

DEPARTMENT OF EDUCATION AND TRAINING THERAPY STAFF – ATTRACTION AND RETENTION REVIEW:

JOINT WORKING PARTY REPORT

1. Background

The *State Government Departments Certified Agreement 2015* provides for the formation of a working party to review matters as described in Appendix 7, Part 9 of the *Agreement*.

The Department of Education and Training (DET) Agency Consultative Committee (ACC) advised on 17 May 2017 that a joint working party was to be established to address the matters provided for in Appendix 7 Part 9 of the DET Agreement, specifically career pathways, support structures, and attraction and retention of therapists.

The working party was comprised of DET representatives (Workforce Relations, State Schools – Disability and Inclusion, and Talent), the Assistant Secretary for Together Queensland (Together) and various workplace delegates representative of a diverse range of therapy personnel from across the department.

The role and responsibilities of the working party were to review and a report on the issues outlined in the Terms of Reference (**Appendix One**) and include

1. Supports and resources to facilitate therapists' ability to engage evidence based practice and research in education;
2. Issues of support mechanisms including:
 - a. support for research related to therapy in education;
 - b. physical and administrative support and professional development;
 - c. career structure and progression; and
 - d. the relative salaries and conditions of DET therapists when compared with other allied health professionals, and in particular, therapists employed by Queensland Health (QH).
3. Attraction and retention of therapists

On 6 October 2016, Together wrote to the DET Director-General, Dr Jim Watterston, requesting that DET therapists be joined to the Queensland Health (QH) *Health Practitioner and Dental Officers Collective Agreement* (HPDO Agreement), similar to a process recently completed by DET nurses. Together relied on a pay disparity between DET and QH therapists, submitting that it is inequitable that therapists employed by DET should be paid less than therapists employed by other public service agencies. The pay disparity exists as a result of various industrial mechanisms, decisions and actions, resulting in DET therapists being employed under the *Queensland Public Service Officers Award 2015* and QH therapists being employed under the *Health Practitioners and Dental Officers (Queensland Health) Award 2015*. The original Health Practitioner (HP) Agreement with Queensland Health was certified in 2007. This has resulted in a significant pay disparity, as well as having an impact on attraction and retention of therapy staff.

Advice to DET from legal Counsel in late 2016 indicated that there were industrial and practical hurdles to joining DET therapists to the QH agreement at that time.

The working party being aware of the letter from the Together Union to the Department included the issues raised in the letter and determined that any work undertaken by the working party could lead into the next round of enterprise bargaining negotiations in 2018. The current agreement expires in August 2018.

Together also noted the potential disruption to school-based therapy services arising from the rollout of the National Disability Insurance Scheme (NDIS) and its likely impact on the attraction and retention of DET therapists. It is intended that the matters which are the subject of this review may be applied during the life of the current agreement and/or matters to be considered in the next round of collective bargaining.

2. Support Structures for Therapists

2.1 Support mechanisms for therapists engaged in research related to therapy in education

Delegates consider that support mechanisms for engagement in and application of research within the education context are essential to facilitate the delivery of the most effective supports in the provision of reasonable adjustments for students with disability and students with communication and language difficulties in Queensland State Schools. It is noted that therapists have a professional and ethical obligation to practice according to best available evidence.

A data collection process was undertaken by delegate members of the working party to understand therapist member's perceptions of barriers and facilitators to their engagement in evidence-based practice (EBP). Delegates considered that the large student population in state schools would facilitate the opportunity to conduct context-relevant research if provided opportunities to link with researchers within universities. It was noted that the lack of formal linkages, organisational structures, and designated positions to support research in therapy services has resulted in limited research being undertaken, a lack of capacity to develop staff skills and knowledge in this area, and limited career progression opportunities. The current capacity for research is therefore largely ad hoc and dependant on individual interest in the area, resulting in uncoordinated practice which is not necessarily aligned with departmental and state priorities.

