

Allied Health Career Framework

Te Anga Mahi Hauora Haumi

Wairarapa, Hutt Valley & Capital and Coast DHBs

*Alcohol & Other Drug Clinicians, Audiologists, Counsellors, Dietitians,
Hospital Play Specialists, Occupational Therapists, Orthoptists,
Physiotherapists, Podiatrists, Psychotherapists,
Speech-Language Therapists, Social Workers*

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What is the Allied Health Career Framework?

The Allied Health Career Framework supports the growth and development of the Allied Health workforce through the development of advanced clinical and/or leadership roles.

The Framework has a focus on ensuring allied health staff are equipped to meet current and future health care needs of our population in line with innovative and evidence based practice.

It is designed to be used across different professional groups, and specialty areas, so that a consistent approach to career progression is used for Allied Health professions across Wairarapa, Hutt Valley and Capital & Coast DHBs.

This Framework is presented as a living framework. It may change and develop as models for delivering advanced clinical practice are implemented and reviewed across the 3DHBs.

Who does the framework apply to?

The following professions, across all services at Wairarapa, Hutt Valley and CCDHB are included:

Alcohol & Other Drug Clinicians	Orthoptists
Audiologists	Physiotherapists
Counsellors	Podiatrists
Dietitians	Psychotherapists
Hospital Play Specialists	Social Workers
Occupational Therapists	Speech-language Therapists

This currently applies to Allied Health employees directly employed by the three DHBs. There is also the potential for this to be applied to Allied Health employees working within other non-DHB services.

What positions does the framework include?

The career framework includes the positions as described on page 4-6 of this document.

Teams will have different numbers and types of designated positions depending on service need and the required skill mix. The Framework provides options for roles and so very few teams (if any) will utilise every role.

Allied Health Career Framework	
LEVEL	DESCRIPTION
New entry AH Professional	Provides safe and clinically effective patient/client assessment and intervention, with a focus on developing clinical capability with support from more experienced practitioners and leaders. AH Professional within first two years of practice.
AH Professional	Provides safe and clinically effective patient/client assessment and intervention, within a specific clinical area with a development of more in depth knowledge and skills. Third year of practice onwards.
Advanced AH Professional	Provides safe and clinically effective patient/client assessment and intervention with demonstration of advanced knowledge and skills to manage complex presentations. This role will also have responsibility for providing clinical leadership within the team or service which assists in developing the clinical capability of others.
Expert AH Professional	Demonstrates highly 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, through, 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.
Consultant AH Professional <i>(Working definition)</i>	An expert in a specialist clinical field bringing innovation and influence to 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.
Educator	Identifies, coordinates and develops planned education, thereby meeting the learning and training needs of the team/service.
Coordinator	Clinical Coordinator: Coordinates clinical activities within the team/service on a day to day basis as delegated by the Line Manager. This role will also be required to provide direct clinical care as appropriate to the needs of the service area. Types of roles may include those overseeing triage and intake for teams/services where this process requires central coordination and a strong understanding of service specifications, clinical roles of MDT and clinical pathways. Team Coordinator: Provides support to the line manager by taking on delegated leadership and operational tasks for the team. This role may also be required to provide direct clinical care, as appropriate to the needs of the service area. This role may have some delegated staff management tasks, though does not have budgetary responsibility. Programme Coordinator: Coordinates programme/s or specific activity, of which may have a direct or indirect impact on Allied Health practice, though will lead to an impact on patient/population health outcomes along the health continuum in partnership with other clinicians. This role requires the post holder to have a

	health qualification, though may not provide direct clinical care i.e. dementia pathway coordinator. This role has no delegated staff management.
Team Leader	Provides day to day leadership, operational management and planning for the team in order to deliver a sustainable, high quality service that contributes to the achievement of organisational goals.
Professional Leader (Professional)	Provides professional leadership for profession, with a focus on workforce development, safe and high quality care, outcomes focussed practice and integration that support strategic development and organisational priorities.
Professional Leader (Operational & Professional)	Provides day to day leadership, operational management and planning for the team in order to deliver a sustainable, high quality service that contributes to the achievement of organisational goals. Also provides professional leadership for the profession with a focus on workforce development, safe and high quality care, outcomes focussed practice and integration that support strategic development and organisational priorities.

