Rural and Remote Allied Health Competencies: PROFESSIONAL

FINAL PROJECT REPORT

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1. Introduction / Background

The original entry to practice framework (*Developing Rural and Remote Allied Health Competencies*) was developed in 2004 as a tool for facilitating continuing learning and development for entry level allied health professionals (AHP) working within the WA Country Health Service (WACHS). The tool identified a series of competencies, relevant to entry level AHPs across a variety of professions, with a particular focus on the disciplines of physiotherapy, occupational therapy and speech pathology. It was designed to complement, rather than replicate existing discipline specific competency frameworks. The framework was intended to be used by entry to practice AHPs and their line managers to assist in identifying learning and developmental needs and areas of strength and proficiency. The existing tool was officially launched at the 2005 WA Rural and Remote Allied Health Forum. Subsequently the competencies were distributed for use through relevant managers and senior AHP staff, and made available on the WACHS intranet for use by entry level staff across WACHS.

This project reflects collaboration between WACHS and the Combined Universities Centre for Rural Health (CUCRH) to evaluate the original entry to practice framework with view to review and restructure the tool to produce a revised framework, the *Rural and Remote Allied Health Competencies – Professional*.

The evaluation and restructure have been motivated by several factors. In the three years since the launch of the original tool, anecdotal reports suggest regional uptake has been limited. The project aimed to further investigate uptake, and to determine supporting or limited factors for utilisation. Additionally, recent work had been completed to develop a *Rural and Remote Allied Health Competencies – Senior Professional* (RRAHC-SP), which generated a new framework for articulating allied health competencies. The opportunity for review of the original entry to practice framework provided an opportunity to rearticulate the tool, bringing it in line with the RRAHC-SP framework to form a complementary, developmentally progressive performance review and management system. Finally, the original entry to practice tool was always intended to be a dynamic document subject to ongoing review. This project allowed for the review and update of the framework in view of a broader national focus on competencies and developments as outlined above.

1.1 Project Context

WACHS is the state government provider of health services to rural and remote Western Australia. Geographically, WACHS covers in excess of 2.5 million square kilometres and, a combined regional population of nearly half a million people (representing almost a third of the state’s population), and includes approximately 44,900 Aboriginal people (Department of Health Western Australia, 2006). It is divided into seven health regions across the state including Kimberley, Pilbara, Midwest, Wheatbelt, Goldfields, South West and Great Southern (Department of Health Western Australia, 2006).
WACHS delivers acute and primary health services to regional WA, through 70 hospitals and a large number of smaller health services and nursing posts, including: aged care facilities; health centres; child, community, dental, alcohol & drug, mental and public health facilities (Department of Health Western Australia, 2006).

Within this portfolio, WACHS provides the majority of the allied health services to rural and remote Western Australia, including physiotherapy, speech pathology, occupational therapy, social work, dietetics, audiology, health promotion, audiology, podiatry and pharmacy (Department of Health Western Australia, 2006).

Entry grade AHPs within each of the above disciplines are employed by WACHS under the Hospital Salaried Union award as HSU level 4/6 staff. In May 2008, level 4/6 AHPs constituted approximately 40% of the WACHS workforce, and were located in over 30 communities across rural and remote Western Australia. The role of level 4/6 staff is predominantly clinical in nature (i.e. direct service provision to clients and community), with a primary focus on provision of services specific to their discipline. This role is typically under the line management of a senior AHP (Level 7+).
1.2 Project Scope

Rural and remote allied health practice has been conceptualised as a combination of competencies across three broad domains of practice:

a. generic competency;
b. professional competency; and
c. technical competency.

Generic competency includes skills shared by all those within an organisation. Generic competencies are not specific health service provision roles, and may include leadership and management, and communication & interpersonal skills. Professional competence refers to skills shared by those in a health care role. Professional competencies are those required by all health professionals, or those required by a specific subset and may include allied health competencies, and health professional competencies. Technical competence describes skills relevant to a specific context, setting or patient group. Technical competencies may include profession specific competencies, specialty specific competencies or program specific competencies.

Whilst alluding broadly to all domains of practice, both the RRAHC-P and the RRAHC-SP frameworks focus on professional competence. In focusing on this group of skills the framework aims to best support WACHS AHPs in their work practice.