A significant proportion of participants in the data collection process highlighted the need for DET therapy-specific research personnel and targeted training (in EBP skills) to facilitate their engagement in behaviours consistent with EBP. Other reported barriers to EBP included time pressures and lack of access to appropriate literature and resources. Please refer to **Appendix 2: Evidence Based Practice for Queensland Department of Education and Training Occupational Therapy, Physiotherapy and Speech Language Pathology Workforce: Pilot Data** for the full results.

2.1.2 Recommendations:

1. Establish a position/s for a therapist to undertake the role of leading EBP within the DET therapy context. Personnel engaged in this role could:
 - Establish formal links with universities and research organisations
 - Develop therapists' knowledge and skills in applying evidence based practice principles through coaching and training methodologies

- Assist in the development of a research program that attracts funding, engages clinicians in active research, analyses findings, and disseminates results

2.2 Base location support

By exchange of letters with the Queensland Public Sector Union (now Together Union) in 2010, DET committed to provision of ICT resources, including a desk, phone, networked computer and software for all therapists to ensure efficient administration of service delivery (TRIM 10/4184).

In 2011, DET developed and implemented the *Guidelines for the management of base locations of Department of Education and Training (DET) occupational therapists, physiotherapist and speech-language pathologists (therapists)*.

Appendix 7, Part 9 of the State Government Entities Certified Agreement 2015 states as follows:

Further, the department supports the provision of these items to therapists and support options for better implementation and monitoring of these items during the life of the agreement.

- (a) *Research in therapy in education;*
- (b) *Therapists to have appropriate access to administrative support;*
- (c) *Access to an appropriate work area (including a desk, chair and computer) at non-base locations for therapists;*
- (d) *Access to vehicles or appropriate compensation such as the Directive relating to kilometric allowance as issued by the industrial relations minister in accordance with section 54(1) of the Public Service Act 2008;*
- (e) *Consider other matters as agreed between the parties.*

Anecdotal evidence was provided by delegates to illustrate the perceived lack of support for basic facilities required for efficient service delivery and included:

- therapists consistently reporting lack of ICT support, including laptops and in some cases, desks and chairs;
- therapists having to move rooms frequently within a school or between schools, often with short notice and little consultation.

Delegates are of the view that current funding arrangements are a significant barrier to provision of base location resources and facilities. (See 2.3).

2.3 Current funding arrangements

Operational and resourcing costs for therapists are provided through two sources of grant funding: the Regionally Allocated Specialist Support Staff Resource (RASSR) grant and School-based Itinerant Staff Operational Appropriation (School-based Itinerant) grants.

The RASSR grant assists schools to provide for annual stock and requisites, equipment and materials for Specialist Support Staff. Items to be purchased/costed under this grant include:

- Therapy resources
- Assistive devices and tools
- iPads/ iTunes cards
- Professional development (PD): registration & travel costs, despite this not being listed under the recommended provisions
- Therapeutic programs and software.

The grant is calculated \$1430 X FTE per semester. School-purchased services are not eligible. School-purchased therapists are often employed directly by schools using the “Investing for Success” funding (I4S) and therefore these staff do not attract the RASSR grant. **Appendix 3** includes samples of information provided to schools by regions in relation to requirements for purchasing additional therapist time.

Regions generally allocate RASSR funding directly to schools, with some regions withholding a proportion of funds for the purchase of resources or PD. (Source: <http://education.qld.gov.au/schools/grants/state/core/support-staff.html>)

Schools that provide a base location for itinerant staff receive a School-based Itinerant grant to assist the school to meet operational costs of specialist staff including telephone, photocopying, postage, access to technology, administrative assistance, utilities and PD and training. Items recommended to be purchase/costed under this grant include:

- Utilities including electricity, internet and telecommunication
- Postage
- Equipment: desk, chair, photocopiers, computers, printers, scanners and telephones.