How does progression through the Allied Health Career Framework occur?

Non-designated positions

(Allied Health Professional):

The New Entry Allied Health Professional and the Allied Health Professional levels are the only positions that have automatic salary increments. These align to the PSA/DHB Allied Health & Public Health MECA.

Within the AH Professional level there are different expectations for those within the first 2 years of practice (New Entry level) and those on the higher automatic salary steps. Minimum expectations are outlined in the New Entry and AH Professional role description templates, of which clinical practice expectations are specific to each profession.

An annual performance review and professional development objectives must be set and achieved for all positions on the framework. These should align with the levels on the [professional practice expectations guideline](#) for Allied Health staff.

To move beyond the automatic salary steps an additional progression step (APS) is available for staff positioned on the AH professional level. Employees should refer to the employment agreement, clause 5.1.4 for the process to move up to this step.

Beyond the additional progression step, the Career & Salary Progression Process (CASP) process must be followed.

For further information refer to the *Allied Health CASP Policy* and/or the *Allied Health DHB/PSA Allied, Public Health & Technical Multi Employer Collective Agreement*.

Designated positions

(Advanced AH Professional, Expert AH professional, Consultant AH Professional, Coordinator, Educator, Team Leader & Professional Leader):

To progress beyond AH Professional level the employee must apply for a designated position (Advanced AH Professional and above) via normal appointment processes as vacancies arise.

Each designated position on the framework has a salary banding. For some positions the bandings have a wide range. This is due to the range of responsibilities and expectations that differ across some roles, therefore for some roles there is a Grade 1 or Grade 2 banding (i.e. Coordinators & Educators).

Grade 1 roles require the role holder to complete a range of duties that requires a degree of complexity, though the scope, breadth, sphere of influence and requirements of the role on a day to day basis are mostly limited within own team /service/discipline.

Grade 2 roles require the role holder to complete duties with a higher degree of complexity and scope than Grade 1, such as across teams/services/sites/professions.

For each designated position, the employee can utilise the CASP process to progress within the set salary banding.

Refer to Appendix 1 for more information on salary bandings for designated positions.

Pillars of Practice

What is required for the different levels?

Each role on the career framework is divided into the same four pillars of practice:

1. Clinical Practice / Te Mahi Haumanu
2. Teaching & Learning / Ako Atu, Ako Mai
3. Leadership & Management / Te Ārahi me te Whakahaere
4. Service Improvement and Research / Te Whakapai Ratonga me te Rangahau

The four pillars of practice

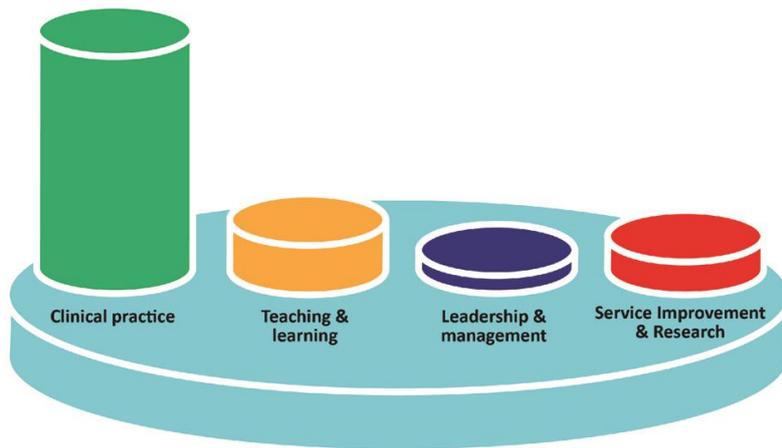


Adapted from NHS Scotland Career Framework¹

¹ Acknowledgement is made to NHS Scotland, for the development of these pillars for allied health practice.

Every role requires all Pillars of Practice. However, at different levels, and for different roles on the framework, different amounts of time and focus are spent on different pillars, e.g. for an allied health professional role, the focus on clinical practice will be greater than any of the other pillars. In comparison a team leader or professional leader may have a much smaller focus on clinical practice with a greater focus of their role on the pillar of leadership & management.