Figure 2: Rural and Remote Allied Health Practice
1.3  Project Aim and Activity

The aim of the Rural and Remote Allied Health Competencies – Professional project has been threefold. First, to evaluate the existing entry to practice tool. Second, to refine and restructure the original tool within a developmental framework, bringing it in line with the recently developed WACHS RRAHC-SP framework. Third, to broaden the scope of the original framework making it relevant to all level 4/6 staff, as opposed to just those at entry level, as it was originally intended, thus providing a tool to map the career developmental and skill progression of base grade allied health staff.

In order to achieve the prescribed aims, the project has included several areas of project activity, including:

- The formation of a Project Reference Group
- Ethical review
- A literature review
- The evaluation of the existing entry to practice framework
- The restructure and review of the original entry to practice tool, including
  - Review and restructure of the framework
  - Consultation with AHP within WACHS seeking feedback on the revised framework, and further document review and
  - Broad consultation with AHP within WACHS to finalise the revised document.

2.  Project Reference Group

A project reference group was established to advise and support the CUCRH Project Officer on aspects of project development and management. The Project Officer consulted with the reference group on a regular basis for the duration of the project. Additionally, group members reviewed project progress, promoted the project within their networks, and facilitated participation in the tool evaluation, and the ongoing collection of feedback, within their networks.

Membership of the project reference group included:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suzanne Spitz</td>
<td>WA Country Health Service (Chair)</td>
</tr>
<tr>
<td>Danielle Kilmurray</td>
<td>Senior Speech Therapist (Pilbara)</td>
</tr>
<tr>
<td>Malina Kelly</td>
<td>Entry Level Physiotherapist (Goldfields)</td>
</tr>
<tr>
<td>Ivan Lin</td>
<td>Combined Universities Centre for Rural Health</td>
</tr>
<tr>
<td>Nicole Beattie</td>
<td>Project Officer - Combined Universities Centre for Rural Health</td>
</tr>
</tbody>
</table>
3. Ethics

As this project was a quality assurance activity, exemption from formal ethics review for the evaluation and restructure of the existing entry to practice tool was granted by the Human Research Ethics Committee at the University of WA.

4. Literature Review

A review of the literature was undertaken with the aim of identify existing competency frameworks for base grade allied health professionals, with a particular focus on the rural and remote context.

4.1 Search Strategy

Several peer reviewed and non-peer reviewed databases were searched to identify literature and project activity in this area. These included: Cochrane Library; Medline; and ProQuest Health and Medicine Complete. A Google web-search was also undertaken to identify non-published material available on the World Wide Web. The literature base developed during the RRAHC-SP project was revisited. Web based searches were expanded to look at specific projects identified within the initial literature base.

Search restrictions were used to confine results to those most relevant to the research topic. The search was confined to materials published since 1990. A series of key words were used to direct searches, these were searched in combination to retrieve the most relevant resources. Searches were focused on the terms: rural and remote; allied health; graduate; base grade; entry level; competence truncated; self assessment; standard; performance management.

4.2 Search Results

The literature review yielded two different categories of literature. The first included publications around competencies and competency frameworks generically. These focused on the value, application and applicability of competency frameworks to the health, allied health, specific disciplines, management or education. These publications were discarded as too broad, lacking in depth, or failing to articulate with the prescribed project aims.

The second category of literature included specific competency frameworks. Several frameworks were retrieved from project reports, discipline association websites, and other online resources. The identified frameworks fell broadly into three categories: multi-disciplinary; clinical; and rural and remote.
Multi-disciplinary frameworks sought to describe the necessary workplace competencies of a broad range health care professionals, across a range of professional levels and stages of career development. One key example included the *Skills for Health* (2008) framework, developed by the National Health Service in the United Kingdom. This framework articulated the necessary skills of all staff within the health workforce. It consisted of almost 3000 competencies organised under 76 ‘projects’ or competency areas. These projects included condition specific, discipline specific, program specific and general workforce areas. Similarly the *Competency Standards for Health and Allied Health Professionals in Australia* framework, developed by the Department of Human Services Victoria (2005), described the competencies required by the broad health workforce. However, this framework was very concise, comprised of only 11 competency areas within four generic competency domains, and did not describe the specific competencies within these domains.

Several clinical competency frameworks were identified within the literature. These fell into three groups: discipline specific frameworks, entry to practice frameworks, and condition or program specific frameworks. The discipline specific frameworks described the competencies required of allied health practitioners within a specific discipline across a range of professional levels and stages of career development. Examples of these include: the *Australian Standard for Physiotherapy* (Australian Physiotherapy Council, 2006); *Practice Standards for Social Workers* (Australian Association of Social Workers, 2003); *Competency Standards for Pharmacists in Australia* (Pharmaceutical Society of Australia (2003), and *Principles of Practice* (Speech Pathology Association of Australia, 2001).