The semester entitlement is \$432 per itinerant staff FTE of eligible staff. Itinerant staff of 0.4 FTE or less do not qualify for the operational grant. School-purchased services are not eligible. (Source: <http://education.qld.gov.au/schools/grants/state/core/itinerant-staff.html>)

Issues with grant allocation identified by delegates include:

- Funds being re-directed by schools for other purposes; (**Appendix 4** includes samples of school budgets and anecdotal evidence from delegates in relation to grant expenditure)
- Together is of the view there is no transparent process for auditing of expenditure under the grants;
- Current funding is insufficient and has not increased over many years, with the result that therapists are often personally paying for resources and consumables;
- In many cases, grant funding is intended to include all IT requirements and it is insufficient for this purpose, particularly when considered with other competing priorities. Some therapists report they are buying laptops from their personal finances; Line Managers report there are no other school funds to support therapist ICT needs despite this being a commitment by DET in the exchange of letters.

- In at least two regions, grant allocations are being used to pay for administration support for therapists in order to process referrals;
- Therapists who work less than 0.4 FTE in an itinerant capacity do not attract the School Based Itinerant Staff Operational Appropriation, despite requiring the same resources and facilities;
- Therapists working in a part time capacity have a pro-rata RASSR grant to provide for resources and PD. However the same equipment and consumables are required regardless of FTE
- Therapists working in school-purchased positions do not attract the RASSR grant and currently have no formal mechanism to purchase necessary assessment and intervention resources. This is currently negotiated ;
- Therapists in rural and remote areas must also include the cost of travel and accommodation for PD. Additionally, rural/remote therapists are often sole practitioners resulting in less availability of 'pooling' of funding for commonly purchased items.

2.4 Administrative Assistance Enhancement Programme (AAEP)

Additional funding is also provided through the AAEP. The AAEP is allocated to a school with a special education program and is not tied to therapists although therapist numbers are included as professional staff for calculating the allocation to the base school. Administrative tasks associated with being a base location for regional specialist support staff include management of time sheets, itineraries, kilometric claims, purchasing and leave. It may also include administrative support for the program provided by the therapists and nurses, such as processing referrals, sending out letters to referring staff and populating spreadsheets.

Funding is calculated per semester on the basis of Day 8 enrolments and allocated to schools in two different ways:

- Schools that have a special education program with a Head of Special Education Services attract additional AAEP FTE based on the number of professional staff at the school (excluding school purchase);
- Schools with a HOSES attract a base AAEP entitlement of 5.6 hours plus 2.6 hours per professional staff FTE divided by 41.33.

How the allocation is distributed/used is at the discretion of the Principal in consultation with HOSES and other leadership team members as part of their annual planning processes. Schools that have AVTS, therapists and nurses based at the school and do not have an SEP with a HOSES are not provided with AAEP time based on the number of regional specialist support staff. As a consequence, AO2 (AAEP) officers at a school may not necessarily undertake tasks directly related to administrative support for therapy staff.

2.4.1 Recommendations:

- Consideration of alternative funding models for essential ICT and office equipment, for example a scheme similar to the 'C4T' initiative which provides laptops for teaching staff

- Review of the amount of grants to include current therapy resourcing needs and costs of resources that reflects the current market value with provision for growth.
- Review processes to allocate and account for use of grants.
- Survey of all therapists to identify where lack of resources/facilities is occurring and whether there are specific regions/schools which may need to be addressed.
- Adoption of consistent guidelines/mandatory requirements across the state, including possibly:
 - North Coast region – *Guidelines for the Management of Regional Occupational Therapists and Physiotherapists (Appendix 5)*
 - Adoption of guideline template with oversight by Regional Office
 - South East Region charter (currently being developed) as model for all regions
- Audit of RASSR and Itinerant school-based grants to ensure that the money is being used for the appropriate purpose (and, for example, not being garnished for facility costs);

The documents included in **Appendix 6** outline the roles and scope of therapist positions within DET: *Speech Language Therapy Services in State Schools* (Revised edition 2010); *Occupational Therapy and Physiotherapy in State Schools*

3. Professional development and access to a professional level of evidence-based resources and literature

3.1 Professional development

Like other professionals, therapists are required to undertake mandatory PD activities in order to maintain current professional registration. These mandatory requirements are outlined in **Appendix 7: CPD requirements for therapists**

