Guideline

Allied Health Assistant Framework

Summary This document provides a governance framework for the effective employment and utilisation of Allied Health Assistants (AHAs) in the NSW Health workforce. The Framework defines the roles and responsibilities that AHAs have in the delivery of care, provides a structure for Allied Health Professionals (AHPs) to effectively supervise and delegate to AHAs and provides information to assist with growing this workforce safely and effectively.

Document type Guideline

Document number GL2020_005

Publication date 26 February 2020

Author branch Workforce Planning and Talent Development

Branch contact (02) 9391 9957

Replaces GL2020_003

Review date 26 February 2025

Policy manual Not applicable

File number H19/98168

Status Active

Functional group Personnel/Workforce - Workforce planning

Applies to Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, NSW Health Pathology, Public Health System Support Division, Cancer Institute

Distributed to Public Health System, NSW Ambulance Service, Private Hospitals and Day Procedure Centres, Health Associations Unions, Tertiary Education Institutes

Audience Allied Health Staff;Professional and Allied Health;Healthcare Assistant Coordinators;Workforce Planners

Secretary, NSW Health

ALLIED HEALTH ASSISTANT FRAMEWORK

GUIDELINE SUMMARY

The Allied Health Assistant (AHA) Framework is a governance document that describes the effective employment and utilisation of AHAs in the NSW Health workforce.

The Framework defines the roles and responsibilities that AHAs have in the delivery of care, provides a structure for Allied Health Professionals (AHPs) to effectively supervise and delegate to AHAs and provides information to assist with growing this workforce safely and effectively.

KEY PRINCIPLES

The AHA Framework defines the six components requiring consideration when employing and working with AHAs.

The six components each have a set of guidelines that act as a check point for health services when implementing the Framework. The components provide guidance to understanding the roles and responsibilities of AHAs and AHPs as well as the supervision and support AHAs require to work safely with patients/ clients.

The six components are as follows:

1. Education, Skills and Competencies
2. Scope of Practice
3. Allocated Tasks
4. Delegation Guidelines
5. Supervision and Clinical Oversight
6. Professional Development

USE OF THE GUIDELINE

The AHA Framework provides broad guidelines to assist health services when creating new AHA positions and when reviewing existing AHA positions. The Framework is intended to be used as a guide and is flexible enough to meet the needs of the variety of services and settings within NSW Health.

The Framework should be used in conjunction with the AHA online training module which is available on the Health Education and Training Institute (HETI) learning management system.

Tools to assist staff at Local Health District/ Speciality Networks (LHD/ SNs) with implementation of the Framework can be found on the allied health page of the NSW Health website.

REVISION HISTORY

Version	Approved by	Amendment notes
Febuary-2020 GL2020_005	Deputy Secretary People, Culture And Governance	Minor corrections which do not affect the material substance of the content, and are typographical and grammatical in nature.
Febuary-2020 GL2020_003	Deputy Secretary People, Culture And Governance	The revisions reflect the recent introduction of the: • NSW Health Service Allied Health Assistants • (State) Award 2019 • Recruitment and Onboarding system (ROB) • NSW Health Clinical Supervision Framework
July 2013 GL2013_005	Deputy Director General, Governance Workforce and Corporate	New Guideline.

ATTACHMENTS

1. Allied Health Assistant Framework

Allied Health Assistant Framework

Revised edition

NSW GOVERNMENT

NSW MINISTRY OF HEALTH

100 Christie St

ST LEONARDS NSW 2065

Tel. (02) 9391 9000

Fax. (02) 9391 9101

TTY. (02) 9391 9900

www.health.nsw.gov.au

ISBN 978-1-74187-879-0

Further copies of this document can be downloaded from the NSW Health website www.health.nsw.gov.au

Contents

List of Tables and Figures

List of Tables

List of Figures

Abbreviations

AAC	Augmentative and Alternative communication
AHA	Allied Health Assistant
AHP	Allied Health Professional
HETI	Health Education & Training Institute
HWA	Health Workforce Australia
LHD/ SN	Local Health District/ Specialty Network
NAHAWG	National Allied Health Assistant Working Group
NHS	National Health Service
RPL	Recognition of Prior Learning
RTO	Registered Training Organisation

Executive Summary

The health workforce is experiencing increasing pressure to deliver health services to an evolving population. Increased use of an assistant level workforce with new models of care is one strategy to respond to this challenge. This strategy includes developing the Allied Health Assistant (AHA) workforce.

This document provides a governance framework for the effective employment and utilisation of AHAs in the NSW Health workforce. This framework:

- clearly defines the roles and responsibilities that AHAs have in the delivery of care
- provides a structure for Allied Health Professionals (AHPs) to effectively supervise and delegate to AHAs
- provides information to assist with growing this workforce safely and effectively.

It supports the NSW Health AHA initiatives, which aims to:

- expand the utilisation of AHAs across NSW Health
- enhance the existing models of care to better integrate the assistant workforce
- support a team-based approach and better utilisation of the skills within the professional workforce
- develop a robust, rigorous and consistent approach to clinical governance of AHAs.

The Framework consists of six components providing guidance when designing roles, employing and working with AHAs as part of the health care team.

The six components are:

1. Education, Skills and Competencies
2. Scope of Practice
3. Allocated Tasks
4. Delegation Guidelines
5. Supervision and Clinical Oversight
6. Professional Development

Key guidelines within each of the six components aim to give a clear and consistent direction for health services when employing and working with AHAs.

The implementation of this state-wide framework will facilitate the safe and consistent expansion of the AHA workforce. Growing this workforce will assist in supporting the efficient and timely delivery of allied health services.

Introduction

Context

The allied health workforce is an essential component of the health workforce. The demand for allied health services will further increase with the ageing of the population, the growing burden of chronic disease and an increasing emphasis on the delivery of multidisciplinary care. One strategy in response to this challenge is to develop and implement new models of care which include increasing the use of an assistant level workforce with well-defined roles.

Role of Allied Health Assistants in Australia

Governments across Australia recognise the importance of developing the AHA workforce in response to the national and global future health workforce shortages. Jurisdictions report before the development of frameworks, employment of AHAs lacked structure and consistency. This included variation in role definition, level of responsibility and services provided.

Jurisdictions around Australia formed a National AHA Working Group. They meet quarterly to share information relating to AHA initiatives and to facilitate a coordinated national approach to growing this workforce in a safe and effective way. Within NSW Health a NSW Health AHA coordinators network meets to share initiatives, education opportunities and information regarding the AHA workforce.

Benefits of working with AHAs

Evidence from the literature highlights health care benefits from introducing AHAs in terms of both process and service outcomes. These include increased patient/ client satisfaction, increased intensity of clinical care, more time for AHPs to concentrate on complex tasks and improved clinical outcomes.[1]

Barriers to introduction of AHAs

Whilst improving, there are some barriers to introducing AHAs in healthcare settings. These include ongoing uncertainty regarding the scope of AHA roles and responsibilities, lack of supervision training for AHPs and feelings of inadequacy by AHAs themselves[1].

