



Government of **Western Australia**
Department of **Health**

Supporting and Developing the Allied Health Assistant Workforce

2015

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Executive Summary

There are a number of challenges in delivering quality allied health services in Western Australia. The pressures of rising demand driven by an aging population, the rise of chronic disease and workforce shortages creates an imperative for efficient workforce models.

In Allied Health, the emerging Allied Health Assistant (AHA) workforce is a crucial part of workforce reform. Key drivers for the introduction of AHA roles include task substitution and delegation models - creating increased clinical capacity for Allied Health Professionals (AHPs) by allowing them work at their full scope.

The 2014 Grattan Institute report 'Unlocking skills in hospitals: better jobs, more care' estimated that delegation frameworks that better match between workers and their tasks (such as AHPs delegating to AHAs) would save public hospitals \$430 million a year.

An AHA is defined as a person employed under the supervision of an AHP who is required to assist with clinical and program related activities. Supervision may be direct, indirect or remote and must occur within organisational guideline. However, for the different allied health professions a more specific definition is sometimes provided to encompass the requirements of a given profession.

The use of AHAs can lead to more effective and efficient use of workforce skills, contribute to improving patient outcomes and assist in managing demands on allied health services.¹ However the workforce need to be supported and developed to ensure contemporary best practice, aid retention and recruitment, and deliver the best possible outcomes for the WA community.

¹ Stute et al (2013) Defining the role and scope of practice of allied health assistants within Queensland public health services

Background

Western Australia's population is growing and aging – increasing the demand for health care. Given this increased need, the supply of the allied health will be a key issue into the future. Developing innovative and efficient ways to deliver care whilst still maintaining high levels of quality, and ensuring patient safety, is a challenge for policy makers and government. A business as usual approach would require the health workforce increase three fold². This projected workforce demand growth rate exceeds workforce supply growth – compounding problems of an ageing allied health workforce and in retention of existing practitioners.³ This is clearly not a sustainable approach.

Allied Health Assistants (AHAs) are now an established group in allied health practice with the potential to improve quality and timeliness of care. An AHA is defined as a person employed under the supervision of an Allied Health Professional (AHP) who is required to assist with clinical and program related activities. Supervision may be direct, indirect or remote and must occur within organisational guidelines. Health Services and Governments across Australia have recognized the importance of developing the AHA workforce in response to the national and global future health workforce shortages⁴. The 2014 Grattan Institute report 'Unlocking skills in hospitals: better jobs, more care' estimated that delegation frameworks that better match between workers and their tasks would save public hospitals \$430 million a year.

Western Australia was pivotal in developing the early AHA roles, particularly to support patient care in rural and remote areas. There is significant potential for this workforce to help meet the challenges posed by workforce pressures, escalating costs, increasing demand and systemic barriers. To date, this potential has not been fully realised across the whole of WA Health.

The roles of AHAs or support workers can be variable and may be associated with work location, level of training, and number and type of AHPs they support. Although the benefits of the AHA workforce are apparent, examination of various models in use by State governments across Australia show that common across jurisdictions were reports that employment of AHAs lacked structure and career progression. Further, that roles were defined differently within Health Services and the level of responsibility and services provided by AHAs within their localities varied greatly.

In 2008 the Chief Health Professions Office produced the '*Discussion Paper: Allied Health Assistants: Assistants in Allied Health and Health Science Workforce Project: Stage 2*'⁵ document that provided information on the AHA workforce. This paper noted that training and qualification structures of AHAs needed to be further developed and outlined a series of recommendations aimed at achieving this. Since the 2008 report the role AHAs play in new models of allied health service delivery has progressed. The development of AHAs in support roles is an important strategy for workforce reform, as noted in the WA Health Clinical Services Framework 2014–2024 (CSF 2014)⁶

The '*Allied Health Assistants - Options for Workplace Development and Expansion*' project was designed to understand, measure and evaluate the opportunities and barriers to expanding the AHA workforce within WA Health.

² Department of Human Services, Allied Health Assistants, Final Report, 31 May 2009

³ DEPARTMENT OF HUMAN SERVICES Allied Health Assistants Final Report 31 May 2009

⁴ Health Workforce 2025 <https://www.hwa.gov.au/sites/default/files/SummaryHW2025Vol1-3FINAL.pdf>

⁵ Chief Health Professions Office 2008, Discussion Paper: Allied Health Assistants, Assistants in Allied Health and Health Science Workforce Project, Department of Health, Perth.

⁶ WA Health Clinical Services Framework 2014–2024 http://www.health.wa.gov.au/hrit/docs/publications/Clinical_Framework_2014-2024.pdf

Project Outline

AHAs are an important component for a sustainable workforce into the future, enabling AHPs to focus on their full scope of practice. By undertaking delegated tasks which require less developed skills under the supervision of a professional, there is significant potential for efficiency gains in the constrained budget context. This project evaluated the value (to both AHP and patients/community) of AHAs in WA Health. The scope of the project incorporated WA Health Metropolitan Services and the WA Country Health Service. Both profession-specific and non-specific AHA's working under the 25 professions represented by the Chief Health Professions Office were included.

The project sought to understand the clinical settings where AHA are of most value to AHP, patients, carers and the community in the delivery of best practice care. Specifically, investigation focussed on determining the value, if any, of increasing the number and or FTE of the AHA workforce. Industrial barriers and levers in the context of WA Health and common areas of work between AHA and other roles in WA Health were also considered. In order to ascertain the current status of the AHA workforce within WA Health, such as the acuity setting of AHA positions, their roles & functions, career progression opportunities and training requirements and delivery surveys of both AHAs and their managers were undertaken. Peer-reviewed and grey literature, and WA Health workforce data, were also examined.

Previous WA Health Reports

WA Health has continued develop and evaluate of AHA roles since their introduction. Many Models of Care embed AHAs as part of the multidisciplinary team, and the WA Country Health service has been a leader in driving improved practice and appropriate delegation, training and support frameworks for AHA roles, including

A census of therapy assistant practice In Western Australia (2005)

- [Rural WA Therapy Assistant Project](#) (2003)
- [Therapy Assistant Training Initiative Report](#) (2005)
- A census of therapy assistant practice In Western Australia (2005)

Many regions within WACHS operate AHA programs. Below provides links to regional reports regarding the utilisation of therapy assistants.

- [Gascoyne](#) (2006)
- [Midwest Murchison](#) (2005)
- [Goldfields and South East Coastal](#) (2003)

The Chief Health Professions Office has previously undertaken projects in profiling this workforce state-wide, including:

- [Workforce Profile Survey Report Assistants in Allied Health and Health Science](#) (2008)
- [Discussion paper: allied health assistants \(PDF 600KB\)](#) 2008
- [Assistants in Allied Health and Health Science Workforce Project Stage 3: Focus Groups and Submission Responses](#)(2009)

Roles of Allied Health Assistants – Western Australia

An AHA is defined as a person employed under the supervision of an AHP who is required to assist with clinical and program related activities. Supervision may be direct, indirect or remote and must occur within organisational guideline. However, for the different allied health professions a more specific definition is sometimes provided encompass the requirements of a given profession.

Occupational Therapy

The WA branch of the Australian Association of Occupational Therapists defines an occupational therapy assistant as “a skilled technical health worker who under the supervision of an Occupational Therapist, assists in a client's intervention program” and “does not encompass people employed to provide reception, clerical, or housekeeping duties only”

Physiotherapy

In their *Working with a Physiotherapy Assistant or other Support Worker Position Statement* (2008), the Australian Physiotherapy Association (APA) mentions a range of support worker roles for the Physiotherapy profession. The APA defines a physiotherapy assistant as “a health care worker who works under the supervision of a registered physiotherapist and holds a Certificate IV in Allied Health Assistance (Physiotherapy) or equivalent”, and physiotherapy assistants “have a range of skills which allow a physiotherapist to confidently delegate a higher level of tasks than other support workers” (APA 2008).

