



# **Nepean Blue Mountains Local Health District**

## **Allied Health Professional Governance**

### **Consultation Paper**

June 2022

Nepean Blue Mountains Local Health District's (NBMLHD) Directorate of Allied Health, Research and Strategic Partnerships has responsibility for professional governance for allied health disciplines across the LHD. The LHD's allied health services have grown and evolved organically and reactively over time, with a limited view to an LHD-wide strategic direction or approach. With increasing development of multi-disciplinary models of care and recent shifts in leadership direction, NBMLHD engaged the Nous Group to initiate the Allied Health Professional Governance Review to define an optimal professional governance model that best enables clinical and operational service delivery, strengthens linkages across the LHD, and successfully prepares for the LHD's future direction.

The review focused on leveraging existing strengths, addressing any gaps in the allied health professional governance arrangements and exploring opportunities to improve the future allied health professional governance model.

The purpose of this paper is to acknowledge the independent review and undertake workforce consultation by seeking feedback from staff and union representatives on the proposed future governance model. The proposed changes will be in accordance with the Nepean Blue Mountains Local Health District's commitment to staff engagement and effective union consultation.

## **1. Scope of the current and proposed governance arrangements**

Governance for allied health professions is critical to ensure that "patients, consumers and the community trust clinicians and health service organisations to provide safe, high quality health care"<sup>1</sup>. The core components of professional governance are:

- Organisational governance: Provides the context in which the organisation operates; the systems and processes that shape, enable and oversee management of an organisation and how this is related to leadership and management of allied health
- Clinical governance: Describes the safety and quality systems and processes that need to be in place to ensure allied health are able to deliver safe, effective and high quality health care
- Professional governance: Encompasses the legislation, standards, best practice and policies specific to a particular profession which support the quality and safe delivery of treatment and care<sup>2</sup>

It is the responsibility of the Allied Health Directorate to ensure these elements of governance are implemented. It is also critical for the Directorate to ensure there is a consistent pipeline of allied health clinicians into the future, who are trained and credentialed to deliver the scope of practice required for quality care.

NBMLHD allied health services must support delivery of key strategic priorities, respond to evolving community needs and ensure sustainability to meet future demands to achieve the LHD's vision of '*together achieving better health*'. In recent times, the LHD has undergone substantial change - responding to the evolving COVID situation, designing and implementing new models of care, incorporating value-based health care and integrated approaches to delivery, and transitioning new allied health leadership in the reconfigured Directorate of Allied Health, Research and Strategic Partnerships. This paper focuses on the Allied Health component of this directorate, and therefore uses the term Allied Health Directorate.

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<sup>1</sup> Australian Commission on Safety and Quality in Health Care. National Model Clinical Governance Framework. Sydney: ACSQHC; 2017.

<sup>2</sup> NSW Health. Allied Health Governance Discussion Paper. Sydney: NSW Health; 2022

The existing NBMLHD allied health professional governance model led by the Allied Health Directorate consists of temporarily appointed Lead Clinicians/District Seniors who act as heads of disciplines for some allied health professions, and Profession Based Leadership Groups (PBLGs) for the same professions. This arrangement provides opportunity for senior allied health professionals to share discipline specific expertise and insights and enables clinical representation across the LHD. Some governance functions are fulfilled by the lead clinicians, including oversight of clinical supervision processes, grading and credentialing, quality improvement and service improvement initiatives, performance development and management of some complaints and concerns about allied health clinicians. There is variability in effectiveness of this model across the included disciplines, while some disciplines are not represented at all in this arrangement. In relation to PBLGs, the more successful PBLGs have clearly defined responsibilities and roles, committed members with similar grading, skills and experiences, and strong alignment to operations and service delivery priorities. The specialist expertise of different allied health disciplines also creates challenges with silos and limited career progression opportunities, particularly for those sole, small or regionally based professions/clinicians.

