

Background

The 2017 ACT Allied Health Review report noted the importance of profession-based leadership, professional governance, discipline specific oversight and development of standards of practice, competencies, practice innovation and supervision. The Report proposed that a leadership position called Profession Lead be introduced for each Allied Health profession. Profession Lead roles had existed prior to the Review however, it was recommended that the definition and structure of these roles was strengthened.

Following the Review and currently in effect, Canberra Health Services (CHS) Allied Health Profession Leads are appointed for most of the Allied Health professions including allied health assistants. The Profession Leads consist of a combination of positions and roles, where ‘position’ refers to a fixed term funded Profession Lead, and ‘role’ means the Profession Lead is incorporated into the existing operational duties of a senior staff member, occasionally without higher duties or portioned additional time support. Currently only five of the Allied Health Profession Leads are fixed term funded positions in the form of an addition to their substantive remunerated position. These professions are Nutrition, Occupational Therapy, Physiotherapy, Psychology, and Social Work. For noting, the Allied Health Profession Leads pertain only to CHS and not to any other ACT Directorates.

To prepare this Allied Health Profession Lead Review Discussion Paper, numerous consultations were undertaken with the current Profession Leads. Following smaller working group meetings in March 2021 and correspondence in April 2021, the Office of the Executive Director Allied Health (OEDAH) has considered further feedback into themes for each section below. Subsequently, the proposed recommendations to address each theme have been incorporated into each relevant section in the body of this document.

For the purpose of this Discussion Paper, the term “Allied Health Leadership Team” describes the relationship and intersection of operational and profession-based leadership which will be similar, but different for each Allied Health profession. The template structure on page 3 will be used as a graphical framework to visually capture the nuances of the Allied Health Leadership Team for each profession.

This Allied Health Profession Lead Review Discussion Paper aims to:

- clarify the duties and responsibilities expected of profession-based leadership including the Profession Lead position,
- outline a template of the Allied Health Leadership Team structure, and reporting lines within CHS,
- outline a standardised selection process to perform the Profession Lead position, and
- propose a multimodal Profession Lead Allowance structure.

Profession-based leadership duties and responsibilities

Comparing current duty statements and external benchmarks, these duties and responsibilities have been deemed as essential for Allied Health specific profession-based leadership. The duties and responsibilities may be undertaken solely by the Profession Lead, or by the Profession Lead and other Allied Health manager/team leader position as a collaboration:

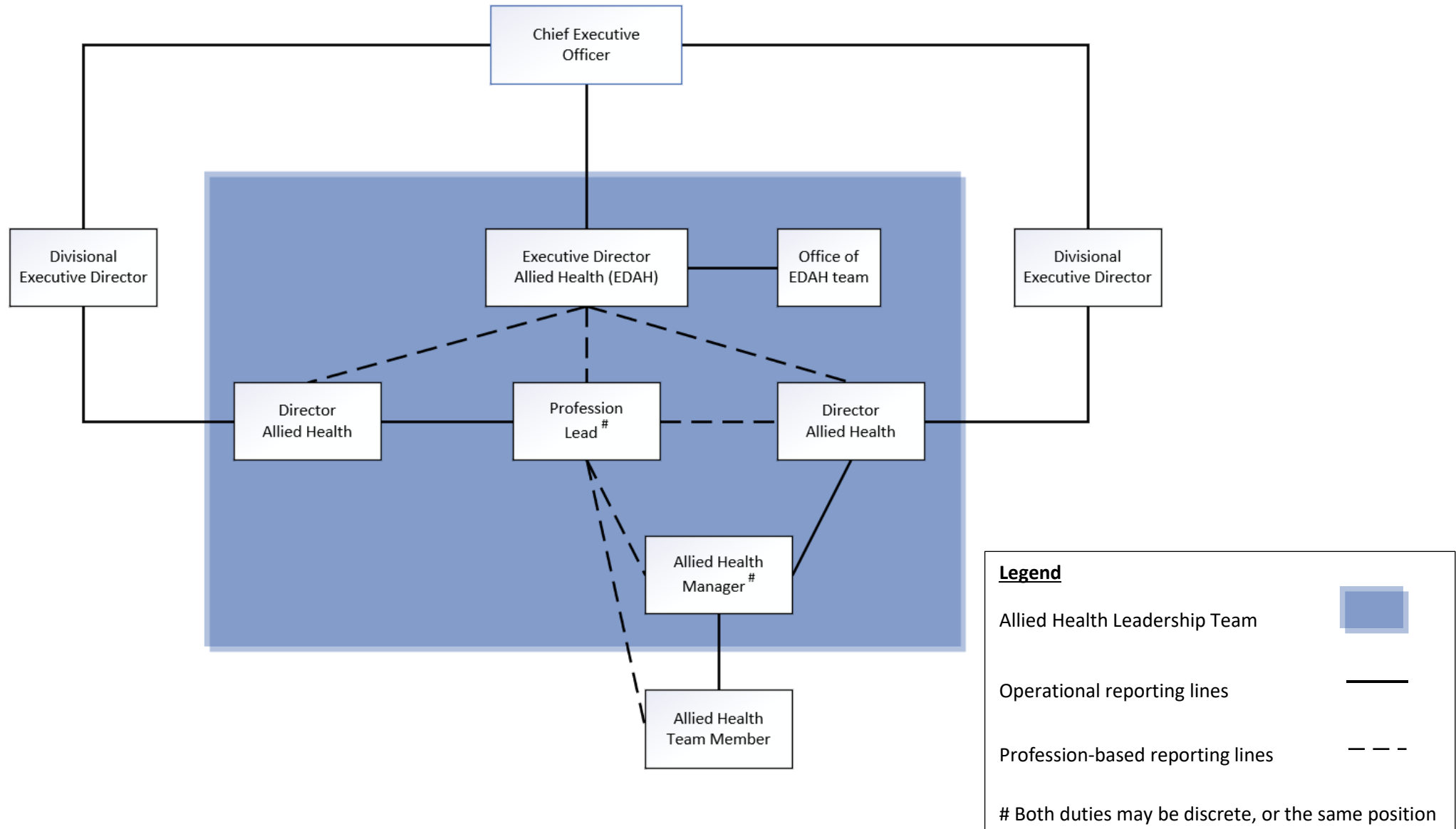
1. To provide well-informed advice at all levels, to represent the views of the profession for pertinent Allied Health matters across CHS.*
2. To support managers/team leaders of Allied Health staff to ensure safety and quality, and best practice standards are maintained for the profession across CHS.*
3. To work in partnership with fellow Profession Leads and the Directors of Allied Health across all CHS Divisions to provide collaborative support with the Executive Director of Allied Health (EDAH) as part of the Allied Health Leadership Team.
4. To provide credentialing and scope of practice oversight for the profession, and clinical supervision compliance to ensure Allied Health staff are appropriately qualified and have relevant experience to perform their employed position.
5. Collaborate with internal and external education and research partners, and with other relevant external agencies/peak bodies/institutions/professional associations to promote professional development, teaching, training, research and interprofessional practice opportunities.*

*This may include to inform and collaborate with the EDAH regarding profession-based strategic planning, service review and expansion, policy, practice, recruitment and retention, role design, and workforce development and reform (which may include novel opportunities such as advanced and extended scope of practice).

Profession-based leadership duties and responsibilities feedback themes

- General agreement that the list of duties and responsibilities are representative of profession-based leadership that are relevant to each Allied Health profession.
- General feedback that clarity is needed for who in the Allied Health Leadership Team for that profession will provide each duty and responsibility.

Template of Allied Health Leadership Team structure, and reporting lines



Template of Allied Health Leadership Team structure feedback themes

- General feedback that some Allied Health staff do not know who makes up their Allied Health Leadership Team, and who provides each duty and responsibility of profession-based leadership.
- General feedback that operational vs profession-based reporting lines for each profession would need an individualised approach to map out.

Profession Lead Selection Process

- The Profession Lead is recommended to be an experienced clinician or technician at a nominal HP Classification Level 4 / Level 5 (1) or comparative level in other classifications. The smaller professions where the most senior position is at a lower classification will however be suitable for the Profession Lead role.
- The leadership duties and responsibilities of the profession lead are comparative with those in the work level standards up to a HP Classification Level 5.
- To distribute leadership responsibilities and provide an opportunity for career development, the Profession Lead position (where able) is recommended to be discrete from other profession-based and operational leadership positions within the Allied Health Leadership Team of each profession.
- When required, selection to perform the Profession Lead position will occur through a formal recruitment process conducted by the OEDAH.
- The successful applicant would undertake the Profession Lead position for a maximum period of two years. A person previously selected for the Profession Lead position may re-apply for future selection processes.
- The Profession Lead would need to be clinically current and suitable for the selected position at the initiation and throughout their two-year tenure.