Dietetics

The Dietitians Association of Australia (DAA) defines the scope of AHAs in this field as ‘A support worker in nutrition and dietetic services is a skilled health care worker, who under the supervision of a Dietitian assists in the implementation of a client’s nutritional care program and who for more than 75% of their work time performs nutrition support tasks (as outlined in the core competency task list)’. The DAA suggests that tasks undertaken by these support workers are specific and should not be undertaken by any other support worker in acute care facilities and other larger scale facilities (> 100 beds).

In smaller and/or rural/remote facilities, residential aged care and psychiatric care, community care, day respite centres, where specified nutrition support positions do not exist, the tasks of these positions are important to client/patient care and must be included in other position descriptions. In these settings, reference to these tasks must also be made in defined care pathways, screening protocols and referral mechanisms.

The extent to which the support worker is involved in the nutrition care program depends on the policies of the healthcare facility, the direction of the supervising dietitian and the needs of the patient⁷

Podiatry

The Podiatry Board of Australia (PodBA) has indicated that the precise nature of the duties of a podiatric assistant will vary depending on size and location of the practice and the training and experience of the podiatric assistant. PodBA also state in their document ‘Guidelines for podiatrists working with podiatric assistants in podiatry practice’ that the supervising podiatrist is always accountable directly for the scope of practice of the assistant, the care provided to the patient or client and for the conduct of the assistant.

Further, the supervising podiatrist must ensure that:

1. The person who is to receive care has been assessed and determined to be ‘low risk’ by a registered podiatrist

⁷ http://dmsweb.daa.asn.au/files/DINER/SOP%20_Nutrition%20Assistants_11Sept07.pdf

2. A referring podiatrist has provided a clearly written referral for the assistant and/or a care plan that includes the delegation of tasks for the assistant, including the expected outcomes and targets
3. The person receiving care has provided informed consent for all procedures provided.
4. The podiatric assistant:
 - Has the knowledge and skills to effectively and safely carry out the delegated tasks
 - Documents all care provided
 - Understands the role of the supervising podiatrist
 - Has timely access to the supervising podiatrist
 - Maintains confidentiality of patient or client information.
5. The patient or client receiving care from a podiatry assistant is reassessed by the podiatrist every 12 months, or earlier if there is a change in foot health status identified by the assistant.
6. Each workplace should have appropriate evaluation and monitoring mechanisms in place to ensure the delivery of safe and quality services.⁸

Rehabilitation

The results of the 2014 survey that was undertaken as part of this project, and reinforced by WA Health workforce data, indicate that rehabilitation is a significant work context for many AHAs. This role has not been clearly defined in the literature, but the role and associated tasks are context specific, rather than discipline or profession specific. Rehab assistants work across disciplines in the subacute rehabilitation setting.

⁸<http://www.podiatryboard.gov.au/documents/default.aspx?record=WD10%2F1259&dbid=AP&checksum=QR5ZY%2BcWtYRYjuntzrUpCw%3D%3D>

Allied Health Assistants in WA Health: Data Analysis and workforce trends

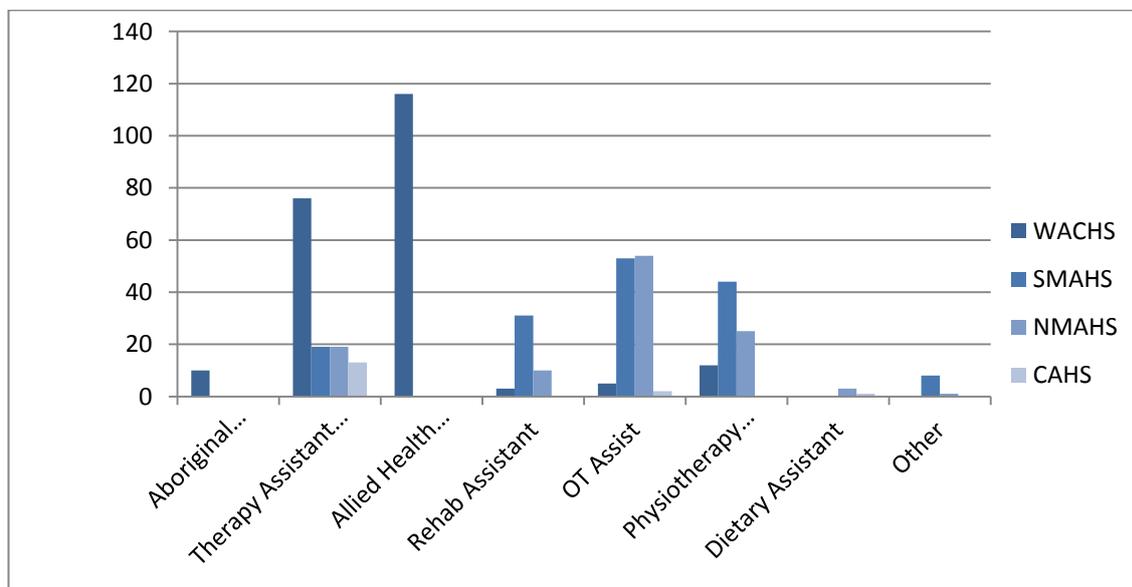
In Western Australia, AHAs may work in generic roles, or within a specific discipline. Key drivers for the introduction of AHA roles include increased clinical capacity and increased job satisfaction for AHPs, resulting from the ability of AHPs to focus on more high-level tasks.

WA Health workforce data was analysed to understand the profile of the AHA workforce. Table 1 shows the number and discipline of AHAs working in WA Health. Figure 2 shows the disciplines employed in the various Area Health Services.

Table1: Number of Allied Health Assistants in WA Health			
Job Title	Head count	FTE	Casual
Allied Health Assistant	50	32.7	5
Therapy Assistant	83	50.49	13
Occupational Therapy Assistant	86	57.50	7
Physiotherapy Assistant	55	35.9	11
Rehabilitation Assistant	32	23.8	3
Dietetics Assistant	3	2.6	0

*Source – 2014 WA Health Workforce data

Figure 1: Disciplines of Allied Health Assistants in WA Health across Area Health Services



*Source – 2014 WA Health Workforce data

AHAs may work within various settings across WA Health including acute hospital wards, rehabilitation settings, outpatient and community care. From the WA Health “Assistants in Allied Health and Health Science Workforce Profile Survey” undertaken in 2008, it was evident that assistants had different roles across WA Health.

This may be associated with their location and the profession(s) supported by assistants. AHA staff employed by WA Health are all employed at the same classification level regardless of their training or qualifications. No classification framework currently exists for assistants to be employed at different levels despite the varied complexity levels of assistant roles and competency levels of assistants.

In order to gain a greater understanding of the workforce profile, data was collected through a workforce survey sent out to all AHA and AHP managers. The survey was undertaken by 174 AHAs working in various disciplines, and 65 AHPs (only those that had AHAs as direct reports were invited to participate).

The workforce survey included themes, with specific questions contextualised to either the AHP or AHA workforce. Data collected included organisational demographics (classification, discipline and duration of employment), information relating to AHA roles, AHP attitudes towards current utilisation of the assistant workforce, AHP confidence in delegating tasks to AHAs and perceived barriers to AHA workforce growth and factors that may affect recruitment and retention including education and training.

The breakdown of disciplines of survey respondents is shown below, with approximately half of all AHAs working in generic roles, and half working in discipline- specific role.

Table 2: Disciplines of AHAs in WA Health	
Job title	Percentage
Allied Health Assistant	50.6
Allied Health Assistant – Occupational Therapy	29.3
Allied Health Assistant - Physiotherapy	16.1
Allied Health Assistant – Dietetics	1.7
Allied Health Assistant – Speech Pathology	1.7
Allied Health Assistant – Podiatry	0.5

Source: AHA Survey 2014

The WA Country Health Service (WACHS) has the greatest number of AHAs. This is to be expected given the historical commitment to this workforce and the necessity of providing additional supports to the limited number of AHPs in rural and regional areas.

