Allied Health Leadership and Advancing Practice Framework

2022

Queensland Government

Allied Health Leadership and Advancing Practice Framework 2022

Contents

Context

Queensland Health requires an efficient, effective, and sustainable model of training for the current and future allied health workforce to meet the needs of health services, across a range of clinical areas. To achieve this, the development, implementation, and evaluation of a professional development framework (*Allied Health Leadership and Advancing Practice Framework*) is being pursued.

The development of the framework was a multi-year initiative, with the first stage of this project aiming to develop a training model for the non-clinical skills allied health professionals are expected to possess to advance in their clinical services. The second stage of the project entailed the development of a process to incorporate service-specific clinical skills into the framework.

Services with existing skills frameworks

Within Queensland Health, some services have existing clinical and/or non-clinical competency frameworks that work well for them. However, many services do not.

The *Allied Health Leadership and Advancing Practice Framework* (the Framework) has been designed to fill the gap where services do not have an existing competency framework for clinical or non-clinical skills, and to complement existing clinical or non-clinical frameworks where they exist.

See below for advice on how the Framework can be incorporated within your service context.

Services *without* a clinical and non-clinical framework:

The Framework can be implemented in full, tailored where necessary to reflect local context.

Services *with* a clinical and non-clinical framework:

The Framework can be used to supplement existing competency frameworks. In particular, the interactive component of the assessment tool could be useful for health professionals to identify and visualise their skill gaps, providing a helpful guide to prioritise and plan their skills development activities to become a well-rounded health system leader.

Services *with* a clinical framework, but *without* a non-clinical framework:

The Framework can still be implemented in full, as the clinical component of the Framework is general in nature. Also, services have the option to either create additional questions for the clinical component based on their existing clinical framework (see page 13 for information on how to tailor the clinical practice domain) or conduct the assessment of clinical skills via their existing framework process.

Services *with* a non-clinical framework, but *without* a clinical framework:

The Framework can be used to supplement existing competency frameworks. The incorporation of clinical skills in the Framework may make it more useful than existing non-clinical frameworks. The interactive component of the assessment tool could be useful for health professionals to identify and visualise their skill gaps, providing a helpful guide to prioritise and plan their skills development activities to become a well-rounded health system leader.

Importantly, the Framework can also be used by service managers in any of the above scenarios to plan for formal, structured experiential learning development programs to assist with succession planning and ensure adequate workforce for service sustainability.

Introduction to the Framework

The Framework has been designed to reflect how allied health professionals progressively interact with their service environment to develop new skills and collaboratively influence health care, and the outcomes of people and their communities. The capability compass (Figure 1) depicts the Framework and its components.

Figure 1. Capability compass
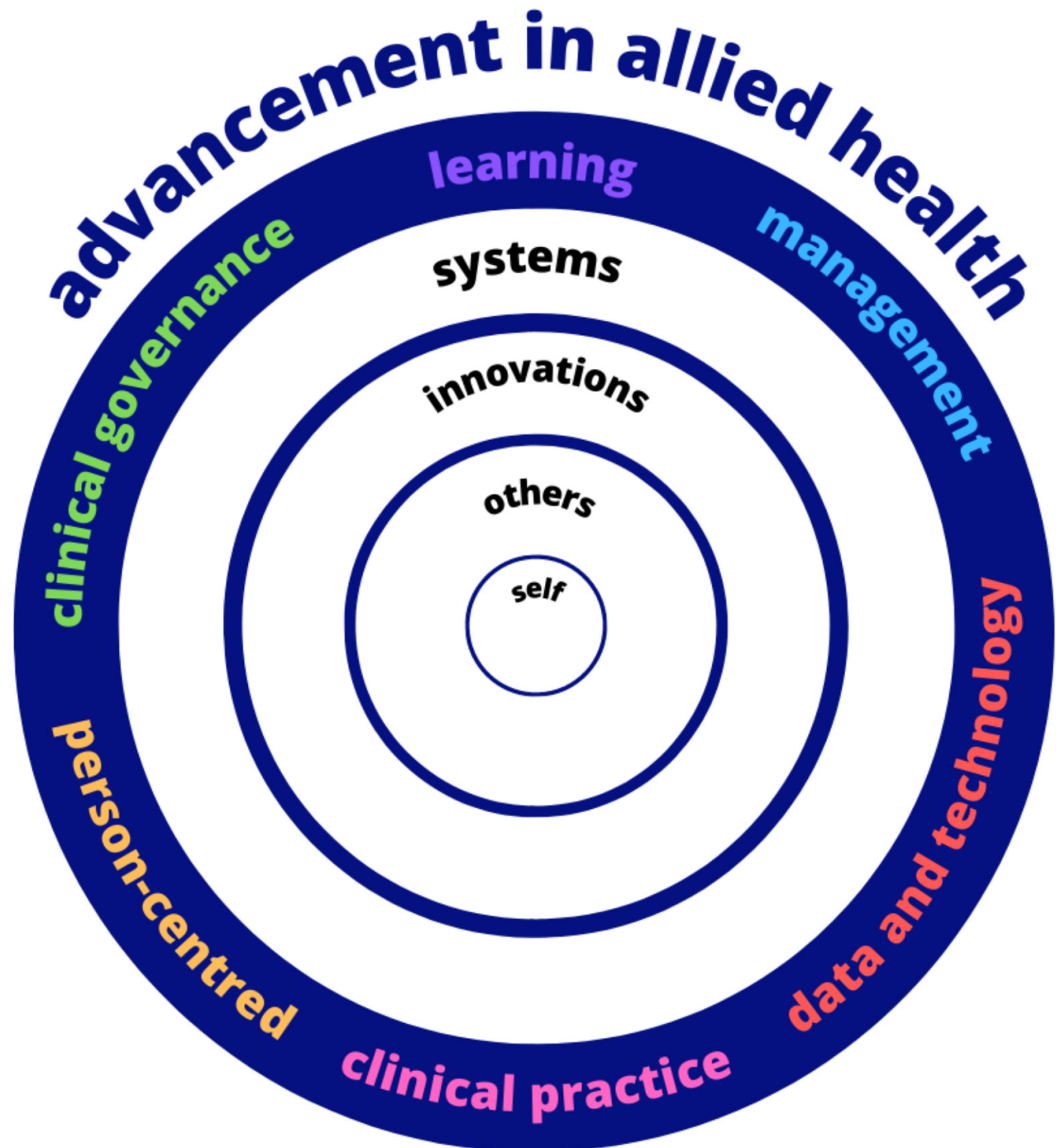
Background:

The Framework has been designed to address the service training and development needs, particularly for more high-volume clinical services. To achieve this, the Framework will:

1. provide a scaffolding to integrate non-clinical and clinical skill, ability and knowledge requirements for identified allied health clinical services

2. assist clinicians to reflect on their skill capability areas as they expand their sphere of influence within their practice

3. assist managers to consider whole of team development requirements to ensure service sustainability

4. address services needs through directing clinicians towards developing the skills needed to advance leadership skills and the quality of their practice.

After conducting a literature review and focus group with allied health leaders and workforce development officers, a draft Framework was developed that:

- models the draft of the HealthLEADS and NHS Clinical Leadership Competency Framework (CLCF), which integrates leadership throughout a number of targeted domains and capabilities

- incorporates important domains and capabilities from existing health workforce frameworks

- Aligns with and complements existing allied health frameworks

- incorporates emerging capability areas

- is designed to be tailored to meet services needs of Queensland Health allied health service providers.

Domains:

Following the development process, six targeted domains were identified for allied health leadership development:

1. Clinical practice
2. Person-centred
3. Management
4. Learning
5. Clinical governance
6. Data and Technology

Leadership, research, and communication are embedded within each of the six domains.

Professional development in each of the domains is guided by a unique skills matrix, which identifies the specific skills that would be expected for an allied health professional operating within a particular professional milestone.

