



Allied & Public Health Career Framework

Te Anga Mahi Hauora Haumi me Hauora-a-iwi

**Te Whatu Ora – Health New Zealand
Te Waipounamu Districts:
West Coast, Canterbury, Southern, Nelson
Marlborough, South Canterbury**

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

Version 2.0



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Foreword

The five South Island (SI) Districts of Te Whatu Ora – Health New Zealand (Nelson Marlborough, Te Tai o Poutini West Coast, Waitaha Canterbury, South Canterbury, and Southern) deliver healthcare within Te Waipounamu - the South Island (SI), a large geographical area with a population of approx. 1.4 million people. There are approximately 2819 Allied & Public Health (AH) staff employed within the SI Districts. Some AH Staff work as part of large teams in metropolitan areas while 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, in some cases unique to the South Island, that aim to deliver equitable outcomes for the communities they serve. In particular, there is a critical need to value and develop generalist skill sets, both within professions and in interdisciplinary contexts.

Using the document from three lower North Island DHBs (Wairarapa, Hutt Valley and Capital and Coast) as the starting point, the SI DHBs and PSA worked together to create a Career Framework that recognises the unique and diverse working environment of the AH professions in Te Waipounamu. Version 1.0 of this framework was published on 12th October 2020.

Following the health system transition to Te Whatu Ora – Health New Zealand, and the ratification of the ‘PSA DHB’s Allied, Public Health, Scientific and Technical MECA’ in 2022, this document has been reviewed and updated. Version **2.1** is now published

This is a living document and changes may be required as any issues are highlighted.

What is the Allied & Public Health Career Framework?

The Allied & Public Health (AH) Career Framework supports the growth and development of the AH workforce through the development of advanced clinical and leadership roles.

The framework has a focus on ensuring allied & public 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 (including generalist) so that a consistent approach to career progression is used for AH professions across the five SI Districts.

The Allied & Public Health Career 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 five SI Districts.

Who does the framework apply to?

The following professions, covered by the Degree-based Allied, Public Health & Technical Scale (Clause 5.2¹), of the DHBs/PSA Allied, Public Health, Scientific and Technical MECA, across all services at West Coast, Canterbury, Southern, Nelson Marlborough, and South Canterbury Districts, are included:

| | |
|-------------------------------------|----------------------------|
| Alcohol & Other Drug Clinicians | Occupational Therapists |
| Audiologists | Optometrists |
| Counsellors | Orthoptists |
| Dental / Oral Health Therapists | Pharmacists |
| Dietitians | Physiotherapists |
| Health Protection Officers/Advisors | Podiatrists |
| Health Promotion Officers/Advisors | Psychotherapists |
| Hospital Play Specialists | Social Workers |
| Neurodevelopmental Therapists | Speech-language Therapists |

This currently applies to employees directly employed by Te Whatu Ora – Health New Zealand in the five Districts and covered by the Degree-based Allied, Public Health & Technical Scale (Clause 5.2) Professions¹ recently included in Scale 5.2 of the MECA and *not* listed above, are *not* covered by this Career Framework.

What positions does the framework include?

The AH Career Framework includes these levels as described on pages 5-7 of this document.