The entry to practice frameworks described the discipline specific clinical skills required of entry to practice practitioners. These outlined minimum standards of practice, and supported the transition from student to professional. These were most commonly developed by professional organisations, and included the *Australian Competency Standards for Entry-Level Occupational Therapists* (Australian Association for Occupational Therapists, 1994); and the *Competency-Based Occupational Standards (CBOS) for Speech Pathologists Entry Level* (Speech Pathology Australia, Speech Pathology Australia, 2001).

Condition or program specific frameworks were generally developed by professional associations, or state or federal Health Departments. These frameworks described the competencies required of health professionals working within specific program areas or with specific conditions. Examples of these frameworks include: *Musculoskeletal Physiotherapy Professional Practice Standards* (Australian Physiotherapy Association, 2003); *Sports Physiotherapy Professional Practice Standards* (Australian Physiotherapy Association, 2003); *Australian Competency Standards for Occupational Therapists in Mental Health* (Occupational Therapy Australia, 1999); *Audit of the Training and Education Needs of Staff Working in Community Based Rehabilitation in Queensland* (Queensland Health & Griffith University, 2006); and *National Practice Standards for The Mental Health Workforce* (National Mental Health Education and Training Advisory Group, 2002).
A single rural and remote competency framework was identified within the literature (Skills for Health, 2004). This framework was developed by Skills for Health for the National Health Service Scotland to describe the necessary skills of all staff within the rural and remote health workforce. The framework reflected the skills required of a broad range health care professionals working in a rural and remote context at range of professional levels. It was comprised of 16 broad areas of competence; three ‘core’, five ‘organizational / management’, and eight ‘front line health and health care, with a total of 132 competencies.

While all of the above mentioned competency frameworks were used to inform the evaluation, and the restructure and review of the existing framework none independently captured the role of level 4/6 allied health staff within WACHS.

5. Evaluation of original Entry to Practice Framework

5.1 Evaluation Process

In order to evaluate the original entry to practice framework, a survey was undertaken with WACHS AHPs. The survey focused on determining regional knowledge and utility of the tool and procuring feedback on format, content and future implementation strategies. It was comprised of 13 questions, eliciting both quantitative and more extended qualitative responses from participants. Prior to administration the survey was piloted with members of the project reference group, and key allied health contacts.

An internet based survey platform, Survey Monkey\textsuperscript{TM}, was used to host the survey. All AHPs within WACHS, including level 4/6 staff, senior staff and managers, were sent an email explaining the project and provided with a link to the survey. A reminder email was sent through the same networks one week prior to the specified closing date. Additional respondents were recruited from under represented regions and disciplines, with emails sent directly to allied health seniors and level 4/6’s in those regions and disciplines.

5.2 Evaluation results

Evaluation Participation

A total of 70 responses were received. Participants came from AHPs at all career stages, including entry level (level 4/6), senior (level 7+) and managerial level staff (Table 1). All targeted allied health professions were represented (Table 2), with responses distributed across all WACHS regions (Table 3).
Table 1: Survey Responses by Professional Level

<table>
<thead>
<tr>
<th>Professional Level</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base Grade (Level 4-6)</td>
<td>34</td>
</tr>
<tr>
<td>Senior (Level 7+)</td>
<td>32</td>
</tr>
<tr>
<td>Manager</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>69</strong></td>
</tr>
</tbody>
</table>

* One respondent failed to specify their career stage.

Table 2: Survey Responses by Discipline

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiotherapy</td>
<td>21</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>17</td>
</tr>
<tr>
<td>Speech Pathology</td>
<td>13</td>
</tr>
<tr>
<td>Dietetics</td>
<td>7</td>
</tr>
<tr>
<td>Social Work</td>
<td>5</td>
</tr>
<tr>
<td>Health Promotion</td>
<td>3</td>
</tr>
<tr>
<td>Podiatry</td>
<td>3</td>
</tr>
<tr>
<td>Mental Health</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>70</strong></td>
</tr>
</tbody>
</table>

Table 3: Survey Responses by WACHS Region

<table>
<thead>
<tr>
<th>WACHS Region</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>South West</td>
<td>14</td>
</tr>
<tr>
<td>Wheatbelt</td>
<td>13</td>
</tr>
<tr>
<td>Goldfields</td>
<td>12</td>
</tr>
<tr>
<td>Pilbara</td>
<td>10</td>
</tr>
<tr>
<td>Kimberley</td>
<td>9</td>
</tr>
<tr>
<td>Midwest</td>
<td>6</td>
</tr>
<tr>
<td>Great Southern</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>70</strong></td>
</tr>
</tbody>
</table>