Table 3: Location of Allied Health Assistants by Health Service	
South Metropolitan Health Service	30.2 %
North Metropolitan Health Service	21.9 %
Child and Adolescent Health Service	8.3 %
WA Country Health Service	40.8 %

*Source AHA Survey 2014

The clinical settings in which AHAs work cannot be easily obtained from workforce related data due to the lack of granularity. Surveying AHAs about their work settings supports anecdotal reports that community and hospital rehabilitation services are significant areas of work for AHAs. This is to be expected given the high numbers of AHPs that work in subacute care.

Table 4: Clinical Context of Allied Health Assistants		
	Percent	Response Count
Community – Adults	22.1%	36
Community – Children	20.2%	33
Community – Mental Health	9.2%	15
Community – Rehab	19.6%	32
Hospital – Adults	23.3%	38
Hospital – Children	12.3%	20
Hospital – Mental Health	8.6%	14
Hospital - Rehab	25.8%	42
Other		15

**Source AHA Survey 2014*

Shape of the Workforce

Retention

In order to fully understand the capacity of the AHA workforce, an analysis of trends is useful. Workforce retention is high in this group – with close to 70% having worked in the role for more than 3 years, and almost 50% for 5 years or more.

This is particularly true of AHAs working in WACHS – with survey results indicating that relatively secure employment in rural settings (where employment opportunities may be more limited) is a significant factor in retention. Whilst this retention is positive in that it means that WA Health consumers are benefiting from skilled assistants, the lack of promotion opportunities and non-differentiated remuneration levels may lead to frustration among this workforce. This was reflected in the comments section of the 2014 AHA workforce survey conducted as part of this project.

Workforce participation

Most (57%) AHAs work 5 days per week. When analysed against comments regarding strong desire for promotion opportunities, it can potentially be argued that length of service and tendency towards fulltime work indicates a committed and capable workforce that view their roles as a career. This should be considered in informing policy development.

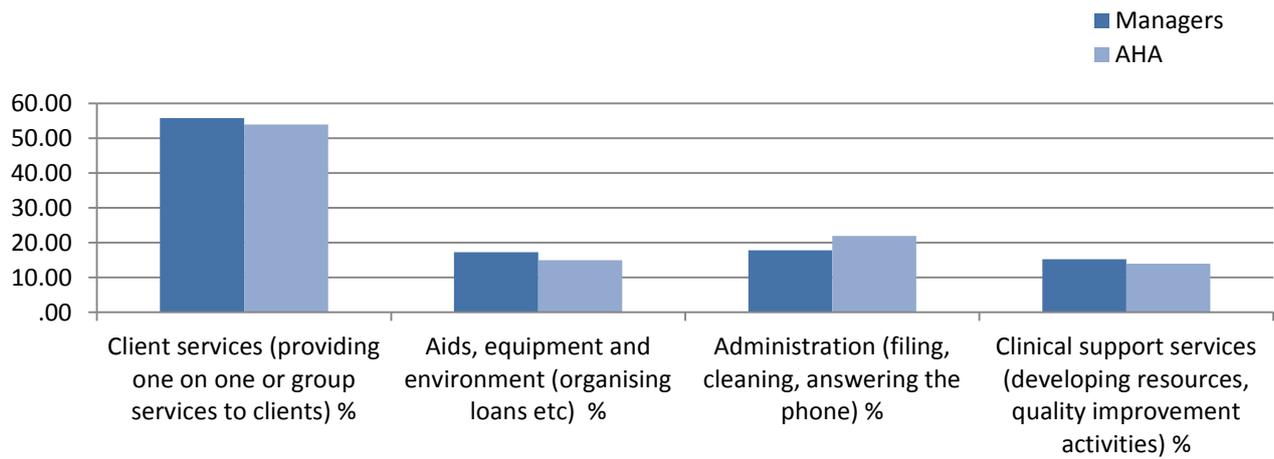
Range of tasks undertaken by Allied Health Assistants

As previous studies of AHAs have identified, an important step in policy development for improving service delivery is a clear knowledge of the specific role and characteristics of an occupational group⁹.

AHAs were surveyed as to the range of tasks that they complete – indicating whether or not a specific task was part of their role. The results indicate that almost all AHAs are involved in direct client contact and, further, that this makes up the majority of their role. This is supported by the managers of AHAs who were also surveyed as to the percentage of work time spent undertaking various categorised tasks. Aggregate responses to this question are shown in Figure 2 (Pg 11) and the types of task are shown in more detail in Figure 4 (Pg 13).

⁹ Lin, Goodale, Villanueva & Spitz(2007) Supporting an emerging workforce: Characteristics of rural and remote therapy assistants in Western Australia *Aust. J. Rural Health*

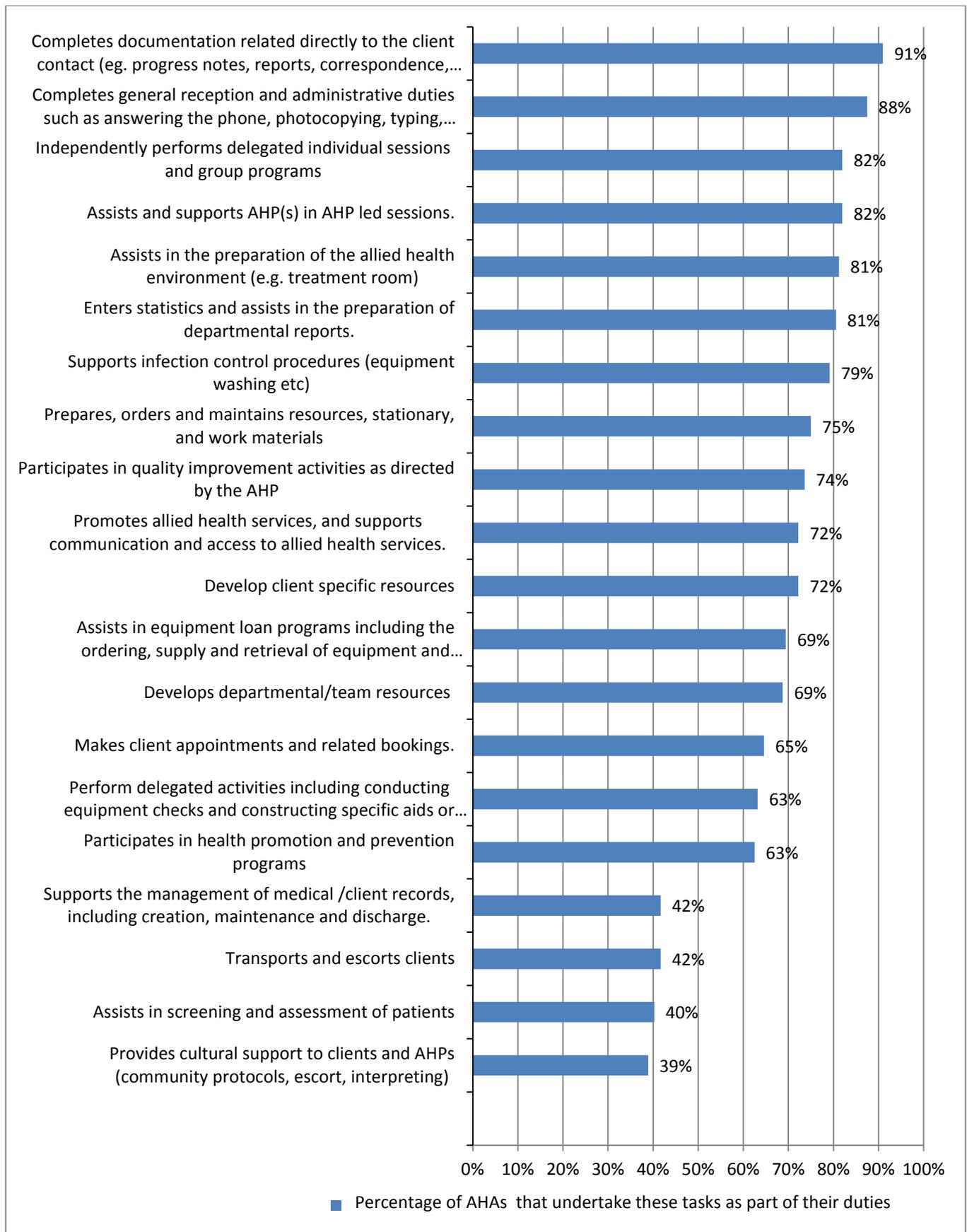
Figure 2: Percentage of the Allied Health Assistant work day spent in various task categories



