ALLIED HEALTH PROFESSIONALS NEWSLETTER

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SALHN Restructure – major impacts on Allied Health Professionals

The proposed Allied Health Professionals Restructure at SALHN will have major impacts on allied health professionals, including, career structures and clinical governance of multi-disciplinary teams.

To effectively respond to this, it is vital we develop some smart industrial strategies, strong policy alternatives, backed up by strength on the ground.

Matters of concern within the proposed new arrangements are detailed below.

In the previous proposal (version 2) the AHP5 ICS Director position has been **removed from ICS** as part of this restructure (version 3) and replaced with an RN only position with no significant change to the role. There is nothing to justify a new requirement of nursing only expertise for the **management of a multidisciplinary workforce.**

Similarly, several other ICS management positions (Diabetes, Weight Management) have now been classified as nursing only but **do not have a nursing specific requirement**.

These positions could be very well undertaken by a suitably experienced Allied Health professional. **Allied Health Professionals are well equipped to lead a multidisciplinary workforce** and deliver the strategic planning, service development / review and evaluation of clinical services requirements, suitably experienced AHP's have excellent knowledge in the clinical areas (i.e. Chronic Disease / Diabetes / Weight Management / Hospital Avoidance).

The proposed change to these positions as RN only (and not multi-classified) will **significantly impact on career pathways for AHPs in ICS** whilst also making the ICS space **much less attractive to AHPs as an employer of choice.** It would appear that **every other stream of the restructure has stronger allied health governance.** ICS Clinical governance in comparison will become very nursing centric in a workforce that is over 50 percent Allied Health (ICS pathway clinicians- DATIS, AFC, MRU, Early Childhood and management excluded).

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Professional managers in the new structure will be **reliant on a mainly nursing management team to support and drive the implementation of practice changes/improvements from an AHP specific area of expertise for the ICS service**.

Practical support for career progression, participation in state-wide clinical networks, discipline specialty interest groups etc. could be reduced as nursing management may not understand the value of these to AHP's and the opportunities that exist for AHPs.

Strategic planning/direction from a local AHP perspective will be reduced with **less local AHP management understanding and representation at management forums** with regards to AHP practice and challenges in an ICS/community setting.

Potential Solutions

HSU members have developed clear alternatives to these proposals. They include:

- The ICS management positions outlined above be multi-classed as per the recommendation in Version 2 of the restructure**.**
- A separate AHP5 AHP management /director role be created in ICS to oversee and represent the AHP workforce and local clinical governance whilst working in collaboration with Discipline Profession Managers.
- Local ICS discipline lead positions be created like that for Allied Health in Mental Health.
- Allied Health in ICS report directly to SALHN profession managers but retain a local AHP management position to assist feed up/feed down and allied health wide collaboration

Similarly, appropriate consultation in regards to position translations needs to take place in order to ensure equity in the implementation of the new structures. Once we receive management responses to our members' feedback, we will organise meetings to take instructions from members and continue consultation/negotiations.

If you have any queries, please contact

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