How the Framework was developed

In 2012 an Advisory Committee with key stakeholder participation was established to provide strategic stakeholder input. Members of the Advisory Committee included representatives from the NSW Ministry of Health, Local Health Districts/ Speciality Networks (LHD/ SNs), the Health Services Union, the Community Services and Health Industry Skills Council, Health Education and Training Institute (HETI) and Health Registered Training Organisation (RTO).

Revision process of the Framework

The NSW Ministry of Health developed a survey to guide the revision process in consultation with the NSW Health AHA coordinators network. The survey was completed by AHPs, department managers, AHA supervisors and AHA coordinators. Findings indicated the majority of stakeholders who previously utilised the Framework found it to be relevant and useful. Changes to the Framework are reflective of the:

- NSW Health Service Allied Health Assistants (State) Award 2018
- introduction of recruitment on boarding system
- continuous revision of Certificate III and Certificate IV qualifications.

1. Lizarondo L, Kumar S, Hyde L, Skidmore D; Allied Health Assistants and what they do: A systematic review of the literature J. of Multidisciplinary Healthcare 2010:3 143 -153

Scope of the Framework

This Framework aims to provide a governance structure to clearly define the roles and responsibilities that AHAs have in the delivery of care. It guides how to effectively supervise and delegate. Information will also assist with growing this workforce safely and effectively. The state-wide Framework will facilitate the implementation and expansion of the AHA workforce which will support the efficient and timely delivery of allied health services.

This Framework can be utilised to:

- develop new AHA positions
- promote the safe and effective employment of the existing AHA workforce
- assist both AHPs and service managers to better understand roles and scope of practice of the health workforce
- support AHPs to supervise and delegate safely and effectively to the assistant workforce.

Who are AHAs and what do they do?

The allied health workforce in Australia is comprised of professionals, technicians and assistants.[2] AHAs work under the supervision and direction of an AHP to perform clinical and non-clinical duties.[3] They may be engaged to work in a discipline specific area or assist in the delivery of allied health services across a multidisciplinary team.

Allied health disciplines that currently utilise AHAs in NSW Health are:

- dietetics
- diversional therapy
- exercise physiology
- mental health
- occupational therapy
- orthotics/prosthetics
- physiotherapy
- podiatry
- radiography
- social work
- speech pathology.

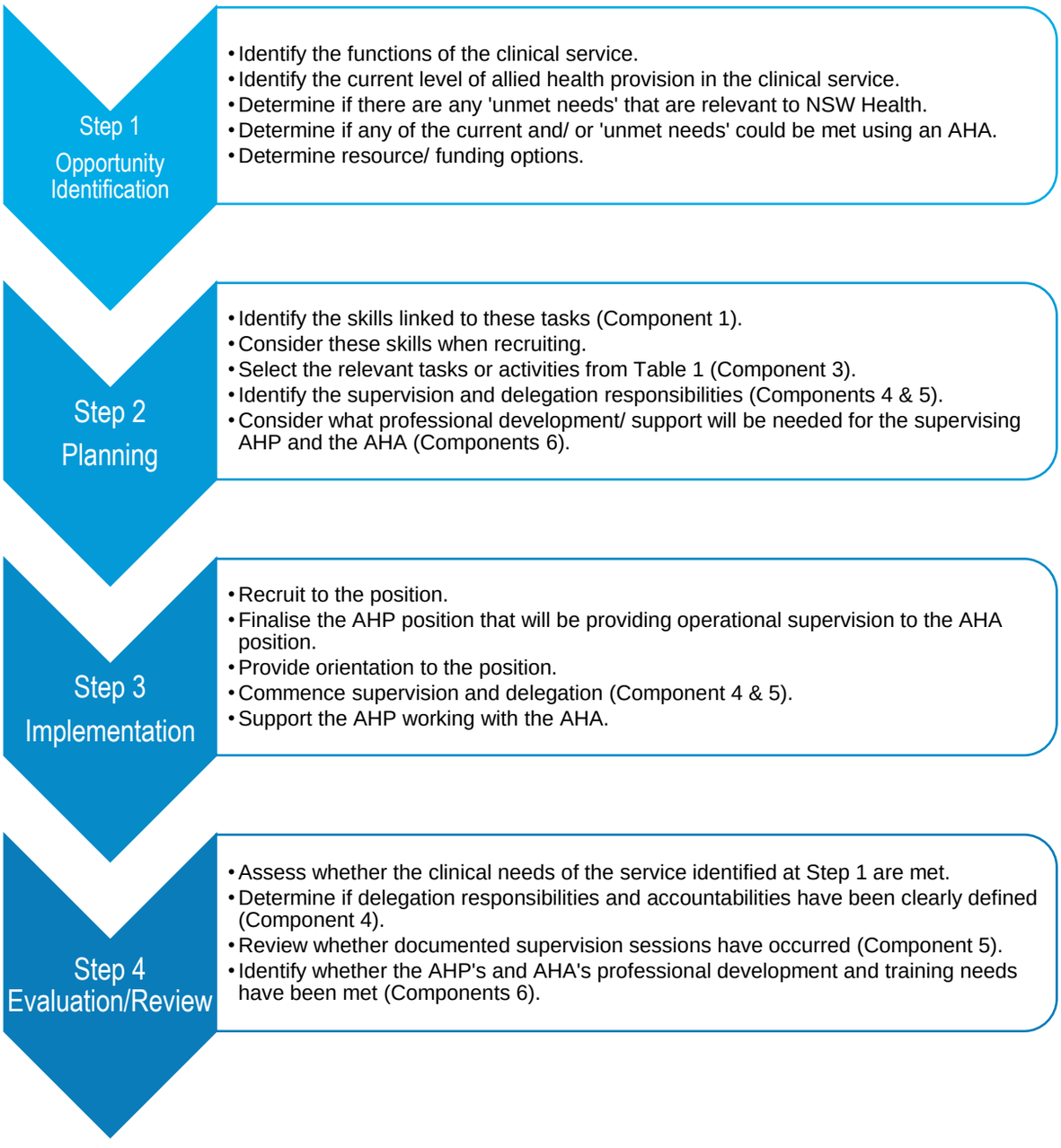
This list is not exclusive and does not preclude other allied health disciplines from utilising assistants, for example, child life therapy. This is provided that the additional classification is from a discipline which the Union has constitutional coverage and an agreement has been made with the employer.

2. *What is allied health?* Allied Health Professions Australia 2017 https://ahpa.com.au/what-is-allied-health/
3. Community Services and Health Industry Skills Council 2015 – HLT42512 Certificate IV in Allied Health Assistance

How to use this Framework

This Framework draws together a number of areas that need to be considered when employing and working with AHAs. The following figure outlines the steps to consider when creating new AHA positions. More comprehensive details are included in the body of the Framework.