*Source AHA Survey 2014

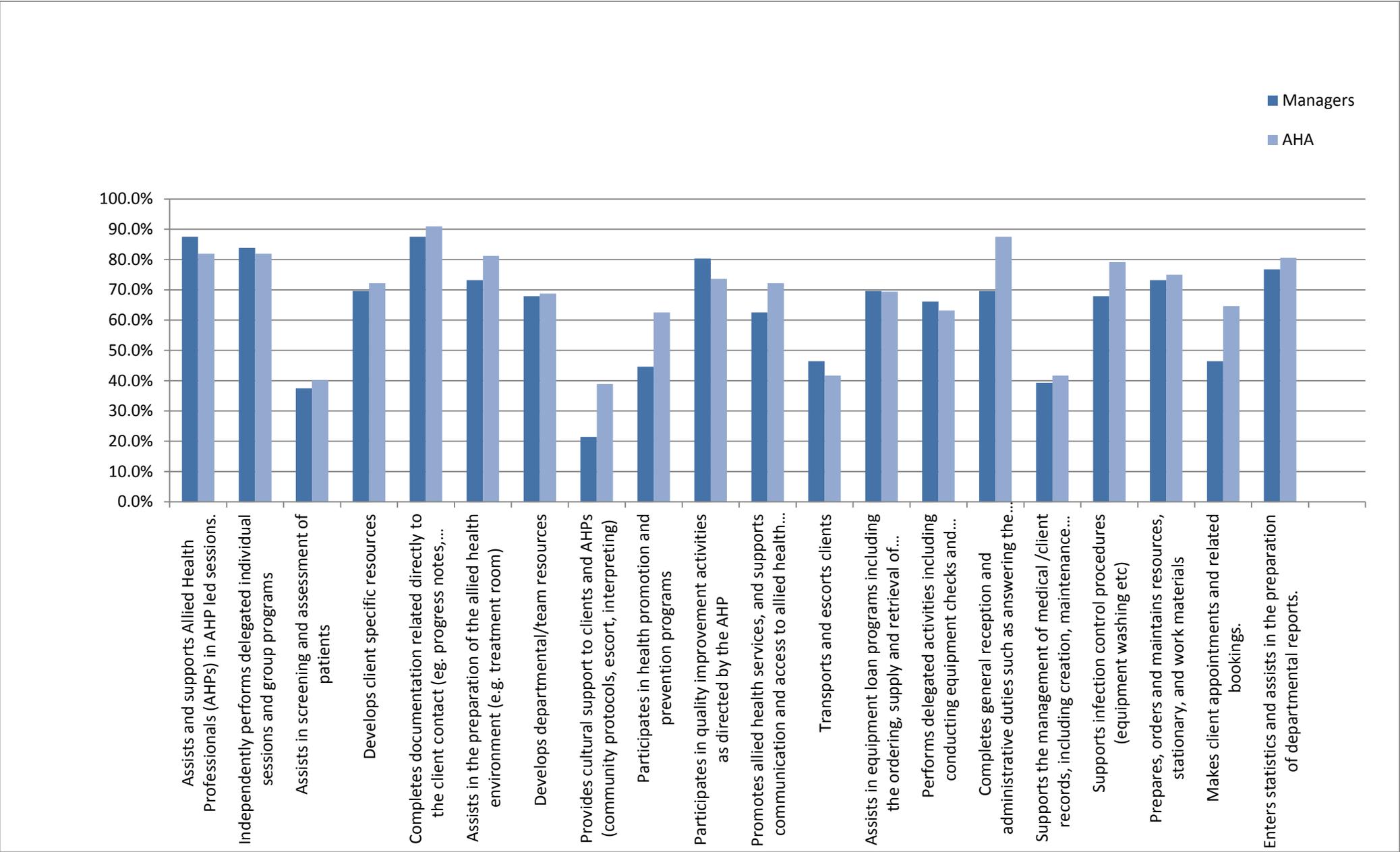
This data indicates that AHAs are given appropriately relevant tasks, and that AHAs and Managers broadly agree on how their time is divided, with more than half of AHA work time spent on client services. High levels of patient contact (although appropriately delegated and supervised), however, has been a driver to introduce minimum qualifications, both in Australia and overseas.

Figure 3: Range of tasks of Allied Health Assistants



*Source AHA Survey 2014

Figure 4: Percentage of Duties undertaken by AHA – AHA and Manager Comparison



Source AHA Survey 2014

Education and Training

Training for AHAs can be via registered training organisations or ‘on the job’ training once employment is obtained. WA Health does not currently stipulate a minimum qualification for employment, although some other jurisdictions do as seen in appendix A.

46.4% of AHAs employed in WA Health did not have a formal qualification when commencing in the role (Figure 5). Formal training consists of a Certificate III or Certificate IV qualification in Allied Health Assistance, covering various relevant aspects as shown below:

Table 5: Core Competency Units for Certificate III in Allied Health Assistance (HLT33015)

CHCCCS010	Maintain high standard of service
CHCCOM005	Communicate and work in health or community services
CHCDIV001	Work with diverse people
HLTAAP001	Recognise healthy body systems
HLTAHA001	Assist with an allied health program
HLTINF001	Comply with infection prevention and control policies and procedures
HLTWHS001	Participate in workplace health and safety
BSBMED301	Interpret and apply medical terminology appropriately

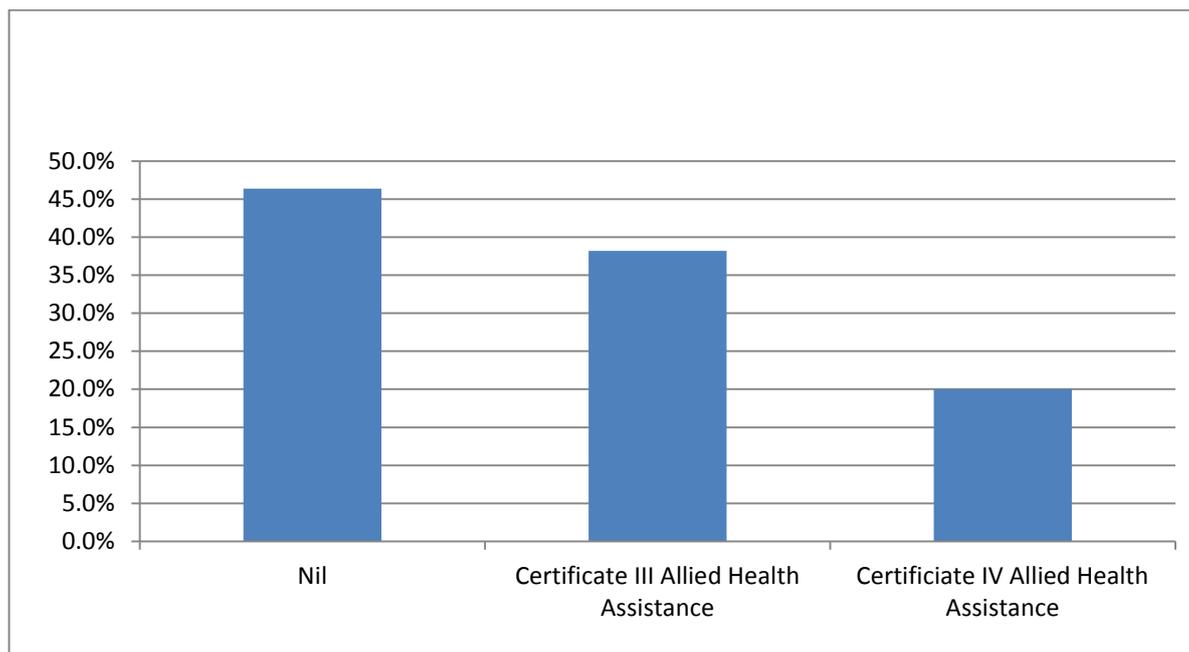
Source: <https://training.gov.au/Training/Details/HLT33015>

