Non-traditional roles in allied health: an under-explored opportunity to meet rural client needs and expand rural career pathways?

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Background

We are all challenged to provide …. **appropriate health care in the right place at the right time[1].** But we are faced with some …

"Wicked" problems[2]

- **in Allied Health career structures[3]**
- **in rural health[2]**
- **In rural Allied Health career structures[3,4]**

- Uneven grade distribution
- Grade ceilings
- Lack of progression opportunities

- Ageing population
- High levels of chronic ill health & comorbidities
- Low engagement with health care & less healthy behaviours
- Poor access to health care

- More diverse roles
- Less opportunity for extended scope practice roles
- Twice as likely to leave position
- Difficult to recruit to senior positions

1. Nancarrow SA. Six principles to enhance health workforce flexibility. Human Resources for Health. 2015;13(1):9
2. Humphreys J S, Kuipers P, Kinsman L A D, Wells R, Jones J, Wakermann J. How far can systematic reviews inform policy development for "wicked" rural health service problems? Australian Health Review. 2009;33:592-600
3. Nancarrow SA, Young G, O'Callaghan K, Jenkins M, Philip K, Barlow K. [2015-18]. Victorian Allied Health Workforce Research Project. Department of Health & Human Services. Available at: https://www2.health.vic.gov.au/health-workforce/allied-health-workforce/allied-health-research
4. Campbell, N., L. McAllister, and D. Eley, *The influence of motivation in recruitment and retention of rural and remote allied health professionals: a literature review*. Rural and Remote Health, 2012. 12(1900).

Background

What is the most important issue facing your profession[3]?

- Expanding the scope of practice to increase professional opportunities
- Greater ability for staff expertise to be rewarded with remuneration and appropriate positions to help retain and motivate senior staff
- Ability to progress without going into management roles

3. Nancarrow SA, Young G, O'Callaghan K, Jenkins M, Philip K, Barlow K. [2015-18]. Victorian Allied Health Workforce Research Project. Department of Health & Human Services. Available at: https://www2.health.vic.gov.au/health-workforce/allied-health-workforce/allied-health-research

n= 5917 survey responses, from Physiotherapy, speech pathology, occupational therapy, social work, psychology, dietetics, exercise physiology

Background

“Non Traditional” AH roles

- those that have **adopted new, flexible roles that are designed to meet the specific needs of the context** in which they are working[5]
- **Simultaneously** enable varied **career opportunities** for allied health staff and improve the **quality of care** for older people[5]

- But we don’t **know enough about these roles in regional and rural** settings to truly harvest this opportunity

16% of OTs self-report they carry out “advanced practice” roles in: Care coordination; case management; complex care coordination[3]

*“I would like **more diverse and well remunerated career paths** for dietitians who work in settings other than the acute hospital setting, such as community health and public health. This would show **value for illness prevention**.” [Dietitian, AHWRP Focus Group [3]]*

3. Nancarrow SA, Young G, O'Callaghan K, Jenkins M, Philip K, Barlow K. [2015-18]. Victorian Allied Health Workforce Research Project. Department of Health & Human Services. Available at: https://www2.health.vic.gov.au/health-workforce/allied-health-workforce/allied-health-research
5. Nancarrow SA, Enderby P, Moran AM, Dixon S, Parker S, Bradburn M, et al. The relationship between workforce flexibility and the costs and outcomes of older peoples' services. NIHR SDO: Southampton. 2010;296

Aims

The research aims to:

- Describe the **features** of non-traditional AH roles that primarily function to support adult patients with **complex or multi-morbidity needs** in regional & rural areas;
- Describe how non-traditional AH roles are **perceived and valued** by practitioners, patients, their carers and other key stakeholders in the health system; and
- Understand the attributes and **mechanisms required to be successful** in a non-traditional AH role in regional & rural areas.

Overarching goal is to facilitate improved **allied health workforce & career planning** around key service user groups and needs in regional and rural contexts

Methods

Mixed methods design in two phases

Phase One - A cross sectional analysis of job titles & job description data using:

1. Allied Health *therapies* job title & "advance practitioner" data from the **Victorian Allied Health Workforce Research Project** [AHWRP, n= 5917 responses]
2. Job description data from **Careers.Vic** over a two week time frame.
   - **Included**: adults; public sector acute, subacute or community services; job title terms use for search taken from AHWRP results[3], evidence base[5], and discussion with AHPs.
   - **Excluded**: Mental Health specific, paediatrics, NDIS, Aged Care, workers compensation, or insurance specific

Analysed using content and thematic analysis

Phase Two - Qualitative interviews and case studies (n=30)

Results

Victorian Allied Health Workforce Research survey results

n=30 non-traditional titles identified, 1 regional; most in OT [then SW and PT], least in EP