Familiarity and use of the original entry to practice tool

The results of the survey indicated 63% of participants were familiar with the existing entry to practice competency framework. However, only 40% of participants reported having used the tool since its launch. Those that had used it were asked to indicate how it had been utilised. The tool was most commonly used in performance management or performance development sessions, as well as to identify professional development needs, and for peer or self assessment (Table 4).
Table 4: How the original entry to practice tool had been used by respondents

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>In a performance development / management session</td>
<td>22</td>
<td>84.6%</td>
</tr>
<tr>
<td>To identify professional development needs</td>
<td>11</td>
<td>42.3%</td>
</tr>
<tr>
<td>For peer or self assessment</td>
<td>9</td>
<td>34.6%</td>
</tr>
</tbody>
</table>

Representation of 4/6 role within the original entry to practice tool

The vast majority of participants (94%) indicated they felt the existing tool accurately represented the role of level 4/6 staff. The remaining respondents suggested specific areas of the framework may have reflected competencies beyond the scope of level 4/6 practice.

Gaps within the original entry to practice tool

The vast majority of participants (93%) did not identify any gaps within the original tool. The gaps that were identified focused on clinical supervision and capacity for goal setting.

Suggestions for improvement to the original entry to practice tool

Respondents suggested several ways the existing tool could be improved to meet their specific needs. Responses clustered around five core themes, including:

- **Length and repetition.** Multiple respondents found the tool lengthy and repetitious. As a result, respondents found the use of the tool to be somewhat laborious and prohibitive, with comments such as ‘really needed to attack it in chunks, quite a drawn out process to complete’ representative. Several respondents suggested, in order to best meet need, the tool should be restructured and simplified to reduce length and repetition.

- **Support.** Several respondents recommended ongoing support to increase the effectiveness and relevance of the tool. Specifically, one respondent suggested the development of a learning package to ensure consistency and objective measurement of skill development. Another respondent suggested the tool should be supported by an ongoing review process, to ensure the continued validity and relevance of the document.

- **Goal setting.** Two respondents suggested the tool be modified to include a section for goal setting, to allow for ongoing personal review and planning.

- **Access.** It was suggested that ‘access to the tool could be made easier’. This is addressed in greater length to follow.

- **No changes necessary.** Several comments were entirely positive, identifying no changes and suggesting the tool currently met workplace need.
Suggestions to increase awareness and use

Respondents suggested several ways to increase awareness and use of the tool. Responses clustered around five key themes, including:

- **Improved access to the tool.** Several respondents suggested measures to increase staff access to the tool. These measures included: Maintaining an easily located link to the framework on the WACHS intranet and regional intranet sites; distributing both electronic and hard copies of the tool to all relevant staff, with a particular focus on level 4/6’s and their direct line managers.

- **Targeting senior level staff to oversee dissemination and uptake.** Many respondents made suggestions related directly to targeting senior allied health staff. An emphasis was placed on ensuring senior staff were aware of the tool, and were encouraged to employ it during as the preferred performance development tool with level 4/6 staff. Several mechanisms were suggested to raise the awareness of senior staff, specifically targeted emails to seniors, and promotion within WACHS senior AHP meetings.

- **Inclusion in formal WACHS-wide and local staff orientation for new staff members.** A popular suggestion by respondents was the inclusion of the framework in both the WACHS-wide and local induction packages for senior and level 4/6 staff.

- **Incorporate the competencies into the Professional Development process.** Most respondents saw the incorporation of the framework into a formal and regulated professional development process for all level 4/6 staff as a valuable way to increase awareness and uptake. As a part of this process, it was suggested that level 4/6 staff be allocated sufficient time to ‘purposefully complete’ the tool with their line manager on a regular and recurring basis. Respondents suggested the regularity of review be anywhere from quarterly to annually.

- **Provide videoconferenced training.** Several respondents suggested information and/or training session for the use of the tool should be provided. It was suggested that such sessions would raise awareness of, and increase competence in the use of, the tool. Respondents suggested these sessions be added to the WACHS videoconference series, with additional reference to the tool across other topics within the series.