Table 6: Core Competency Units for Certificate IV in Allied Health Assistance (HLT43015)

CHCCOM005	Communicate and work in health or community services
CHCDIV001	Work with diverse people
CHCLEG003	Manage legal and ethical compliance
HLTAAP001	Recognise healthy body systems
HLTAAP002	Confirm physical health status
HLTWHS002	Follow safe work practices for direct client care

Source: <https://training.gov.au/Training/Details/HLT43015>

Figure 5: Formal qualifications of Allied Health Assistants before commencement in current position



**Source AHA Survey 2014*

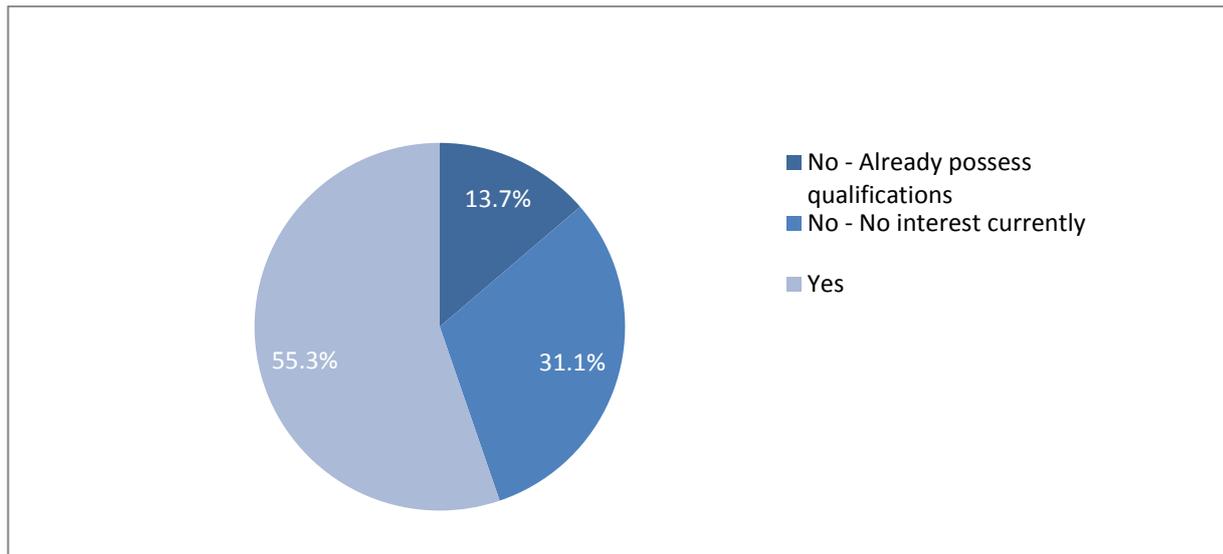
In 2008 the Chief Health Professions Office undertook a survey of AHAs and canvassed education and training issues. The main findings from the 2008 workforce profile were as follows:

- On the job training was the highest response for type of training or qualifications for allied health
- Certificate III qualification was the highest post-secondary qualification response for AHAs
- The majority of AHAs were interested in completing a Certificate III or Certificate IV qualification, but had not been offered these training opportunities
- A high proportion of AHAs were interested in a formal qualification via a work-based competency assessment
- The majority of AHAs were indirectly supervised for most of their work duties and felt they received enough supervision
- Remuneration was the most common theme for retention of AHAs.

Many of these issues are reiterated in the most recent survey. More than half of the AHAs surveyed expressed a desire to receive further training in Allied Health (Figure 6) however reported significant barriers to pursuing further qualifications such as cost, distance from training providers, family and work commitments.

Despite these barriers, 24% of AHAs did successfully pursue further qualifications since commencing employment, with 13% obtaining Cert III and 11% obtaining Cert IV.

Figure 6: Interest of Allied Health Assistants in pursuing further qualifications in allied health



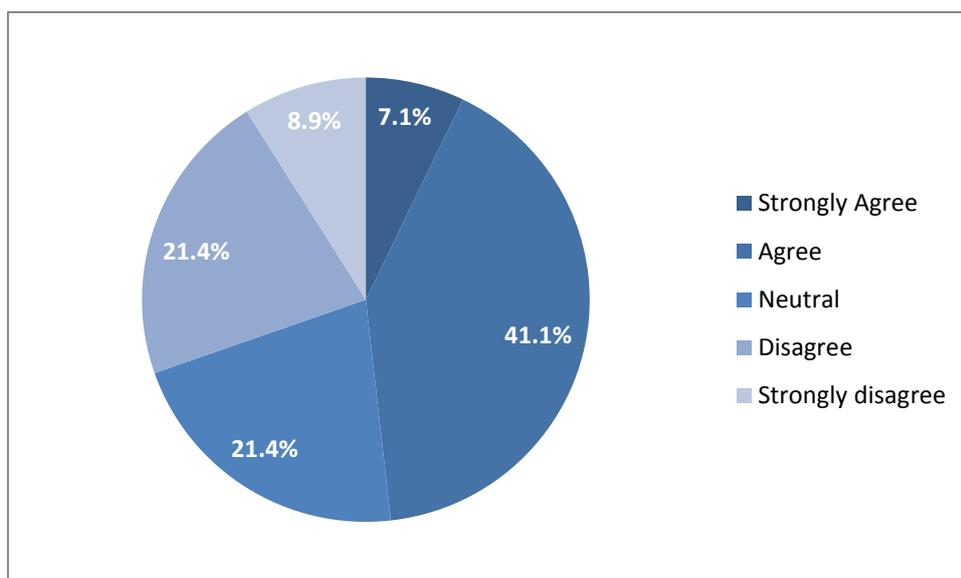
*Source: AHA Survey 2014

It should be noted that not all skill upgrades will necessarily require external training. Health Services and/or area health services may develop work-based programs to address skill gaps. Programs conducted 'in-house' would benefit, however, from operating with reference to a recognised qualification framework to ensure portability between and within various health care settings.

Minimum qualification: Case for change

AHPs that manage AHAs were asked about training requirements for AHAs, specifically if they thought a mandatory minimum qualification was necessary. The majority (62.5%) agree that AHAs should be required to have formal qualifications.

Figure 7: Should Allied Health Assistants be required to have a formal qualification?



*Source: AHA Survey 2014

As described previously, AHAs in WA undertake a range of tasks, and the majority of tasks involve direct care to patients. In the face of growing workforce pressures, there is heightened awareness of the value of AHAs providing direct or hands-on care so that AHPs time can be more effectively utilised. However, risk to patients needs to be appropriately managed – specifically, ensuring clinical safety and protection afforded to care recipients, when services are provided to vulnerable and dependent people. Whilst AHAs in WA Health are subject to appropriate supervision and delegation, it should be acknowledged that AHA are not regulated in the same way as health professionals in terms of continuous professional development.¹⁰

This does not discount the considerable qualifications, skills or competence levels that may be acquired through on-the-job training or short courses equivalent to those acquired through formal training. The WA Country Health Service (WACHS) has established a number of elements to support AHA roles, including scope of practice guidelines, *Rural and Remote Allied Health Competencies – Allied Health Assistants (RRAHC-AHA)* - a framework and tool for facilitating training, continuing learning, development and planning for AHAs within WACHS. It is designed to assist in identifying learning and developmental needs and areas of strength and proficiency.

