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**Allied & Public Health Career Framework**

**Te Anga Mahi Hauora Haumi**

**Te Manawa Taki**

*Alcohol & Other Drug Clinicians, Audiologists, Counsellors, Dietitians, Hospital Play Specialists, Occupational Therapists, Optometrists, Orthoptists, Pharmacists, Physiotherapists, Podiatrists, Psychotherapists, Speech & Language Therapists, Social Workers, Dental/Oral Health Therapists, Health Protection Officers, Health Promotion Advisors/Officers.*

Adapted from Wairarapa, Hutt Valley & Capital Coast DHBs & South Island frameworks

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# Foreword

The five Midland DHBs (Bay of Plenty, Lakes Taranaki, Tairāwhiti & Waikato) deliver healthcare within Te Manawa Taki (Midlands Region). There are approximately 985,285 people (19% of New Zealand’s total population), including 265,360 Māori people (27%) and 43 local iwi groups living in the Te Manawa Taki region. Te Manawa Taki region has a higher proportion of Māori people living in rural areas and people living in areas identified as high deprivation compared to New Zealand as a whole.

Some Allied & Public Health staff work in large metropolitan areas, whilst others work in rural areas with small populations and often large and complex geographical and social challenges. The ability to recruit and retain staff and sustain service in some areas and professions is a challenge. Consequently staff and services have and will need to develop flexible models of care, which aim to deliver equitable outcomes for the communities we serve. In particular, there is a critical need to value and develop both specialist and generalist skill sets both within professions and in interdisciplinary contexts.

Using the documents from both the Lower North Island DHBs (Wairarapa, Hutt and Capital & Coast) and the South Island (West Coast, Canterbury, Nelson Marlborough and South Canterbury) as the starting point, the Midland DHBs and PSA have worked together to develop a career framework that recognised the unique and diverse environment of the Allied and Public health professionals working across Te Manawa Taki.

# What is the Allied and Public Health Career Framework?

The Allied and Public 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 specialist areas, so that a consistent approach to career progression is used across Midland region DHBs.

This framework is presented as a living framework. It may be changed and developed as models for delivering advanced clinical practice are implemented and reviewed across Midland Region DHBs.

## Who does the framework apply to?

Alcohol and Drug Clinicians, Audiologists, counsellors Dietitians, Occupational Therapists, Physiotherapists, Podiatrists, Psychotherapists, Speech Language Therapists, Social Workers, Health Protection Officers/Advisors, Health Promotion Officers/Advisors, Neurodevelopmental Therapists, Play specialists, Pharmacists, Dental Therapists, Oral Health Therapists. Other professional groups may be included by local agreement.

## What positions does the framework include?

The career framework includes a variety of positions as described on page 5-7.

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, not all may be utilised in all areas. Consideration will also be given to local and regional requirements.

## Professional Development

Professional development is an ongoing requirement for allied health employees. The professional development needs of each AH employee will change during the duration of their careers and as they move through the career framework.

Employees should talk with their line manager/clinical leader to identify what support they may need and to determine if service funding is available. Options should be explored when you are considering undertaking the progression process do that it can be included in your plan

# Framework

August 2020 onwards

Table 1: Framework schematic

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **New Entry** | |  | **Proficient practitioner** | | | | | **Progression via CASP** | | | | | | | | |
|  |  |  |  |  |  |  |  | **Advanced Practitioner** | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | **Expert Practitioner** | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | **Consultant Practitioner** | | | |
|  |  |  |  |  |  |  |  | **Educator** | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  | **Coordinator** | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | **Team Leader** | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  | **Team Leader (include professional responsibilities)** | | | | | |
|  |  |  |  |  |  |  |  |  |  |  | **Professional leader** | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** |

**Levels**

#### To progress beyond the automatic progression step or to access higher steps within a designated positon CASP will need to be completed