Participation in Formal Performance Management

While a small number of participants did not complete this question, in excess of 20% of respondents indicated they had not undertaken any formal performance management in the previous 12 months.
6. Restructuring and review of the original Entry to Practice Framework

The restructure and review of the existing entry to practice tool included: a broadening of the scope of the framework to target all level 4/6 staff, the reorganization of the framework within a developmental model, and an overall review of the framework. Collectively these changes resulted in the development of the RRAHC-P framework, each will be outlined below.

6.1 Broadening of the Scope of the Framework

The original framework targeted early career AHPs exclusively, and sought to support the transition of new allied health graduates into the workplace. Within the review and restructure the scope of the original framework was increased to target all Level 4/6 staff, including those new to rural/remote practice, as opposed to just those at entry level. The resultant framework is intended to support the development of early career AHPs from new graduate to experienced practitioner progressing to senior AH positions within WACHS.

6.2 Reorganization within a Developmental Model

The review and restructure of the EPC framework has included the reorganization of the tool into a developmental framework, bringing it in line with the WACHS RRAHC-SP framework. Utilisation of a developmental model aimed to clearly articulate the areas or domains of competency across a developmental continuum, and allow an easier articulation of competency areas to education, training and continuing professional development.

The developmental model used for both the RRACH-SP and the RRAHC-P frameworks was adapted from initial work occurring within WACHS nursing for graduate developmental areas, and is also in line with Australian Curriculum Framework for Junior Doctors (Confederation of Postgraduate Medical Education Councils, 2003). It is comprised of eight domains:

- Service Planning
- Quality and Safety
- Professional Skills
- Equity, Access and Diversity
- Clinical Management
- Development and Support
- Clinical Skills
- Ethical Practice

The sixty competencies within the revised RRAHC-P framework have been organised under these domain categories, providing a clear links between individual competencies, boarder competence areas, and skill development domains.

As with the WACHS RRAHC-SP tool, the organisation of the competencies within a developmental framework increases the useability of the document and allows for greater identification of skill sets and training needs common across the professional groups of allied health, nursing and medicine. Potentially this allows for greater inter-professional learning and increases the capacity for shared training between professional groups, particularly benefiting allied health staff in rural and regional areas.
6.3 Document Review

Finally the RRAHC-P framework was reviewed, at both the level of individual competencies and as a whole document. The review focused on increasing the usability and functionality of the document and incorporating necessary changes identified during the evaluation and literature review. The document was reviewed for length, repetition and relevance, with each competency, and the overall document, assessed for clarity, wordiness and articulation. The introductory text and instructions for use preceding the document were revised and simplified to increase clarity. A table summarising the competency areas within the framework was incorporated with the introductory text, to map the framework for the user. Finally, a development plan was incorporated allowing for goal setting, and providing a tool for ongoing review of progress and development.

7. Consultation with WACHS AHPs on revised RRAHC-P framework

7.1 Consultation Process

Following the review and restructure of the tool, consultation was undertaken with several level 4/6 and senior AH WACHS staff. Interviews were undertaken, with a focus on determining the appropriateness, usability, format and relevance of the revised RRAHC-P framework.

Participants were selected from those that had participated in the earlier evaluation survey, with additional participants recruited through the professional networks of the Project Reference Group to ensure representation of region, career level and discipline.

One week prior to the interview participants were provided with the revised RRAHC-P competency framework, and a brief information sheet outlining the intent of the framework and instructions for use. Interviews ran for approximately 30 minutes, and were conducted either via teleconference or in person. Each interview consisted of three stages:

- A consideration of the framework at macro level, seeking feedback on: overall format, length, structure, usefulness and relevance, and comparisons between the revised tool to its predecessor.
- A review of the framework on a domain by domain basis, considering validity and appropriateness of each competency within each domain; and identifying any necessary additional.
- A final consideration of the overall competency framework, considering: representativeness, relevance, usefulness and appropriateness, gaps, format, organisation and structure, comparison between the revised framework and the proceeding entry to practice tool, and additional comments and feedback.
7.2 Consultation Results

Consultation Participants

A total of 14 interviews were undertaken before saturation was reached. Participants included senior (Level 7+) staff and entry grade (Level 4-6) staff (Table 5). Respondents came from all WACHS regions (Table 6) and included physiotherapists, speech pathologists, occupational therapists and a dietician (Table 7).