However, WA does not have in place a system of mandatory workplace assessments of current competencies or strategies for recognition of prior learning as a pathway to attain formal qualifications, although individual employers may provide support for training to skill up their AHA workforce.

Implementing a minimum qualification for AHAs in WA Health would provide a number of benefits including AHPs understanding exactly what tasks can be safely delegated as soon as the staff member commences employments and confidence in the assistant's ability to carry out the tasks competently.

However in 2005, the Australian Health Ministers Council identified a number of issues as barriers to introducing minimum qualifications for the assistant workforce (including, at the time, nursing assistants and patient care assistants):

- lack of identified funding;
- a range of other pressing workforce training priorities
- the need for a national approach and leadership;
- limited availability of VET places;
- return on investment with respect to turnover in the assistant workforce (i.e. movement to the private sector);
- Industrial issues¹¹.

Full implementation of a mandatory minimum qualification would require policy commitment and resource investment by WA Health. Competing training priorities for the health workforce will present a further challenge – a collaborative decision-making process on how the costs of up-skilling AHAs should be shared is paramount. If the burden lies with individuals and employers alone, there is unlikely to be wide uptake of training opportunities. There are, however, a number of avenues for sourcing funding support and for cost sharing between individuals, employers and governments.

¹⁰ http://www.nnnet.gov.au/downloads/recs_7_35_direct_care_workforce.pdf

¹¹ Implementing minimum qualifications and suitability checks for the direct care workforce - The National Nursing and Nursing Education Taskforce

In formulating policy on this matter, consideration needs to be given to

- staged or targeted implementation focusing on priority areas;
- incentives for employers to sponsor group-training programs;
- funding training through Training WA or similar State Government schemes;
- Commonwealth funding sources;
- Recognition of prior learning via workplace competency frameworks.

There is no doubt that the AHA workforce delivers competent and compassionate care on a daily basis in WA Health without a minimum qualification as a criterion for employment. However without stipulating a minimum qualification WA Health carries not-insignificant risk. Whilst it is an extreme example, with a number of causal factors the 2013 The Mid Staffordshire NHS Foundation Trust Public Inquiry¹² (the 'Francis report') did find that the public would be better protected through some form of regulation of staff to whom tasks are delegated, including formalised minimum standards of training or competence. There is also an argument to be made that as an employer of choice, WA Health has a responsibility to its workforce to assist them to grow in their role and provide opportunities for career advancement.

Recommendations:

1. AHAs should be supported to attain formal qualifications. This may include study leave, traineeships or other strategic initiatives.
2. A practice framework should be developed to guide ongoing skill development for AHAs with the aim of optimising performance and enhancing patient care and should be undertaken systematically and regularly, as for AHPs.
3. Appropriate delegation frameworks should be developed for AHA roles including a defined scope of practice.

¹² <http://www.midstaffpublicinquiry.com/report>

Career progression and workforce retention

Comparison across jurisdictions in the table below shows that WA has the highest paid AHAs. Whilst there is a provision for Level 3 AHAs in WA Health Services, there are very few AHAs in these roles. However given that the provision exists for G3 AHAs, career progression to these roles can be made on a case by case basis at the discretion of the health service.

	Allied Health Assistants
SA (as at 12/13)	Currently developing a SA Health AHA implementation toolkit. This is inclusive of exemplar J & Ps across OPS 1, 2 and 3 levels (\$38,397 to \$58,843)
NSW (as at 11/13)*	TA Grade 1 1st yr. \$45,550 p.a. 2nd yr. 45,177 p.a. Thereafter \$46,207p.a.
QLD (as at 09/13)	Grade 3 \$49,499-\$51,625 Grade 4 (Supervisors and limited Commonwealth Rehab Assts) \$53,491 -\$58,487
WA (as at 04/13)	G2.1 \$52,260 to 2.4 \$56,242 and G3.1 \$57,901 to 3.4 \$63,504
NT (as at 10/13)	No pay scales specific to AHAs
ACT (Jan 2014)	HCA1 (unqualified worker-\$33,247); HCA2 (\$42,160-43,599)-need Certificate III qual.); HCA3 (\$47,764-48,861)-need Cert IV qual. HCA4 (Diploma) and HCA5-Advanced Diploma. Maximum salary at HCA5 is \$53,802 (No diploma/advanced diploma qualification in allied health assistance currently exists and thus these two pay points are inaccessible.)
TAS (as at 12/13) #	Effective December 2013 Classification: Health Services Officer 5 (HSO 5) HSO 5-1 \$49,183 p.a. HSO 5-2 \$50,113 p.a. HSO 5-3 \$51,077 p.a. HSO 5-4 \$52,359 p.a. HSO 5 Descriptors on Page 73 of Award and include Judgement, Influence of Outcomes and Responsibility of Outcomes.
VIC (as at 11/10)	Gr 1 \$38,000 p.a. - Gr 3 \$46,961 p.a. Progression through the grades is based on mandatory qualifications and appointment to positions so there are no annual increments built into this structure but there is automatic progression between grade 1 and grade 2 upon successful of the certificate three qualification. The current agreement doesn't contain an entitlement to bonus payments.

Recommendation:

4. Progression to full scope AHA roles should be considered for AHAs working in complex areas who have formal qualifications and are skilled and knowledgeable in their area of work

Aboriginal Allied Health Assistants

Building on from the success of the Therapy Assistant Model, WACHS recognised an opportunity to implement a culturally appropriate therapy support model. A framework was developed that:

- Recognises the importance of local community engagement;
- Ensures the recognition of community brokerage and 'two way learning' between the AHP and the AHA;
- Builds appropriate education and skill development tools that target Indigenous therapy provision and cultural awareness; and
- Establishes a community responsive and co-ordinated application of culturally respectful allied health therapy services.

WACHS in partnership with the Office of Aboriginal Health, Disability Services Commission and the Combined Universities Centre for Rural Health have undertaken a range of projects to develop an Aboriginal Allied Health Assistant (AAHA) service model to enhance and support the delivery of allied health and therapy services to Aboriginal people living in rural and remote communities. These existing resources^{13 14} can be developed, adapted and utilised for use in metropolitan settings.

Developing the AAHA workforce fits with WA Health's strategic intent. The WA Health Aboriginal Workforce Strategy 2014-2024¹⁵ aims to develop a strong, skilled and growing Aboriginal health workforce across WA Health including clinical, non-clinical and leadership roles.

Shared responsibility for implementing the Aboriginal Workforce Strategy is critical to its success. This specifically includes area health services, and recruitment of AAHAs will result in measurable success within the context of the strategy – and a better experience for patients.

Recommendation:

5. Aboriginal AHAs have the capacity to play a vital role - their connection to community, particularly in regional and remote areas, is a valuable resource. As such WA should investigate creating a formal training and employment pathway for these staff.

¹³ Implementation Framework

http://www.wacountry.health.wa.gov.au/fileadmin/sections/allied_health/WACHS_P_AAHAProjectImplementiFrameWork.pdf

¹⁴ Critical success factors

http://www.wacountry.health.wa.gov.au/fileadmin/sections/allied_health/WACHS_P_AAHAProjectSuccessFactors.pdf

¹⁵ http://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Aboriginal%20health/PDF/workforce_strategy.ashx

Identified areas of need in clinical settings

Rural and remote

AHA roles are particularly relevant for rural and remote communities where access to AHPs can sometimes be limited. In these cases, and AHA is able to support and increase the capacity of services by undertaking duties that require less technical skills, but generally require an AHP to interact with the patient in the delivery of a management plan¹⁶.