Currently, provision for PD is through RASSR grants. Therapists report a significant shortfall in funding for PD due to the level of RASSR grant funding (currently \$1430 X FTE per semester) and competing priorities. Examples of budgets are provided at **Appendix 4**. Therapists report similar issues with respect to PD funding as for other resources (See **Appendix 2: Evidence Based Practice for Queensland Department of Education and Training Occupational Therapy, Physiotherapy and Speech Language Pathology Workforce: Pilot Data**). In essence:

- it is insufficient to meet the all purposes for which it is intended; and
- where there are competing priorities, PD is usually given lower priority (even by therapists themselves); and
- in some cases, funds are diverted by schools for other purposes.

Together Delegates have anecdotally identified a constant tension between competing priorities for allocated RASSR funding, such that other items (such as resources) may be prioritised ahead of PD. Consequently many DET therapists are paying for their own PD even though it appears inconsistent with the policies and industrial provisions of the agreement.

Delegates considered the competing uses of the RASSR grant and impacts on availability of funding for PD as particularly relevant for those based in rural and remote area and/or

working as sole practitioners - who could not pool their funding for commonly used items, resulting in less funding for PD. This issue is further exacerbated for therapists in school-purchased positions who do not attract the RASSR grant at all.

Additionally, therapists who are professional supervisors (PO4, PO5, PO6) do not attract the RASSR or School-based Itinerant grant. Professional development for these employees is generally negotiated on an ad hoc basis, despite their continued legal requirement to meet mandatory standards for PD.

There is a significant difference in allocation for professional development between the PO and HPDO (QH) streams. Under the HPDO stream, therapists are paid an annual PD allowance through their salary.

The following table summarises the differences in PD allocations between the PO and HPDO streams.

PO stream		HPDO stream	
State Government Entities Certified Agreement 2015	Entitlement	HD PO (QH) Certified Agreement (No.2) 2015	Entitlement
Clause 9.3	<ul style="list-style-type: none"> • 2 days p.a. • Up to additional 3 days for registration and/or continuing professional/completing/service provision 	Clause 31 Clause 32	<ul style="list-style-type: none"> • \$1655 - \$2208, depending on location • Paid as part of salary, including during leave • Not included in leave loading, penalties, super • 3 days p.a.
Funding provided through Regional Allocated Specialist Support Staff Resource (RASSR) grants	<ul style="list-style-type: none"> • \$2860.00 per 1 FTE (pro rata if fractional) • Grants may be allocated differently between regions and/or schools • In some regions, some funds may be withheld by the region and used for resources e.g. testing kits etc. 		<ul style="list-style-type: none"> •

3.1.2 Recommendations:

- Funding for PD is quarantined from other priorities (mechanism to be considered)
- Together will submit a claim in bargaining next year to match the conditions of Queensland Health therapists and have therapists paid a "PD Allowance" to individual workers to ensure that the money is provided directly to the employee to support professional development and seeks DET support for this claim.

3.2 Access to a professional level of evidence based resources and literature

Appendix 2 highlights that Together therapist members report that DET resources for EBP are inadequate. Access to full-text academic research journal articles was cited as the main barrier to therapist engagement in EBP, followed closely by access to experienced staff to support EBP e.g. dedicated research position and/or experienced colleagues.

3.2.1 Recommendations:

- Expand access to a professional level of evidence based resources including full-text research via enhanced funding of DET library

4. **Relative salaries and conditions of DET therapists compared with other Queensland allied health professionals**

4.1 Background

There are key differences in the terms and conditions of employment for therapists employed by the Department of Education and Training (Department) (DET therapists) under the *Queensland Public Service Officers and Other Employees Award - State 2015*, and therapists employed by Queensland Health under the *Health Practitioners and Dental Officers (Queensland Health) Award – State 2015* (HPDO Award, QH therapists). Prior to 2007 therapists working in QH and DET were employed under the same classification structure (the Professional Officer stream) and were subject to the same conditions.