Table 5: Consultation Responses by Professional Level

<table>
<thead>
<tr>
<th>Professional Level</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base Grade (Level 4-6)</td>
<td>8</td>
</tr>
<tr>
<td>Senior (Level 7+)</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>

Table 6: Consultation Responses by WACHS Region

<table>
<thead>
<tr>
<th>WACHS Region</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilbara</td>
<td>4</td>
</tr>
<tr>
<td>Kimberley</td>
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<tr>
<td>Midwest</td>
<td>2</td>
</tr>
<tr>
<td>Great Southern</td>
<td>2</td>
</tr>
<tr>
<td>South West</td>
<td>1</td>
</tr>
<tr>
<td>Wheatbelt</td>
<td>1</td>
</tr>
<tr>
<td>Goldfields</td>
<td>1</td>
</tr>
<tr>
<td>Metro</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
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</tbody>
</table>

Table 7: Consultation Responses by Discipline

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiotherapy</td>
<td>5</td>
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<tr>
<td>Speech Pathology</td>
<td>5</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>3</td>
</tr>
<tr>
<td>Dietetics</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
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</table>

Further review and revision

Based on the interviews the revised draft RRAHC-P document was further reviewed by the CUCRH Project Officer with support of the Project Reference Group. The review focused on further refining competencies and increasing clarity and further reducing repetition.
8. Final feedback and Staff review

8.1 Feedback and Review Process

Final feedback and comment on the RRAHC-P framework was sought from all AHP’s within WACHS. A survey was developed within Survey Monkey. It was comprised of eight questions, eliciting both quantitative and more extended qualitative responses from participants. It was piloted with members of the project Reference Group, and refined before widespread dissemination.

All AH staff within WACHS, including level 4/6 staff, senior staff and managers, were sent an email calling for final comment and feedback and providing a link to the survey. A reminder email was sent through the same networks one week prior to the specified closing date.

8.2 Feedback and Review Results

Final Feedback Participation

A total of 59 participants completed the survey. Responses came from AHPs at all career stages (Table 8). All targeted disciplines were represented (Table 9), with responses from across the WACHS regions (Table 10).

Table 8: Review and Feedback Responses by Professional Level

<table>
<thead>
<tr>
<th>Professional Level</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base Grade (Level 4-6)</td>
<td>27</td>
</tr>
<tr>
<td>Senior (Level 7+)</td>
<td>29</td>
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<tr>
<td>Manager</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>59</strong></td>
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</table>

Table 9: Review and Feedback Responses by Discipline

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapy</td>
<td>15</td>
</tr>
<tr>
<td>Speech Pathology</td>
<td>12</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>10</td>
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<tr>
<td>Social Work</td>
<td>8</td>
</tr>
<tr>
<td>Dietetics</td>
<td>5</td>
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<td>Health Promotion</td>
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<td>Podiatry</td>
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<tr>
<td>Audiology</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td>*<em>57</em></td>
</tr>
</tbody>
</table>

* Two respondents failed to specify their discipline.
Table 10: Review and Feedback Responses by WACHS Region

<table>
<thead>
<tr>
<th>WACHS Region</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheatbelt</td>
<td>14</td>
</tr>
<tr>
<td>South West</td>
<td>9</td>
</tr>
<tr>
<td>Midwest</td>
<td>8</td>
</tr>
<tr>
<td>Great Southern</td>
<td>7</td>
</tr>
<tr>
<td>Pilbara</td>
<td>7</td>
</tr>
<tr>
<td>Goldfields</td>
<td>7</td>
</tr>
<tr>
<td>Kimberley</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>58</strong></td>
</tr>
</tbody>
</table>

* One respondent failed to specify their region.

Representation of 4/6 role within the RRAHC-P tool

All respondents (100%) indicated they felt the revised RRAHC-P tool accurately represent the role of Level 4/6 staff.

Perceived usefulness as a Professional Development and Management tool

The vast majority of participants (98%) indicated they would find the RRAHC-P framework a useful professional development and management tool. Two respondents failed to complete this question.

Gaps within RRAHC-P tool

Several respondents identified additional competencies they considered may be relevant within the RRAHC-P tool. These fell into five categories, each of which will be outlined below with a discussion of their inclusion or exclusion from the final framework.

- **Clinical Competencies.** One respondent identified the lack of clinical competencies within the tool, suggesting that new graduates in particular lacked fully developed clinical skills. Clinical competencies were considered outside the scope of the RRAHC-P tool and as such were excluded from the final framework; however this may be an area for future development.

- **Personal Safety.** One respondent identified personal safety as a gap in the revised tool. This was considered valid and was incorporated into the final document, with the addition of the competency *Maintain personal safety at all times* incorporated under the heading of Safe Practice & Risk Management.