Sub-Acute Care

Subacute care is defined as specialised multidisciplinary care in which the primary need for care is optimisation of the patient's functioning and quality of life.

Subacute care comprises the following care types:

- Rehabilitation care
- Palliative care
- Geriatric evaluation and management (GEM) care
- Psychogeriatric care¹⁷

The Subacute Care Plan – Western Australia 2009-2013 details key strategies to enhance delivery of care in this clinical setting. Specifically relevant is the recommendation to strengthen both the allied health and clinical workforce to drive increased service delivery and improve outcomes in sub-acute care. The AHA workforce can be utilised in building capacity for subacute services – allowing AHPs to engage in more highly skilled work appropriate to their skills and training. This will contribute to better outcomes for patients in improving timeliness of care.

Mental Health

The WA Mental Health Commission 'Mental Health, Alcohol and Other Drug Services Plan 2015–2025'¹⁸ details strategy to shift services from hospitals to community based services where clinically appropriate. Expansion of services provided in community setting will see a commensurate requirement for suitably skilled allied health workforce including AHAs.

¹⁶ Allied Health Assistants in Rural and Remote Communities – SARRAH
http://sarrah.org.au/sites/default/files/docs/allied_health_assistants_in_rural_and_remote_australia_position_paper_-_final_dec_11.pdf

¹⁷ Australian Institute of Health and Welfare (2013) Development of nationally consistent subacute and non-acute admitted patient care data definitions and guidelines <http://www.aihw.gov.au/publication-detail/?id=60129543220>

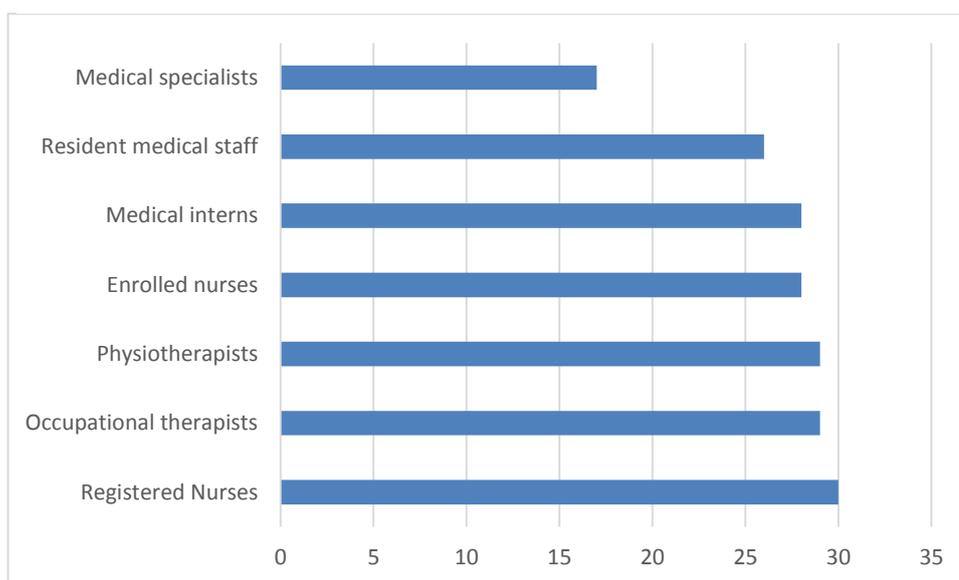
¹⁸ http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Plan_27_11_2014_for_consultation_2.sflb.ashx

Expansion of Allied Health Workforce: Potential for efficiency gains?

Economic factors

Both internationally and in Australia, the need for greater efficiency in public health systems has driven initiatives that challenge traditional and/or established role boundaries and entrenched professional hierarchies¹⁹. Many of these task substitution initiatives – such as the establishment of nurse practitioner roles, advanced scope physiotherapists, assistants in nursing, and AHAs, are seeking to delegate routine tasks that do not require high levels of specialist training – essentially creating a better match between the skill of workers and skill required to undertake a task²⁰. In their 2014 discussion paper, ‘Unlocking skills in Hospitals’ the Grattan Institute estimated that workforce reform in the areas of role flexibility and delegation could save public hospitals \$430 million a year given that approximately 70 per cent of recurrent hospital expenditure is spent on staffing costs.

Figure 8: Percentage of work that could be shifted from current workforce groups, as reported by hospital managers



Source: Grattan Institute 2014

Creating roles where each person involved in the patient care continuum works at their full scope builds health workforce capacity, which can in turn be used as lever to respond to demand pressures by ensuring care is delivered by the most appropriate person, in the right setting at the right time.

AHAs are an excellent example of successful task delegation. Managers noted in the 2014 workforce survey that they would be able to utilise additional AHAs in their services to deliver more efficient and effective patient care.

Workforce capacity building, specifically delegation models, need to be incorporated at an individual, organisational and systems level to ensure key components are implemented as intended.²¹ This includes embedding the roles of AHAs in models of care as appropriate

¹⁹ Moran et al (2012) *Assisting role redesign: a qualitative evaluation of the implementation of a podiatry assistant role to a community health setting utilising a traineeship approach* Journal of Foot and Ankle Research 2012, 5:30

²⁰ Grattan

²¹ Somerville et al (2015) *Building allied health workforce capacity: a strategic approach to workforce innovation* Australian Health Review

Recommendations:

6. Embed AHAs within multidisciplinary teams and Models of Care to ensure seamless patient care.
7. Create new AHA roles in identified areas of need to deal with increasing demand.

Barriers to Change

Task substitution in hospitals is sometimes a fraught topic as it presents a challenge to established role boundaries and entrenched ways of working – not only via professional hierarchies but also in terms of patient expectations of care. However these barriers must be overcome in order to deliver an efficient and sustainable health system into the future.

Aside from cultural changes that need to be overcome – a more practical issue in WA Health is the Full Time Equivalent (FTE) Cap Policy. This policy states that no new positions may be established within a health service. This has the effect that even though AHAs cost less to employ than AHPs, new AHAs will only be employed if they replace an AHP at a one-to-one ratio. This is a significant disincentive to managers. Giving up an AHP position for one AHA is not practicable. However employing 2 AHAs in place of one AHP may be more useful to service managers in meeting the needs of their patients.

This barrier could potentially be addressed by moving to cap salaries, rather than FTEs.

Conclusion

The AHA workforce has been established as an important part of healthcare delivery in WA Health, particularly in rural and remote locations. AHAs should be considered for their influence in achieving workforce reform. The recommendations throughout the document (and as summarised on page 24) articulate next steps for WA Health to leverage this workforce to deliver improved consumer outcomes safely and efficiently.

Recommendations Summary

1. AHAs should be supported to attain formal qualifications. This may include study leave, traineeships or other strategic initiatives.
2. A practice framework should be developed to guide ongoing skill development for AHAs with the aim of optimising performance and enhancing patient care and should be undertaken systematically and regularly, as for AHPs.
3. Progression to full scope AHA roles should be considered for AHAs working in complex areas who have formal qualifications and are skilled and knowledgeable in their area of work.
4. Develop appropriate delegation frameworks for AHA roles including a defined scope of practice.
5. Aboriginal AHAs have the capacity to play a vital role - their connection to community, particularly in regional and remote areas; as such WA should investigate the creation of a training and employment pathway for these staff.
6. Embed AHAs within multidisciplinary teams and Models of Care to ensure seamless patient care.
7. Create new AHA roles in identified areas of need to deal with increasing demand.

APPENDIX A - Components of employing AHAs: Australian State and Territory overview

Source: Adapted from *NAHAWG statement paper – summary of components of employing AHAs February 2015*.