Figure 1 – Steps to consider when establishing a new AHA position



The Six Components

There are a total of six components to consider when employing and working with AHAs. The components provide guidance on the roles and responsibilities of AHAs and AHPs. They help with understanding supervision and ways to support AHAs to work safely with patients/ clients.

Component 1 – Education, Skills and Competencies

- A relevant qualification equips AHAs to undertake the scope of practice required for their position.
- The Certificate III and Certificate IV in Allied Health Assistance informs the scope of practice for AHAs.
- AHAs are to be encouraged to attain competence.

Component 2 – Scope of Practice

- AHAs working in NSW Health will have a defined scope of practice linked to the service needs.
- The scope of practice will include tasks that the AHA can safely perform determined by clinical setting and discipline.
- Flexibility to adapt the scope of practice is required in order to reflect the needs of the local service.

Component 3 – Allocated Tasks

- AHAs and AHPs will have a clear understanding of allocated tasks.
- Where available, the task list will refer to the units of competencies within the AHA scope of practice.
- The tasks will vary depending on setting and discipline needs. For example, paediatric, geriatric, mental health.

Component 4 – Delegation Guidelines

- AHPs will have a clear understanding of what can be delegated to AHAs and the related responsibilities and accountabilities.
- AHAs will have a clear understanding of their responsibilities when accepting delegation from AHPs.
- Delegation will be documented.

Component 5 – Supervision Guidelines and Clinical Oversight

- AHA positions will have designated AHP/s supervisor.
- Supervision may be formal and/ or informal.
- Supervision is determined by local policy.
- Clinical oversight may be direct, indirect and/ or remote.

Component 6 – Professional Development

- AHPs are required to have knowledge and understanding of the roles and responsibilities of AHAs.
- AHPs may be required to develop effective supervision and delegation skills when working with AHAs.
- AHAs are to have access to ongoing professional development and is a shared responsibility between the individual and their employer.

COMPONENT 1

Education, Skills and Competencies

Guidelines

- A relevant qualification equips AHAs to undertake the scope of practice required for their position.
- The Certificate IV in Allied Health Assistance informs the scope of practice for AHAs.
- AHAs are to be encouraged to attain competence.

The Certificate III and Certificate IV in Allied Health Assistance is the most appropriate qualification for many AHAs working in clinical roles within NSW Health. Employers are to encourage and support existing AHAs that do not hold a formal qualification to undertake Recognition of Prior Learning (RPL) and/ or further training to meet the relevant qualification. RPL is a formal process of recognition of prior learning undertaken by a Registered Training Organisation (RTO).

How the Certificate III and Certificate IV in Allied Health Assistance informs the scope of practice for AHAs

The recommended Certificate III and Certificate IV in Allied Health Assistance is a vocational qualification. It has a complex structure to encompass the wide range of therapy assistant roles that exist in the workplace. However, a good grasp of this qualification will assist with understanding the scope of practice for AHAs.

The Certificate III and Certificate IV in Allied Health Assistance can be used to determine the scope of practice for a number of therapy areas for example physiotherapy, occupational therapy, speech pathology, podiatry, and nutrition and dietetics. The elements and performance criteria within each of the units of competency may link to roles of an AHA and be appropriate to complete. These competencies were reviewed by industry and professional bodies prior to being published in the training package.

Equivalent qualifications

Some individuals working as AHAs in NSW Health will have qualifications that can be considered as equivalent to a relevant qualification, however it is important that these individuals work within the identified scope of practice. Equivalent qualifications can include:

- allied health qualification gained outside of Australia, such as a physiotherapy degree from an overseas country
- Australian degree qualification in a relevant allied health discipline
- AHA qualification gained in the UK
- other qualifications relevant and directly related to the position, for example Certificate IV Mental Health for an AHA working primarily in mental health and Certificate IV Leisure and Health for an AHA working primarily in diversional therapy and/ or exercise physiology.

For a qualification to be accepted it must match the need of the position and the client group it is supporting. Other qualifications can be deemed equivalent by the employer or where they have been successfully assessed as possessing the competencies required by way of RPL.

Education pathway

An AHA’s education pathway has a strong link to qualifications and experience. The pathway gives AHAs the opportunity to identify their progress within the qualification options currently available. An AHA’s qualification will dictate their level on the NSW Health Service Allied Health Assistants (State) Award 2018.

COMPONENT 2

Scope of Practice

Guidelines

- AHAs working in NSW Health will have a defined scope of practice linked to the service needs.
- The scope of practice will include tasks that the AHA can safely perform determined by clinical setting and discipline.
- Flexibility to adapt the scope of practice is required in order to reflect the needs of the local service.

AHAs work in a diverse range of settings and allied health disciplines. This diversity can make it challenging to define the scope of practice for an AHA. It is important however to define the scope of practice as it relates to both the clinical setting and the allied health discipline/s.

Scope of practice of a profession

A profession's scope of practice is the full spectrum of roles, functions, responsibilities, activities and decision-making capacity. Professionals are educated, competent and authorised to perform within the scope of practice.[4]

Some functions within the scope of practice of any profession may be shared with other professions, other individuals and/ or groups. The scope of practice of all health professions is influenced by the wider environment, the specific setting, legislation, policy, education, standards and the health needs of the population.

Scope of practice of an individual

The scope of practice of an individual is determined by their education, authorisation, competency and capability to perform. To work within a full scope of practice of the discipline the individuals may need to update or increase their knowledge, skills, competence and capability.

To enable AHAs to work within the full and potential scope of practice; decision making on their scope of practice is to be embedded with a robust clinical governance, risk management, and regulatory framework/s.

Scope of practice of an Allied Health Assistant's tasks

AHAs scope of practice encompasses both allocated and delegated tasks (Component 3 & 4). The tasks preformed in the scope of practice for AHAs and within an individual AHA's scope of practice is influenced by:

- education
- knowledge and skills
- level of experience and on the job training
- currency of practice
- level of supervision received
- type and level of services provided by the facility.

4. *Nursing and Midwifery Board of Australia* A national framework for the development of decision-making tools for nursing and midwifery practice, 2007

Activities never to be included in the AHA scope of practice

AHP groups have identified activities that are only undertaken by an AHP. These include:

- making clinical decisions, including determining patient/ client selection for inclusion/ exclusion in caseload and discharging patients/ clients from treatment
- making a diagnosis
- communicating with patients/ clients, parents and family members about diagnosis, prognosis and treatment plan, unless these are done with explicit instructions from the AHP
- conducting clinical assessments
- preparing individual treatment plans
- interpretation of referrals
- initial assessments or interviews
- development of treatment goals and plans for patients/ clients
- planning and modification of treatment programs or goals
- discharge planning
- pressure care assessment, prescription and intervention including providing advice about the suitability of specialised equipment, including beds and chairs
- performing assessments and the prescription of:
  - splinting
  - specialised seating and wheelchairs
  - specialised equipment, aids and appliances, e.g. cutlery or writing tools
  - environmental installation or modifications
- assessment and diagnosis of swallowing disorders
- providing counselling services
- demonstration of swallowing strategies or precautions to client, family, and/ or other staff [5]
- injection of local anaesthetic, wound debridement and sharps debridement.