- **Service Partnerships and Integration.** One respondent suggested more emphasis could be placed on service partnerships and integration, with the specific inclusion of the education sector. This area was considered adequately covered in the existing competency *Works collaboratively with health services, community and other relevant stakeholders*. However, additional examples of key stakeholders have been added,
including: the Education Department, General Practitioners, Aboriginal Medical Services, and others.

- **Multi- and Trans- Disciplinary Practice.** Two respondents suggested the inclusion of more competencies around multi- and trans-disciplinary practice. The project team considered this area adequately addressed within the heading of Inter-professional Practice. However, the language used within the framework, specifically the term ‘Inter-professional Practice’, though current, may not have been familiar to many AHP’s. In order to overcome this, the heading of the competency area was revised to read ‘Inter-professional Practice (Incorporating Multi and Trans Disciplinary Practice)’.

- **Computer Literacy.** One respondent identified the absence of a competency relating to ‘general computer literacy’. The project team considered this a fundamental and assumed skill for level 4/6 staff, as such it was not included in the final framework.

Final Comments

Twenty three respondents provided additional final comments on the final RRAHC-P tool, with responses clustered around several key areas as outlined below.

- The vast majority of comments were overwhelmingly positive. For example:

  *Excellent framework. The assessment descriptors are a clear and logical way of measuring an employee’s performance.*

  *It looks like a good tool. It is concise and having space for discipline specific competencies is also useful.*

  *A comprehensive overview of competencies and a good workable layout. Well done!*

  *Will be a very useful tool, even - possibly to help guide students into expectations of entry level practice. A great job!*

  *Looks like a huge amount of work successfully completed, congratulations!*

- Several respondents identified small changes around spelling, language, wording, grammar, and clarity. These changes were incorporated into the final draft document.

- Several respondents made suggestions around expanding the framework. These changes would have greatly lengthen the document, and were not incorporated into the final document.

- One respondent suggested ‘it would be nice for people administering the tool to have access to information/help to assist staff who have identified that they may be "emerging" etc’.

- One respondent suggested that the framework should be employed through ‘a close collaborative process with a line manager or professional senior’ to ensure continuity between individual goals and organisational priorities.
9. **Discussion and Recommended Implementation Strategy**

This project has seen the evaluation, review and restructure of the original entry to practice competency framework. Each of the three project aims has been achieved: the existing tool has been evaluated; the framework has been reviewed and restructured within a developmental model, bringing it in line with the recently developed WACHS RRAHC-PS framework; and the scope of the tool has been broadened to ensure its relevance for all Level 4/6 staff. These changes have resulted in the development of the RRAHC-P framework. Together with the RRAHC-SP framework, this document provides a mechanism to support the professional development and career progression of AHP from entry to practice to senior practitioner. However, the success of these tools is dependent upon their uptake and utility within WACHS.

Based the work of this project, the Project Team recommends a multifaceted implementation strategy be employed to maximise the success of the RRAHC-P and the RRAHC-SP tools. It is recommended that the strategy include the following elements:

**Formal Endorsement by Management at a Regional Level**

It is recommended that RRAHC-P tool receive formal endorsement from regional Population Health Directors.

**Multifaceted promotion and dissemination**

The project team suggest a multifaceted initial promotion and ongoing dissemination strategy be developed and implemented. It is recommended that this strategy include the following:

- A formal project launch, including a presentation of both the RRAHC-P and the RRAHC-SP frameworks, delivered via videoconference. It is suggested this project launch is promoted extensively through the WACHS regions.

- Further presentation of both the RRAHC-P and the RRAHC-SP frameworks at relevant health forums, including WACHS allied health discipline and seniors meetings.

- Wide-spread email promotion and distribution of the RRAHC-P and the RRAHC-SP frameworks to all AH staff within WACHS, and to relevant professional associations.

- The presentation of the RRAHC-P and the RRAHC-SP frameworks at relevant professional conferences, such as the National Rural Health Conference 2009, the National SARRAH Conference 2010, and the National Allied Health Conference 2009.

- The publication of the RRAHC-P and the RRAHC-SP frameworks in relevant academic journals.
Focused follow-up with relevant sectors of WACHS workforce

Following the initial promotion of the framework, the project team advises targeted follow up with relevant sectors of the WACHS workforce, including but not limited to regional AH managers, senior AH staff, appropriate learning and development staff. This follow-up would likely consist of emails to the relevant staff promoting both the RRAHC-P and the RRAHC-SP frameworks as the preferred professional review tool within WACHS.

