WA Health Professions Career Pathways

Round 1 Consultation Themes

11 October – 15 December, 2023

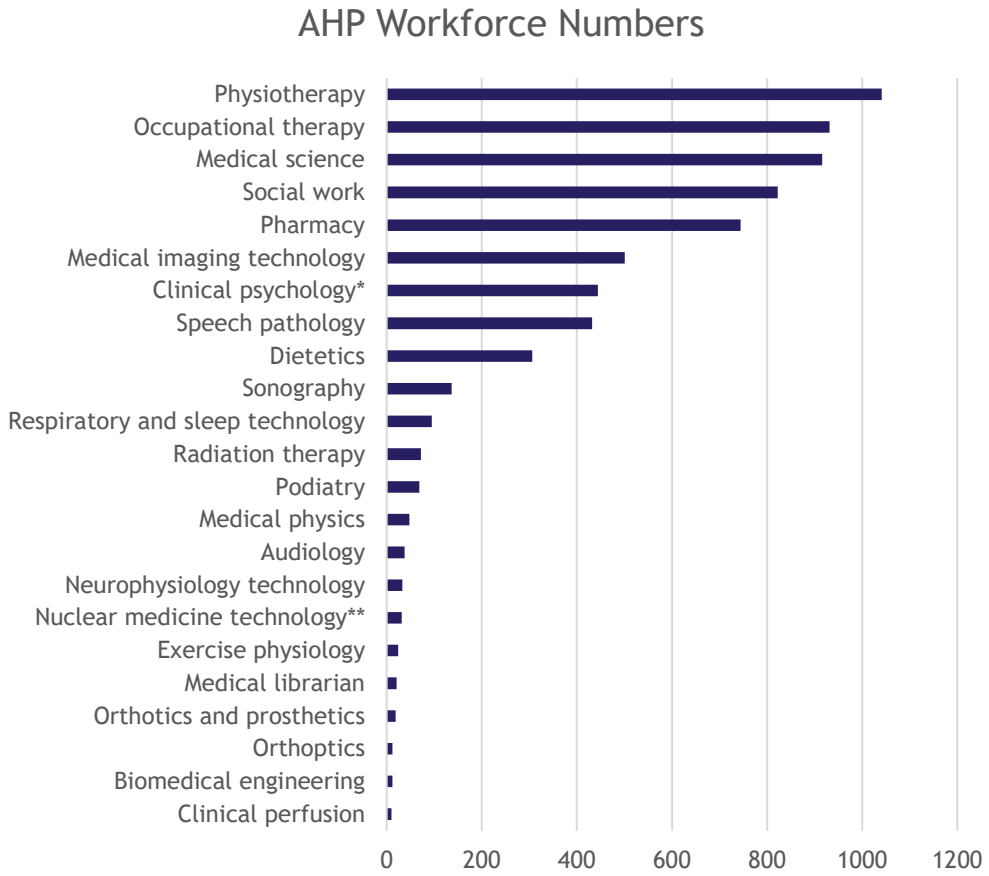
HealthWork
AHP Workforce

Workforce snapshot

7,152 allied health professionals employed by WA Health

- Part-time employment (55%)
- Fixed-term contract 8.5%
- Casual employees 1.3%
- Highest vacancy rates (n,%):
  - Medical science (53, 7.0%),
  - Social work (59, 9.2%),
  - Clinical psychology (48, 16.9%),
  - Occupational therapy (48, 7.3%).

The workforce participation rate (total hours worked / full-time hours) ranges from 0.48 (orthoptists) to 0.99 (biomedical engineers).



Round 1 Consultation respondents

Included:

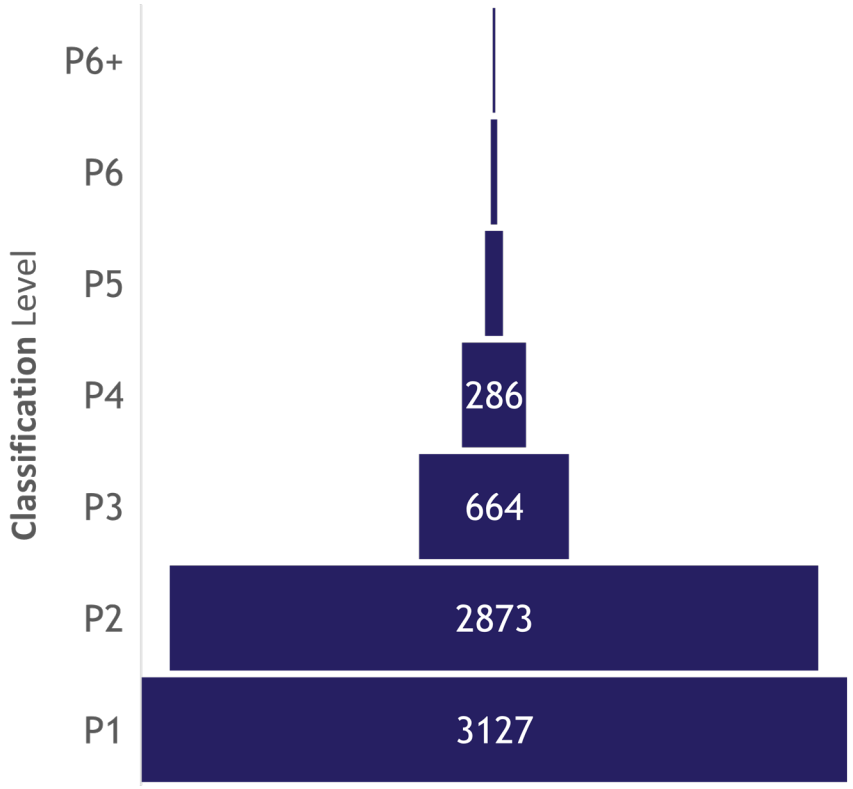
- 20 F2F information sessions with ~300 HPs
- 3 online WACHS information sessions with ~100 HPs
- 7 F2F HOD sessions with ~50 HPs
- 37 online focus groups and discussions with ~200 HPs

We received:

- 393 survey respondents
- 494 HPs signed up to the WA Career Pathways web portal