Comparison of therapists' terms and conditions of employment is complex, since classifications, ordinary hours of work and other benefits and conditions are not directly aligned. In order to properly align DET and QH therapist classifications, it is anticipated that a process of evaluation will need to be undertaken. Given the likelihood that this issue will be the subject of enterprise bargaining, this is considered essential.

It is noted that therapists require the same qualifications and skills, regardless of whether they are employed by DET or other Queensland Government departments, and that, whilst work contexts can be dramatically different, there may be no disparity in the level of difficulty/complexity of the work.

As of 22 August 2017 there are 483.58 FTEs allocated to therapy roles, including, Speech, Physiotherapists and Occupational therapists. This currently equates to a head count of 870 persons.

4.2 Distribution of DET Positions

Appendix 8 provides a state wide summary of all therapy services positions within DET as of October 2017.

Note: There is currently no model to allocate additional supervisor positions in line with growth in base grade positions. In many regions, school purchased positions for speech language therapy add 25-30% additional FTE on top of regional allocations.

4.3 Salaries:

As outlined above, comparison of salaries is difficult, since the classifications for DET therapists and HPDO therapists are currently on different classification structures. However,

as a starting point, the following table outlines the comparable salary of a therapist with a 4 year Bachelor degree. (Figures provided by Together Qld Union). There is also the capacity to track across the pay rates from the PO stream to the HP stream based on the conversion tables from the 2007 Health Practitioner agreement.

Experience	DET annualised salary at 01/09/17	QH annualised salary at	Gross difference	Net difference adjusted for ordinary hours (36.25 v 38)
Graduate	\$61,858 P02.02	\$ 70,428 HP3.1	\$ 8,570 p.a.	\$ 5,327 p.a.
2 years	\$68,419 P02.04	\$ 79,536 HP3.3	\$ 11,117 p.a.	\$ 7,454 p.a.
4 years	\$74,968 P02.06	\$ 86,319 HP3.5	\$ 20,399 p.a.	\$ 7,375 p.a.
8 years*	\$86,001 P03.04	\$ 106,400 HP4.2	\$ 20,399 p.a.	\$ 15,499 p.a.

*assuming eligibility for progression to a higher pay classification is met and a therapist progresses after 12months at the top of their base grade.

The following table indicates an estimate of the overall differences between DET and QH therapist salaries. It should be noted that the table is a best estimate only, as the classifications between the two awards are not directly aligned. There has been only initial steps made in HP evaluations for the existing position descriptions of DET therapists and not a full evaluation. The below table is therefore purely indicative and should not be relied upon for anything more than initial consideration at this time. The table has been prepared on the basis of classification descriptions in the relevant awards only. The below figures are accurate as of 1 September 2017.

DET Professional Officer (PO) V QH Health Practitioner (HP)

PO Level	PO Remuneration	HP Level	HP Remuneration	PO v HP Variance
2.1	\$58,573	3.0	\$64,287	\$5,714
2.2	\$61,858	3.1	\$70,428	\$8,570
2.3	\$65,132	3.2	\$74,665	\$9,533
2.4	\$68,419	3.4	\$82,620	\$14,201
2.5	\$71,714	3.5	\$86,319	\$14,605
2.6	\$74,968	3.6	\$90,013	\$15,045
3.1	\$78,748			n/a
3.2	\$81,164			n/a
		3.7	\$94,488	n/a
3.3	\$83,577	3.8	\$97,438	\$13,861
3.4	\$86,001	4.1	\$104,227	\$18,226
		4.2	\$106,400	n/a
		4.3	\$109,181	n/a
4.1	\$91,555	4.4	\$112,155	\$20,600

4.2	\$93,921			n/a
4.3	\$96,275			n/a
4.4	\$98,636	5.1	\$117,908	\$19,272
5.1	\$103,154			n/a
5.2	\$105,646			n/a
5.3	\$108,135	5.2	\$123,029	\$14,894
5.4	\$110,613			n/a
		6.1	\$134,649	n/a
		6.2	\$139,382	n/a
6.1	\$114,289			n/a
6.2	\$116,502			n/a
6.3	\$118,675			n/a
6.4	\$120,879			n/a
		7.1	\$153,384	n/a
		7.2	\$164,376	n/a