There are Lead Clinicians/District Seniors and PBLGs for the following professions:

- Nutrition and Dietetics
- Occupational Therapy
- Physiotherapy
- Social Work
- Speech Pathology
- Exercise Physiology
- Podiatry
- Psychology (Principal Psychologist)

There are several Allied Health professionals / disciplines which are not represented by a Lead clinician/District Senior, as follows:

- Pharmacy
- Radiography
- Radiation Therapy
- Nuclear Medicine
- Medical Physics
- Orthoptics
- Child Life Therapy
- Genetic Counselling
- Counselling\*
- Diversional Therapy

\*Counsellors are represented by the Social Work Lead Clinician under the current arrangements, rather than by a senior of their own discipline.

## **2. Reasons for the Proposed new governance arrangements**

NBMLHD has over 600 allied health staff across 18 discrete professional disciplines, 8 of which are led by Lead Clinicians or District Seniors with strategic, operational and professional responsibilities. Most individual facilities and services have also implemented Allied Health Manager roles with operational, clinical and professional governance responsibilities. There is

now considerable overlap between the professional and clinical responsibilities of lead clinicians and operational allied health managers.

Under the current allied health professional governance arrangements, less than half the allied health disciplines in NBMLHD have professional leadership and governance that is connected to the Allied Health Directorate. Profession-Based Leadership Groups (PBLGs) in each of the disciplines that have a lead clinician/district senior, lead their disciplines in some governance and quality improvement activities. The scope of these roles and functions does not adequately address all the domains of governance that the Allied Health Directorate is required to address and does not include all disciplines.

The Allied Health Directorate itself consists of the

- Director Allied Health, Research and Strategic Partnerships, a tier 2 executive position representing and governing allied health at the senior executive level
- Allied Health Strategy, Performance and Information Manager
- Executive Assistant
- Eight lead clinicians and district seniors

The proposed governance model ensures an equity of representation across all disciplines and enables adaptability to different allied health disciplines within emerging multi-disciplinary models of care. It also positions the Directorate to fulfil all elements of its organisational, clinical and professional governance responsibilities.

### **3. Proposed Key Changes and benefits:**

#### **Proposed Future Governance Model:**

A copy of the existing and proposed allied health governance arrangements are enclosed herewith. NBMLHD proposes to establish separate allied health Strategic Advisory and Community of Practice Groups and introduce two new positions. The new positions are:

- Deputy Director, Allied Health: to focus on the allied health portfolio
- Allied Health Workforce and Policy Manager: to focus on all aspects of governance pertaining to the allied health workforce.

Positions to be retained:

- Allied Health Strategy, Performance and Information Manager – no change
- Principal Psychologist – recruitment to occur prior to conclusion of current temporary contract on 4 November 2022

It is proposed that the lead clinician and district senior roles will cease on 4 November 2022, at the conclusion of the current temporary contracts for these roles.

Communities of Practice will replace Profession Based Leadership Groups and will be inclusive of all allied health disciplines in NBMLHD. The COP model provides greater flexibility to allow discipline specific groups as well as groups focused around particular areas of practice to be established. Individual disciplines may continue to run profession specific groups to achieve objectives that advance the profession, the services its members provide and consumers' health outcomes.

Representation of NBMLHD allied health disciplines on NSW State Advisory Networks will be determined based on expressions of interest. Expressions of interest will be sought from senior allied health managers and clinicians on a bi-annual basis. The term for representation on an advisory network will be two years.

There will be no affected staff or staff with job loss as a result of the proposed changes. There will however be some financial loss to staff who currently hold lead clinician/district senior positions. All staff in such roles will resume their substantive permanent positions at the cessation of their current temporary appointments on 4 November 2022.

### **Benefits**

- > Clearer roles and accountabilities across the Directorate and operations;
- > All allied health disciplines have representation at the Allied Health Strategic Advisory Group (title to be confirmed when Terms of Reference is developed and endorsed). The Terms of Reference will specify representation responsibilities for all members.
- > Greater opportunity for allied health to integrate into all aspects of professional governance – organisational, clinical and professional governance – through the Advisory Group;
- > Specialisation and opportunities for professional and career development in allied health disciplines are maintained through the COP;
- > Reduced complexity in structure, with two clearly distinctive strategic (advisory group) and operational (COP) components, that are easier to align;
- > Elements of this model are centralised to increase LHD-wide focus and enhance communication and outputs of the governance groups;
- > Recognises the professional standards and industrial requirements unique to the psychology discipline.