Determining scope of practice

The scope of practice of a position needs to be determined at the time of creating a new AHA position. It needs to be in line with the requirements of the service. Scope of practice for a position should be determined by the relevant staff making decisions relating to service needs in an allied health department, this can include the Allied Health Director, Manager and/ or the supervising AHP.

The scope of practice should be documented, meet local requirements and have an element of risk management. This should be reviewed each year during the appraisal process to ensure it remains relevant to both the service needs and the individual recruited to the position. This process will also identify any professional development needs.

Position Description

A NSW Health position description will reflect the scope of practice in lesser detail. It will also include:

- essential requirements
- primary purpose
- key accountabilities
- description of the service this position supports
- key challenges
- key relationships.

The position description will also include a selection criteria to reflect the requirements of the position. A standardised position description are saved in the NSW Health recruitment platform so managers of LHD/ SNs are able to access and modify accordingly.

5. Guidelines for AHA Scope of practice, Delegation and Supervision; Western NSW LHD

COMPONENT 3

Allocated Tasks

Guidelines

- AHAs and AHPs will have a clear understanding of allocated tasks.
- Where available, the task list will refer to the units of competencies within the AHA scope of practice.
- The tasks will vary depending on setting and discipline needs. For example, paediatric, geriatric, mental health.

Allocation of tasks

Allocated tasks are everyday tasks the AHA performs in their scope of practice. Examples of an allocated tasks include administration tasks such as maintain splinting stock and clinical tasks such as completing malnutrition screening tests. The AHA is responsible and accountable to complete these tasks without specific direction from a supervising AHP.

A list of tasks is provided in Table 1 to assist in formulating a scope of practice for a position. These tasks are sourced from the units of competency within the Certificate IV in Allied Health Assistance and are intended for use as a guide only. The tasks listed in this table should be reviewed and expanded to reflect workplace changes, the clinical needs of the service and the identification of allocated and delegated task to meet safe patient care.

Adding allocated tasks to scope of practice

There may be allocated tasks in addition to Table 1 that are relevant to specific services and should to be included when determining the scope of practice for a position. It is important that the scope is flexible enough to reflect the requirements of the service. An example is in the paediatric setting, there may be equipment or treatment methods that are specific to working with children.

It is important that when adding tasks to the scope of practice for an AHA that:

- tasks are clearly identified
- training requirements for the AHA are identified and delivered
- adequate supervision for the AHA is provided
- ongoing competency assessment is included to ensure the AHA is competent to undertake these additional tasks.

The delegation flow chart can provide guidance in identifying additional tasks and it’s appropriate to allocate or delegate to an AHA.

Table 1 – Task/ Activity List for AHA Scope of Practice

Task/ Activity
Delegated Care – general options for AHAs
Prepare patients/ clients for treatment.
Assist in patient/ client treatment, therapeutic activities, retraining programs according to the specific care plan that has been prescribed by an AHP, being aware of background, diagnosis and precautions.
Assist with routine evaluations by AHP, collect observational data as required, and report any changes in patient/ client behaviour or performance.
Supervise activities and exercises of patients/ clients individually or in groups under direction of the AHP.
Check posture and positioning and report on performance, problems or need for change.
Provide assistance in therapy where two or more people are required for safety; assist with patient/ client positioning/ manual handling.
Report any change in behaviour or performance of patients/ clients.
Assist with the organisation of groups, prepare and conduct or co-facilitate group activities.
Act as an escort to patients/ clients requiring supervision/ assistance in the healthcare facility environment or on home visits - for Mental Health facilities and settings please refer to local policies in relation to the escorting of patients/ clients.
Document in patient/ client medical record as appropriate to role.
Clinical Support – general options for AHAs
Assist with patient/ client intake – collect referrals, enter data.
Prepare treatment space/ room for next patient/ client.
Prepare or make aids/ devices for therapy under the supervision of the AHP.
Update/ maintain resources.
Participate in quality activities, assist with the compilation and/ or evaluation of data on projects, satisfaction surveys etc.
Maintain learning, for example, participation in departmental and LHD/ SNs education, orientation and mandatory training programs.
Assist with cleaning of therapy aids and equipment; ensure all equipment is safe and functional.
Assist with administration of equipment loan pool and other services as deemed necessary by the manager.
Deliver equipment and adjust in home according to specifications from AHP.
Assist in development of patient/client handouts/developing resources for community education.
Participate in supervision processes.
Administrative Support – general options for AHAs
Book appointments.
Collect data for monitoring quality improvement or statistical purposes.
Assist with ordering and/ or purchasing of supplies and materials including stationary, stock and non-stock items.
Administrative duties – word processing, telephone duties, photocopying, monitor resource usage, laminating scheduling and rescheduling appointments.
Assist in the sourcing and ordering of equipment and resources as delegated by the AHP.
Participate in LHD/ SNs performance management processes, for example, performance appraisal.

Task/ Activity
Occupational Therapy options – Acute and Community (in addition to tasks included in general options for AHAs)
Assist with occupational therapy program as directed by the supervising occupational therapist.
Implement self-care retraining programs as prescribed by the supervising occupational therapist.
Order/ provide and demonstrate basic equipment.
Joint home visits for patients/ clients where assistance of a second staff member is required.
Follow through positioning and/ or splinting regimes as prescribed by the supervising occupational therapist.
Energy conservation/falls prevention/ hip precautions/ personal alarms advice as per occupational therapists recommendations.
Continue therapy programs as per occupational therapist's recommendations.
Assist in joint treatment sessions where a second staff member is required.
Complete home modifications/ Quick CAD drawings as per occupational therapist's specifications.
Conduct patient/client activity groups under direction of the occupational therapist.
Physiotherapy options – Acute (in addition to tasks included in general options for AHAs)
Assist with physiotherapy program as directed by the supervising physiotherapist.
Assist with splinting and bracing under the direct supervision of the physiotherapist.
Apply and remove casts under direction of the supervising physiotherapist.
Nutrition and Dietetics options – Acute, Sub-acute and Community (in addition to tasks included in general options for AHAs)
Assist with dietetic program as directed by the supervising clinical dietician.
Participate in risk screening including malnutrition screening and other relevant screening programs.
Identify and report factors that place patients/ clients at nutritional and hydration risk.
Facilitate access to food and fluids.
Apply clinical nutrition/ therapeutic diet protocols as delegated.
Assist the clinical dietitian with implementation and monitoring of prescribed nutrition care plans, including discharge planning.
Facilitate and monitor orders to patient/ client food services, as required by the local facility system and protocols.
Manage and coordinate the provision of enteral feeds, commercial oral supplements and infant feeding formulas.
Assist with nutritional support for patients/ clients with dysphagia.
Communicate with all necessary other health service personnel regarding patient/ client therapeutic diet requirements.
Support the provision of basic nutrition advice/ education.
Speech pathology options – Acute (in addition to tasks included in general options for AHAs)
Assist with speech pathology programs as directed by the supervising speech pathologist.
Make Augmentative/ Alternative Communication (ACC) equipment as delegated by the supervising speech pathologist.
Assist in provision of modified diet items for patients/ clients following discharge under the direction of the supervising speech pathologist.
Organise equipment and/ or food items required for swallowing assessments.
Observe/ supervise meals under the direction of the supervising speech pathologist.
Assist with prescribed components of care as directed by the supervising speech pathologist, for example, oromotor exercise.
Assist in formulation/ compilation of resources and/ or therapy activities.