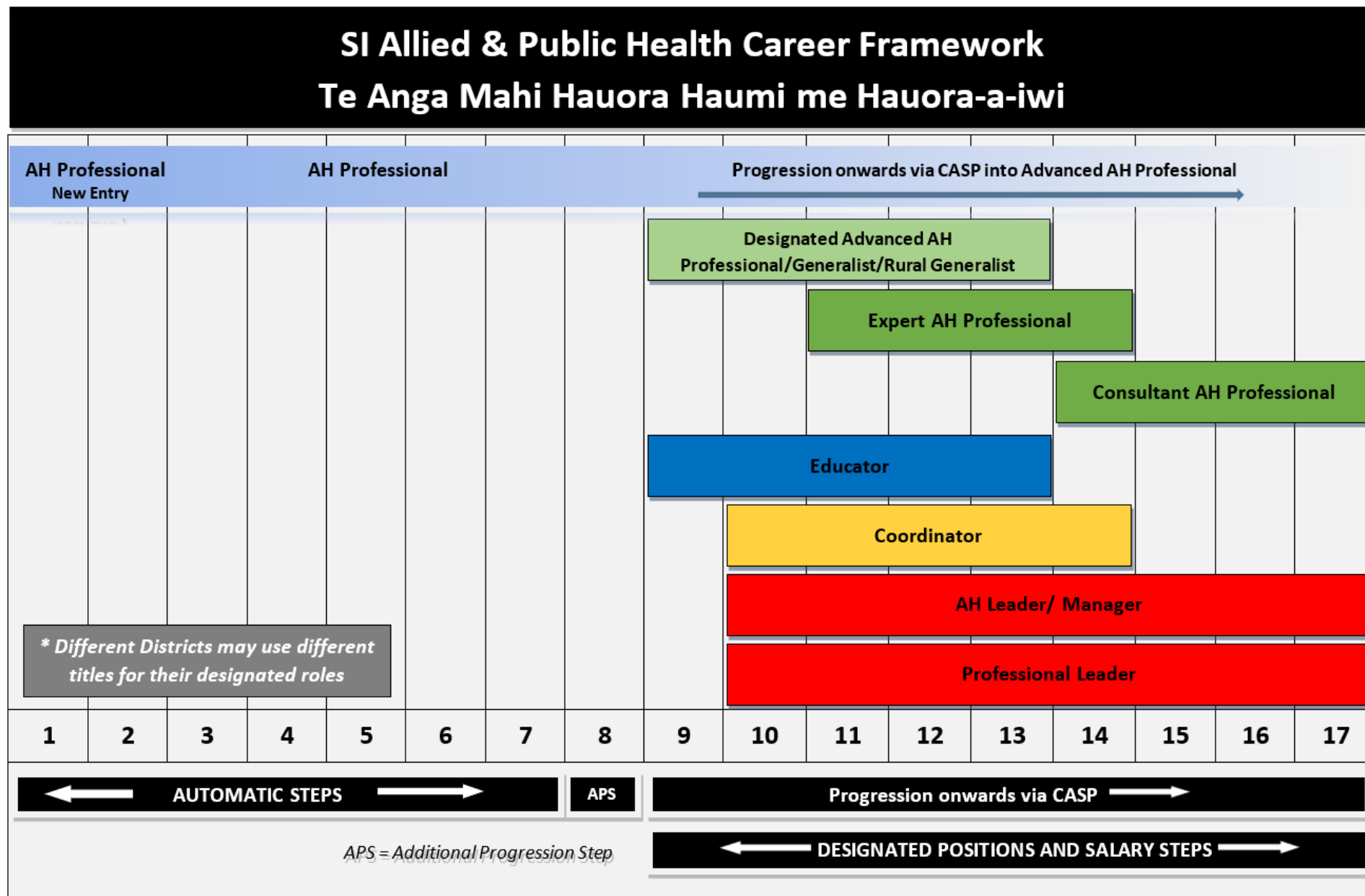
New Entry AH Professional, AH Professional, Advanced AH Professional, AH Generalist with Special Interest, AH Rural Generalist, Expert AH Professional, Consultant AH Professional, Educator, Coordinator, AH Leader/Manager and Professional Leader.

**** Please note that role titles may differ across Districts**

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; very few teams (if any) will utilise every role. Consideration will also be given to local and South Island regional requirements. The scoping of where each profession and position sits within this framework is a process, and some individual Districts may be further along this path than others.

¹ Scale 5.2 in the 2022 ratified PSA MECA now includes many other professions which are *not* included in this framework. Refer to Clause 5.2.4 in the MECA for further information.