### **Impact**

- > There are no lead clinicians and/or district seniors in the proposed model. As indicated above there will be some financial impact or salary loss to staff occupying lead clinician/district senior roles by virtue of these appointments being on a temporary contract basis (due to end on 4 November 2022) and those roles being disestablished. However there will be no job loss or affected staff; all current staff occupying lead clinician roles will resume their permanent substantive positions.
- > The Strategic Advisory Group, chaired by the Director Allied Health, Research and Strategic Partnerships is comprised of senior representatives across all facilities/services and allied health disciplines, and is focused on strategy and ensuring all elements of professional governance are fully implemented. The Strategic Advisory Group will have a specific remit to work collaboratively across facilities and disciplines to ensure a reduction in any 'siloing' of professional groups.

- > The Community of Practice groups will be established based on scale, patient risks and models of care associated with the various disciplines. Proposals to establish communities of practice can come from any allied health professionals, provided they have engaged with the relevant colleagues and can submit a terms of reference for endorsement that demonstrates the value of the group. Communities of practice can be discipline specific or focused on specific areas of practice.
- > Additionally, there will be an additional 1.4 FTE in the directorate to focus on LHD-wide support of allied health professional governance.

## **Proposed roles for Allied Health Professional Governance**

A copy of the proposed governance model/organisational structure for Allied Health is attached and highlights the changes to the current model and structure.

**Deputy Director Allied Health** – The proposed new position of Deputy Director Allied Health will report directly to the Director of Allied Health, Research, & Strategic Partnerships and is responsible for providing LHD-wide support, assessment of KPIs, reporting and LHD-wide allied health oversight, driving excellence in professional governance and delivering key strategic and business objectives in consultation with the NBMLHD Allied Health Directorate, other executives and senior managers. The Deputy Director will be responsible to ensure the team in the Allied Health Directorate have a focus on delivering key operational objectives. The position will be recruited on a 3-year contract basis. The position is proposed to be classified and remunerated under the Health Manager’s (State) Award to ensure the position is open to applicants who may be employed on alternate Awards not covered by the NSW Health Service Health Professionals (State) Award, i.e., Psychologists, Pharmacists and Medical Radiation Scientists. This will allow greater equity and opportunity in career pathways that do not currently exist to ‘allied health’ staff and will avoid unwanted exclusion of suitable health professionals who otherwise could not make application to positions under the Health Professionals Award.

**Impact:** A position description reflective of this proposed new role is attached. The position description is supported by the NSW Public Sector Capability Framework which articulates both collective and individual accountabilities and responsibilities of the incumbent and related staff against core deliverables of the business. It is proposed this position is advertised internally as a 0.4FTE temporary appointment and standard merit-based recruitment and selection principles and processes will apply. 0.4FTE equivalent funding for backfill of the successful applicant’s substantive role will be provided by the Allied Health Directorate.

**Allied Health Workforce and Policy Manager** – The proposed new position of Allied Health Workforce and Policy Manager will report directly to the Director Allied Health, Research & Strategic Partnerships and is responsible to develop, implement and maintain district wide projects and policies that support the allied health workforce, professional governance and contribute to key strategic and business objectives for the allied health directorate. The position will be recruited on a permanent basis.

**Impact:** A position description reflective of this proposed new role is attached. The position description is supported by the NSW Public Sector Capability Framework which articulates both collective and individual accountabilities and responsibilities of the incumbent and related staff against core deliverables of the business. It is proposed this position is advertised and standard merit-based recruitment and selection principles and

process will apply. There is no financial impact with this appointment as current costs to maintain lead clinician/district senior roles will be used to offset this position.