Milestones:

The four milestones are:

1. Leads self
2. Leads others
3. Leads innovations
4. Leads systems

These milestones have been adapted from the four *spheres of influence* outlined in the National Competency Standards Framework (NCSF) for Pharmacists in Australia (2016). As defined by the NCSF (2016), a sphere of influence refers to the network of people, resources, and systems that make up the person's professional environment. As allied health professionals develop expertise, experience, and capacity to contribute to health care, their spheres of influence and leadership expand (refer to Figure 2).

Figure 2. NCSF - Expanding spheres of influence and leadership

SELF	OTHERS	INNOVATIONS	SYSTEMS
Demonstrates self-awareness, strength of character, key knowledge, and understandings, and undertakes personal development.	Communicates honestly and respectfully, applies the values of diversity, supports consumers, colleagues, and others.	Measures, develops, and promotes innovation and improvement to achieve outcomes, evaluates progress and leads change.	Leads systemic development and change, leverages external partnerships, and involes consumers and communities in policy decision-making and addressing wider health problems.

Source: Adapted from National Competency Standards Framework for Pharmacists in Australia 2016

For example, an early career professional may predominantly work within the first sphere of influence or milestone (e.g., self). Through exposure to professional development opportunities, the same health professional may develop new skills and be empowered to share their knowledge with others (thereby progressing to the next milestone).

In relation to the Framework, Figure 3 identifies the key factors that can be used to determine which milestone is most applicable to the person based on their role, development focus and applicable training activities.

Figure 3. Milestone progression and development behaviours

Leads self

Role:
New starter

Focus:
Self development

Training:

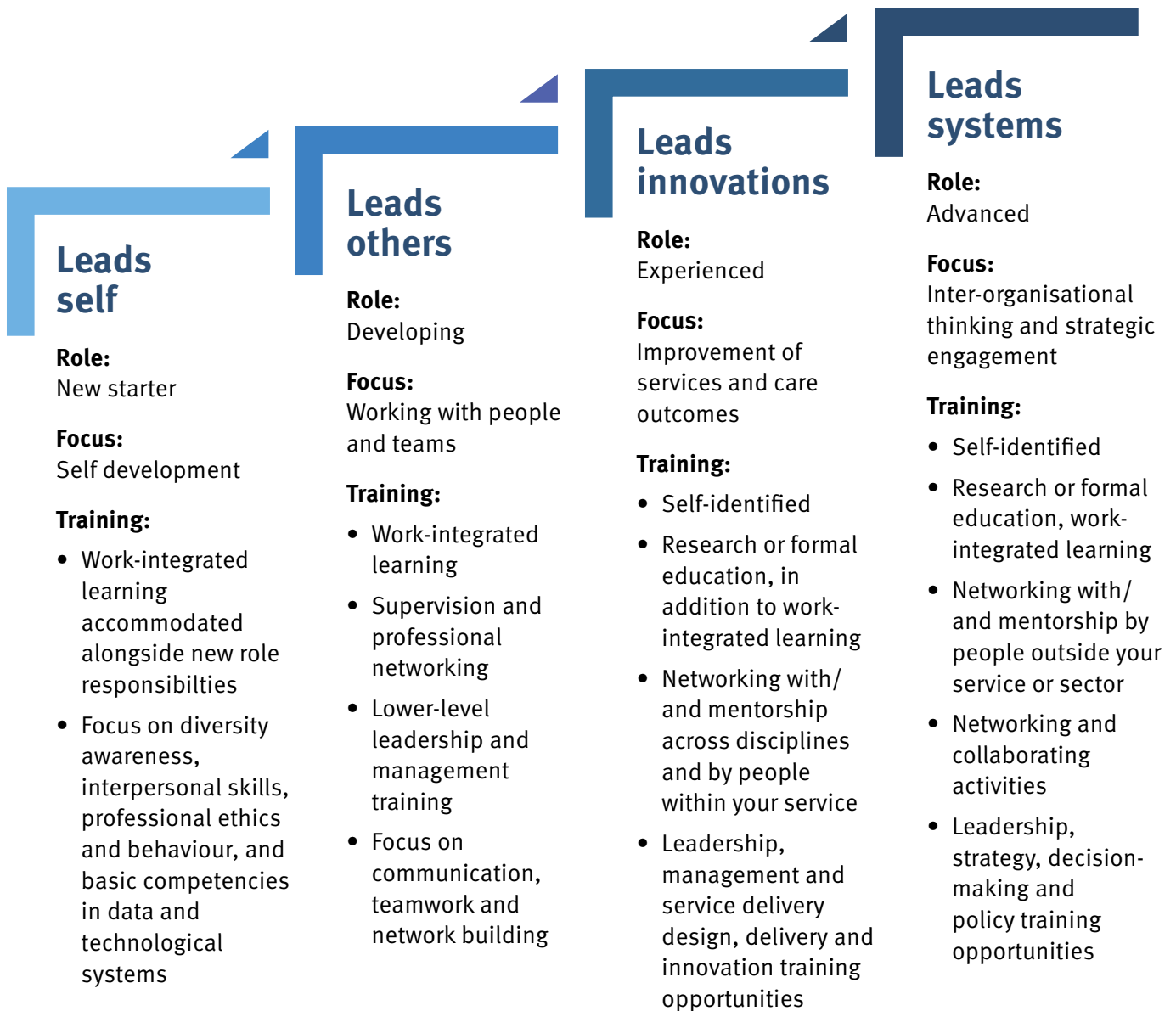- Work-integrated learning accommodated alongside new role responsibilties

- Focus on diversity awareness, interpersonal skills, professional ethics and behaviour, and basic competencies in data and technological systems

Leads others

Role:
Developing

Focus:
Working with people and teams

Training:

- Work-integrated learning

- Supervision and professional networking

- Lower-level leadership and management training

- Focus on communication, teamwork and network building

Leads innovations

Role:
Experienced

Focus:
Improvement of services and care outcomes

Training:

- Self-identified

- Research or formal education, in addition to work-integrated learning

- Networking with/ and mentorship across disciplines and by people within your service

- Leadership, management and service delivery design, delivery and innovation training opportunities

Leads systems

Role:
Advanced

Focus:
Inter-organisational thinking and strategic engagement

Training:

- Self-identified

- Research or formal education, work-integrated learning

- Networking with/ and mentorship by people outside your service or sector

- Networking and collaborating activities

- Leadership, strategy, decision-making and policy training opportunities

Addressing service need

The vision set out in *Advancing health service delivery through workforce: A strategy for Queensland 2017–2026* is for Queensland's health workforce to be:

> '*skilled and responsive to patient needs and demand; sensitive to the role of emerging technologies and changing models of care; and delivered efficiently with the best use of resources.*'[1]

Achieving this vision will contribute to the delivery of safe, high-quality health care. Central to its realisation is a strong workforce where leadership and workforce empowerment underpin workplace cultures characterised by robust workforce engagement and quality, person-centred care.

Contributing to the strengthening of the allied health workforce will involve improvements to capability and professional development, cultural enhancement, and effective health sector leadership. Established and emerging professional skill sets and key skill domains need to include adaptability, resilience and interpersonal communication, in addition to increasingly important digital literacy, cultural capability and personal wellbeing.[2] Workforce optimisation efforts need to ensure requirements for multidisciplinary and team-based care are met.

Health service organisations across Queensland Health have a central role to play in building and delivering the future health workforce. The Framework has been developed to assist services in positioning Queensland Health's allied health workforce to address our future challenges by improving the capabilities, competencies, and sustainability of the health workforce. It allows for workforce planning to identify and ensure workforce development meets the needs of services.

To ensure service sustainability and avoid unwarranted variation in training requirements across health facilities, a clinical service team must be of the right quantity and at the right level of expertise and experience, at the right time.

The Framework provides the scaffolding to integrate non-clinical and clinical skill, ability and knowledge requirements for identified allied health clinical services. The clinical practice domain of the Framework can be tailored to adequately guide training and development of allied health professionals to meet *clinical* service needs.