Task/ Activity
Physiotherapy options – Community (in addition to tasks included in general options for AHAs)
Assist with physiotherapy program as directed by the supervising physiotherapist.
Apply and remove casts under direction of the supervising physiotherapist.
Apply and review use of equipment under direction of the supervising physiotherapist.
Prepare for hydrotherapy program.
Guide the patients/ clients to complete the hydrotherapy program according to prescribed treatment plan.
Assist patient/ client after hydrotherapy session.
General monitoring and day to day maintenance of the hydrotherapy pool.
Speech Pathology options – Community (in addition to tasks included in general options for AHAs)
Assist with speech pathology programs as directed by the supervising speech pathologist.
Make ACC equipment as delegated by the supervising speech pathologist.
Assist with group service provision as directed by supervising speech pathologist.
Prepare materials for home programs as directed by supervising speech pathologist.
Assist in formulation/ compilation of resources and/ or therapy activities.
Assist with oral hygiene procedures as directed by supervising speech pathologist.
Occupational Therapy options – Sub-acute (in addition to tasks included in general options for AHAs)
Assist with occupational therapy program as directed by the supervising occupational therapist.
Implement self-care retraining programs as prescribed by the supervising occupational therapist.
Sew and fabricate soft splints.
Order/ provide and demonstrate basic equipment.
Joint home visits where assistance of a second staff member is required.
Ensure positioning and/or splinting regimes are adhered to.
Energy conservation/falls prevention/hip precautions/ personal alarms advice as per occupational therapist's directions.
Assist with occupational therapy assessment - upper limb, hand, and transfer assessments.
Physiotherapy options – Sub-acute (in addition to tasks included in general options for AHAs)
Assist with physiotherapy program as directed by the supervising physiotherapist.
Assist with serial casting.
Undertake exercise programs with patients/ clients as directed by the supervising physiotherapist.
Patient/ client mobilisation as directed by the supervising physiotherapist.
Prepare for hydrotherapy program.
Guide the clients to complete the hydrotherapy program according to prescribed treatment plan.
Assist client after hydrotherapy session.

Task/ Activity
Speech Pathology options –Sub-acute (in addition to tasks included in general options for AHAs)
Assist with speech pathology program as directed by the supervising speech pathologist.
Make AAC equipment as delegated by the supervising speech pathologist.
Assist in provision of modified diet items for patients/clients following discharge under the direction of the supervising speech pathologist.
Observe/ supervise meals under the direction of the supervising speech pathologist.
Assist with prescribed components of care as directed by the supervising speech pathologist, for example, oromotor exercises.
Assist with oral hygiene procedures as directed by the supervising speech pathologist.
Assist in formulation/compilation of resources and/ or therapy activities.
Podiatry options (in addition to tasks included in general options for AHAs)
Assist with podiatry program as directed by the supervising podiatrist.
Prepare for and perform basic foot hygiene - excluding scalpel work.
Apply padding and cushioning as prescribed by the supervising podiatrist.
Prepare for surgical podiatry procedures.
Assist with surgical podiatry procedures.
Assist with templating for manufacture of orthotic devices.
Assist with modification of orthoses and footwear.
Assist with support and advice to clients in the selection of footwear.
Clean and store equipment.
Prepare for the delivery of podiatry exercise program or assessment procedures.
Deliver podiatry exercise or rehabilitation program.
Assist with podiatry assessments.
Social Work options (in addition to tasks included in general options for AHAs)
Assist clients, families and carers to access organisational services under the supervision of a social worker.
Assist clients, families and carers with completion of paperwork under the supervision of a social worker.
Assist clients to access emergency assistance including financial assistance under the supervision of a social worker.
Provide assistance to social workers.
Complete client records, data bases and other documentation within legal and organisational requirements, adhering to confidentiality and privacy standards.
Provide a range of screening assessment as directed by the supervising social worker.

Note: This table was adapted from Western NSW LHD guidelines

COMPONENT 4

Delegation Guidelines

Guidelines

- AHPs will have a clear understanding of what can be delegated to AHAs and the related responsibilities and accountabilities.
- AHAs will have a clear understanding of their responsibilities when accepting delegation from AHPs.
- Delegation will be documented.

Delegation is the process by which an AHP assigns work to an AHA who is deemed competent to undertake the task. The delegated tasks compliment allocated tasks within an AHA's scope of practice to meet service demand. Examples of delegated tasks include meal time observation, provide activities from a therapy program and supporting a hydrotherapy group.

When a task is delegated to an AHA, the AHP is professionally accountable for the outcome, providing the AHA completed the task as requested. The AHP remains accountable for the clinical care that is provided, while the AHA is responsible for completing the activity in accordance with the direction they receive from the AHP, and state/ local policy directives.

Delegation of clinical tasks

Successful delegation requires the AHP to have good knowledge of the AHA's scope of practice, skills, competency and capacity. AHAs working in cross-discipline positions will have tasks delegated to them by a range of AHPs. It is the role of the supervising AHP to monitor the tasks delegated to cross-discipline AHAs in terms of workload.

As part of the delegation process, it is important to recognise that all clinical decisions regarding patients/ clients are made by the AHP, but delivery of the treatment plan may involve a variety of members of the team including AHAs. Delegation decisions will be specific to the needs of the service and workplace. Delegated tasks need to be reviewed by the AHP to ensure they have been completed as requested.