Round 1 consultation: key themes

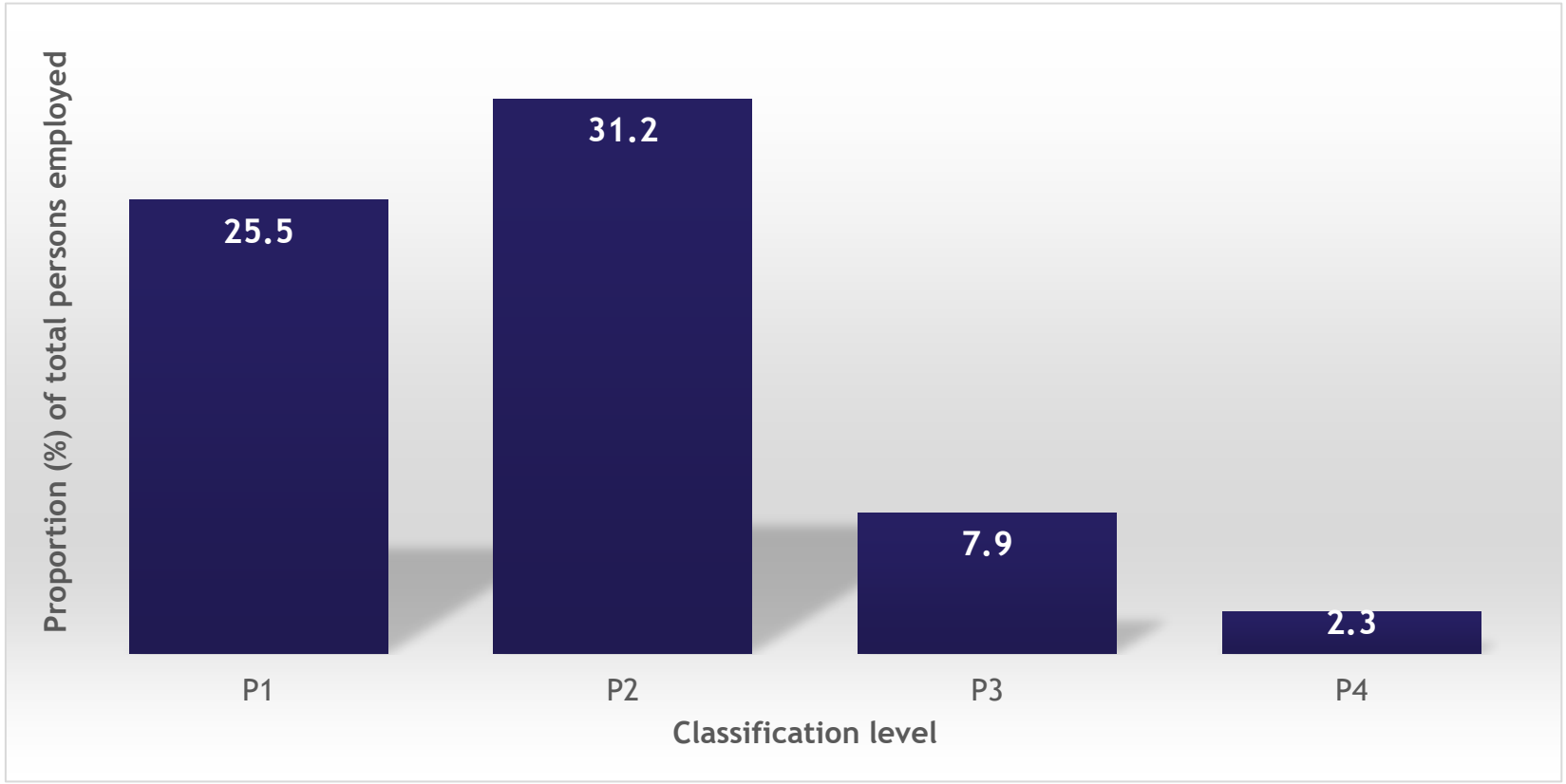
Flat career structure and early ceiling



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

- 67% all HPs at top salary increment of classification level
- Majority in P2
- Several professions have no workers above P3
- Smaller professions have a higher proportion of their workforce at P2
- Only medical physicists and medical scientists have staff employed at P7 to P9 classifications

Proportion of the workforce employed at the top of the classification pay scale



Factors limiting career progression

- Inability to progress within same award (loss of staff to project roles)

"We are regularly losing good clinicians to projects …. I'm sure they're good project officers but they're excellent clinicians and we're losing them because there isn't a similar pathway in the clinical realm and so to progress … they moved down a project pathway." [FG12]

- Heavy clinical workload: limited opportunities for innovation

"From my perspective, we do the same thing that we've always done, because that's all we have capacity to do. And there's no innovation and things like that because we actually don't have the resources to invest time in developing that." [FG3]

- Limited access to professional development, supervision and support

"We get two days [professional development time] and no support and it's very difficult to maintain a good level of clinical skill. We do it because we care about patients, not because we're supported to do it." [FG17]

Factors limiting career progression (cont.)

- Flat structure: nowhere to go
- Lack of recognition of additional skills, expertise, qualifications
- Few formal credentialing pathways for additional skills / expertise
- Inequity of rewards and recognition across roles, professions, grades

Barriers to retention

Competition with private sector – salaries and flexibility

Perceived inequity with other states

Lack of promotion opportunities (staff have to leave for promotion to become available)

Lack of permanency / contract positions

Burn-out

Pay inequity and responsibility

Inability to use higher level skills and expertise

Loss of good clinicians to management / project pathways (and no way to blend both)

Barriers to retention

- *“At the other hospital, our equivalents are level higher than us.“ [FG2]*
- *“I mean the amount of responsibility and risk and like your overall workload that you take on when you go from a P2 to a P3 or P4 role is it's absolutely massive. You know, it's not a like a just a little bit more it's, you know, it feels exponential, you know, from my experience and that's not reflected in our remuneration at all.“* [FG12]
- *“I feel like we've lost a lot of good staff because we’ve not accommodated part-time or we’ve not been flexible.“ [FG17]*

Challenges of allied health work and recognising specific expertise

Lack of systems to recognise ‘niche’ expertise

Lack of visibility / recognition of critical allied health roles (e.g., no pharmacy, no MIT = no hospital)

Lack of voice and visibility by smaller occupational groups

Lack of voice and visibility even by smaller clinical groups of larger occupational groups