To assess whether a team is sustainable and capable of meeting service needs and responding to the capability requirements of the future workforce, managers must understand the clinical and non-clinical skill level of the health professionals that make up their teams.

The Framework assists managers to do this, by identifying the level of development of the individual members of their work teams through assessing their skills, abilities and level of knowledge. The make-up of the team can then be analysed, allowing for managers to develop formal, structured experiential learning programs to ensure that their team has the right mix of skills, enabling workforce and succession planning.

1. https://www.health.qld.gov.au/__data/assets/pdf_file/0039/657993/QH959-Advancing-Health-Service-Workforce-publication-WEB-2.pdf
2. Ibid.

How to integrate the Framework into your service

To adequately guide clinical practice training and develop formal, structured experiential learning programs to meet clinical service needs, the clinical practice domain of the Framework is designed to be tailored to individual allied health service areas. In addition to the clinical practice skills shown in the skills matrix on page 12, managers can insert the service-specific clinical knowledge, skills and abilities required to meet service needs into the Framework.
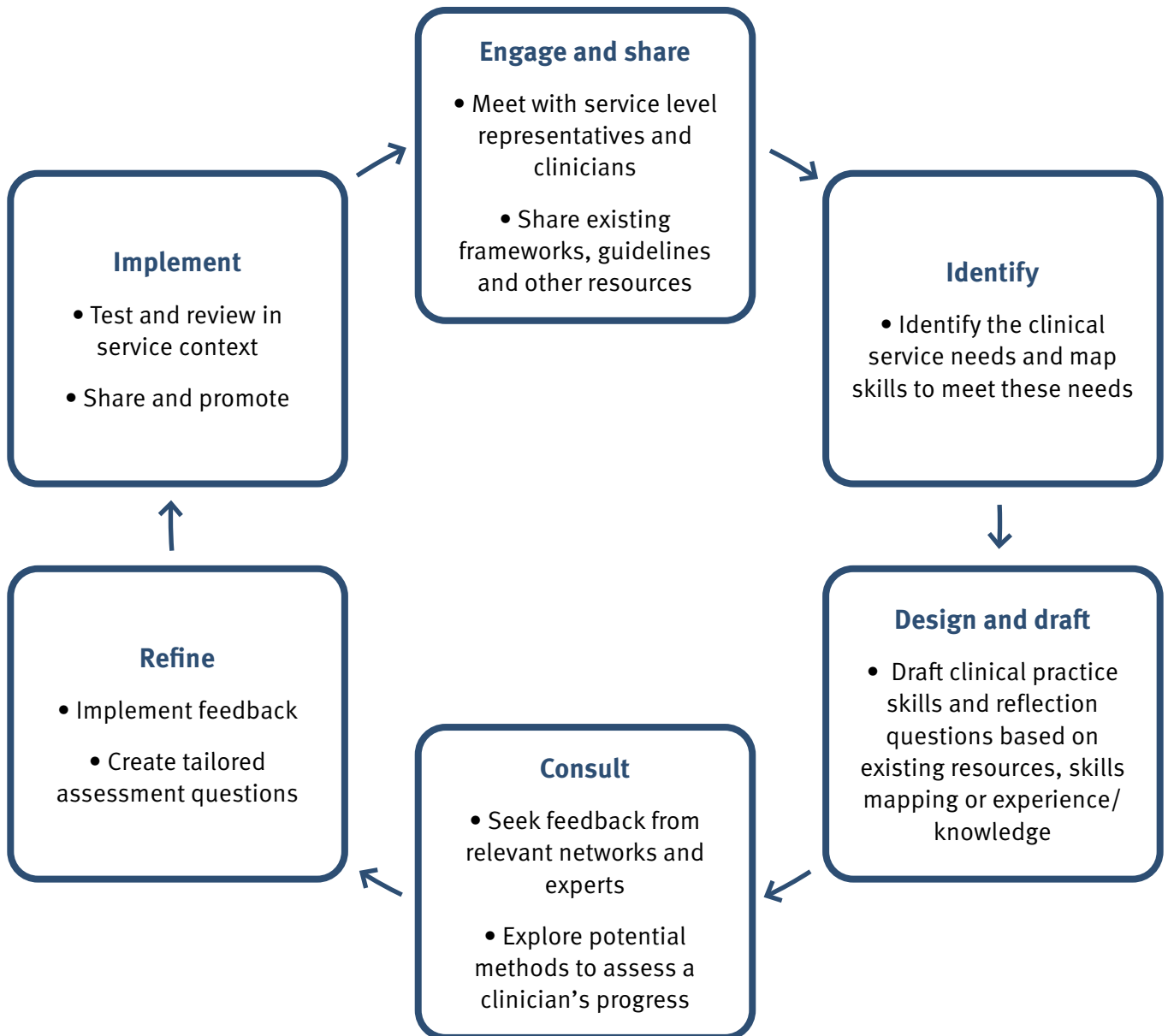
The steps to tailoring the Framework are outlined below:

1. To begin tailoring your service-integrated training framework, firstly identify your service needs for which clinical skills and training requirements can be mapped to and/or developed to address.

   Assessing service needs requires an understanding of the needs and demands of the people or population serviced, and an understanding of the capacity and supply of the service. For this training framework, there is a focus on workforce capacity and supply.

   At a service level, implementation may include the identification and development of a formal, structured experiential learning program or framework that has been informed by the service specific clinical practice domain development process.

2. After identifying service needs, determine what clinical knowledge, skills and abilities are required to meet those needs. Relevant literature, for example capability frameworks or standards, can be helpful for this step.

3. Once determined, map the clinical knowledge, skills and abilities against the four milestones of the Framework (self, others, innovations, systems).

4. Draft questions to be used to assess competency in these clinical knowledge, skills and abilities, which can then be added to the self-reflection component of the Assessment Tool (see Appendix B) for each milestone.

The recommended process to develop the service-integrated component of the Framework is shown below in Figure 4.

Figure 4. Service-specific clinical practice domain development process

Engage and share

- Meet with service level representatives and clinicians
- Share existing frameworks, guidelines and other resources

Identify

- Identify the clinical service needs and map skills to meet these needs

Design and draft

- Draft clinical practice skills and reflection questions based on existing resources, skills mapping or experience/knowledge

Consult

- Seek feedback from relevant networks and experts
- Explore potential methods to assess a clinician's progress

Refine

- Implement feedback
- Create tailored assessment questions

Implement

- Test and review in service context
- Share and promote

The following case-study outlines the development process undertaken to tailor the clinical practice domain to meet the service needs of the Queensland Health High Risk Foot service. The implementation of the Framework will also need to consider the essential experiential clinical experiences that assist practitioners to move along the Framework.

Case study

Meeting the service needs of High Risk Foot podiatry

Development

The development process for a service-specific clinical practice domain commenced in March 2022. An expert reference group was established to provide advice and information to assist the development of a tailored High Risk Foot Framework, which included reviewing draft content and providing feedback on the alignment of the clinical service requirements with the domains and milestones of the Framework.

An evidence review was conducted of several national and international competency frameworks. Through this review, the Metro North Hospital and Health Service High Risk Foot Competency Framework (2017) and the United Kingdom's Podiatry Integrated Career and Competency Framework for Diabetes Foot Care (McArdle, 2012) were identified as relevant literature.

Service needs

The High Risk Foot podiatry services in Queensland were identified as needing training tailored for: 1) new starters, 2) private, experienced podiatrists new to High Risk Foot, and 3) experienced High Risk Foot podiatrists.

The training and development needs for each group to maintain service sustainability were different; new starters were identified as needing to develop the whole range of clinical skills and abilities; those with a background in private podiatry often had strong generic clinical skills, whilst still developing High Risk Foot specific clinical skills; and experienced High Risk Foot podiatrists need to further develop clinical excellence.

To meet service needs, it was clear that the clinical practice domain needed to cater for three distinct training and development requirements.