Issues reported by Together delegates on behalf of members:

- Therapists are aware of a significant discrepancy in salaries (and the flow on effects, such as impact on superannuation)
- Recruitment is difficult and most recruitment results in attracting new graduates only, especially in physiotherapy and speech language pathology
- Attraction to PO4 level supervisory positions is also difficult as there are supervisory colleagues employed at PO5 pay level, school-based therapists on the same PO4 pay level and supervisory positions in the HPDO stream attract a significantly higher salary

4.4 Recommendations:

- Process of evaluation of DET position descriptions against HP position descriptions to be undertaken in order to effectively assess alignment of DET/HP classifications.
- Evaluation should be undertaken jointly by QH and DET, as QH classifications will form the basis of claims during enterprise bargaining
- Together will submit a claim in enterprise bargaining to include the Health Practitioner classification as part of the agreement covering DET therapists, including importing clauses regarding evaluation of levels, work level statements and associated provisions.

5. **Progression arrangements for Therapists**

5.1 Current career structure

The current career structure consists of positions classified at levels two to six in the Professional Officer's Stream, comprised of Occupational Therapists (OT), Physiotherapists (PT) and Speech Language Pathologists (SLP).

Positions consist of:

- a) PO2 and PO3: school-based service providers;
- b) PO4: may be either advanced school-based practitioners or professional supervisors;
- c) PO5: Senior Advisor Physiotherapy, Occupational Therapy and Speech Language Pathology (professional supervisors) based regionally*
- d) PO6: there is one state-wide Principal Advisor Therapies (State Schools – Disability and Inclusion) position, responsible for strategic leadership across all three therapies. There are additional professional officer roles at PO5/PO6 (and AO7/AO8 positions) that therapists occupy within the Department in line with their skills and the role requirements.

Delegates report that many of these therapists have sought alternative means of career progression through non-therapy roles such as AO positions as there are no other promotional positions available for them in a clinical context. Whilst it is beneficial to have therapists occupying these roles – it is a reflection of the lack of career opportunities within the therapist career pathway structure. Given their study requirements, expertise and dedication to the profession, therapists are concerned that in order to progress, they have no alternative other than to relinquish their clinical roles.

5.2 Anomalies in classification structure

Parts of the career structure are historic or implemented as a result of the *State Government Departments Certified Agreement 2006* (2006 Agreement). The changes from regions to districts and back again have also impacted the equitable distribution of some positions throughout the state. Each of these factors has contributed to anomalies in the structure, some of which are outlined below:

- Under the 2006 Agreement, an additional 20 progressional positions for therapists were created. Therapists with advanced clinical experience at level PO3 were invited to apply to advance to PO4. Positions were allocated to meritorious individuals, as opposed to being distributed evenly across regions. As a result, some regions now do not have roles for clinical progression and staff in those affected regions are not able to aspire to PO4 positions within that region;
- There is significant inconsistency between regions and therapy disciplines with staff in 'senior therapy officer' positions (PO4) often performing the same duties as staff in 'senior adviser therapy' positions (PO5); This anomaly appears to have arisen as some regions do not have access to senior advisor positions in each of the three therapy disciplines as a legacy of the creation of 10 FTE PO5 positions in the 2006 enterprise agreement. Where these anomalies exist, particularly in North Queensland Region and Central Queensland Region, these have been raised and these issues have not been addressed at a regional level.

- Since 2010, school-based therapy FTE has increased by 84.3 FTE, yet regional supervisory therapist positions have decreased by 2.4 FTE
- Supervisory ratios (supervisory positions to school-based therapist positions) are also affected by the increasing number of part-time employees (415 headcount across the three therapies for 328.5 FTE) and the number of school-purchased positions (an additional 54.05 FTE SLP positions);
- Some Senior Therapy Officers (supervisory) (PO4) therapists are providing supervision to school-based therapists at PO2, PO3 and PO4 level, creating a further anomaly with PO4 staff supervising school-based staff at the same level;
- There are different allocations of supervisory positions for different therapies, e.g. schools may purchase additional SLPs. This is an additional complication as school purchased positions are not generally accounted for in supervisory numbers.

