

From bedside to boards: allied health leadership

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Background

Twenty-five years ago the career pinnacle of Australian allied health professionals working in health was Head of Profession / Profession Manager. Divisions of Allied Health in the late 1980s opened a new career pathway: the Director of Allied Health (Boyce, 2001). Aggregation of health services into more complex regional entities provided a further domain for leadership: the Executive Director of Allied Health (Boyce & Wiseman 2014a, b). Recognition of the importance of research, together with significant training and education functions, has seen Professor of Allied Health positions in health services. However, despite significant growth in leadership positions, participation in Top Management Teams (TMTs) and Boards of health care organisations has not been quantified.

Methods

A national study was undertaken to map allied health leadership positions on TMTs. A second national study examined the proportion of Board members with allied health qualifications compared to medical, nursing and business-only qualifications. Data sources included public records (annual reports), web-based organisational resources and public access business social networking sites.

Results

Medical and nursing leaders are more numerous on TMTs than allied health. Some organisations do not use dedicated profession-based positions for TMTs resulting in a reduced TMT presence for allied health but not medicine or nursing. Allied health is significantly under-represented on Boards compared to other clinical professions.

Discussion

Targeted strategies are required to increase Board-level allied health participation and Board-ready professionals. Current political directives to increase gender balance on public sector Boards are an opportunity to increase allied health Board representation. A key factor to support allied health TMT participation is greater specificity about how allied health value-adds to executive-level decision-making.

References

Boyce, R.A. (2001), 'Organisational governance structures in allied health services: A decade of change', *Australian Health Review*, vol. 24(1): 22-36. doi:10.1071/AH010022

Boyce, R.A. & L. Wiseman (2014a), *Organisational Models for Allied Health: A Replication Study (1999 & 2014)*, Victorian Allied Health Research Conference, March 28: Melbourne (Convenor: K Philip):

Boyce, RA & L. Wiseman (2014b), *Allied Health Structure and Governance - 13 years on: A rural and regional focus*, Paper presented to the SARRAH Conference, Kingscliff (NSW), 17-19 September.

Further Reading: <http://www.rosalieboyce.com.au/pubs.html>