Physiotherapy: Allied Health Advanced Practitioner, Generalist; Care Coordinator (ED), Advanced Practice Physiotherapist in Diabetes

Speech Pathology: Key Worker/Case Manager, Family Services Coordinator

Social Work: Complex Care / Complex Needs Worker, Chronic Disease Worker, Care Coordinator

Occupational Therapy: Care Coordinator, Key Worker, Care Coordinator (ED), Discharge Planner, Carer Support, Health Literacy

Psychology: Care Coordinator, Complex Care

Exercise Physiologist: none

Dietetics: Healthy Communities Coordinator, Health Promotion Officer

Results

Victorian Allied Health Workforce Research survey results

Generalist – regional

[PT, **Gr 2, 38 yrs qualified**]

Allied health advanced practitioner, generalist, metro

[PT, **33 yrs qualified, Gr 2**]

Care coordinator (ED, metro)

[OT, **8 yrs qualified, Gr 1**]

[PT, **14 yrs qualified, Gr2**]

[OT, **26 yrs qualified, Gr 2**]

[OT, **17 yrs qualified, Gr 3**]

Chronic disease coordinator, metro

[**SW, 13 yrs qualified, Gr 2**]

"There is a real limit to where clinicians can advance careers but remain in a clinical role. I think it's a real shame that once you get to a senior clinician role the next step is into management."
[OT, Emergency Care Coordinator [3])

Results

Careers.vic N=16 Non Traditional Roles

Physiotherapist Emergency Department Care Coordinator

Occupational Violence Coordinator

ACE Care Coordinator (Advice, coordination, & expertise) (n=2)

Acute Care Transition Coordinator

HIP Health Coordinator

SEDLHD- Police, Ambulance, and Clinical Early Response (PACER) clinician

Post Acute Care Coordinator

Chronic Care Coordinator

Chronic Disease Care Coordinator

Care Coordinator - Integrated Team Care

Community Care Coordinator/Senior Clinician (health independence program)

Health Independence Care Coordinator

Coordinator - Complex Clients

Access and Integrated Care Coordinator

Response, Assessment & Discharge Clinician

Results

Careers.Vic [title, grade, role descriptors]

- 16 “non-traditional roles” were identified
- 2 were rural specific, 1 regional-rural
- All required > 2 years experience and > Grade 2
- Little consistency in grading & length of experience required
  - Grading ranged from grade 2-4
  - Experience 2-7 years

Results

- *Some* consistency in role descriptions:
  - **knowledge of the health system** (n=6)
  - "holistic"
  - complex case management/coordination
  - interpersonal skills
  - health promotion
  - education/coaching/motivational interviewing

- 12/16 roles were offered as **nursing or AH (at similar grading)**
  - 3 were AH-specific and 1 was nursing only [at Gr 4]
  - 1 offered the position as a **higher grading for nursing** [Gr 4 nursing vs Gr 2 AH]

Take home messages

Our challenges:

- Clinical **career ceilings** & wicked health issues for our regional and rural communities
- Contested and **competitive space with nursing**, whilst these jobs are available to AHPs, are they taking them? *[not seen as an attractive role for AHPs, loss of professional identity, no career movement]*
  - nurses have established career structures, hierarchies and specialities => when 'new' opportunities come along, they embrace it as one of their specialisms and can incorporate it within their professional hierarchies.
  - Because of their scale, they start to 'own' these specialties, so in many cases, they become the **dominant profession in these specialities** – for instance, organisations start to **exclusively advertise these roles for nurses**; and as such nurses will often get **paid more for the same role**[6,7]
- Traditional methods for career progression in Allied Health rely on movement into **medical specialist territory [vertical substitution]** but these types of opportunities **are limited in regional & rural contexts**

6. Nancarrow SA, Borthwick AM. Dynamic Professional Boundaries in the Healthcare Workforce. Sociology of Health and Illness. 2005;27(7):897-919
7. King, O., Nancarrow, S. A., Grace, S., & Borthwick, A. M. (2017). Diabetes educator role boundaries in Australia: A documentary analysis. *Journal of Foot and Ankle Research*, *10*, [28]. https://doi.org/10.1186/s13047-017-0210-9

Take home messages

Our opportunities:

- Increase **consistency** in how we grade these roles
- Use **mechanisms available to us locally** to promote these roles and create new opportunities and hierarchies [local credentialing committees, CCC Framework, AH executive leadership positions]
- **Develop unique career development opportunities for AHPs that** are less reliant on the medical workforce delegating their work:
  - in this case there is opportunity to develop a **suite of complex-care clinical career pathways** right through to specialist-level
- Develop better **value statements** and an **evidence base** around the impact of these roles

“We are like the silent, hidden heroes … we ensure things go well for our complex clients… but our value is only known when we are no longer working in the role”

[AHP Care Coordinator, Regional Health service [3]]