Design

A reference document detailing the service-specific clinical knowledge areas was created (refer to Appendix E for an example of a reference document created for the High Risk Foot Podiatry clinical area). The reference document was adapted from the Metro North Hospital and Health Service High Risk Foot Competency Framework (2017). The adaption process involved removing elements and skills covered in the other, non-clinical skill domains of the Framework. The remaining clinical skills areas were then reviewed and separated into milestones to meet the identified service needs.

The reference document was then used to inform the creation of additional self-reflection questions (Appendix F), which were added to the self-reflection component of the assessment tools (see Appendix B).

Domains

Clinical practice

This domain encompasses the clinical knowledge, skills and abilities for advanced clinical practice in generalist and focussed clinical contexts, as well as profession-specific situations and situations relating to specific client groups or geographical settings.

Skills matrix:

Clinical practice	Leads self	Leads others	Leads innovations	Leads systems
Clinical knowledge	General knowledge of service-specific clinical practice areas and treatment options.	Recognises the need for, and requests/refers for, investigations and/or assessments, as appropriate and adhering to local policies.	Advanced level of clinical knowledge, technical skills and reasoning.	Develops, implements, and critically evaluates treatment management plans.
	Interprets assessment results, informed by clinical reasoning, evidence, and client/patient and service needs, to formulate a diagnosis.	Communicates effectively and compassionately with patients and carers through all stages of their care journey, making sure they feel empowered and in control of their care options.	Demonstrates shared decision-making with a clinical team and with patients.	Promotes, establishes and reviews referral pathways.
	Conducts comprehensive assessments, using a range of methods and tools informed by theory and evidence, of clients with complex needs or within complex situations.	Seeks to promote new and emerging knowledge and evidence on clinical practice amongst colleagues and engages with others to improve their level of clinical practice knowledge.	Engages in clinical research and evidence to provide innovative approaches to assessment and treatment to achieve better outcomes for clients/patients and the service.	Provides strategic advice and contributes to local, national and international networks relevant to their profession and area of clinical practice.
Clinical skills and abilities	Formulates an individualised intervention plan, informed by clinical reasoning and evidence, including referring to other health providers as appropriate.	Monitors the effectiveness of management plans and treatments, making changes or referring to other health providers as appropriate.	Creates a positive environment for collaboration amongst colleagues and other clinicians to develop ways to improve patient outcomes.	Consults with education providers to ensure content and delivery methods are relevant to clinical practice.

Person-centred

Person-centredness is a distinct dimension of high-quality health care. It involves 'seeking out, and understanding what is important to the patient, fostering trust, establishing mutual respect and working together to share decisions and plan care'.[3] In the Australian universal health care system, considerations of equity and public value highlight the need to embed community and population health in all person-centred approaches.

Skills matrix:

	Leads self	Leads others	Leads innovations	Leads systems
Person-centred	Dedicated to understanding patient and community needs, values, expectations, and context.	Actively listens and responds to patient and community needs, values, expectations, and context.	Lead projects designed to achieve person-centred outcomes by incorporating the interests and needs of patients and communities.	Expands partnerships with other health services and stakeholders to improve outcomes that matter to patients.
	Recognises and addresses own biases.	Adapts communication style and messaging to effectively communicate with the audience.	Explores and establishes a process to measure experiences and outcomes of care (PREMs and PROMs).[4]	Champions integrated care practices.
	Models ethical, responsive, and respectful behaviour to all people, including those of different cultural backgrounds, gender identifications and other diverse groups.	Leads and supports others to identify the shared needs of patient groups.	Promotes a person-centred care focus into organisational decision-making and supports staff to apply these principles as part of everyday practice.	Seeks to address health issues and health care inequity by influencing regulatory, policy and legislative decision-making.

3. https://www.safetyandquality.gov.au/sites/default/files/migrated/PCC_Paper_August.pdf
4. Leads digital transformation and the adoption of new and emerging technologies in the health system.

Management

Management is an essential skill in all workplaces. This capability empowers health professionals to effectively plan, coordinate, control, decide and direct appropriate resources to achieve outcomes.

Skills matrix:

	Leads self	Leads others	Leads innovations	Leads systems
Management	Demonstrates management skills and knowledge.	Establishes and maintains positive relationships with colleagues, patients, and other stakeholders.	Proposes solutions to identified problems or shortcomings with service delivery and care.	Shapes and supports strategic directions in the management of health services across organisational and professional boundaries.
	Reviews and analyses current performance and takes action to improve.	Communicates effectively to managers and executive staff on identified, evaluated, and documented service issues.	Manages the development, implementation, and evaluation of service or process change.	Champions sustainability in service delivery, workforce development and the health system.
	Seeks out opportunities to develop management capabilities, including opportunities to manage projects, tasks, or people.	Supports colleagues with their management objectives and service improvement initiatives.	Demonstrates knowledge and skills in financial, resource and risk management to improve processes.	Contributes to the efficient and effective use of resources and technologies.

Learning

Learning refers to the acquisition of skills, knowledge, and experience. Learning can occur through formal education, but also occurs through the pursuit of research endeavours and through informal knowledge sharing initiatives (e.g., mentoring programs).

The capability and commitment to sharing knowledge with other health professionals is pivotal to creating a productive learning culture.

Skills matrix:

	Leads self	**Leads others**	**Leads innovations**	**Leads systems**
Learning	Reflects on gaps and limitations in knowledge and skills.	Seeks feedback from others to identify development needs and offers feedback to colleagues when appropriate.	Leads the translation and application of lessons from education and research into service and organisational level practice.	Engages in research pursuits on issues impacting health outcomes and the health system.
	Consistently seeks out learning and development opportunities, both formal and informal.	Collaboratively participates in skill and knowledge sharing initiatives, mentoring and supervision opportunities.	Identifies, creates, and promotes learning and training opportunities to meet organisational workforce development needs and for service improvement and delivery.	Educates and informs decision-making factors on strategic workforce development needs.
	Demonstrates a working knowledge of relevant current research and an ability to undertake research and critically evaluate information.	Offers appropriate education and advice in relation to clinical and service practices to colleagues, other professionals, and patients.	Creates an environment that facilitates colleagues to improve their consumption of, participation in and generation of, research and evidence.	Participates in collaborative and interprofessional/ interdisciplinary learning and development opportunities, like professional and community networks, and facilitates the participation of colleagues in these networks.

Clinical governance

Clinical governance entails the processes, guidelines and actions that create clinical leadership and accountability focused on delivering safe and quality driven health care. Successful clinical governance achieves high quality health outcomes, practice improvement, and safe and effective services.

By considering clinical governance in practice, health professionals can empower people to participate in the management of their own health and contribute to service design. They can also employ risk management processes to identify and design practice improvements, thereby meeting necessary legislative requirements and regulatory standards.

Skills matrix:

	Leads self	Leads others	Leads innovations	Leads systems
Clinical governance	Understands and upholds safety and quality practices, and relevant current national and international guidelines	Seeks advice and information from others on safety and quality practices.	Oversees and understands consumer outcomes to anticipate and prevent risks and improve processes.	Creatively and strategically engages with risk to develop opportunities for innovative and safe services.
	Recognises accountability and responsibility for decisions. Acknowledges mistakes and learns from them.	Partners with consumers to empower and support their health care.	Confidently makes decisions and recommendations in situations of uncertainty and ambiguity.	Contributes to the development and implementation of guidance, protocols and recommendations at a local, state and/or national level.
	Promotes and contributes to a culture of safety and quality of care.	Supports colleagues and clinicians to engage with risk, promote safety and quality practices, and improve consumer outcomes.	Improves and promotes monitoring, reporting and feedback mechanisms.	Champions system-wide change that is evidence and outcomes-based.

Data and technology

The adaptability and openness of health professionals to new and emerging technologies, and the capability of health professionals to understand new data and information, is critical to the resilience of the health system.

