



Allied Health Career Framework

Te Anga Mahi Hauora Haumi

**Wairarapa, Hutt Valley & Capital and Coast
DHBs**

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

Table of Contents

What is the Allied Health Career Framework	3
Who does the Allied Health Career Framework apply to?	
What positions does the Allied Health Career Framework include?	
Allied Health Career Framework – Diagram	4
Allied Health Career Framework – Role/Level Outlines.....	5
How does progression through the Allied Health Career Framework occur?	6
Non-Designated positions	
Designated positions	
Pillars of Practice	7
What is required for the different levels?	
Deliverables (Expectations of Professional Practice)	
Ratio of Time Spent on Pillars of Practice	
Where expectations of existing positions have changed significantly	10
Professional Development	10
APPENDIX 1.....	11

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	Speech-language Therapists
Audiologists	Dietitians
Counsellors	Occupational Therapists
Podiatrists	Physiotherapists
Psychotherapists	Social Workers

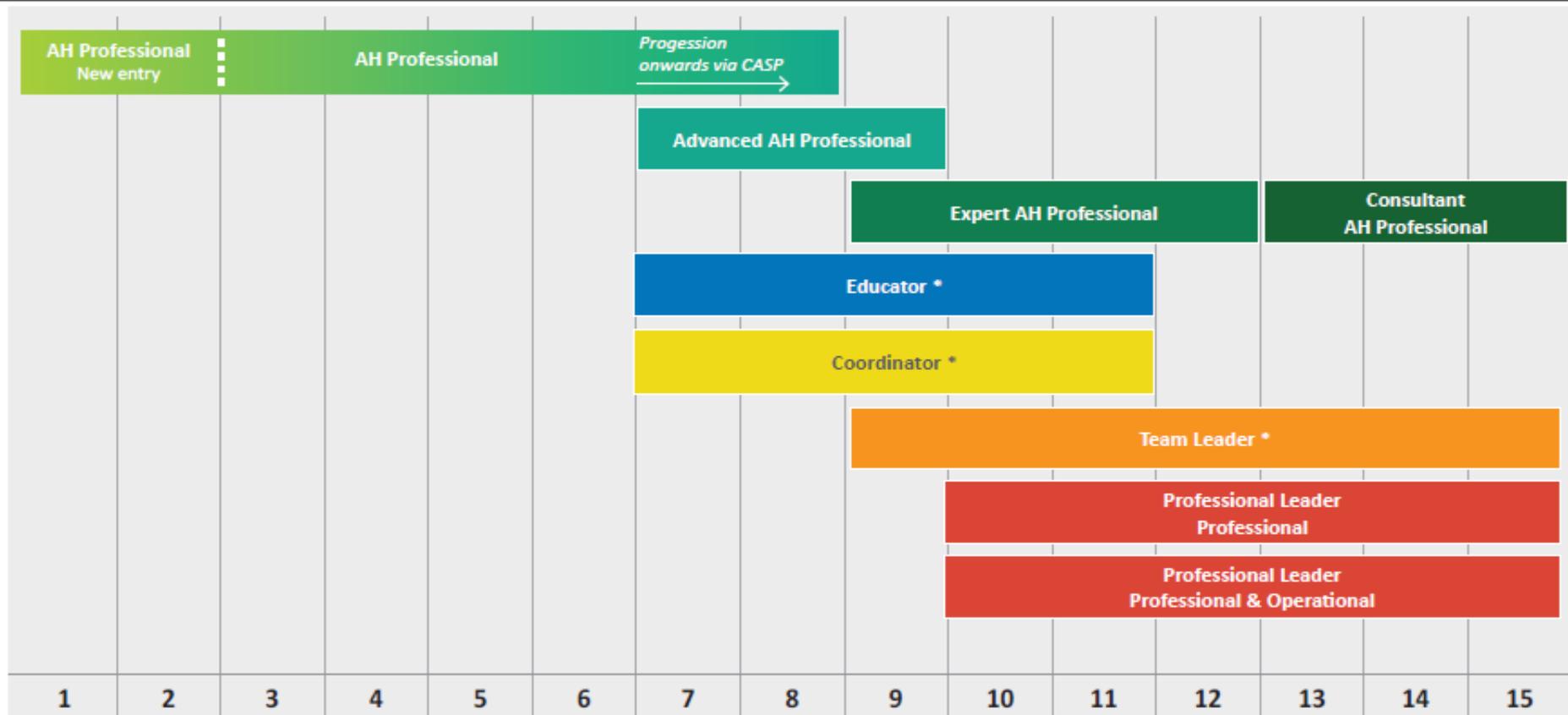
This currently applies to Allied Health employees directly employed by the three DHBs. There is also the potential for this to be applied to Allied Health employees working within other non-DHB services.

What positions does the framework include?

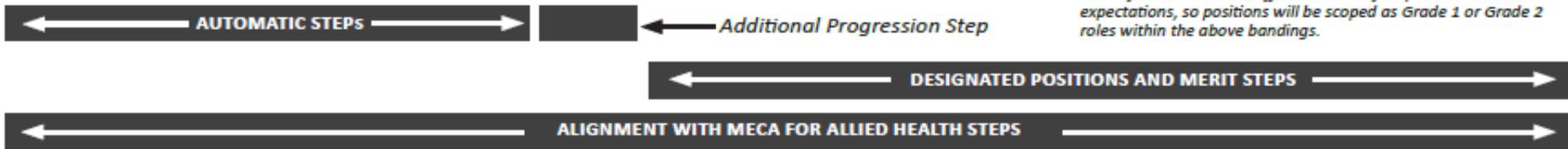
The career framework includes the positions as described on page 4-6 of this document.