## Framework – role/level outlines

|  |
| --- |
| Allied Health Career Framework |

| **Title** | **Salary Banding** | **Description** |
| --- | --- | --- |
| **New Entry Practitioner** | Step 1-2  \*(Step 3 -5 for those applicable in clause 5.2.4 PSA APH&T MECA) | Provides a safe and effective service to people, whānau and communities, with a focus on developing capability with support from more experienced practitioners and leaders. Allied & Public Health professionals within their first two years of practice.  \* NOTE: For some professions New Entry Practitioner Year 1 starts on Step 3 due to board requirements for a postgraduate/Masters qualification as the minimum professional qualification for practice. |
| **Proficient Practitioner** | Step 3+ | Provides a safe and effective service to people, whānau and communities, within a specific area or across a broad range of areas with a focus on development of more in-depth knowledge and skills. Third year of practice onwards. |
| **Advanced Practitioner** | Step 9-12 | **Advanced Practitioner**  Provides safe and effective services to people, whānau and communities with demonstration of in-depth knowledge and skills to enable management of complex presentations/situations. This role will also have responsibility for providing leadership for less experienced practitioners and team members, assisting with the development of their knowledge and skills.  **Advanced Rural Generalist**  Ensures sustainable inter-professional healthcare delivery with equity of outcomes, relevant to the diverse communities served. This interconnected network of colleagues serves the needs of our rural and remote communities, providing extended and evolving services across the full spectrum of places people become unwell, regain and maintain their health. The rural generalists will work with each other, as part of an inter-professional team of colleagues, both local and distant, delivering services within a system of care that is aligned and responsive to community needs. |
| **Expert Practitioner** | Step 12-14 | Demonstrates highly specialised knowledge and skills to manage highly complex presentations/situations.  Work in partnership with leaders and managers to contribute expert knowledge and skills and/or leadership across the continuum of health care. For example through consultation, support, advice, training, education and research, and/or optimising interdisciplinary development with the aim of improving patient care, client/community outcomes and contributes to the achievement of organisational strategy.  The role may work across service boundaries, as well as regionally and/or nationally. |
| **Consultant Practitioner\***  ***This role has not yet been fully scoped regionally*** | Step 14-17 | An expert in a specialist field bringing innovation and influence to clinical leadership and strategic direction in particular field for the benefit of people, whanau and communities. A consultant will exercise the highest degree of personal professional autonomy and will be recognised as a national, regional or international clinical expert within their own speciality, service or field. A consultant will work beyond the level of an advanced or expert practitioner. 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 and experience will underpin and promote the delivery of clinical governance agenda. This will be by enhancing quality in assessment, diagnosis, management and evaluation delivering improved and equitable outcomes for people, whānau and communities extending the parameters for the specialism. |
| **Educator** | Step 9-12 | Identifies, coordinates and develops planned education, thereby meeting the learning needs of the team/service. |
| **Coordinator** | Step 9-12 | **Clinical Coordinator:** Coordinates clinical activities within the team/service on a day-to-day basis as delegated by the team leader. This role will also be required to provide direct clinical care as appropriate to the rest of the service area.Types of roles include 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 Coordinators:** Provide support to the line manager by taking on delegated leadership and operational tasks for the team. This role will also be required to provide direct clinical care as appropriate to the needs of the service area. This role has some delegated staff management tasks, although does not have budgetary responsibility.  **Programme Coordinator:** Co-ordinate’s programme/s or specific activity of which may have a direct or indirect impact on allied and/or public health practice, though will lead to an impact on patient/population 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. This role has no delegated staff management. |
| **Team Leader** | 11-17 | 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. |
| **Team Leader (Includes Professional Responsibilities)** | 12-17 | Provides professional and operational leadership for the profession, with a focus on service delivery, workforce development, strategic planning and supporting the organisational priorities. This will occur in partnership with other leaders. This role will have budgetary responsibility. |
| **Professional Leader** | 12-17 | Provides professional leadership for professions, with focus on workforce development, safe and high quality care, outcomes focused practice and integration that supports strategic development and organisational priorities. |

# How does progression through the Allied & Public Health Career Framework occur?

## Non-designated positions

The New entry/developing and proficient practitioner levels are the only positions that have automatic salary increments. These should align to the appropriate employment agreement.

Within the AH Professional level there are different expectations for those in the first 2 years of practice (New Entry level) and those on the higher automatic salary step. Minimum expectations are outlined in the new entry/developing practitioner and proficient practitioner position descriptions templates, of which clinical 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 to with the levels on the professional practice expectations guideline for Allied Health.

To move beyond the automatic salary step an additional progression step (APS) is available for staff positioned on the proficient practitioner 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 and Salary Progression Process (CASP) process must be followed.