Allied & Public Health Career Framework - Diagram



Allied & Public Health Career Framework – Level Descriptions

| Allied & Public Health (AH) Career Framework Te Anga Mahi Hauora Haumi me Hauora-a-iwi <i>*Different Districts may use different titles</i> | |
|---|--|
| LEVEL | DESCRIPTION |
| AH Professional New entry | Provides safe and clinically/public health effective assessment and intervention, with a focus on developing capability with support from more experienced practitioners and leaders. AH Professional within the first two years of practice. |
| AH Professional | Provides safe and clinically/public health effective assessment and intervention, either within a specific area or across a broad range of areas, with a focus on the development of more in-depth knowledge and skills. Third year of practice onwards. |
| Designated Advanced AH Professional | <p>Advanced/Generalist with Special Interest</p> <p>Provides safe and clinically/public health effective assessment and intervention with the demonstration of advanced knowledge and skills in an area of special interest and/or more broadly across a range of services to manage complexity. This role will/may also have responsibility for providing clinical/public health leadership within the team or service, which assists in developing the capability of others.</p> <p>Rural Generalist</p> <p>Ensures sustainable interprofessional healthcare delivery with equity of outcomes, relevant to the diverse communities served to put the well-being of the people in these communities at the centre of everything we do. This interconnected network of colleagues serves the needs of our rural and remote communities, providing an extended and evolving service across the full spectrum of the places where people become unwell and regain their health. The Rural Generalists work with each other, as part of an interprofessional team of colleagues, both local and distant, delivering services within a system of care that is aligned and responsive to community needs.</p> |
| Expert AH Professional | <p>Demonstrates highly specialist knowledge and skills to manage high levels of complexity.</p> <p>Works in partnership with AH Leaders and Managers to contribute expert knowledge, skills and/or leadership to a specific and identified scope of work and/or clinical specialty and across the continuum of health care, through, for example consultation, support, advice, training, education and research, and/or optimising interdisciplinary (IDT) development to improve patient/client care and outcomes and contributes to the achievement of organisational goals.</p> <p>The role may work across service boundaries, as well as regionally and/or nationally.</p> |

| | |
|---|--|
| Consultant AH Professional | <p>An expert in a specialist field bringing innovation and influence to leadership and strategic direction in a particular field for the benefit of patients/clients/community.</p> <p>A consultant will exercise the highest degree of personal professional autonomy and will be recognised as a national, regional or international expert within their 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/practice.</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/community and extending the parameters of the specialism.</p> |
| Educator | <p>Identifies, facilitates and develops planned education, thereby meeting the learning, and training needs of the team/service.</p> |
| 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 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 or support, as appropriate to the needs of the community or service/focus area.</p> <p>This role may have some delegated staff management tasks, though does not have budgetary responsibility (not a cost centre holder).</p> <p>Programme Coordinator: Coordinates programme/s or specific activity, of which may have a direct or indirect impact on Allied/Public 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> |
| Allied Health Leader/Manager (Operational &/or Professional) | <p>Provides day to day leadership, operational management and planning for the team to deliver a sustainable, high quality service that contributes to the achievement of organisational goals.</p> <p>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.</p> <p>Provides senior allied/public health leadership to facilitate the ongoing development of best practice, promotion of inter-disciplinary models of care and professional development, lead service delivery changes and practice development to meet improved consumer outcomes and local or national reporting requirements, and develop, maintain and evaluate organisational systems to facilitate delivery of safe, quality care.</p> <p>Participates with the service leadership team, in the development and maintenance of effective systems of care and to provide expert allied/public health input into the strategic leadership and day to day management of allocated service area. May or may not have a budgetary responsibility.</p> |
| Professional Leader (Professional) | <p>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.</p> |

How does progression through the Allied & Public 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 DHBs/PSA Allied, Public Health, Scientific and Technical MECA (2021 – 2023).

Within the AH Professional level, there are different expectations for those within the first two 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/public health 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 & Public 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.

Advanced Allied Health Professional – non designated

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* for your district, and/or the *Allied Health DHBs/PSA Allied, Public Health, Scientific & Technical Multi-Employer Collective Agreement*.

Designated positions – Role Specific

(Advanced AH Professional, AH Generalist with Special Interest, AH Rural Generalist, Expert AH professional, Consultant AH Professional, Coordinator, Educator, AH Leader/Manager & Professional Leader)

You must apply for a designated position (Advanced AH Professional and above) via normal appointment processes as vacancies arise.