Feedback from at least three regions indicates that the supervisory ratio and classification is not meeting local need. As a result, some regions have initiated action to address this issue, such as in the following examples:

- a) South East Region has classified all senior supervisory therapists as PO5 positions, although substantively there are three PO4 positions. South East Region has used its own budget to support these changes. The region has also increased the number of positions for the speech-language pathologists in response to the high supervisory ratios, particularly with the addition of school-purchased positions.
- b) North Coast Region has currently upgraded supervisory PO4 occupational therapy and physiotherapy positions to PO5. This was due to positional requirements and difficulties recruiting to the positions. Delegates report that this has resulted in successful recruitment to the position and has implications for DET in relation to recruitment moving forward.
- c) Metropolitan Region has increased occupational therapy and physiotherapy supervisory positions by 0.2FTE in the last 2 years, creating an 0.8 FTE fraction. Metropolitan Region, even with this addition, the Region reports a very large workload and the ratio for these supervisory positions is still very high in comparison across the state.

While such initiatives are acknowledged, since they are occurring on an ad hoc (region by region) basis, this is likely to result in further anomalies and additional potential inequity for therapists in other regions.

5.2.1 Recommendations:

- Development of a consistent state-wide supervisory model that also accounts for growth in base grade positions, the location of those staff and acknowledgement of the significant additional workload related to coordinating and supervising therapy staff purchased by schools.

6. **Attraction and Retention**

6.1 Attrition rates for therapists

The following table indicates attrition rates for therapists compared with other DET employees.

Exit Reason	2012	2013	2014	2015	2016
Resign	18	27	17	25	21
Retire	0	3	7	5	3
Term	28	3	10	2	2
Transfer	1	4	1	3	1
Grand Total	47	37	35	35	27
Attrition Rate (%)	11.3%	8.9%	7.6%	7.6%	5.6%
<i>DET Attrition Rate</i>	6.2%	6.4%	5.7%	5.6%	5.5%

Note: 'Attrition rate' has been calculated as the number of permanent exits from DET divided by the average permanent headcount for the same period (normally calendar year).

The table below indicates the attrition rate for DET therapists within each classification level.

Award Level	2012	2013	2014	2015	2016
PO2	12.6%	12.0%	15.9%	13.1%	11.4%
PO3	8.0%	8.0%	2.0%	4.7%	3.0%
PO4	20.6%	3.3%	9.4%	7.3%	0.0%
PO5	6.1%	6.5%	4.3%	5.1%	7.3%
PO6	25.0%	40.0%	0.0%	0.0%	7.1%
Total	11.3%	8.9%	7.6%	7.6%	5.6%

The data indicate the highest attrition rate is at PO2 level. The working party is unable provide evidence of the causes of the higher attrition rate for PO2 therapists, although the following factors may be relevant:

- 5 years at PO2 before progressing to PO3
- Salary
- Lack of supervision due to lower ratio of supervisors to therapists
- Lack of opportunity for career progression
- Additional benefits and/or higher salary for therapists in other agencies e.g. QH
- The complex requirements of therapists' roles within the educational context e.g. dealing with families, multiple stakeholders and schools etc.

6.2 Additional benefits provided in HP stream

The table below outlines additional benefits provided under the HP stream for which there is no comparable benefit under the PO stream.

