Why “Allied Health” Works: Building Sustainable Futures

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Overview

- Definition & identity
- Why structure matters
- Stakeholders and shareholders
- Link between AH infrastructure and political and organisational strategy
- Internationalisation of Allied Health
What is Allied Health?
So You’re Having Trouble Defining Allied Health?
Defining Allied Health Is:

- Stressful
- Complex
- Contested
- Negotiable
- Political
- Strategic

Definition doesn’t equate to IDENTITY

IDENTITY is more than DEFINITION
Allied Health Identity

- Future of the professions and allied health are integrally linked at every level.

- They stand together, yet they stand apart.
Allied Health Identity

Professions and “Allied Health” operate primarily in different domains:

- ‘allied health’: management & policy domains
- professions: clinical domain

Prof A + Prof B + Prof C $\neq$ ‘Allied Health’
“Allied Health”

- Is the synergy released from the co-operation of the constituent entities
- Is a managerial concept capable of being utilised as a strategic resource to build a distinct identity
- Is greater than the sum of the parts

“Allied to each other and the communities we serve”
In many ways it doesn’t matter who is “IN” and who is “OUT” unless you are OUT and want IN.

Need identity development to precede / accompany structural change or policy reform.
Why Work Together?
Why Work Together?

- To integrate care around the patient
- To improve quality, safety and governance
- To extend the reach of services / release capacity
- To support each other professionally
- To support each other organisationally
Why Work Together?

- To support each other strategically
- To build practice & policy communities around areas of common interest:
  - Ageing
  - Chronic disease management
  - Workforce
  - Community based rehabilitation
  - ...........

To influence policy contexts beyond the reach of individual professions
Why Work Together?

“We would be crazy if we did not stick together. Divided we fall, no, divided we will always be able to provide patient care, but we will not be able to impact on policy that will impact on patient care.”

[Allied Health Professional, Classical Medical Model, (Boyce 1996a, p. 265)]
“The development of professions is influenced by the creation of roles and the organisational framework in which those roles are exercised.”

Kinston et al. 1981

Allied health structures need to complement the strategic direction of the parent organisation and the wider politico-economic context of health care.
Organisational Design

How we look

Gray & Starke 1988, Organizational Behavior, p. 431
Organisational Design (2)

Gray & Starke 1988, Organizational Behavior, p. 431
Why Structure Matters

- Structure gives you a platform for the expression of leadership
- Structures which are created around ‘allied health’ create the expectation of cooperation
- Structure is a form of infrastructure upon which you can build innovation and change
Why Structure Matters

- Informal and advisory structure lacks positional power and formal investment (Cinderella services)
- Creation of Divisions of Allied Health, under the management of Directors of Allied Health with membership of the hospital executive were crucially important in shaping allied health’s emergence in Australia in the 1990s.
Allied Health Identity & Infrastructure
The Challenge of Building Identity and Strategic Capacity

- The challenge for ‘allied health’ is unique
- Trying to build a core identity and strategic entity from diverse and sometimes shifting parts
- Trying to create a sustainable identity that is more than a marriage of convenience
- Medicine and nursing have at their heart a degree that is done by all identity base
- Allied health do diverse degrees
  - graduate and mid-career identity building
The Challenge of Building Identity and Strategic Capacity

Medicine / Nursing

Allied Health

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Creating ‘Allied Health’ Infrastructure

- Division of Allied Health - basic model (late 80’s)
- Directors of Allied Health
- Expansion into private sector & non-health sector
- Principal allied health advisors / chief allied health profession officer at national level
- National allied health conferences
Creating ‘Allied Health’ Infrastructure

- Professor of Allied Health positions (university)
- Allied health research centres (university & health)
- National & district level AH alliances
- National rural & remote AH (SARRAH)
- National Peak Body: Cross-sectoral
  - “Allied Health New Zealand” ???
Creating ‘Allied Health’ Infrastructure

- National level Allied Health Chief Advisor
- National association of directors of allied health
- Professor – Directors (joint appointments)
- Building AHP research capacity
- Support workers – integration & respect
Infrastructure is Needed at Every Level

- Local services / organisation*
- Regional / district
- National
- International

* organisational level is the powerhouse of change – it’s the leadership incubator level
Stakeholders and Shareholders
Stakeholders vs Shareholders

- Shareholders think differently to stakeholders (identity)
- Allied health needs shareholders with a social entrepreneurial mind set
- Stakeholders protect their asset
- Shareholders grow their asset
- Shareholders will accept a short-term loss for a long-term gain
  - Toowoomba Health Service, Queensland 1990s
  - Central Surry Health (NHS – UK)
“New” Professionalism

We run on a boardroom, that’s how we run our senior stuff … as the chairman of the board, I have responsibility to the board to meet their needs, so do the senior professional staff. So we use that boardroom mentality and then everyone in allied health is a shareholder, so therefore they have a responsibility to improve the company’s profitability and public image. I know it’s a bit of a game but it’s about reframing something into a metaphor that people can understand, so therefore you can’t go bagging allied health, because you’re a shareholder. And as a shareholder you have a voice and you have a voting right and therefore you must keep your company’s profits, what ever it is.

Internationalisation of Allied Health
International ‘Allied Health’ Infrastructure

Future Developments?

- International association - directors of allied health
- International allied health education & research units (built around workforce focus)
- Quality academic journal
- Allied health chief officer at WHO level etc
- International conferences (annual)
- International organisations
  - International Allied Health Policy Network (CHPO level)
  - Global Alliance of Health Professions
  - International Council of Allied Health
International Infrastructure

- A national peak allied health body in every country is important for several reasons:
  - to provide a vehicle for speaking with one strategic voice to government and other policy forums
  - to prevent the fragmentation of allied health into diverse but largely ineffectual interest groups
  - to be the fore-runner to an international allied health peak body to take the wisdom of allied health to new forums.
Unified Strategy

- “One World – One Voice for Allied Health”
- “One Nation – One Voice for Allied Health”
- “One State – One Voice for Allied Health”
- “One District – One Voice for Allied Health”
- “One Organisation – One Voice for Allied Health”
- “One Clinical Unit – One Voice for Allied Health”
- “One Team – One Voice for Allied Health”

“Allied to each other and the communities we serve”
The Two Stories of Allied Health
Summary

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References

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