Principles of delegation

There are a number of principles that underpin effective delegation. These are:

- delegated activities are in the best interests of the patient/ client
- only activities within the scope of practice of both the AHA and AHP are delegated
- well defined lines of accountability are given for the activities being undertaken
- AHAs have the appropriate role, level of experience, competence and confidence to carry out the activity being delegated
- delegating AHP/s are able to provide the required supervision and monitoring for the activity
- the AHP and AHA have joint responsibility for raising any issues and requesting additional support during delegation and supervision processes
- activities can only be conducted by the AHA in an environment in which they are able to demonstrate capability.[6]

6. Work effectively with Allied Health Assistants – A manual for Supervisors and Managers – (2009) Royal Rehabilitation Centre

Deciding whether an activity is appropriate to delegate to an AHA can pose a challenge to the delegating AHP. The AHA's pre-existing competence, as determined by their training and experience can assist the delegating AHP in their decision making process. There are a range of factors that can help determine the appropriateness of delegation including:

- whether the task falls within the scope of the role
- the nature of the task itself
- constraints of the setting or environment in which the task will take place
- severity and complexity of the patient/ clients condition, psychosocial profile and needs.

Figure 2 is a flow-chart that may enable the supervisor to understand how these numerous factors direct task delegation.[7]

The importance of documentation when AHPs are delegating

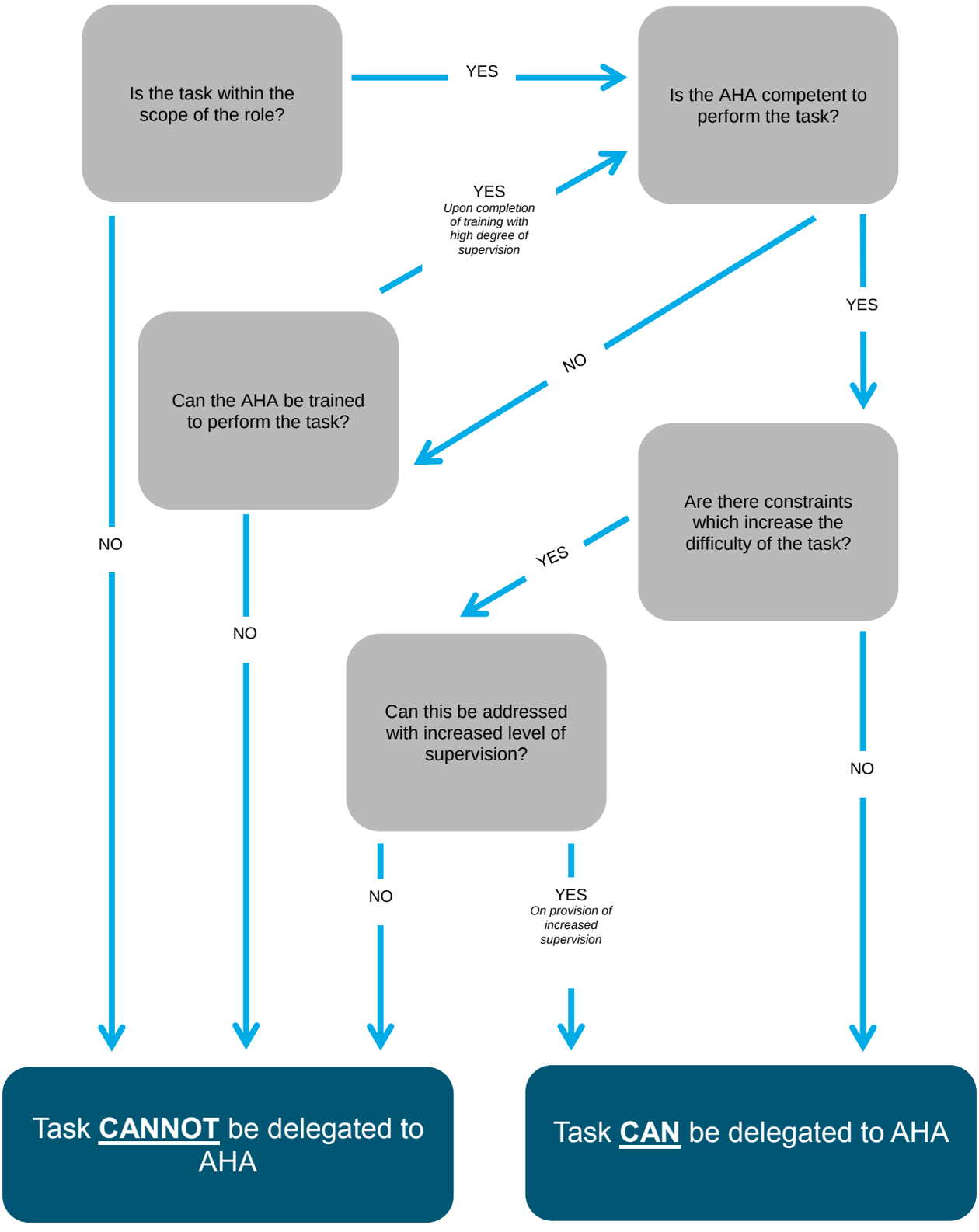
When delegating a task to an AHA, it is important that the task being delegated by the AHP is clearly documented and communicated wherever possible. Written instructions need to include:

- what the task is
- how the task is to be conducted
- who the task can be conducted with
- when the task needs to be conducted
- where the task can or could be conducted.

It is important that there is clear documentation in the medical record that tasks have been delegated and are being monitored by the AHP. Documentation will need to comply with local and NSW Government State Record policy and legal requirements. AHPs will clearly document in the medical record that an AHA will conduct delegated activities. This will be followed by entries from the AHA. In some situations tasks may be delegated over the phone. In this situation the request should be documented by both the AHP and the AHA.

7. Guidelines for AHA Scope of Practice, Delegation and Supervision; Western NSW LHD

Figure 2: Delegation Flow Chart



COMPONENT 5

Supervision and Clinical Oversight

Guidelines

- AHA positions will have designated AHP/s supervisor.
- Supervision may be formal and/ or informal.
- Supervision is determined by local policy.
- Clinical oversight may be direct, indirect and/ or remote.

Supervision is considered a vital part of modern and effective health care. Providing effective supervisory support to AHAs enhances quality, safety and productivity. It facilitates:

- acquisition of skills and knowledge
- reflective practice
- development of professionalism
- confidence and competence in clinical practice
- professional growth and development.

Supervision for AHAs is guided by local policy directives. This includes:

- roles and responsibilities
- supervision contracts
- documentation of supervision
- supervision structures.

Supervision includes educational, supportive and administrative functions. This may be delivered via a combination of clinical supervision and/or operational supervision.[8]

What is clinical supervision?

Clinical supervision facilitates the process of reflective practice which supports the individual to develop the knowledge and skills required to enhance the quality and safety of care. The purpose of clinical supervision is to ensure the delivery of high quality care and treatment through accountable decision making and clinical practice. It is also to facilitate learning and professional development.

8. *The Superguide: A handbook for supervising allied health professionals; Health Education and Training Institute*, 2012 www.heti.nsw.gov.au/Global/HETI-Resources/allied-health/Superguide-May-2012.pdf

What is operational supervision?