Digital technologies and data utilisation are increasingly important to the way we work and can provide the tools needed to improve health outcomes for people and communities. The use of data in the consultation room and digital technologies in rural and remote areas, are two ways in which data can inform care pathways and make a positive difference.

Having the skills and knowledge to be digitally, technologically and data enabled will foster innovation and leadership amongst the health workforce to drive sustainable health care transformation.

Skills matrix:

|	Leads self	Leads others	Leads innovations	Leads systems
Data and technology	Understands, utilises, and manages data and technology in the workplace.	Raises awareness, educates, and listens to the concerns of patients and communities on available digital health resources.	Identifies, researches, and designs technological solutions to health care services that meet patient and community needs.	Contributes to developing, evaluating, and expanding digital models of care and digital health resources.
	Applies data and digital literacy to improve personal work practices.	Engages with other organisations to promote and explore opportunities for the adoption of data and technology in the workplace.	Demonstrates an ability to assess, monitor and interpret local clinical data to benchmarks with other facilities, centres or regions.	Builds data and digital capability within future strategic planning and workforce development.
	Engages with training and development to improve data and digital literacy.	Champions compliance with information management principles and proper use of digital systems amongst colleagues.	Critically evaluates the use of data and technologies to achieve outcomes.	Leads digital transformation and the adoption of new and emerging technologies in the health system.

Application of the Framework

Once the clinical service skills, abilities and knowledge have been integrated into the Framework as outlined in the earlier section (Page 9), the Framework can be applied to identify the necessary professional capabilities of an allied health professional and guide their progression in accordance with the Framework stages.

The Capability Compass (refer to Figure 5 below) symbolically reflects how the six domain areas of the Framework align with the four stages. This flexible design allows for the development of a multi-dimensional training approach, that identifies suitable training options according to the stages and domains that are relevant to each health professional.

Figure 5. Capability compass
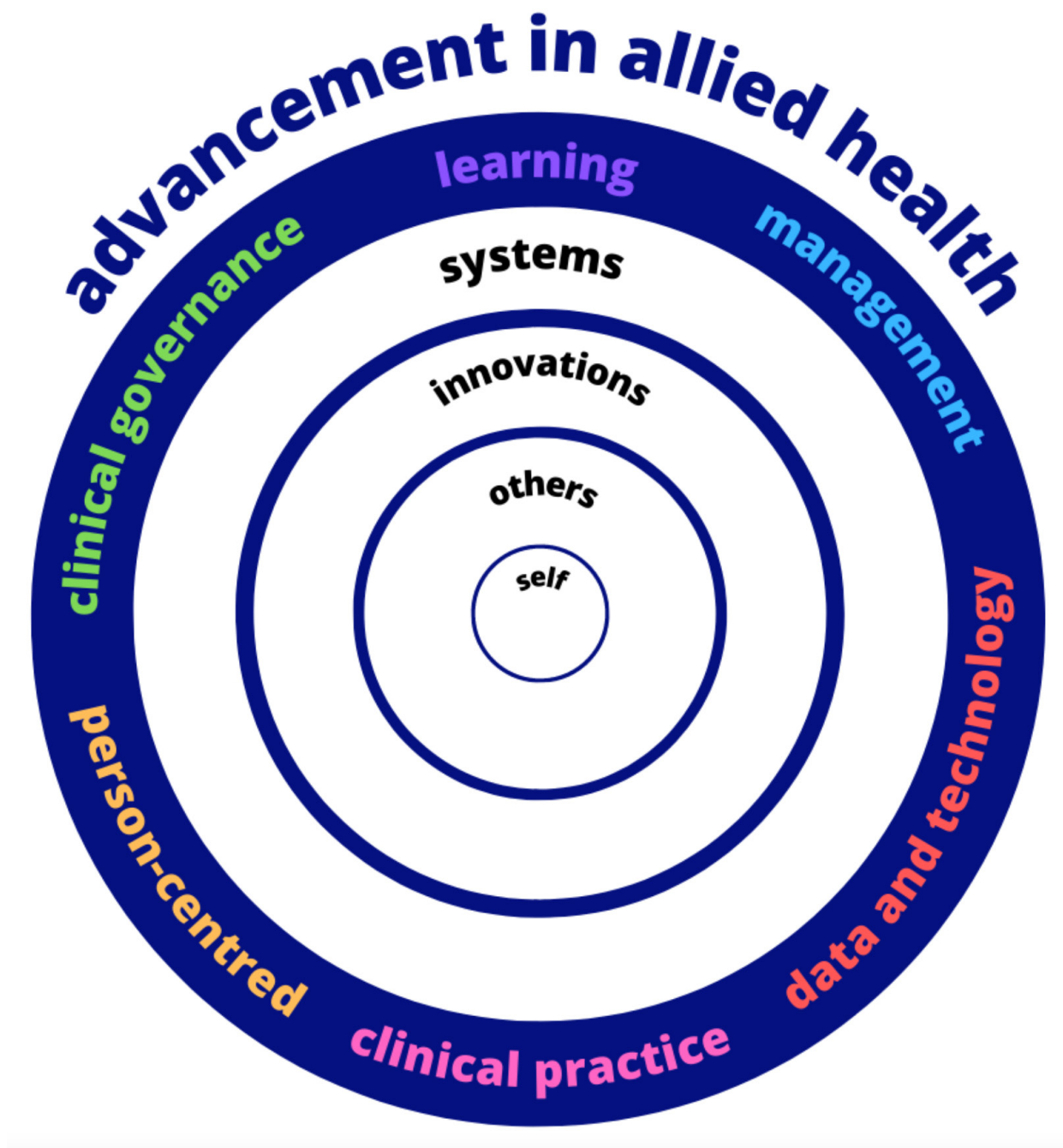
To identify suitable training options for professional skills, each health professional will complete a series of short reflective activities. These activities are separated into five key action points.

Step one – Assessment Tree

The health professional first completes an Assessment Tree (refer to Appendix A) to determine within which stage they are currently working.

This short assessment is comprised of questions around the role and experience of the health professional, which guide towards the appropriate stage to begin the Framework. The stage identified in this section will be used to guide the reflection in step two.

Step two – Self Reflection

The health professional completes a one-page self-reflection (refer to Appendix B) for the framework stage that was identified in step one (e.g., Leads Self). Comprised of a questionnaire, the health professional is asked to determine how strongly they agree with each statement. The health professional records their response on a 5-point Likert scale. Once complete, an average score for each domain is calculated. Scores are not designed for use as performance indicators.

Note: The self-reflection questions for the clinical practice domain can be tailored to align with service-specific clinical knowledge and capabilities (see page 9 for more information).
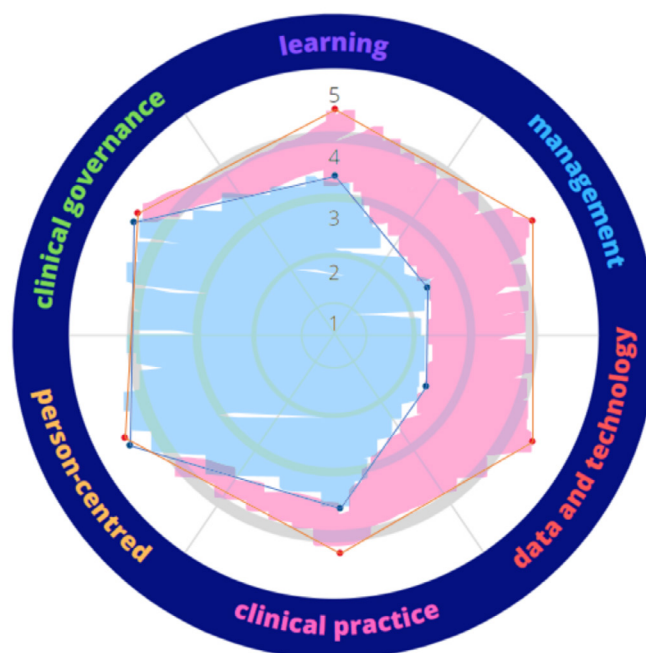
Step three – Capability Compass

Referring to their self-reflection, the health professional maps their average scores from each domain on the capability compass (refer to Appendix C for additional details). The compass has five concentric circles, each of which reflect a point on the Likert scale.

