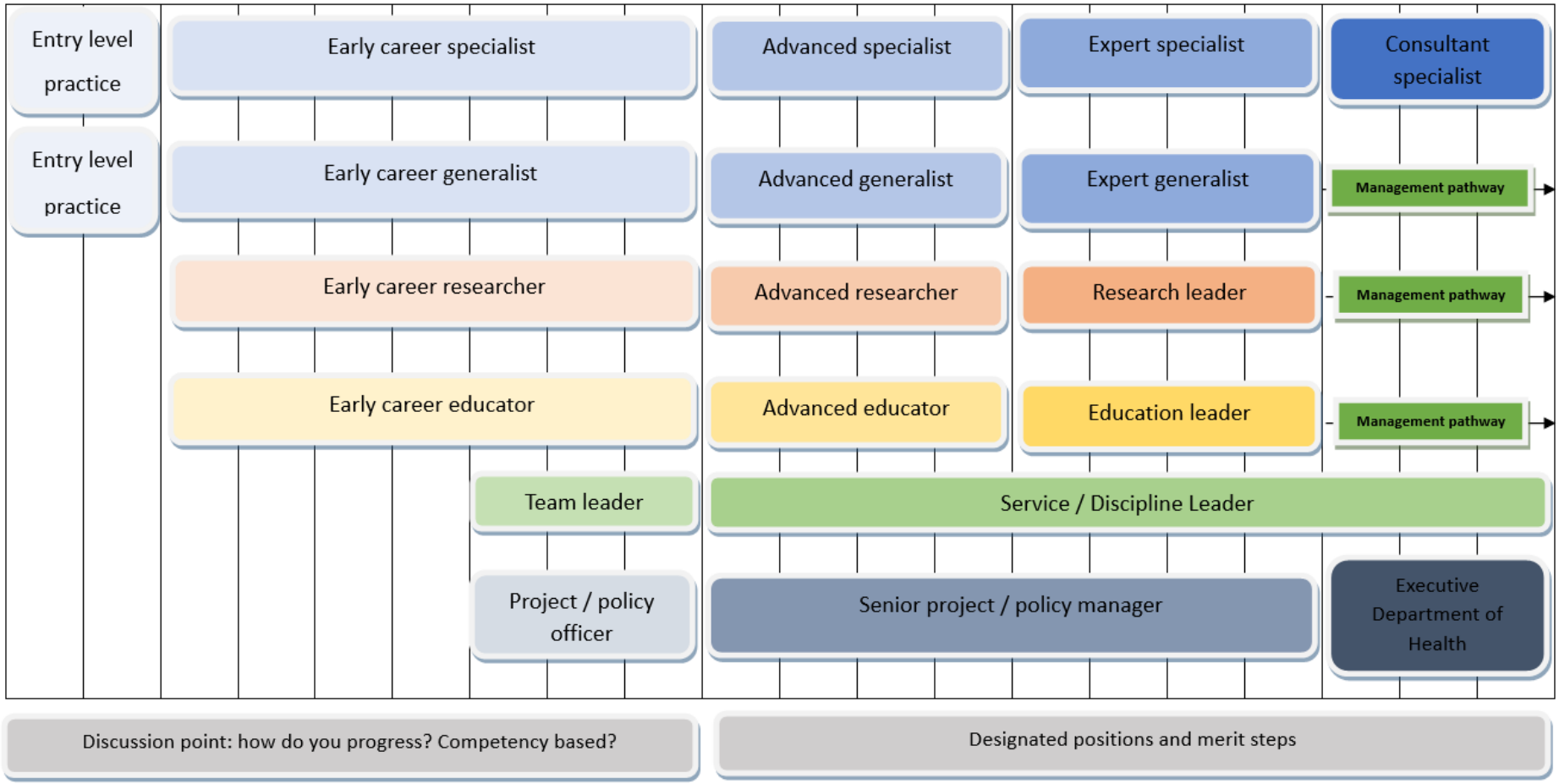

Figure 11: Career pathway conceptual framework with WA pay points

Appendices

Career level descriptors (adapted from the literature)