Access to framework

Two key measures are suggested to maximize the reach of the RRAHC-P and the RRAHC-SP tools. First, it is recommended that the relevant tools be provided to all AH staff and managers both electronically, via email, and in hard copy. Second, the project team advises that both the RRAHC-P and the RRAHC-SP framework be maintained in an easily accessible location on both the WACHS website and regional intranet sites.

Inclusion in new staff induction

The project team recommends that the relevant framework/s be included in the induction packages of all AH staff commencing employment with WACHS. It is suggested that this include both WACHS-wide and local induction.

Linking the tool to relevant training packages

It is suggested that the RRAHC-P and the RRAHC-SP frameworks be linked to any relevant WACHS training, particularly staff professional development. It is advised that the RRAHC-P and the RRAHC-SP are identified as the preferred WACHS performance review tools, and copies of the tool or the web address be made available to training participants.

Promotion by framework champions

The project team suggests ‘champions’ be developed within the WACHS AH workforce, with a particular focus on the AHRG, to promote the frameworks and facilitate their uptake at a regional level.

Incorporation into relevant policy documents

Both the RRAHC-P and the RRAHC-SP documents should be linked to relevant policy documents as a tool and resource. This would include policies in areas of clinical supervision, performance development, and continuing professional development.
Ongoing evaluation and review

Finally, the project team recommend the ongoing evaluation of both the RRAHC-P and the RRAHC-SP frameworks. It is suggested each framework be evaluated and refined six to twelve months following implementation, with ongoing evaluation and every one to two years thereafter. Evaluation should measure the effectiveness of implementation, uptake of the tools, continued job relevance, and utility for AHPs within WACHS.

The project team feels that this holistic implementation strategy includes both ‘bottom up’ and ‘top down’ elements that will facilitate the successful and sustainable utility of these resources and support the professional development and review of AH staff within WACHS.

In addition to this implementation strategy, it is also the view of project team that the existing WACHS policy of ongoing and regular professional development and review for all staff be more stringently enforced. As reported previously, over 20% of participants in the evaluation of the original entry to practice tool reported not having undertaken any performance management activities in the preceding 12 months. In order for tool such as the RRAHC-P and the RRAHC-SP to be successful regular, mandatory professional review is vital.

10. Suggested Areas for Future Development

In the development of the RRAHC-P and the RRAHC-SP frameworks several areas for future development have become evident.

Technical Competencies

The project team recommends WACHS support the development of relevant technical competency\(^1\) models. As identified in the literature review, many professional associations have developed competency frameworks or practice standards delineating the technical skills required of practitioners within that profession or specific program area. However, these frameworks are not specifically modelled on practice in a rural and remote context, and as such do not accurately capture the required competencies of staff working within WACHS.

Further work is required to develop technical competencies relevant to a WACHS context. These models are necessary at a discipline level to describing the specific skills required of individual professional groups. Additionally, as WACHS develops new interprofessional models of care the articulation of competency frameworks for program areas is also required. The articulation of these frameworks will ensure the specific technical competencies required of WACHS AHP staff, both at the disciplinary and program level, are clearly stated.

\(^1\) Technical competencies are those relevant to a specific context, setting or patient group. These are generally clinical in focus and may include profession specific, specialty specific or program specific competencies.
Cross referencing of competencies to other professions

The project team suggest the competencies of other professionals within the clinical workforce, such as nurses and doctors, be identified and mapped against those described within the RRAHC-P and the RRAHC-SP. This process will allow for the identification of shared competencies across professional groups, and the recognition of opportunities for interprofessional learning and education.

Development of a similar tool for Allied Health Assistants

It is recommended that an analogous competency framework be developed for the Allied Health Assistants (AHA) working within WACHS. AHAs are an emerging and increasing sector of the WACHS AH workforce, and typically enter the workforce with no formal training. The development of a competency framework for AHAs will facilitate and support their continuing learning and development.

Development of education and training

Together the RRAHC-P and RRAHC-SP identify 148 skills required of AHP’s working within WACHS. While the competencies described within these frameworks are considered necessary components for effective practice, there are currently very few training and educational resources available to support staff in the acquisition and ongoing development of these skills. The project team recommend the development of appropriate training and educational resources to align with the RRAHC-P and RRAHC-SP frameworks.
11. Bibliography

Australian Association for Occupational Therapists (1994). *Australian Competency Standards for Entry-Level Occupational Therapists*, Australian Association for Occupational Therapists, Victoria, Australia.