Operational supervision is a relationship between a designated supervisor and supervisee to coordinate workload. The supervision provided is dependent on:

- service delivery needs and settings
- skill and knowledge
- level of training and qualification.

Operational supervision elements can include but are not limited to:

- operational line management
- consultation
- performance management
- performance appraisal.

Designated Supervision Position

Arrangements are to be in place so that the work of an AHA is supervised by an AHP. The clinical and operational supervisor may be the same or two different AHPs. These arrangements need to be communicated to all relevant staff to minimise confusion. Arrangements will include both permanent and temporary situations. It is important to have a contingency plan if the supervisor is unavailable.

In some work settings AHAs may be required to assist more than one AHP at a time and sometimes in more than one therapy area. It is recommended that the AHA have one designated allied health operational supervisor from the discipline where the AHA spends the majority of their time.

The designated operational supervisor will co-ordinate the AHA’s workload, oversees clinical practices, sets tasks and is ultimately responsible for their service delivery. The clinical supervisor is responsible AHA's capabilities, providing clinical supervision, encouragement, feedback, professional development and guide self-evaluation of the standard of work to ensure the worker is performing within individual scope.

Where possible, the designated AHP supervisor will not be a new graduate position. When due to circumstances the designated supervisor position is a new graduate, it is important that they are provided with both increased supervision and specific training about how to work with AHAs.

Methods of Supervision

Different methods are applicable to conduct clinical and operational supervision. These include:

Informal or day to day supervision is an incidental request by the AHA for ‘real time’ support. A supervisor may provide physical or hands on help if required to build the AHA’s confidence and competence to deliver safe care.

Formal structured supervision is determined by local supervision policies. It is a reflective process that should be conducted in an appropriate environment to facilitate confidentiality.

Clinical Oversight

Clinical oversight is an important element of allocating and delegating tasks from a supervising AHP to an AHA. Effective clinical oversight gives direction allowing the AHA the ability to perform the required task. Clinical oversight uses both clinical and operational supervision.

Direct clinical oversight occurs where the supervising AHP works alongside the AHA, to observe and direct the activities of the AHA. This enables immediate guidance, feedback and, if appropriate, intervention.

Indirect clinical oversight occurs when the supervising AHP is on-site and easily accessible but not in direct view of the AHA whilst the activity is being carried out. Here the AHA must rely on clear communication from the supervising AHP. When indirect clinical oversight is used it is expected that the supervisor be readily available by either being within the same physical area or easily contactable should the need for consultation arise i.e. by phone. It is also recommended that an alternative contact person is designated who can act in the place of the supervisor if the supervisor is not available.[9]

Remote clinical oversight occurs when the supervising AHP is located some distance from the AHA, but processes are in place to ensure the supervising AHP is contactable and accessible to provide direction, support and guidance as required. This may include the use of technologies such as teleconferencing/ videoconferencing.

Remote clinical oversight may occur in the following situations where an AHA is working:

- in the community, but is generally based in an office where the supervising AHP is present - this situation requires strategies for contact/ guidance if something unexpected occurs
- over the weekend when there is no supervising AHP working
- in one facility being supervised by an AHP in another facility or health site - this is most likely to occur in rural and remote areas.

In remote clinical oversight, when the AHA is completing tasks delegated by the supervising AHP, the supervising AHP retains accountability. It is recommended that an on-site contact person, who may or may not be an AHP, be designated who can offer consultation should the need arise and has the authority to act in place of the supervising AHP if necessary. If a task is modified by the designated on-site person, the accountability for this task changes to the on-site person. When remote clinical oversight is being utilised it is essential that lines of responsibility and accountability are clear and documented.

9. Work effectively with Allied Health Assistants – A manual for Supervisors and Managers – (2009) Royal Rehabilitation Centre

COMPONENT 6

Professional Development

Guidelines

- AHPs are required to have knowledge and understanding of the roles and responsibilities of AHAs.
- AHPs may be required to develop effective supervision and delegation skills when working with AHAs.
- AHAs are to have access to ongoing professional development and is a shared responsibility between the individual and their employer.

AHPs working with AHAs

Effective supervision and delegation will require AHPs to have a good understanding of the role of AHAs as well as the knowledge and skill level required from an AHA. AHPs may need ongoing professional support to develop these skills to enable them to work effectively with AHAs. This could promote the functional integration of AHAs into allied health teams to deliver quality health care.

Recommendations for professional development for AHPs

It is important that AHPs working with AHAs have access to training in this area. Training would be helpful for both experienced and inexperienced AHPs and may be inter-professional. AHPs working with AHAs should have an understanding of:

- AHAs working with multiple clinicians
- Certificate IV AHA competencies
- soft skills i.e. teamwork, communication, interpersonal skills
- learning principles i.e. providing feedback, monitoring outcomes, facilitation skills
- how to utilise AHAs i.e. scope of practice, delegation and supervision.

AHAs Professional Development

Ongoing professional development is important for AHAs in order to maintain and enhance their skills and knowledge. Decisions about the appropriateness of the professional development activity will be made at a local level. Availability of professional development may assist with staff retention.

AHA's performance appraisal can identify areas for further professional development. Professional development examples include:

- observation and provision of feedback which may occur during supervision sessions
- work shadowing other AHAs and/ or AHPs
- attendance at in service presentations, both allied health and other areas
- AHA specific in-services
- AHA forums
- conference attendance
- enrolment in additional units of competency from the Certificate IV Allied Health Assistance
- short courses relevant to the patient/ client group
- AHA interest groups and networks including online discussion forums
- rotation between facilities
- telehealth and webinar sessions
- development of a buddy system to support professional development
- targeted on the job training with the specific purpose of developing/ enhancing skills.

Who assesses competency and capability?

Competency is the application of knowledge, skills and performance of industry set standards required to perform in the workplace. AHAs employed by NSW Health are assessed on competencies for the purpose of issuing qualifications.[10] Units of education where a competency is assessed can be found in Component 1. Responsibility for the assessment of AHA's competencies rests with RTOs. RTOs may work with AHPs to assess competence in the workplace.

Capability is an observational ability, characterised by behavioural skill and attitude to meet the specific needs of a particular workplace. Put simply, capability is the ability to do something.[8] The assessment of capabilities of AHAs employed by NSW Health is determined by the supervising AHP.