When mapped on the capability compass, the points from the self-reflection will create a shaded area which visually outlines the health professional's current capabilities. The health professional can then identify areas of improvement.

For example, the completed capability compass below demonstrates that the health professional is currently engaging effectively in the 'person-centred' and 'clinical governance' domain, has some things they need to work on in the 'learning' and 'clinical practice' domains, yet they may need further training in the 'data and technology' and 'management' domains.

Similarly, a score of five for all domains may indicate that the health professional is equipped with the required allied health professional skills to advance to the next stage in the Framework.

Step four – Supervisor review

Following the completion of the self-reflection and capability compass, the health professional engages in a discussion with their supervisor to review their assessment responses. Together, the supervisor and health professional should use the self-reflection as an opportunity to discuss the strengths and identify target areas for development.

Step five – Work Integrated Learning Plan

Once the training domains have been identified, the health professional can refer to the available training resources to identify opportunities for professional development.

The health professional can record these items in a Work-Integrated Learning Plan (refer to Appendix D) to monitor their progress and record reflections.

Monitoring and re-assessment

Periodically, the health professional may re-complete the self-assessment process to reflect on their progression. If appropriate, the health professional may complete the assessment for a more advanced Framework stage.

Appendix A – Framework Assessment Tree

Start here

You are in your early career, or in a role where you are learning to apply your knowledge and skills to perform your duties to a high standard.

You have developed in your role, and have a good grasp of your role requirements. You are now expanding your skills to better support, engage and lead your team and colleagues.

I've advanced further than that

Yes

Leads self

Yes

I've advanced further than that

You are very experienced in your role and have taken advances in your career that have allowed you to lead   significant service improvements and innovation.

Leads others

Not quite

Yes

Leads innovations

Leads systems

Appendix B – Leads Self Reflection Example

Answer each question with a score of 1 to 5 and then calculate the average score (round to two decimal places).

	Reflection on leading 'self'						Average score	Supervisor notes
Clinical practice	1.1 I demonstrate a general knowledge of all service-specific clinical areas/disciplines and treatment options.	1	2	3	4	5		
	1.2 I interpret assessment results and formulate a diagnosis informed by clinical reasoning, evidence, and client/patient and service needs	1	2	3	4	5		
	1.3 I use a range of methods and tools informed by theory and evidence to conduct comprehensive assessments of clients with complex needs or within complex situations	1	2	3	4	5		
	1.4 I demonstrate clinical reasoning and use evidence to formulate an individualised intervention plan, including referring to other health providers as appropriate	1	2	3	4	5		
Person-centred	2.1 I am dedicated to understanding the needs, values, expectations, and contexts of my patients and my community	1	2	3	4	5		
	2.2 I recognise and address my own biases	1	2	3	4	5		
	2.3 I behave ethically, responsively, and respectfully to all people	1	2	3	4	5		
Management	3.1 I demonstrate management skills and knowledge	1	2	3	4	5		
	3.2 I review, analyse, and actively improve my performance	1	2	3	4	5		
	3.3 I seek out opportunities to develop management capabilities, including opportunities to manage projects, tasks, or people	1	2	3	4	5		
Learning	4.1 I frequently reflect on my skills and knowledge gaps	1	2	3	4	5		
	4.2 I consistently seek out learning and development opportunities	1	2	3	4	5		
	4.3 I demonstrate knowledge of relevant current research, an ability to undertake research and to critically evaluate information.	1	2	3	4	5		
Clinical governance	5.1 I understand and uphold safety and quality practices, and relevant current national and international guidelines	1	2	3	4	5		
	5.2 I recognise when I'm accountable and responsible for decision-making, particularly when things go wrong	1	2	3	4	5		
	5.3 I actively promote and contribute to a culture of safety and quality of care	1	2	3	4	5		
Data and technology	6.1 I understand, utilise, and manage data and technology in the workplace	1	2	3	4	5		
	6.2 I apply data and digital literacy to improve my personal work practices	1	2	3	4	5		
	6.3 I engage with training and development to improve my digital and data literacy	1	2	3	4	5		

Appendix C – Capability Compass

The capability compass exercise helps to reflect and visualise professional skills gaps and opportunities for training.

Step 1: Using the capability compass template, locate the section for the domain you are assessing.

Step 2: Draw a dot in the numbered section corresponding to the average score calculated in the reflection.

Step 3: Repeat steps 1 and 2 for the other domains.

Step 4: Connect each dot to its neighbour by drawing a straight line between them and shade the area between the lines.

Step 5: Repeat the above steps in a different colour to plot out a score of 5 for each domain.

Note the difference between the two shaded areas.