No consistent application of credentialing programs across WA Health employers

Rural workforce

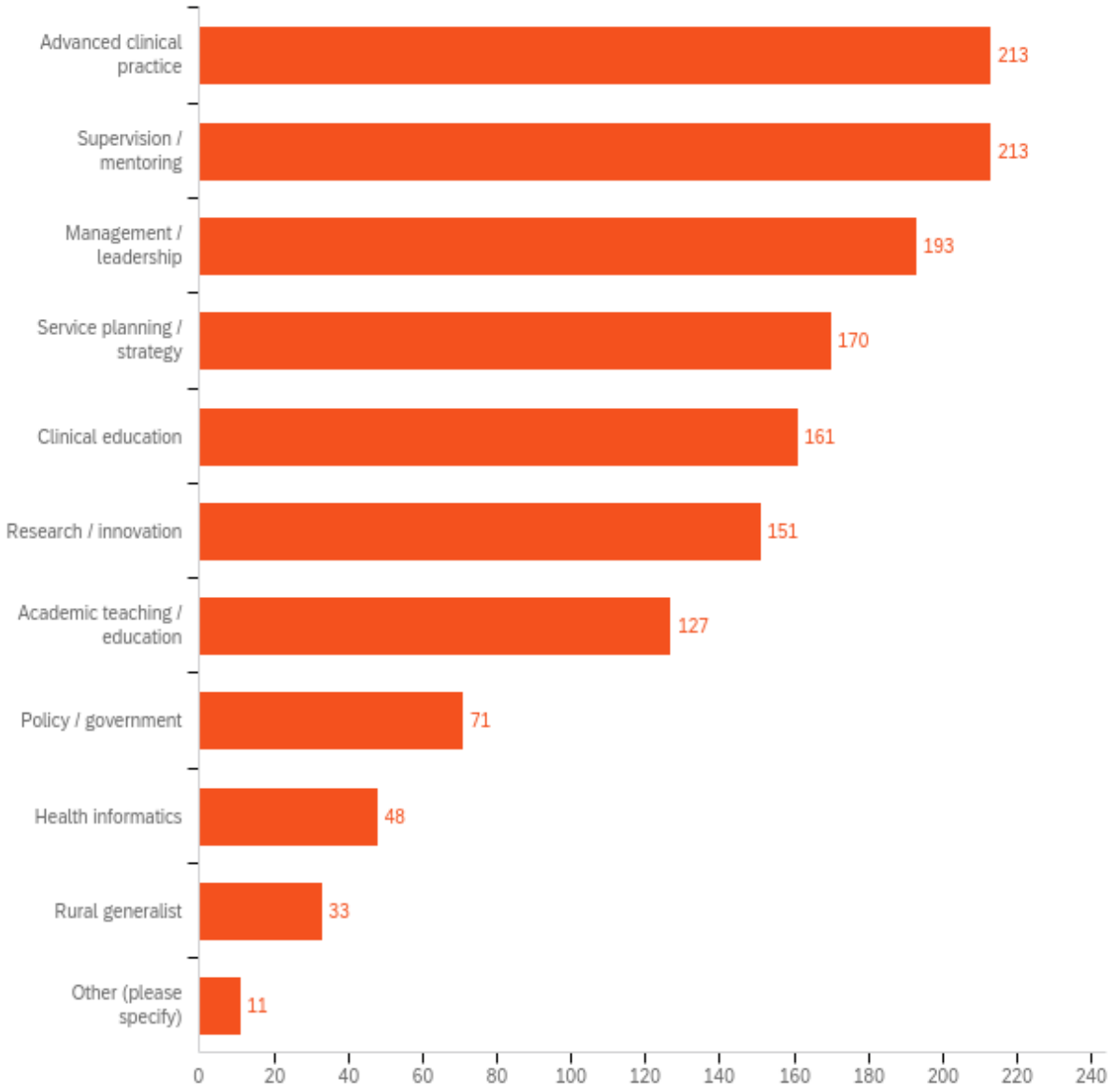
- WACHS accounts for 15% of the total allied health workforce employed by WA Health.
- Professions with the highest rural proportion of rural employees are: podiatry (33% rural), dietetics (32% rural), speech pathology (27% rural) and occupational therapy (25% rural).

- *“People are doing the same jobs in metro and rural, but they're being recognised as advance practice scope in metro and you don't have the same recognition in rural.”*