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

## Designated positions (Advanced AH Practitioner, Expert AH Practitioner, Consultant Practitioner, Educator, Coordinator, Team Leader & Professional Leader)

To progress beyond AH proficient practitioner level the employee must apply for a designated position via the normal recruitment process as a vacancy arises.

# Pillars of Practice

## What is required for the different levels?

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 Aārahi me te Whakahaere
4. Service Improvement & Research/ Te Whakapai me te Rangahau



Every role requires all Pillars of Practice. However, at different levels, and for different roles on the framework, different amounts of time and focuses are spent on different pillars. For example an allied health practitioner role the focus on clinical practice will be greater than any of the other pillars. In comparison a team/professional leader may have a much smaller focus on clinical practice with a greater focus on leadership and management and service improvement/research. Te Manawa Taki’s regional vision is ‘He Kapa kī tahi – a singular pursuit of Māori health equity’. It reflects that as a region, we will work in unison in a Tiriti o Waitangi based partnership to achieve equity of Maori health outcomes and wellbeing. As such Maori responsiveness is woven through every pillar of practice and considered integral to all roles, whether the role is a clinical, management or support role.

## Ratio of time spent on Pillars of Practice

|  |  |
| --- | --- |
| **POSITION** | **Ratio of time spent on the Pillars of Practice** |
| **New Entry Practitioner** | Time spent primarily focused on clinical practice pillar. Of other pillars, there will also be a focus on learning, within teaching and learning pillar, with minimal focus on other pillars. |
| **Proficient Practitioner** | Time will be spent primarily on the clinical practice pillar. A small portion of time will be spent on the other pillars. How this will be divided will be dependent on the demands and requirements of the particular role. |
| **Advanced Practitioner** | Time will be spent primarily on the clinical practice pillar. There will be a greater time spent on the other pillars (compared to above levels). How this is divided 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 Practitioner** | A significant amount of time will be spent in the clinical practice pillar, though this role will also have time divided across all 3 of the other pillars of practice, with teaching, leadership and service improvement & research all expectations at 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 Practitioner\***  ***This role has not yet been fully scoped regionally*** | *The consultant role has not yet been fully scoped. It is anticipated that this role has most equal spread across all four pillars of practice.* |
| **Educator** | Service need will determine if this role is required to provide direct patient/client intervention within the clinical pillar. The main focus is on teaching, within the teaching and 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 others 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 focused on Service improvement. |
| **Team Leader** | Service need will determine if these roles are required to provide direct patient/client care through the clinical practice pillar. The dominant pillars of these roles are leadership & management and service improvement. |
| **Team Leader (Includes Professional Responsibilities)** | Service need will determine if these roles are required to provide direct patient/client care through the clinical practice pillar, though the clinical 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 care through the clinical practice pillar, though the clinical 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 and service improvement. |

## Expectations of practice

All positions on the Allied & Public Health Framework have set deliverables (expectations of practice) that are aligned to the pillars of practice. Allied & Public Health employees are expected to work to this level while they hold that post. Each position on the career framework builds on the deliverables of the position lower on the framework.

# Recruitment

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

## Role description templates

Job descriptions exist for each level on the framework. These outline the expectations of practice for each level and can be adapted to include clinical expectations specific to each profession. For required support please liaise with Executive Director of Allied Health or equivalent and human resources/people & capability departments.

## 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 delegations of authority DHB Policy for recruitment. The Executive Director Allied Health, Scientific & Technical or equivalent can be contacted for support.

## Newly 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 description. For any newly established delegated positions they must align to the expectations and titles of one of the designated positions on the framework. There may be expectations where new roles emerge over time that do not fit within 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 Executive Director of Allied Health, Scientific & Technical or equivalent to enable the role to be evaluated.

All newly designated roles will be evaluated to ensure that the role is banded correctly. This will require the Executive Director Allied Health, Scientific & Technical or equivalent in partnership with HR and appropriate union(s) to review the rationale and requirements of the role/s.

Managers should contact the Executive Director Allied Health, Scientific & Technical or equivalent 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 and will require a tailored role description. Each role will therefore be evaluated independently and placement on the appropriate banding will be made as appropriate to the requirements of that role.

# Where expectations of an existing position have changed significantly

The framework recognises that due to the changing health needs of our population and the impact this has on service delivery, roles may change overtime. When 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 or equivalent for further information regarding the process.