Review the areas you need to improve and the opportunities (training or otherwise) that can help you progress to the next stage of the Allied Health Leadership and Advancing Practice Framework.
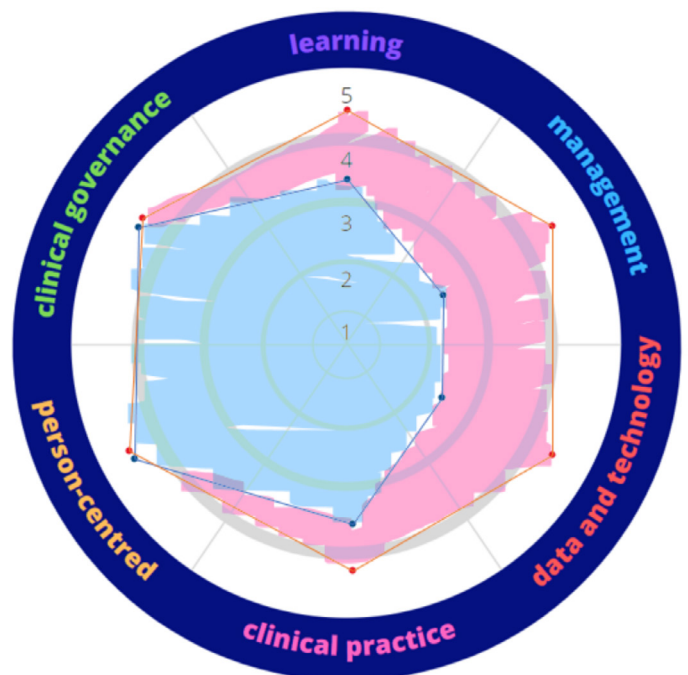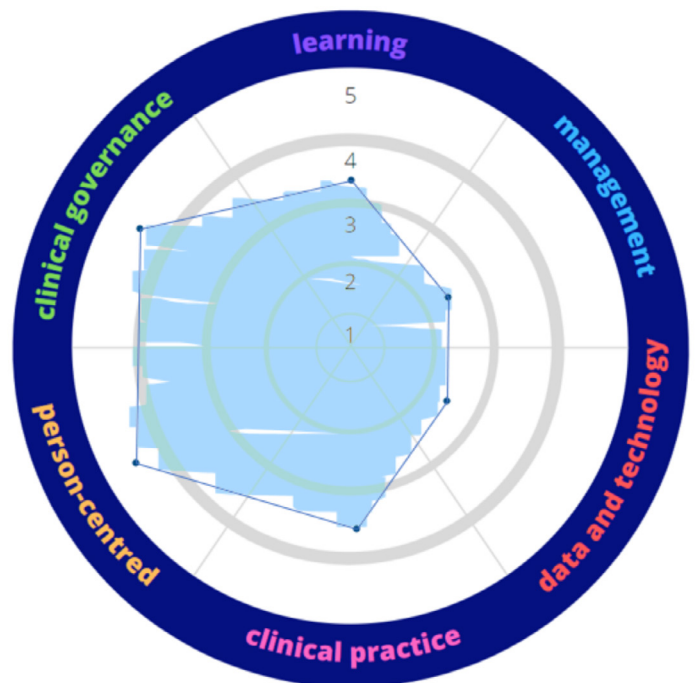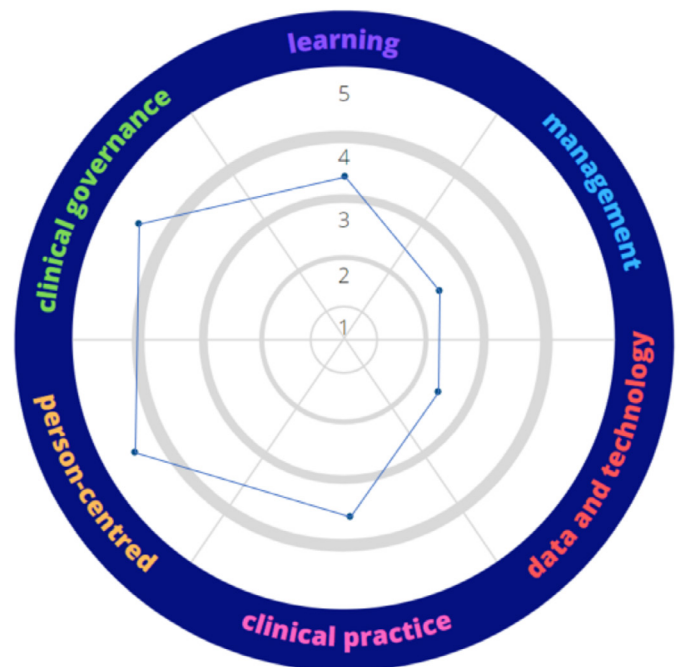
Capability Compass – Template
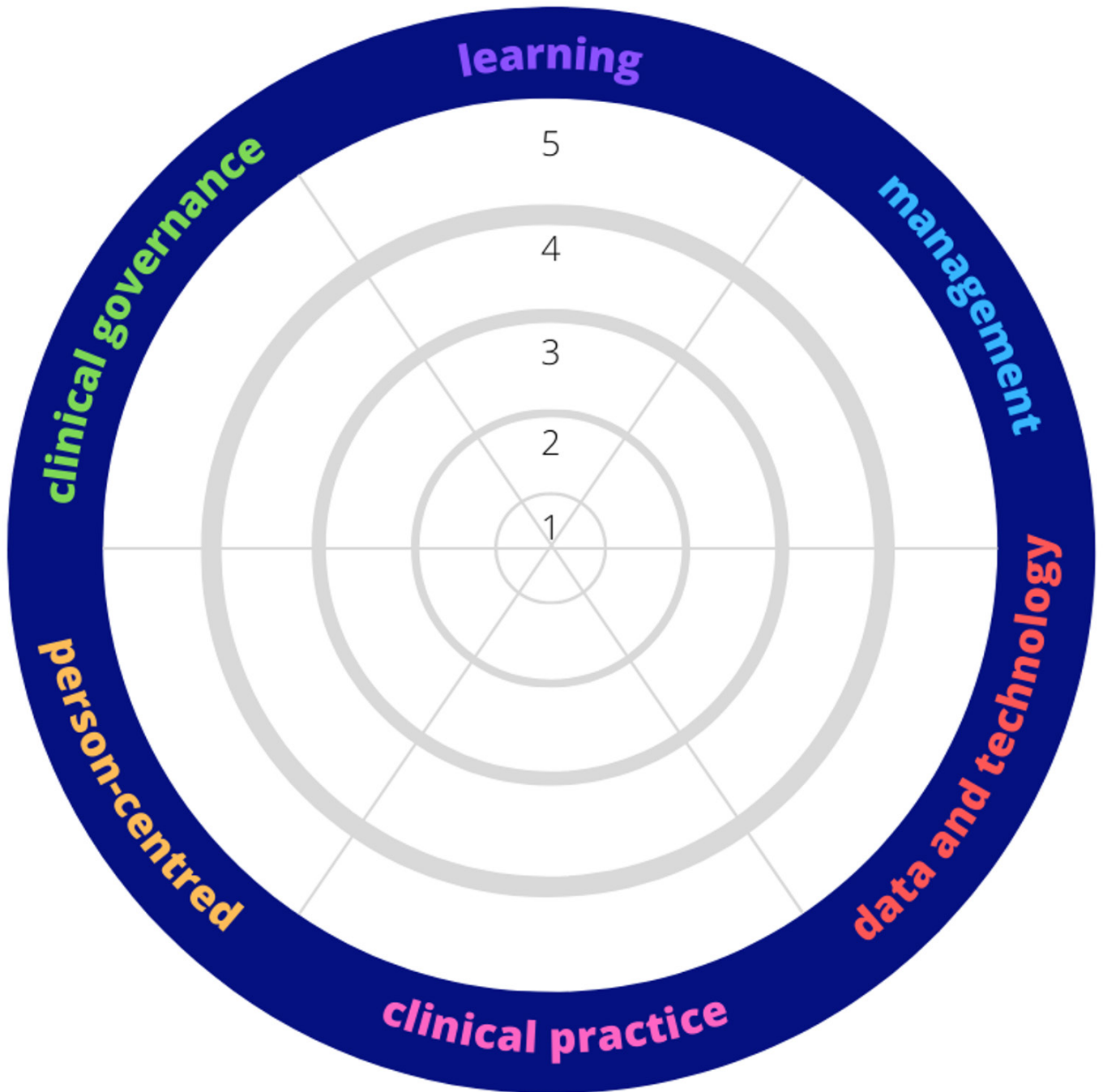
Appendix D – Work Integrated Learning Plan

Plan activities to develop capability areas that have been identified for improvement in the reflection and capability compass exercise.

Discuss this plan with your supervisor and update accordingly when the activities have been completed.

Identified development need	Potential activities	Completed?	Has this activity helped you meet the development objective? How?
E.g., Criteria 1.1, 1.2, 1.3	• Cultural Awareness Training module • …	☐ ☐	
		☐ ☐	
		☐ ☐	
		☐ ☐	
		☐ ☐	

Appendix E – Example:
Reference document for High Risk Foot Podiatry

The following reference document has been adapted from the Metro North Hospital and Health Service High Risk Foot Competency Framework (2017).

Clinical knowledge areas	Description of general knowledge competencies	Description of advanced knowledge competencies
Generic HRF	• Demonstrate a general knowledge of the aetiology of chronic health conditions and the impact disease progression has on the foot • Demonstrate a basic understanding of pharmacological and non-pharmacological approaches to the management of chronic health conditions. • Demonstrate a general knowledge of the current High Risk Foot-related national and international guidelines.	• Evaluate and interpret clinical information from diverse sources and make informed judgements about its quality and the appropriateness of disseminating it to colleagues. • Demonstrate a comprehensive knowledge of the aetiology of chronic health conditions and the impact disease progression has on the foot. • Demonstrate a comprehensive knowledge of pharmacological and non-pharmacological approaches to the management of chronic health conditions. • Demonstrate an in-depth knowledge of the current High Risk Foot-related national and international guidelines. • Demonstrate an in-depth knowledge of the aetiology of diabetes and chronic conditions and the impact disease progression has on the foot. • Demonstrate an in-depth knowledge of the signs and symptoms of common chronic conditions e.g. per WHO diagnostic criteria or equivalent. • Demonstrate high-level clinical decision-making skills that are effectively translated into clinical practice.