**Principal Psychologist** – The Principal Psychologist position will be retained and recruited to on a permanent basis. This position is essential as there are no operational departmental structures for psychology in the District, leaving a significant gap. There are also industrial requirements for maintenance of this position. The Principal Psychologist will provide leadership, professional counsel, strategic direction and professional governance of all psychologists in NBMLHD. This role will be the single point of contact and the LHD representative for consultation and advice on matters relating to psychology. The Principal Psychologist will be accountable for developing, implementing and monitoring systems and structures of professional clinical governance including standards of practice, patient safety and quality, workforce development, education and training, models of care and redesign, strategic planning, service planning, registration/credentialing, policy and procedure development, review and implementation.

**Impact:** A position description reflective of this proposed new role is attached. The position description is supported by the NSW Public Sector Capability Framework which articulates both collective and individual accountabilities and responsibilities of the incumbent and related staff against core deliverables of the business. It is proposed this position is advertised internally as a 0.4FTE appointment and standard merit-based recruitment and selection principles and process will apply. 0.4FTE equivalent funding for backfill of the successful applicant's substantive role will be provided by the Allied Health Directorate.

#### **4. Positions affected**

- Lead Clinician Physiotherapy
- Lead Clinician Nutrition and Dietetics
- Lead Clinician Speech Pathology
- Lead Clinician Social Work
- Lead Clinician Podiatry
- Lead Clinician Occupational Therapy
- Lead Clinician Exercise Physiology

#### **5. Workforce Consultation on Proposal**

The workforce consultation process will be undertaken in accordance with *Table 1*. This process will entail consultation with the relevant union and staff on the proposed future governance model.

Support available to staff will include:

- Individual discussion with the proposed affected employees providing clarity regarding the impact of the changes as soon as is possible during the process.
- Consultation will be conducted with staff and relevant unions on ways to minimise the effects of change;
- Support and assistance through the process from Workforce, People and Culture;
- Employee Assistance Program is available to all staff.

Engagement with participating unions will be encouraged throughout the consultation process.

## **6. Feedback**

Stakeholders are invited to provide feedback by 5pm 15 July 2022 regarding the proposed future governance model. Feedback may be provided to Dr Karen Arblaster, Director Allied Health, Research and Strategic Partnerships, NBMLHD via email [Karen.Arblaster@health.nsw.gov.au](mailto:Karen.Arblaster@health.nsw.gov.au)

## **7. Attachments**

The following attachments are included for consideration as part of our consultation process:

### **Tab Title**

- A Current Allied Health Directorate Organisational Structure
- B Proposed Allied Health Directorate Organisational Structure
- C Draft Job Description – Deputy Director Allied Health
- D Draft Job Description – Allied Health Workforce and Policy Manager
- E Draft Job Description – Principal Psychologist
- F Allied Health Professional Governance Review – Nous Consultation Paper



Table 1: Workforce Consultation on Proposal

<b>Consultation step</b>	<b>Communication tool</b>	<b>Action officer</b>	<b>Date</b>
First round consultation with staff	Discussion in Lead Clinicians Meeting, Email and consultation	DAHRSP, Manager HR BPs and/or IR Manager	28/06/2022
Initial consultation with Union and formal notification to staff	Letter to HSU advising proposed new governance arrangements. Individual letters to staff with documentation including support services available during	DAHRSP & Manager HR BPs	28/06/2022
Consultation period	Staff and Union invited to provide feedback throughout a 2 week consultation period	DAHRSP & Manager HR BPs	Commences 28/06/2022 through to 15/07/2022 inclusive
Formal consultation period concludes & time allowed for feedback to be considered	Email to staff and union acknowledging receipt of any feedback, advising consultation is complete & that feedback will be considered	DAHRSP & Manager HR BPs	18/07/2022 – 22/07/2022 inclusive
Review feedback	Email to staff and union advising outcome of consultation process and any response to feedback	DAHRSP & Manager HR BPs	25/07/2022 – 29/07/2022
Implementation of decisions	Necessary actions to be carried out, details to be determined following 7 above	DAHRSP & Manager HR BPs	Commence August and conclude no later than 04/011/2022