National Allied Health Advisors Committee

Position Paper

Allied Health Assistants

Prepared by the

National Allied Health Assistant Working Group

About this paper

The National Allied Health Assistant Working Group (NAHAWG) was formed in November 2008 as a subgroup of the National Allied Health Advisors Committee (NAHAC) to provide a forum for interstate/national collaboration on Allied Health Assistant (AHA) projects and to facilitate information exchange and networking. This paper articulates the identified issues by jurisdictions for the allied health assistant workforce:

1. Qualifications
2. Clinical governance
   a. Role and scope of practice
   b. Delegation and supervision

Recommendations

• There be a nationally consistent approach to the development of the allied health assistant workforce in collaboration with NAHAC.
• There be a national agreement to the qualifications required to work as an allied health assistant.
• There be a nationally consistent approach to the scope of practice for allied health assistants.
• There be a nationally consistent approach to the supervision, delegation and mentoring of allied health assistants by allied health professionals.

Background

There are many challenges facing the health system in Australia including an ageing population, increasing demand, higher consumer expectations, rising costs, technological advancements in patient care and an increase in chronic disease across the population. This rapidly changing environment means that the health workforce needs to adapt and innovate to meet future patient needs. It also highlights the importance of the assistant support and complementary workforce models that optimise the use of the existing skills in the current professional and assistant workforces.

In recent years the health sector has responded to workforce pressures with an increase in utilisation of an assistant workforce. The assistant workforce is able to
support and increase the capacity of the allied health professional (AHP) by undertaking some of the duties that require less technical skills, usually clinical. The integration of an assistant workforce with expanded roles and the ability to take on new tasks facilitates health professionals to focus on the more complex service delivery tasks enabled by advancing knowledge and technology, and to perform advanced scope of practice roles to support existing and future health care demands.

Greater utilisation of an AHA workforce has been identified by all jurisdictions as a key component of strategies to support workforce sustainability and improve the health system’s capacity to meet the community’s health needs into the future.

The AHA is not a new role. The AHA workforce has been a significant component of the AHP workforce for many years across a number of professions. In 2007 the Certificate IV in Allied Health Assistance (Cert IV in AHA) was introduced into the Community Services and Health Industry Skills Council’s (CSHISC) Health Training Package (HLT07). This higher level standardised qualification enables the development of more advanced AHAs to conduct therapeutic and program related activities under the direct, indirect or remote supervision of an AHP\(^2\) across a variety of settings and clinical environments.

The delegation of less complex tasks by AHPs to Certificate IV qualified AHAs alleviates some of the demand pressure on the professionals while providing an opportunity for improved access and continuity of service to clients. It also supports the development of a broader knowledge and skill base to ensure Health and Community Services are in the best position to manage the increasing demand for services resulting from an ageing population and an increase in chronic disease.

It is essential that appropriate and effective clinical governance arrangements are in place and well understood by both AHPs and AHAs to ensure the AHA can deliver high quality, safe and sustainable services while operating within their full scope.

Assistant workforce models and initiatives are being implemented across Australia. Although different state industrial frameworks have informed varying approaches to the AHA workforce across jurisdictions, common themes and issues have emerged, some of which are discussed in this Position Paper.

Ongoing communication and information sharing facilitated by NAHAWG creates opportunities to develop nationally consistent approaches to ongoing development of AHA models and roles – and potentially consider the establishment of a national framework for this workforce.

The varying and ad hoc development of state and territory approaches to the AHA workforce has resulted in inconsistency with the use of the title AHA and the scope of practice outlined in position/job descriptions. For the purposes of this paper the term AHA is used to describe workers who provide therapeutic and program related support to AHPs.\(^2\)

Issues addressed in the Position Paper

1. Qualifications

The inclusion of the Cert IV in AHA in the Health Training Package 2007 (HLT07) has been a key enabler for increasing the numbers and utilisation of AHAs in the delivery of safe quality health services across a variety of settings and clinical environments across Australia.

The Cert IV in AHA creates an AHA workforce competent in a deeper and broader range of clinical tasks under a broader range of conditions than a Cert III trained AHA. The Cert IV has enabled redesign activities across jurisdictions, disciplines and service settings and allows for the introduction of new workforce models in rural and regional areas involving visiting AHPs supervising locally employed AHAs.

The Cert III and IV in AHA are contained within the Australian Qualification Framework (AQF). The AQF provides a single coherent national framework for all recognised qualifications in the school, Vocational Education and Training (VET) and higher education sectors in Australia3.