Profession Plan

- On taking up the position, the Profession Lead will discuss with the EDAH suitable profession-based qualitative and quantitative indicators in the form of a Profession Plan. The Profession Plan will form part of a yearly profession review and will align in a higher-level Allied Health Professions Plan under the EDAH.

¹ Duties and responsibilities of the Professional Lead are up to that of the HP5 classification. If the appointed Profession Leads nominal position is at the HP5 or higher level, they will not be eligible for the allowance.

- The yearly Profession Plan review will also include a discussion of a suitable arrangement for the profession-based leadership duties and responsibilities by the Allied Health Leadership Team. This would include reviewing each duty/responsibility and prioritising them accordingly for that year/term.
- The annual Profession Plan will document the profession leads reporting lines, integration and role within the Allied Health leadership team.
- The Profession Plan and mapped out Allied Health Leadership Team structure could then be distributed within the profession and across professions for Allied Health staff awareness and knowledge.

Profession Lead Selection process feedback themes

- An experienced HP Classification Level 4 / Level 5 would be suitable for the Profession Lead role. Part time employees considering applying for the Profession Lead role should work at a minimum 0.5FTE to support the added responsibilities of the Profession Lead role.
- General feedback that Profession Leads require a suitable nominal classification level to reinforce recognition of the role across the profession.

Proposed Profession Lead Recognition and Time structure

- The Profession Lead role/position is an integral part of Allied Health professional leadership, and as such, feedback has reinforced that time to perform the role/position is a priority.
- The amount of time each Profession Lead requires to meet expectations of the role and is released from their nominal duties will be negotiated between the EDAH and the relevant operational manager and/or Executive Director.
- Where a Profession Leads nominal position is HP5 or higher classification, as duties of the Profession Lead are commensurate with the HP5 classification level as detailed in the work level standards, the allowance will not be provided.
- A Professional Lead allowance is proposed to ensure fair and equitable recognition of the additional duties, responsibilities and expectations of staff below the HP5 level who take on this role.
- For each profession, the tier and associated allowance will be determined at commencement of the Profession Lead into the role. The suggested Profession Lead Allowance would be at a percentage-based scale that factors in the total number of the professionals that make up that professional group, however, excludes those professions where Profession Lead duties are aligned to an existing position.
- It is proposed that there will be three levels for the allowance and recommended time allocation:
 - Level 3 – 100% of the calculated allowance and approx. time of 0.2 - 0.4 FTE.
This applies to the larger professions (>51 staff).
 - Level 2 – 40% of the calculated allowance and approx. time of 0.1 - 0.2FTE.
This applies to the medium sized professions (11-50 staff).

- Level 1 – 10% of the calculated allowance and no designated time allocation.
Provided to the smaller professions with ≤10 staff.

N.B. If additional time is required to meet a CHS strategic priority that is additional to the Profession Leads usual duties, the EDAH may support the Profession Lead to negotiate short-term increases to resourcing (such as additional time) with the relevant operational manager and/or Executive Director.

- Allied Health Assistants are in a different Enterprise Agreement to Allied Health Professionals. In recognition of the leadership duties and responsibilities required of the Profession Lead position, rather than an allowance the AHA profession lead will be placed on higher duties arrangement.
- Existing positions filled by a Health Professional whose duties align with professional leadership will be recognised as the Profession Lead and not subject to the selection, allowance and time proposed in this paper. The EDAH will liaise with professional groups to determine eligibility where it is unclear.
- For those profession eligible to receive the allowance, if the successful applicant's nominal position is at the HP5 or higher level, they will not be eligible for the allowance.

For any questions, queries or feedback please contact:

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References:

1. Canberra Health Services (2019, 2020). Profession Lead Duty Statements (Dietetics, Occupational Therapy, Physiotherapy, Psychology, Social Work).
2. Canberra Health Services (2020). Executive Director Allied Health Duty Statement.
3. Department of Health Victoria; 2016. A review of allied health workforce models and structures – A report to the Victorian Ministerial Advisory Committee for Allied Health.
4. ACT Health Directorate. Chief Allied Health Office (2017). Allied Health Review – Implementation Phase 1 – Full Evaluation Report.
5. Queensland Government. Dawber et al. 2017. A realist review of allied health management in Queensland Health: what works, in which contexts and why. Accessed on 10 January 2021
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