Visual representation only of the weighting of the pillars of practice for the various levels of roles on the framework



AH Professional



Expert AH Professional

Deliverables (Expectations of Professional Practice) for each level on the Framework

All positions on the Allied Health Career Framework have set deliverables (expectations of practice) that are aligned to the pillars of practice. Allied Health employees are expected to work to this level while they hold that post. Each position on the career framework builds upon the deliverables of the position lower on the framework. Therefore an assumption is that all employees will have also met all the deliverables for the positions prior to their current one on the career framework. In most

cases this will be achieved as a matter of course e.g. in order to achieve the expectation: “Leads clinical audits and implementing recommendations in own area or specialism,” each employee will have already met the expectation; “Identify gaps in the services and notify/ reports gaps”.

[Click here](#) to link to the Professional Practice Expectations Guideline for Allied Health staff.

(These are currently being updated to align with the changes to the APS and Merit step)

Ratio of time spent on the Pillars of Practice

POSITION	Ratio of time spent on the Pillars of Practice
New Entry AH Professional	Time will be spent primarily focussed on the clinical practice pillar. Of the other pillars, there will also be a focus on learning, within the teaching & learning pillar, though minimal focus on the other pillars.
AH Professional	Time will be spent primarily focussed on the clinical practice pillar. A small portion of time will also be divided across the other pillars. How that is divided will be dependent on the demands and requirements of the particular role.
Advanced AH Professional	Time will be spent primarily focussed on the clinical practice pillar. There will be greater time spent on the other pillars (compared to the above levels). How this is divided across the pillars will be dependent on the demands and requirements of the particular role. It will be necessary for this role to have dedicated time to meet the expectations across the pillars.
Expert AH Professional	A significant amount of time will be spent within the clinical practice pillar, though this role will also have time divided across all 3 of the other pillars, with teaching, leadership and service improvement & research all expectations for the Expert level. How this is divided across the pillars will be dependent on the demands and requirements of the particular role. It will be necessary for this role to have dedicated time to meet the expectations across the pillars.
Consultant AH Professional	<i>The consultant role is an emerging level of role. (This level of role may utilise other titles as appropriate to the setting).</i> How this is divided across the pillars will be dependent on the demands and requirements of the particular role.
Educator	Service need, will determine if this role is required to provide direct patient/client intervention within the clinical practice pillar. The main focus of this role is on teaching, within the teaching & learning pillar.
Coordinator	Time will be spent within the Clinical Practice pillar (this may be direct or non-direct patient/client intervention), though the amount of time within this pillar and the other pillars will be dependent on service and role requirements. For some roles the dominant pillar may be Leadership & Management and for other Coordinator roles it may be more focussed on Service Improvement.
Team Leader	Service need will determine if these roles are required to provide direct patient/client intervention, though the Clinical Practice pillar remains relevant through oversight and expectations of ensuring others are delivering safe and quality clinical practice. The dominant pillars of these roles are Leadership & Management, and Service Improvement.
Professional Leader	Service need will determine if these roles are required to provide direct patient/client intervention, though the Clinical Practice pillar remains relevant through oversight and expectations of ensuring others are delivering safe and quality clinical practice. The dominant pillars of these roles are Leadership & Management, and Service Improvement.

Recruitment

For all recruitment the level of the position must be identified as in line with service need (i.e. AH Professional/ Advanced or Expert position). Where a new designated position is deemed necessary and this position was previously filled at an AH Professional or lower designated level, then services would need to look at options to determine if this could be afforded within current budget or if a plan needs to be developed to enable this to be achieved in the longer term. Options could be: as vacancies arise, or through reallocation of skill mix across teams/professions or the wider service.

Refer to “new designated positions” below for process on how new roles are evaluated to ensure correct level and salary banding.

Role Description templates

All levels on the Framework can be accessed via [clicking here](#).

For any required support liaise with human resources.

Initial salary placement at time of recruitment

Once a role has been provided with the appropriate level and salary banding for placement on the framework, recruiting managers can offer positions aligned to that salary banding. (Managers should follow the relevant delegation of authority DHB policy for recruitment).