The Cert IV in AHA is offered by a range of Registered Training Organisations (RTO’s) across Australia. Core competencies for AHA’s are embedded in the qualification.

The CSHISC undertakes an environmental scanning process in consultation with industry representatives to review qualifications and competencies in the HLT07, and ensure they remain relevant to the health industry. The work of the NAHAWG in facilitating consistency of AHA roles can assist in ensuring that these competencies reflect the requirements of the role as it develops.

Further work is required to create effective educational pathways into and out of the Cert IV in AHA. These pathways should enable qualified AHA’s prior learning to be recognised and support their transition into further tertiary study including, but not restricted to, AHP qualifications.

With the further development of workforce roles and models of care in response to the changing health environment, it is possible that in the future some jurisdictions may identify a need for an AHA role that can operate at a more advanced level than that provided by the current Cert IV qualification. This may also support the further development of career pathways and articulation in qualifications from AHA to AHP. However a significant amount of work is required to ensure that existing AHA roles are fully understood, accepted and effectively utilised by industry prior to the development of such a role and corresponding qualification.

Position of National Allied Health Assistant Working Group on AHA education and training:
• supports the core competencies for Cert IV in AHA in the Health Training Package, HLT07;

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• supports the need to increase the utilisation and prevalence of Cert III and Cert IV qualified AHAs including increased access to training for the existing workforce to ensure safe, quality practice;
• supports the development of an AHA career structure and pathway into and out of the Cert IV in AHA to allow for opportunities to articulate into higher education qualifications.

2. **Clinical Governance**

   a. **Role and scope of practice**

A recent scoping report of the AHA workforce in Victoria found that AHPs have a poor understanding of the roles, skills and contribution AHA can make to client outcomes and service design, particularly the ‘value add’ to therapy programs.

Poor delineation and lack of understanding of the AHA role has impacted on the ability and willingness of AHP to allow AHAs to work to their full scope and may limit the contribution of the emerging support workforce in meeting the increasing demands on the health system. It has also led to inconsistencies in the scope of practice of AHAs across jurisdictions and highlighted a need to define the scope of different levels of the assistant workforce for both the AHAs and the AHPs.

Work is being undertaken at a jurisdictional level to provide guidance to AHAs, AHPs and other health stakeholders in defining the scope of practice of AHAs as it relates to patient safety, clinical governance and legislative requirements. Information sharing between jurisdictions via collaborations such as NAHAWG will ensure that the content and scope of the roles is nationally consistent.

Health professionals who supervise and mentor AHAs require support and training to better understand the AHA role, and the supervision, delegation and clinical governance requirements and responsibilities.

**Position of National Allied Health Assistant Working Group on AHA role and scope of practice:**

• supports continued collaboration and information sharing regarding the scope of practice of different levels of AHAs to ensure the acceptance and application of these roles is consistent across jurisdictions;
• supports training and education of AHPs in supervision, delegation and mentoring of AHAs which will assist them to better understand the role of an AHA and their own clinical governance requirements.

   b. **Delegation and supervision**

The role of an AHA is a delegated one in which the assistant works under the direction and supervision of the AHP. The AHP remains accountable for ensuring that all delegated tasks are appropriate and within the level of competence, skill,
The AHA has a responsibility for working within the level of their skills and competence and working collaboratively with the AHP to deliver safe, quality services appropriately.

Delegation of tasks by AHPs to AHAs is dependent on a range of factors including: the AHAs level of training and competence; their employment level; their experience in particular health settings; the type of supervision that can be provided (eg. direct, indirect or remote supervision); the complexity of the task which includes the complexity of the client’s presentation; and, the professional judgement of the AHP and understanding of the AHA scope of practice.

Although the AHA is not a new role, many AHPs do not have experience in working with support staff, and training is required in how to supervise, mentor and delegate tasks within the AHA scope of practice. Supervision and delegation of tasks by AHP to AHA, particularly more advanced Cert IV trained AHA, is not adequately addressed in professional entry courses.

Furthermore, the VET sector is often poorly understood by AHPs who have completed their qualification in the tertiary sector and have limited or no experience with competency based training, the AHA role or Cert III and IV in AHA qualification.

A closer working relationship is required between the VET, the tertiary sector and health service providers to improve the level of understanding and prepare AHP for the reality of working within a health team which includes support workers such as AHA.

**Position of National Allied Health Assistant Working Group on task delegation and supervision for allied health assistants:**

- supports closer relationships between the VET sector, tertiary institutions and health service providers to facilitate the preparation of both AHA and AHP for the work environment;
- supports the development of training and support processes in supervision and task delegation for AHP and AHA.