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



* Each of these will have different levels of responsibilities and expectations, so positions will be scoped as Grade 1 or Grade 2 roles within the above bandings.



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	<p>Demonstrates highly specialist knowledge and skills to manage highly complex presentations.</p> <p>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.</p> <p>The role may work across primary and secondary care services as well as regionally and/or nationally.</p>
Consultant AH Professional (Working definition)	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
Educator	Identifies, coordinates and develops planned education, thereby meeting the learning and training needs of the team/service.
Coordinator	<p>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.</p> <p>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.</p> <p>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.</p> <p>This role may have some delegated staff management tasks, though does not have budgetary responsibility.</p> <p>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.</p>

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 Multi Employer Collective Agreement (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.

To move beyond the automatic salary steps 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. Team Leaders, 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.

Grade 2 roles require the role holder to complete duties with a higher degree of complexity and scope than Grade 1. Specific factors that tend to score higher for Grade 2 roles are in the areas of; communication &

relationship skills, planning & organisational skills, responsibility for financial & physical resources & responsibility for human resources

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 Atū, 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*

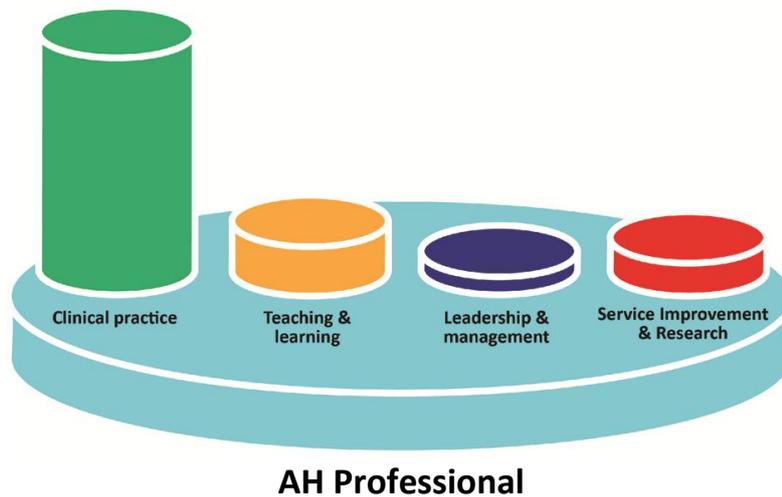


Adapted from NHS Scotland Career Framework¹

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.

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

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



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”.

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 (still in development)	<i>The consultant role has not yet been fully scoped. It is anticipated that this role has the most equal spread of time across the four pillars of practice.</i>
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.

New Designated Positions

The primary driver for the development of designated level positions must be the demonstration of service user 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.

All new designated roles will be evaluated to ensure the role is banded correctly.

Managers should contact the Executive/Director Allied Health, Scientific & Technical/AH Lead for further information regarding the process.

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. 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.

Managers should contact the Executive/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 and is vital in enabling the District Health Boards to deliver high quality professional services that meet the health needs of individual patients and the wider communities. It is a shared responsibility between the Allied Health staff member and the service with many of these opportunities provided through; self-directed learning, internal education, mentoring or supervision, while further learning may involve external training; attendance at seminars, workshops, conferences or through involvement in education/post-graduate study.

Professional development needs of each AH employee will change over the duration of their career and as they move through the career framework. To support this professional development framework that aligns to the key expectations of practice at each level of the career framework has been developed to support AH employees 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.

Appendix 1

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). All practitioners should move onto the AH professional role description at their 2 year anniversary
AH Professional	Steps 3+	<i>Automatic progression up to step 5, then process for additional progression step is followed as outlined in MECA. To move beyond additional progression step CASP process must be utilised</i>
Advanced AH Professional	Steps 7-9	For designated positions the CASP process is utilised to move up steps within the banding
Expert AH Professional	Steps 9-12	For designated positions the CASP process is utilised to move up steps within the banding
Consultant AH Professional (in development)	Steps 13-15	For designated positions the CASP process is utilised to move up steps within the banding
Educator - Grade 1	Steps 7-9	For designated positions the CASP process is utilised to move up steps within the banding
Educator - Grade 2	Steps 7-11	For designated positions the CASP process is utilised to move up steps within the banding
Coordinator - Grade 1 (Team or Clinical)	Steps 7-9	For designated positions the CASP process is utilised to move up steps within the banding
Coordinator - Grade 2 (Team or Clinical)	Steps 7-11	For designated positions the CASP process is utilised to move up steps within the banding
Team Leader - Grade 1	Steps 9-12 Allied & Public Health scale 5.2 or Steps 2-5 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). This must be utilised to move up the banding.
Team Leader - Grade 2	Steps 9-15 Allied & Public Health scale 5.2 or Steps 2 – 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 10 -15	For designated positions the CASP process is utilised to move up steps within the banding