Rural and remote workforce issues

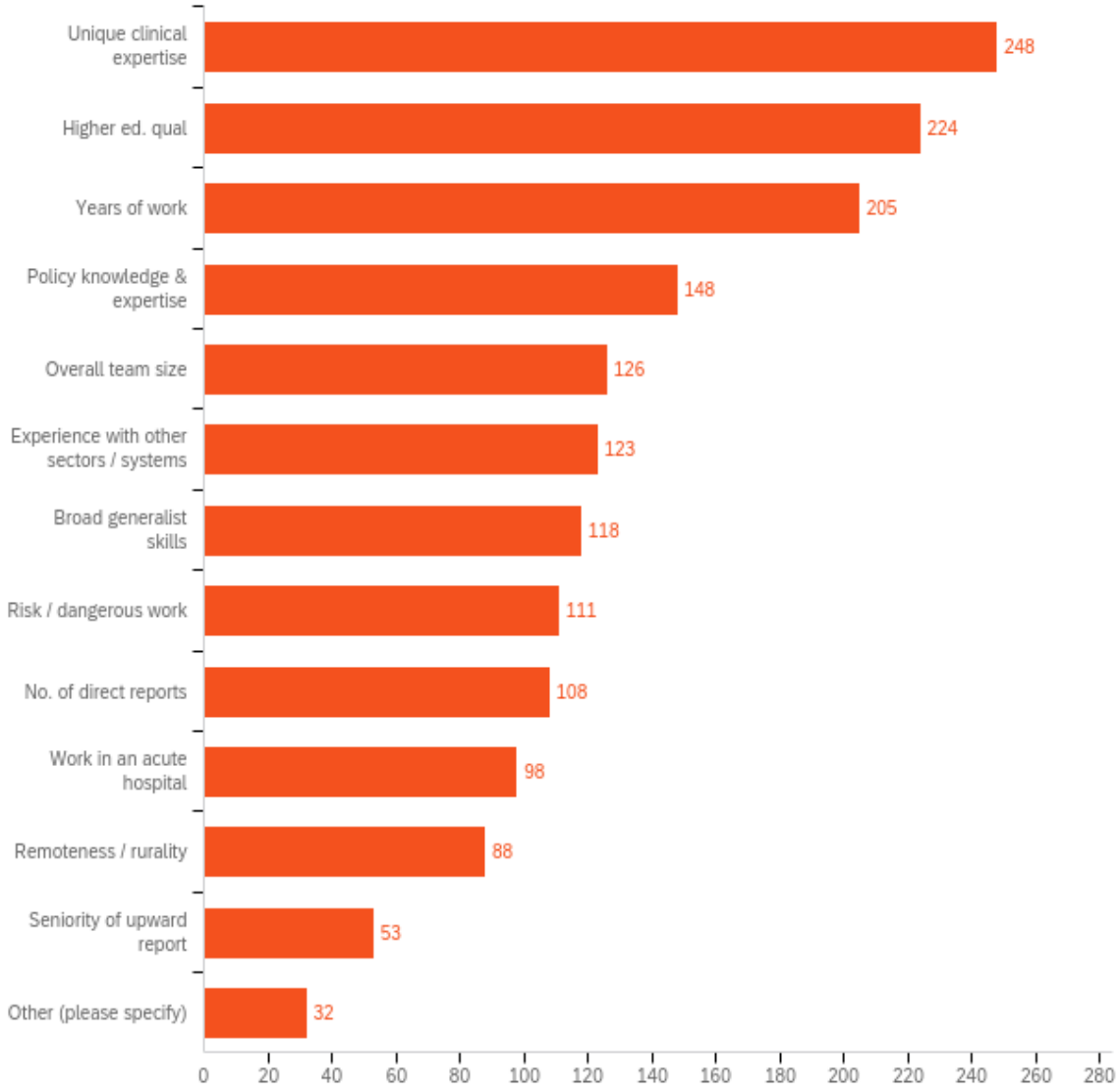
- Rural work often a lifestyle choice (not a consolation prize)
- Lack of parity / recognition of role responsibility compared with metro counterparts
- Need to value generalist skillset alongside specialised roles
- Losing staff to metro because of perception of better career pathways
- Workforce shortages stifle innovation
- Enthusiasm for rural generalist pathway, but lack of capacity to implement

What does an ‘ideal’ career structure look like? (n=393)



Valuing of job attributes

‘What types of skills, knowledge, responsibility and accountability should be recognised at higher career levels?’



What staff value about working for WA Health

Complexity and variety of case load

“We love the work … it's the complexity of the work that you get in tertiary as opposed to private where yes, you could go out and work [in private], but it's very mundane.“

Team / culture environment

“He just liked the sort of team environment and there was a benefit from that aspect”.

Opportunity to work in specific contexts (e.g., rural)

Ability to work with vulnerable populations

“They like working the country and they like working with vulnerable populations who require the care.“

Flexibility in some cases

Opportunities to drive change

- Establish clear career pathways in well-established clinical areas (e.g., women's Health, paediatrics, high risk foot)
- Structured performance review aligned with career pathways and job attributes
- Statewide approach to career recognition to allow movement between employers
- Opportunities for rotations
- Support training for staff – especially when required for role
- Include training delivery in workload models
- Incentivise training and research