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



Adapted from NHS Scotland Career Framework²

Every role requires each of the four pillars of practice. Each Pou (Pillar) adheres to and reflects Te Tiriti o Waitangi Principles. At different levels, and for other roles on the framework, different amounts of time and focus are spent on the various pillars, e.g. for an allied health professional role, the emphasis 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 and a greater emphasis on their role in the pillar of leadership & management. For all levels and roles Te Tiriti o Waitangi Principles are interwoven throughout the Pillars of Practice.

² Acknowledgement is made to NHS Scotland, for the development of these pillars for allied health practice.
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Visual representation of weighting of the pillars of practice for different levels on the framework

Note: The examples below are to portray the concept and are only indicative of how the pillars comprise different levels and roles. The quantity of each pillar in an individual role will vary depending on the specific requirements and location of the role.



The ratio of time spent on pillars of practice

| POSITION | Ratio of time spent on the Pillars of Practice (Allied & Public Health) |
|---|---|
| AH Professional New Entry | Time will be spent primarily focussed on the clinical/public health 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/public health 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. |
| Designated Advanced AH Professional/ AH Generalist with a Special Interest/ Rural Generalist | Time will be spent primarily focussed on the clinical/public health 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/public health 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 (working definition) | <i>The consultant role has not yet been fully scoped regionally. 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/public health practice pillar. The main focus of this role is on teaching, within the teaching & learning pillar. |
| Coordinator | Time will be spent within the Clinical/Public Health 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. |
| AH Leader/ Manager | Service need will determine if these roles are required to provide direct patient/client intervention, though the Clinical/Public Health 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/Public Health 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 type of position must be identified to be in line with service need (i.e. AH Professional/ Advanced or Expert position). Where a new designated position is deemed necessary by the service, the service would need to look at options to determine if this could be afforded within the current budget. Or, if a plan needs to be developed to enable achievement of this in the longer term. Options could be as vacancies arise or through reallocation of skill mix across teams/professions or the broader service.

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

Position/Role Description templates

For any required support liaise with human resources/people & capability departments.

Initial salary placement at the 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 District policy for recruitment approval).

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 position/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 they are required to support District and service objectives. Where this is the case, these potential roles should be raised through to the Director Allied Health, Scientific & Technical to enable the role to be evaluated.

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

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

For programme and project roles, due to the vast 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 recognises 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, or the salary banding, on the framework.

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

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/Public Health practitioners in their first two 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 5.2.5). All practitioners should move onto the AH Professional role description at their 2nd anniversary |
| AH Professional <i>(Includes 'Non-designated Advanced AH Professional')</i> | 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, the CASP process must be utilised |
| Designated Advanced AH Professional/AH Generalist with a Special Interest/Rural generalist | Steps 9-13 | 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 14-17 | For designated positions, the CASP process is utilised to move up steps within the banding |
| Educator | Steps 9-13 | For designated positions, the CASP process is utilised to move up steps within the banding |
| Coordinator (Team or Clinical) | Steps 10-14 | For designated positions, the CASP process is utilised to move up steps within the banding |
| AH Leader/Manager | Steps 10-17 | For designated positions, the CASP process is utilised to move up steps within the banding For Management roles (as defined in MECA clause 5.2.7c) refer to the MECA regarding salary progression. |
| Professional Leader (Prof only or Prof/Operational) | Steps 10-17 | For designated positions, the CASP process is utilised to move up steps within the banding |

Appendix 2

Document Version Control Table

| Version Number | Purpose/Change | Author | Date |
|----------------|--|-----------------------------------|------------|
| 1.0 | Final version approved by SICFSG; released for implementation across the South Island | Hannah Clark, Richard McKinlay | 12/10/2020 |
| 2.0 | Initial update following 2022 ratification of A,PH,S&T MECA and transition to Te Whatu Ora (Logos updated; 'DHB' changed to 'District', Pillars of Practice diagrams updated). Removed limitations on 'maximum salary step for AOD Clinicians' throughout the document and Career Framework diagram (the previous maximum was Step 12) Please note that this update reflects the transition to Te Whatu Ora and the newly ratified PSA Allied, Public Health, Scientific and Technical MECA, not for reviewing framework levels or associated processes. | Richard McKinlay | 06/03/2023 |
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