Clinical knowledge areas	Description of general knowledge competencies	Description of advanced knowledge competencies
Screening and assessment	• Demonstrate an awareness of current local and national guidelines and policies. For example, diabetic foot screening and assessment; prevention and management of pressure injuries.	• Provides expert opinion on screening and assessment programs. • Demonstrate an in-depth knowledge of current local and national guidelines and policies. For example, diabetic foot screening and assessment; prevention and management of pressure injuries.
Pharmacotherapy	• Demonstrate an awareness of the modes of action and effects of relevant medicines, including pharmacokinetics and pharmacodynamics. • Demonstrate an awareness of the potential for unwanted effects (e.g. allergic reactions, drug interactions, precautions, contraindications, etc.). • Maintain an up-to-date knowledge of relevant pharmaceuticals – including formulations, dosages etc. by ensuring continued access to pharmacological resources such as MIMS, electronic Therapeutic Guidelines (eTG) complete, Australian Medicines Handbook (AMH). • Demonstrate an awareness of the potential misuse of relevant medicines. • Demonstrate an awareness of implementing a non-pharmacological or pharmaceutical treatment option (including preventative measures and referrals for non-pharmacological interventions). • Demonstrate an awareness that patient-specific factors (i.e. age, renal impairment and use of complementary medicines) that can impact the pharmacokinetics and pharmacodynamics of relevant medicines and that regimens may need to be adjusted based on these factors.	• Demonstrate an in-depth understanding of investigations undertaken for dermopathologies (including microscopy, culture, biopsies and allergy testing). • Demonstrate knowledge of medication errors and medication error-prevention strategies. • Demonstrate a thorough understanding of current state, territory and national legislation relating to the purchase, supply, prescription and administration of scheduled medicines. • Demonstrate an awareness of, and accepts, legal and ethical responsibility for prescribing, within the context of the care plan.

Clinical knowledge areas	Description of general knowledge competencies	Description of advanced knowledge competencies
Radiology	• Demonstrate an understanding of the side-effects of radiological investigations and why, in some circumstances, a non-radiological method of investigation may be more appropriate.	• Continuously monitor and implement national and international guidelines related to radiographic diagnostics for foot disease. • Demonstrate an in-depth knowledge of the available radiological investigations and the rationale for their use.
Painful diabetic peripheral neuropathy	• Demonstrate a working knowledge of the current evidence-based treatments available for the relief of the symptoms of painful peripheral neuropathy (PPN). • Demonstrate a working knowledge of the causes, signs and symptoms and typical progression of PPN.	• Demonstrate an in-depth knowledge of the evidence-based treatments available for the relief of the symptoms of PPN.
Ulcer prevention	• Demonstrate an up to date knowledge of biomechanical pressure relieving strategies and devices and their role in reducing the risk of foot ulceration. • Demonstrate a working knowledge of the materials used in the manufacture of orthoses and other off-loading techniques e.g. Total Contact Casting (TCC).	• Demonstrate a comprehensive knowledge of biomechanical pressure relieving strategies and devices and their role in reducing the risk of foot ulceration. • Demonstrate a comprehensive knowledge of the variety of materials and methods used in the manufacture of orthoses and other off-loading techniques e.g. TCC.
Wound care: Generic	• Demonstrate a working knowledge of the current wound management-related national and international guidelines. • Demonstrate a broad knowledge of the principles of moist wound healing. • Demonstrate a broad understanding of the wound healing process and the potential complications of, or delays, to healing. • Demonstrate a broad understanding of the psychological impact of foot disease on the quality of life of the patient.	• Demonstrate an advanced understanding of the wound healing process and its potential complications. • Demonstrate an expert knowledge of national guidelines related to wound management. • Demonstrate an advanced understanding of the psychological impact of foot disease on the quality of life of the patient. • Apply high-level clinical reasoning in the management of complex foot wounds.

Clinical knowledge areas	Description of general knowledge competencies	Description of advanced knowledge competencies
Wound care: Debridement	• Demonstrate an understanding of the principles of debridement and wound bed management. • Demonstrate a broad knowledge of various debridement techniques including sharp debridement and other techniques. • Carry out sharp debridement of simple and complex wounds, within the scope of their practice.	• Demonstrate an in-depth understanding of the principles of debridement and wound bed management. • Demonstrate an in-depth knowledge of various debridement techniques including sharp debridement and other techniques. • Carry out advanced debridement (with a range of debridement tools) of complex wounds, within the scope of their practice.
Wound care: Infection control	• Consistently and competently demonstrates Aseptic Non Touch Technique (ANTT).	• Demonstrate an in-depth knowledge of local protocols regarding Anti-Microbial Stewardship (AMS) programs.
Wound care: Off-loading	• Demonstrate a broad knowledge of biomechanical pressure relieving strategies for foot ulcer healing. • Provide short-term pressure relief through the application of temporary pressure relieving modalities e.g. compressed felt, post-operative shoes. • Use a wide range of pressure-relieving devices within the scope of their practice such as TCC, removable cast walkers and removable cast walkers made irremovable.	• Demonstrates a knowledge of, and experience in using, technologies for gait analysis and foot pressure measurements. • Demonstrate a contemporary knowledge of advanced and customised pressure relieving strategies used in the management of high risk foot disease. • Employ a broad knowledge of the range of pressure-relieving devices to select the most appropriate interventions for the patient. • Demonstrate skills in fabricating, modifying and supplying of pressure relieving devices as part of the management of high risk foot disease.

Clinical knowledge areas	Description of general knowledge competencies	Description of advanced knowledge competencies
Wound care: Dressings	• Demonstrate a broad knowledge of dressing products and the clinical situations for which they have been designed to use. • Broad experience in the application and removal of the product.	• Extensive experience and skill in the choice and application of appropriate dressings for foot ulcerations. • Demonstrate extensive knowledge in the appropriate use of available dressing products. • Support other colleagues in choosing appropriate dressings for patients with foot ulceration.
Post-ulcer care	• Demonstrate a working knowledge of the materials used in the manufacture of foot orthoses and medical grade footwear for the prevention of ulceration. • Demonstrate knowledge of the technologies used in the assessment of foot pressure, gait analysis and footwear (i.e. 3D scanning systems).	• Demonstrate an advanced understanding of the high risk foot and its complications and how to assess its severity in relation to preventing foot ulcer recurrence.
Charcot neuroarthropathy (acute and chronic)	• Demonstrate a knowledge and understanding of the early signs and symptoms of a suspected Charcot Neuroarthropathy (CN). • Demonstrate a working knowledge of pressure-relieving strategies for the management of CN, including short term and longer term strategies. • Demonstrate an awareness of pharmacotherapies used for the management of CN.	• Apply bespoke pressure-relieving devices (including total-contact casts) for the management of CN. • Plan and implement complex pressure-relieving strategies for the management of CN. • Demonstrate an up-to-date knowledge of pharmacotherapies for the management of CN. • Use clinical reasoning, and self-reflection to ensure the safe management of acute/chronic CN, especially in the use of off-loading devices and casts

Appendix F – Example of additional clinical practice reflection questions

Below is a list of reflection questions, divided by milestone, that were developed for high risk foot podiatry. These questions were developed to assess the skills, knowledge, and abilities of the 'wound care: debridement' clinical area, as detailed in the High Risk Foot reference document (Appendix E).

Leads self

1. I demonstrate an understanding of the principles of debridement and wound bed management
2. I demonstrate a broad knowledge of various debridement techniques including sharp debridement and other techniques
3. I carry out sharp debridement of simple and complex wounds, within my scope of practice
4. I Interpret results from microbiological sampling

Leads others

1. I appropriately recognise the need for, and refer the patient, for advanced debridement when required
2. I support less-experienced colleagues in developing advanced debridement skills
3. I recognise the need and refer the patient, for surgical debridement appropriately
4. I initiate and foster the establishment of working relationships with surgical staff responsible for surgical debridement

Leads innovations

1. I demonstrate an in-depth understanding of the principles of debridement and wound bed management
2. I carry out advanced debridement (with a range of debridement tools) of complex wounds, within my scope of their practice
3. I critically analyse wound care interventions to develop evidence-based, individualised care plans
4. I lead in the evaluation of novel wound care products

Leads systems

1. I provide clinical leadership in advanced wound debridement techniques
2. I provide expert opinion on debridement products, techniques and indications in expert groups

These questions were inserted into the relevant self-reflection sheets of the Excel Assessment Tool.