10. *Credentialling Competency and Capability Framework Allied Health*, Department of Health and Human Services, State of Victoria https://www2.health.vic.gov.au/Api/downloadmedia/%7B426782F8-57EB-4DD9-B9CF-25CB92256A02%7D

Bibliography

National Groups

Community Services and Health Industry Skills Council – HLT42512 Certificate IV in Allied Health Assistance

Consensus Statement of NSW Health Nutrition and Dietetics Advisors Group on the Roles and Tasks Undertaken by Dietitian Assistants; Dietitian Association of Australia May, 2010

Guidelines for podiatrists working with podiatric assistants in podiatry practice. Australian Health Professional Registration Agency, 2011 www.podiatryboard.gov.au/Policies-Codes-Guidelines.aspx

Nursing and Midwifery Board of Australia A national framework for the development of decision-making tools for nursing and midwifery practice, 2007

Guidelines for Registrants Supervising Speech Pathology Support Staff; Speech Pathologists Board of Queensland, 2008

National Allied Health Advisors Committee (NAHAC) position paper – Allied Health Assistants, 2010

Position Statement – Occupational Therapy Assistants, Occupational Therapy Australia Association.

Parameters of practice: guidelines for delegation, collaboration and teamwork in speech pathology practice; Speech Pathology Australia, 2007.

Guidelines for podiatrists working with podiatric assistants in podiatry practice; Podiatry Board of Australia, 2010

Position statement: Working with a physiotherapy assistant or other support worker; Australian Physiotherapy Association, 2008 http://www.physiotherapy.asn.au/DocumentsFolder/Advocacy_Position_Physio_Assistant_2008.pdf

Scope of Practice – Support Staff in Nutrition & Dietetic Services, Dietitian Association of Australia, September 2007 SARRAH position paper Allied Health Assistants in Rural and Remote Australia December, 2011

What is allied health? Allied Health Professions Australia, 2017 https://ahpa.com.au/what-is-allied-health/

Jurisdictional Groups

Allied Health Assistants in SA website: http://www.aha-sa.asn.au/topic.aspx?section=1

Delegation, Monitoring and Evaluation of Allied Health Assistants, Western Australian Country Health Service, 2009, Western Australia. www.wacountry.health.wa.gov.au/index.php?id=637

Discussion paper: Allied health assistants, Department of Health, Western Australia www.ochpo.health.wa.gov.au/docs/Discussion_paper_allied_health_assistants.pdf

Preliminary Evaluation of the Clinical Education and Training for Allied Health Assistants in Queensland Health Project, July 2011 Queensland Health. www.health.qld.gov.au/clinedq/Documents/ClinEdQahaer.pdf

Health Professionals Workforce Plan 2012 – 2022, NSW Ministry of Health, http://www0.health.nsw.gov.au/pubs/2012/pdf/hprofworkforceplan201222.pdf

Occupational Therapists' Supervision of Support Staff – Position Statement and Guidelines, July 2011, Northern Territory Health Practitioner Registration Boards

Supervision and Delegation Framework for Allied Health Assistants; January 2012, Victoria Department of Health http://docs.health.vic.gov.au/docs/doc/87B365A392B0332CCA25799E007F8ACE/$FILE/framework-for-web-060612.pdfhttp://docs.health.vic.gov.au/docs/doc/87B365A392B0332CCA25799E007F8ACE/%24FILE/framework-for-web-%0A060612.pdf

Allied health Assistant Project Report August 2009; Tasmania Health

Health Education & Training Institute Publications

Best Practice Governance Framework for Allied Health Education & Training: Guidelines to support the development of allied health capabilities in the delivery of person-centred care October 2012 First Edition www.heti.nsw.gov.au/Global/HETI-Resources/allied-health/HETI-Allied-Health-Best-Practice-Governance- Framework.pdf

The Learning Guide: a handbook for allied health professionals facilitating learning in the workplace, 2012 www.heti.nsw.gov.au/Global/HETI-Resources/allied-health/allied-health-learning-guide.pdf

The Superguide: A handbook for supervising allied health professionals; Health Education and Training Institute, 2012 www.heti.nsw.gov.au/Global/HETI-Resources/allied-health/Superguide-May-2012.pdf

NSW State Awards

NSW Health Service Allied Health Assistants (State) Award

Health Employees' Conditions of Employment (State) Award

Health Industry Status of Employment (State) Award

Local Health District AHA Reports

Allied Health Assistant Survey Report, Nepean Blue Mountains LHD

Allied Health Assistant Project: Interim Report; 2012; Hunter New England LHD

Allied Health Assistant (AHA) Project Report; 2012; South Eastern Sydney and Illawarra Shoalhaven

LHD Allied Health Guidelines: Clinical Governance for Allied Health Assistant Roles; August 2011; Murrumbidgee LHD Guidelines for AHA Scope of practice, Delegation and Supervision; Western NSW LHD

Governance Arrangements for Allied Health Assistants; August 2011, Hunter New England LHD

Position Statement – Role of Allied health Assistants in NSW – final draft from AHA Coordinators group 28/2/12.

2012 Allied Health Assistants Framework reference

Chadwick, M; *The feasibility of the role of the allied health assistant in the rural health delivery model,* New Zealand Institute of Rural Health, Ministry of Health, New Zealand*, 2007*

Evaluation – Rural Allied Health Assistant (RAHA) *Project – Interim Reports 1* (Dec 2010) & 2 (Nov 2011), Rural Division, Health Education & Training Institute

Egan, I: Chief Radiographer Northern Beaches Medical Imaging Departments Dates

*Health Care Records – Documentation and Management Policy Directive P*D2012_069

Kilminster, SM & Jolly, BC, 2000*, Effective supervision in clinical practice settings: a literature review,* Medical Education, vol. 34

Moran A et al; *Are we using support workers effectively? The relationship between patient and team characteristics and support worker utilisation in older people's community-based rehabilitation services in England*; Health and Social Care in the Community; 2012: 10.1111/j.1365-2524.2012.01065.

Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals 2008 Commissioner Peter Garling SC

Spilsbury K et al; *Mapping the introduction of Assistant Practitioner roles in Acute NHS (Hospital)* Trusts in England; Journal of Nursing Management 2009, 17:615-626

References

Lizarondo L, Kumar S, Hyde L, Skidmore D; *Allied Health Assistants and what they do: A systematic review of the literature,* Journal of Multidisciplinary Healthcare, 2010:3 143-153

What is allied health? Allied Health Professions Australia, 2017 https://ahpa.com.au/what-is-allied-health/

Community Services and Health Industry Skills Council – HLT42512 Certificate IV in Allied Health Assistance

Nursing and Midwifery Board of Australia, A national framework for the development of decision-making tools for nursing and midwifery practice, 2007

Guidelines for AHA Scope of practice, Delegation and Supervision; Western NSW LHD

Work effectively with Allied Health Assistants – A manual for Supervisors and Managers, Royal Rehabilitation Centre, 2009

The Superguide: A handbook for supervising allied health professionals; Health Education and Training Institute, 2012 www.heti.nsw.gov.au/Global/HETI-Resources/allied-health/Superguide-May-2012.pdf

Credentialling Competency and Capability Framework Allied Health, Department of Health and Human Services, State of Victoria https://www2.health.vic.gov.au/Api/downloadmedia