Career Level	Description
Entry level practice	**Entry level specialist:** Provides safe and clinically effective patient assessment and intervention, with a focus on developing clinical capability with support from more experienced practitioners and leaders. Health Professional within first two years of practice (Wairarapa, Hutt Valley & Capital and Coash DHBs, 2020).
	Entry level generalist: Developing generalist – early career (0-2 years), co-located discipline-specific supervisor, frequent informal and structured workplace support and supervision (Queensland Health, 2023).
Early career practice	**Early career specialist:** Provides safe and clinically effective patient assessment and intervention, within a specific clinical area with a development of more in-depth knowledge and skills. Third year of practice onwards (Wairarapa, Hutt Valley & Capital and Coash DHBs, 2020).
	Early career generalist: More than 2 years professional experience, increasing independence in complex decision making, increasing clinical leadership, onsite or remote discipline-specific supervisor, may supervise entry level trainees (Queensland Health, 2023).
	Early career researcher: Research coordinator or equivalent (Queensland Health, 2023).
	Early career educator: Responsibility for providing clinical leadership within the team or service which assists in developing the clinical capability of others (Wairarapa, Hutt Valley & Capital and Coash DHBs, 2020).
	Team leader: Daily supervision of allied health staff while maintaining a significant clinical workload. This role involves collaboration to develop the service profile and respond to consumer needs. Ensures the provision of evidenced based health services.
	Project / policy officer: Shaping policy development, advocacy, and project management to support accessible and equitable healthcare services. Drafting and developing policy options, conducting research to support policy development and engaging with stakeholders. This role requires a deep understanding of the allied health professions, current issues affecting the sector, and the ability to work collaboratively within a team and independently (Allied Health Professions Australia, 2022)[2].
Advanced level practice	**Advanced specialist:** Provides safe and clinically effective patient assessment and intervention with demonstration of advanced knowledge and skills to manage complex presentations. Will be able to exercise independent judgement based on extensive specialist knowledge (Wairarapa, Hutt Valley & Capital and Coash DHBs, 2020). High level skills and expertise, high level qualifications (post-graduate or master's level), niche area of expert practice, developing service models, statewide experts. For example, women's health physiotherapist with master's degree.

Career Level	Description
	Advanced generalist: Clinical leadership in service within scope of discipline, engage in mentoring / supervision for targeted development of organisational leadership, advanced clinical practices, research and education / training, supervises entry level trainees, undertaking post-graduate qualifications or coursework, leadership of rural generalist service development (Queensland Health, 2023). Advanced and complex clinical practices, lead clinical quality and standards in service, management of teams and services including organisational leadership, planning and financial management, formal teaching roles, oversight of supervision and training, clinician-researcher, facilitates research and evaluation activities in service (Queensland Health, 2023).
	Advanced researcher: Research Workforce Development Officer or equivalent (Queensland Health, 2023).
	Advanced educator: Allied Health Clinical Educator or equivalent will have responsibility for the provision of clinical training and professional development for students and health professional staff. (Wairarapa, Hutt Valley & Capital and Coast DHBs, 2020).
	Service / Discipline Director: Will have professional responsibility for a specific team or clinical unit within a department and undertakes a workload in that department. Provides day to day leadership, operational management and planning for the team to deliver a sustainable, high-quality service that contributes to the achievement of organisational goals. Has high level of clinical knowledge.
	Senior policy / project manager: Develops, implements, evaluates and reports on complex policy, programs, and strategic projects related to allied health and health science professions. (WA Department of Health, 2020)[3]. Overseeing the project portfolio, ensuring project deliverables are completed on time and within budget. Key tasks include developing implementation plans for new policies, contributing to the development and review of standards and guidelines, and participating in project planning and coordination.
Expert level practice	**Expert specialist:** Highly demonstrates specialist knowledge and skills to manage highly complex presentations. Contributes expert knowledge and skills to the clinical specialty and across the continuum of health care, though, for example: consultation, support, advice, training, education and research, with the aim of improving patient/client care and outcomes. The role may work across primary and secondary care services as well as regionally and / or nationally (Wairarapa, Hutt Valley & Capital and Coast DHBs, 2020). World leader in field, develops niche service models, develops training pathways, new knowledge demonstrated through peer reviewed published research, could have conjoint appointment with university. For example, women's health physiotherapist with PhD (or multiple peer-reviewed publications).
	Research leader: HP Research Fellow or equivalent (Queensland Health, 2023).
	Education leader: Allied Health Clinical Education Lead / Manager. Drives pedagogy, education qualification, could have conjoint appointment with university.
	Service / Discipline Director or Director / Executive Director Allied Health: Head of discipline or equivalent, will have professional responsibility for a discipline within a hospital / health service. Provides professional leadership for discipline, with a focus on workforce development, safe and high-quality care, outcomes focussed practice and integration that support strategic development and organisational priorities.

Career Level	Description
	Senior policy / project manager: Involves policy analysis, leading multidisciplinary health programs, stakeholder engagement, and team coordination. At the expert level the manager will be responsible for the work of other policy developers and be required to engage in very high-level stakeholder negotiations. Will assume accountability for policy / program outcomes.
Consultant level practice	**Consultant specialist:** An expert in a specialist clinical field bringing innovation and influence on clinical leadership and strategic direction in a particular field for the benefit of patients/clients. A consultant will exercise the highest degree of personal professional autonomy and will be recognised as a national clinical expert within their own speciality, service or field. A consultant will work beyond the level of practice of Advanced and Expert Practitioners. The consultant will play a pivotal role in the integration of research evidence into practice by implementing new models of care. Exceptional skills and advanced levels of clinical judgement, knowledge and experience will underpin and promote the delivery of the clinical governance agenda. This will be by enhancing quality in areas of assessment, diagnosis, management and evaluation, delivering improved outcomes for patients/clients and extending the parameters of the specialism (Wairarapa, Hutt Valley & Capital and Coash DHBs, 2020). Medical substitution, could have conjoint appointment with university.
	Leadership / management pathway: Allied health director or equivalent, high level of accountability, competency, professional judgement and responsibility.
	Strategy / policy making pathway: Manager of Policy / Projects or equivalent