New Designated Positions

The primary driver for the development of designated level positions must be the demonstration of service needs for such a role.

Minimum expectations for designated positions are outlined in the role descriptions. For any newly established designated positions they must align to the expectations and titles of one of the designated positions on the framework. *There may be exceptions where new roles emerge over time that do not fit with defined role descriptions or titles on the framework, though are required to support DHB and service objectives. Where this is the case these potential roles should be raised through to the Chief/Director Allied Health, Scientific & Technical of the relevant DHB to enable the role to be evaluated.*

All new designated roles will be evaluated to ensure the role is banded correctly. This will require the Chief/Director Allied Health, Scientific & Technical of the relevant DHB in partnership with HR and PSA to review the rationale and requirements of the proposed role/s.

Further information can be [located here](#), for further information regarding the process. The Chief/Director Allied Health, Scientific & Technical/AH Lead can also be contacted for further advise.

For programme and project roles, due to the wide diversity in scope, responsibilities, knowledge and skill required it is possible these roles will differ in placement on the levels within the framework and will require a tailored role description. Each role will therefore be evaluated independently and placement on the appropriate salary banding will be made as appropriate to the requirements of that role.

Where expectations of existing positions have changed significantly

The Framework recognizes, that due to the changing health needs of our population and the impact this has on service delivery, roles may change over time.

Where it is considered that the role has had a significant change in expectations it would be appropriate to re-evaluate the role to determine if there is any change to the level of the role on the framework and/or the salary banding of the role.

Further information can be [located here](#), or otherwise Managers should contact the Chief/Director Allied Health, Scientific & Technical/AH Lead for further information regarding the process.

Professional Development

Professional development is an on-going requirement for all allied health employees. The professional development needs of each AH employee will change over the duration of their career and as they move through the career framework.

A professional development framework that aligns to the key expectations of practice at each level of the career framework can be utilised with available learning and development opportunities. This will enable staff to identify opportunities that match their current level, but also to identify future development opportunities to support career planning and advancement.

This can be accessed by [clicking here](#).

It is expected all staff will engage in an annual performance review and set professional development objectives annually.

Further information and related Allied Health Career Framework documents can be located [by clicking here](#).

Appendix 2

Role level and salary banding

Below describes all the levels on the framework, the associated salary banding and how progression occurs for each level.

Level on Framework	Salary Banding	Notes
New Entry AH Professional	Steps 1 - 2*	All Allied Health practitioners in their first 2 years of practice are placed on the New Entry level role description. *This is inclusive of professions who have a higher starting salary step (as per the MECA clause 5.2.4). All practitioners should move onto the AH professional role description at their 2 year anniversary
AH Professional	Steps 3+	Automatic progression up to step 7, then process for movement up to additional progression step (APS, step 8) is followed as outlined in MECA. To move beyond additional progression step CASP process must be utilised
Advanced AH Professional	Steps 9-11	For designated positions the CASP process is utilised to move up steps within the banding
Expert AH Professional	Steps 11-14	For designated positions the CASP process is utilised to move up steps within the banding
Consultant AH Professional (in development)	Steps 15-17	For designated positions the CASP process is utilised to move up steps within the banding
Educator - Grade 1	Steps 9-11	For designated positions the CASP process is utilised to move up steps within the banding
Educator - Grade 2	Steps 9-13	For designated positions the CASP process is utilised to move up steps within the banding
Coordinator - Grade 1 (Team or Clinical)	Steps 9-11	For designated positions the CASP process is utilised to move up steps within the banding
Coordinator - Grade 2 (Team or Clinical)	Steps 9-13	For designated positions the CASP process is utilised to move up steps within the banding
Team Leader	Steps 12-17 Allied & Public Health scale 5.2 or Steps 3 -8 Management scale 5.6	Team Leader roles with no clinical component are paid on Management scale (5.6) Team Leader roles with a clinical component are paid on Allied & Public Health scale (5.2) The CASP process is only applicable for Team Leaders on the Allied & Public Health scale (5.2)
Professional Leader (Prof only or Prof/Operational)	Steps 12-17	For designated positions the CASP process is utilised to move up steps within the banding