PO stream		HP stream	
State Government Entities Certified Agreement 2015	Entitlement	HD PO (QH) Certified Agreement (No.2) 2015	Entitlement
	<ul style="list-style-type: none"> N/A 	Clause 25 Higher Education Incentive	<ul style="list-style-type: none"> Immediate advancement of one increment OR additional 3.5% allowance (after one year at top increment of their level) for post-grad certificate, diploma or second degree (HP1 – HP4 employees only) Additional 5.5% allowance for masters/ PhD (HP1 – HP4 employees only)
	<ul style="list-style-type: none"> 	Clause 27 Attraction and Retention Incentives	<ul style="list-style-type: none"> Employer at its discretion may offer up to 10% of base rate of pay Payment is inclusive of any other amounts payable as retention, rural and remote allowance or rural incentive scheme
Directive 19/99 Locality Allowances	<ul style="list-style-type: none"> In accordance with Schedule in Directive, currently between \$0 for metropolitan areas and \$334 for remote islands. Examples: <ul style="list-style-type: none"> Biloela - \$48.20 Augathella - \$101.90 Townsville - \$43.40 Proserpine - \$58.80 Herberton - \$73.80 	Clause 28 Rural and remote allowance	<ul style="list-style-type: none"> From 19/10/17, between \$63.04 - \$105.06, depending on location Not payable if payment of attraction and retention incentive paid under clause 27
	<ul style="list-style-type: none"> Nil 	Clause 33 Student clinical education allowance	<ul style="list-style-type: none"> From 17/10/17, \$10.51 per day up to maximum of 10 days per fortnight for employees designated to provide clinical education of undergraduate or graduate entry students Limited to one employee only Not payable to clinical educators or where student is employee of QH

6.3 Other factors relevant to attraction and retention

- Therapists at PO2 level must complete 5 years at PO2 before they are able to apply for a meritorious progression to PO3 level;
- Retention rates for PO4 therapists are very high. This factor, combined with the historically capped number of PO4 positions, means that there are limited opportunities for PO3 level therapists to apply for, or progression to, a PO4 level position.
- PO4 positions were originally awarded meritoriously for eligible employees (i.e. those employed at PO3 04) and as such are generally attached to a person, not an FTE. For example, if the therapist who holds the position reduces to part time, the balance of FTE may not be filled. However this differs between regions. In some regions there are not any PO4 level positions for therapists to be considered for progression. There is also inconsistency between disciplines and regions due to the original meritorious application of PO4 positions across the state.

6.4 Factors relevant to retention

- Commitment to students and parents
- Flexibility
- The reward of long term relationships with students - observing the immediate changes in a child's life, and their development to graduation
- Working in an educational setting
- Capacity for innovation

The document *Providing occupational therapy and physiotherapy services in the Department of Education and Training: Findings from a state-wide check in 2016 (Appendix 9)* also outlines issues relevant to attraction and retention of therapists.

6.5 Recommendations

- Further research to be undertaken into:
 - the causes of high attrition rates for PO2 therapists; and
 - factors relevant to the low rates of attrition for therapists at higher classifications; and
 - Whether there are additional factors which may be relevant to attraction and retention, including but not limited to transfer arrangements and/or temporary to permanent employment conversion.

7. **NDIS**

While Together anticipates the roll out of the NDIS in Queensland is likely to have a significant impact on the provision of therapy services in schools due to increased competition for therapists, the impact of the NDIS is yet to be determined. It is possible for example, that DET may not be an employer of choice if therapists have other options.

One issue which has been identified by delegates is the potential for conflicts of interest where therapists employed by DET also provide therapy services in a private capacity to the same clients. While DET currently has a process for dealing with such conflicts, therapists have identified this as a potential issue in terms of attraction and retention in the future.

DET's current position in relation to the NDIS is that:

- The NDIS will not replace the support schools provide to students with disability. The reasonable adjustments that state schools make under the *Disability Standards for Education 2005* and the *Disability Discrimination Act 1992* will continue regardless of a student's NDIS eligibility.
- Regions and schools will continue to provide support and services for students with disability such as special education programs, assistive technology, specialist and support teachers, therapists, nurses, guidance officers and teacher aides.
- The job security of staff providing support to students with disability will be maintained. This includes DET specialist staff such as therapists, nurses and Advisory Visiting Teachers (AVTs).
- It is anticipated that the NDIS will potentially be predominantly casual in nature and the security of employment offered by DET may be a factor which will reduce the impact of the NDIS.