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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]

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).

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What are non traditional [post professional] allied health roles?

Existing professions that have **adopted new, flexible roles designed to meet the specific needs of the context** in which they are working[5]

Examples:

- **care coordinator**,
- Hospital Admission Risk Program (HARP) coordinator,
- **complex care** practitioner,
- **chronic disease** practitioner

5 Nancarrow SA, Borthwick AM. Dynamic Professional Boundaries in the Healthcare Workforce. Sociology of Health and Illness. 2005;27(7):897-919.

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Aims

- Describe **features** of non-traditional AH roles that support adult patients with **complex or multi-morbidity needs** in regional & rural areas;
- Describe how these roles are **perceived and valued** by practitioners, patients, their carers and other key stakeholders in the health system; and
- Understand the current **career structures** and career opportunities for AHPs working in these roles.

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Methods

Mixed methods study gathering data using:

- Cross sectional analysis of Careers.Vic job website
- Interviews with AHPs, managers, consumers, nurses from 3 rural and regional health services
- Case studies
- Data-mining of the Victorian Allied Health Workforce Research Program (VAHWRP)

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Results

Careers.Vic and VAHWRP data:

- 170 non traditional roles in Victoria were observed in the VAHWRP dataset, 47 (27.64%) of which were located in rural/regional areas.
- 16 non traditional roles were identified in the job search engine snapshot.
- Most likely to be social workers and occupational therapists in these roles (followed by physiotherapists, dietitians, exercise physiologists and speech pathologists)
- Little consistency in grade structures for these roles ranging from Grade 1-4+. Majority of roles are graded at an intermediate level (Grade 2).
- No relationship between time qualified and employment grade (eg OT, 26 yrs qualified, working as a care coordinator at Grade 2).

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Results

Careers.Vic and VAHWRP data:

- Just under 40% identified their non traditional role as **"advanced practice",** however this was also **not reflected in employment grade/levels**.
- **Some consistency in role descriptions** including:
  - need for knowledge of the health system,
  - "holistic" approach to care,
  - complex case management/coordination skills,
  - interpersonal skills,
  - health promotion skills,
  - education/coaching/motivational interviewing.

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Results

Interviews and case studies:

- 3 AHP directors; 9 AHP managers; and 18 AHP professionals working in Non-Traditional roles were interviewed from three regional and rural health services in North East Victoria.
- 1 case study
- Data collection ongoing

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Results

Role and function

These roles are primarily focused on supporting clients with complex health situations to stay out of hospital. Doing this involves addressing the impacts of broader socio-structural determinants of health on the lives of clients:

"*…I would say* ***most of the work we do is around the social determinants of health*** *– chronic disease management's obviously what we're aiming to achieve and supporting clients to keep out of hospital, but much of our work is on those bigger factors that are impacting their ability to manage their health*" [Care Coordinator FG 1]

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Results

You're sort of walking around the client and thinking oh, ***okay they've got this diagnosis but really is that the most important thing in their life and half the time you'll find it's not.*** *The medical system might think the diagnosis is overarching but really the client is just like my "dog needs to go to the vet", that's important to me, or "my daughter is having a baby or whatever".* ***You're looking at the other issues in their life and giving that equal weight to how they manage their medical diagnosis.***" [Care Coordinator FG 3]

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Results

Skills, knowledge, attributes

Non-traditional roles also require **personal maturity and significant clinical experience**. There is a need to have an understanding of professional and personal capabilities and limitations to perform the role well:

*I look back to when I was a new grad and doing, in the first few years of practice, now I just think **I had no idea like how complex people's lives are** and what they bring and **I didn't have the language or the insight to be able to even ask the right questions** to get the information that you would have needed. So I guess just from a life experience point of view, I would feel the more complex clients benefit more from people who have had more time on the ground. [Care Coordinator FG 2]*

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Results

Career opportunities

Most participants identified an overall lack of career opportunity:

*I forgot to tell you, I'm classed as Grade 3 because of my management role, but if I wasn't in a management role, I'd be a Grade 2 and are in the team allied health sit at Grade 2 and **I've got 22 years' experience and the other allied health professional probably has 30**, including academia, including masters, **both of us have a masters**, yeah and **we have hit the ceiling at the moment**, but we can work on that. [Care Coordinator FG 2]*

Compounded by limitations with the current industrial instruments:

There's no EBA for care coordinators, there's no - it's not really mentioned in the EBAs for our disciplines, we're sort of a bit of [unclear], no man's land and yeah. [Care Coordinator FG 3]

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Results

Measuring value and impact

Participants report that measuring the impact of the service is complicated and using crude quantitative measures doesn't demonstrate the true picture e.g. Hospital admissions. The complexity and diversity of clients requires a more holistic analysis.

"Often people in those kinds of roles ***they're hidden heroes and the value of them aren't really known until you remove it.*** ***It's like if things are going well you don't notice it. If things aren't going well you notice there's a big gaping hole."*** [Manager FG 1]

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Results

Case study

Diagnosis provided by referrer	COPD, Pulmonary aspergillosis, Right VATS and wedge resection, coronary artery disease, ETOH cirrhosis, gallstones, HTN, dysphagia.
Referral source	Acute
Admission and discharge dates or length of time you provided input	22/1/19 [ongoing]
Description of input you provided for the client	Health coaching re COPD – including action plan, symptom monitoring, referral and follow up for home visit with Pulm Nurse and EP. Navigating health service – new carer and [Client] is illiterate – information and supports with MAC, home supports etc. Development of individual health folder to support with appointments etc. Carer Supports. Supports with accessing multiple Specialist services including strategies for reduced financial means. Smoking cessation – health coaching and motivational interviewing++ Dysphagia – review post acute discharge and dysphagia therapy. Chronic pain – strategies to manage and navigating health service. Equipment – trials of bathroom equipment etc – Links with OT for hospital bed. Cognitive screening - education and development of strategies to assist.

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Conclusions

- The non traditional allied health roles examined in this research have significant capacity to meet rural client needs;
- However their value is difficult to measure; and
- Significant investment in creating career progression opportunities is required to maximise the value of these roles in rural settings.
- Further research to capture the functional content of roles, opportunity for career progression and value to consumers is required for further role expansion.

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