Jurisdiction	Scope of Practice (SOP)	Skills and Competencies	Position Description (PD)	Education Pathway	Clinical Supervision Guidelines	Delegation Guidelines	Integrating AHAs into AH teams	Continuing Professional Development (CPD)
NSW	Defined SOP linked to local service needs varies depending on setting and discipline needs. For example; paediatric, geriatric, mental health.	<ul style="list-style-type: none"> • A relevant qualification at Certificate III or IV level equips AHAs to undertake the SOP as outlined in their PD. • Currently employed AHAs are encouraged to participate in a RPL process as part of meeting the relevant qualification requirements. • Relevant qualifications will be determined by the requirements of the position. 	PD reflects the position type and setting.	AHAs encouraged to progress to attainment of the competencies that are required/or linked to the position.	<ul style="list-style-type: none"> • AHAs are clinically supervised by an AHP. • AHAs have a designated clinical supervisor. • Formal supervision sessions are documented in accordance with local requirements. • Clinical supervision may be direct, indirect and/or remote 	<ul style="list-style-type: none"> • AHPs have a clear understanding of what can be delegated to AHAs and the related responsibilities & accountabilities • AHPs and AHAs have a clear understanding of allocated tasks • AHAs have a clear understanding of their responsibilities when accepting delegation from AHPs • Delegation is documented. 	<ul style="list-style-type: none"> • AHPs are required to have knowledge and understanding of the roles and responsibilities of AHAs. • AHPs may require support to develop effective supervision and delegation skills when working with AHAs. 	AHAs have access to CPD - this is a shared responsibility between the individual and their employer, aimed at optimising performance and enhancing patient care.
	Overarching document: <i>Allied Health Assistant Framework</i> available at: http://www0.health.nsw.gov.au/policies/gl/2013/pdf/GL2013_005.pdf							

Jurisdiction	Scope of Practice (SOP)	Skills and Competencies	Position Description (PD)	Education Pathway	Clinical Supervision Guidelines	Delegation Guidelines	Integrating AHAs into AH teams	Continuing Professional Development (CPD)
Victoria	Defined SOP linked to local service needs varies depending on setting and discipline needs.	A relevant qualification at Certificate III or IV level equips AHAs to undertake the SOP as outlined in their PD. Relevant qualifications will be determined by the requirements of the position.	Sample PDs for multidisciplinary AHA and discipline-specific AHA ²² reflect the position type and setting	<ul style="list-style-type: none"> multiple projects to develop documented models and resources to promote and support the implementation of clearly articulated pathways into health Identified eight units of competency 'core spine of competencies'. Features industry relevant skills, provides sound intro to working in the health sector and expands career and study options for students. 	<ul style="list-style-type: none"> Structured supervision mechanisms are established: <ul style="list-style-type: none"> AHAs are clinically supervised by AHPs Some Grade 3 AHAs also have responsibilities to assist AHPs in supervising Grade 1 & 2 AHAs Clinical supervision may be direct, indirect and/or remote Supervision is documented 	<ul style="list-style-type: none"> Principles guide <ul style="list-style-type: none"> Delegation Assigning responsibility When it is appropriate for an AHA to refuse to accept delegation Accountability. 	<ul style="list-style-type: none"> Supervisors may need support to develop effective delegation and supervision skills AHPs understand the roles and responsibilities of AHAs. 	<ul style="list-style-type: none"> Training &/or CPD is available to support AHAs to address learning needs identified in clinical supervision or practice review sessions. Training &/or CPD is available to support supervisors to acquire supervision and delegation skills. Victorian AHA Conference (www.health.vic.gov.au/workforce/working/conference 2013)
<p>Overarching documents:</p> <p><i>Supervision and delegation framework for allied health assistants</i> available at www.health.vic.gov.au/workforce/reform/assistant Growing your AHA workforce planning tool, Supervision and delegation framework for AHAs – case studies</p> <p><i>Guidelines to scope and introduce new AHA roles</i> available at www.health.vic.gov.au/workforce/reform/assistant</p> <p>Allied Health Assistant Implementation Program – information available at www.health.vic.gov.au/workforce/reform/implementation-program. The Core spine of competencies guidance and supporting resources available at www.health.vic.gov.au/workforce/learning/competencies.</p>								

²² Guidelines to scope and introduce new allied health assistant roles available at: [http://docs.health.vic.gov.au/docs/doc/D9B86608A7586EA1CA2579F1001BDCEB/\\$FILE/Guidelines_14.08.12.pdf](http://docs.health.vic.gov.au/docs/doc/D9B86608A7586EA1CA2579F1001BDCEB/$FILE/Guidelines_14.08.12.pdf)

Jurisdiction	Scope of Practice (SOP)	Skills and Competencies	Position Description (PD)	Education Pathway	Clinical Supervision Guidelines	Delegation Guidelines	Integrating AHAs into AH teams	Continuing Professional Development (CPD)
ACT	<ul style="list-style-type: none"> • Defined SOP linked to local service needs varies depending on setting and discipline needs. • <i>Supervision and delegation framework for allied health assistants- a guide to governance in the ACT</i> • Standards of Practice for ACT Allied Health Professionals 2014 • Allied Health Assistant (AHA) classification embedded in ACT Government Support Services Enterprise Agreement from 2013 onwards. 	<ul style="list-style-type: none"> • Certificate IV in Allied Health Assistance - training face to face OT/PT/SP/NUT • Traineeship model, blending formal study Certificate IV in Allied Health Assistance and on the job training- in OT/PT/SP/NUT/POD • Work-based RPL of Cert IV AHA 	<p>Position descriptions are standardised in the ACT Health AHA classification with key points reflecting discipline, setting and unique role skills</p>	<p>Certificate IV AHA is preferred qualification. Currently - Higher level competencies achieved on the job or through other VET quals.</p>	<ul style="list-style-type: none"> • Structured supervision mechanisms are established: <ul style="list-style-type: none"> –AHAs are clinically supervised by AHPs • Clinical supervision may be direct, indirect and/or remote • Supervision is documented 	<ul style="list-style-type: none"> • Principles guide <ul style="list-style-type: none"> –Delegation –Assigning responsibility –When it is appropriate for an AHA to refuse to accept delegation – Accountability. Variety of tasks are now being assigned to QAHA's and monitored autonomously. Low risk caseloads managed by AHAs within team. 	<ul style="list-style-type: none"> • AHPs need support to develop effective delegation and supervision skills • AHPs increased understanding the roles and responsibilities of AHAs. 	<ul style="list-style-type: none"> • AHA network established 2013 • Training &/or CPD is available to support AHAs to address learning needs identified in clinical supervision or practice review sessions. • Training &/or CPD is available to support AHPs to acquire supervision and delegation skills.
<p>Overarching documents</p> <p>Supervision and Delegation framework for Allied Health Assistants – a guide to governance in the ACT- published April 2011</p>								

	Scope of Practice (SOP)	Skills and Competencies	Position Description (PD)	Education Pathway	Clinical Supervision Guidelines	Delegation Guidelines	Integrating AHAs into AH teams	Continuing Professional Development (CPD)
	South Australia	Defining scope to support pathways - AHAs undertake a range of direct work with clients (multidisciplinary & discipline specific) & indirect support work such as clerical and administrative tasks	<ul style="list-style-type: none"> • Average AHA working in SA typically has a mix of on-the-job training and VET Certificate III & IV in AHA • AHAs are encouraged to participate in a RPL process as part of meeting the relevant qualification • Traineeship model available 			In development	In development	
SA Health Internet Site: Allied Health Assistants: http://www.aha-sa.asn.au/								

Jurisdiction	Scope of Practice (SOP)	Skills and Competencies	Position Description (PD)	Education Pathway	Clinical Supervision Guidelines	Delegation Guidelines	Integrating AHAs into AH teams	Continuing Professional Development (CPD)
Northern Territory	Review of Allied Health Assistant roles and function to be completed in 2014.	<ul style="list-style-type: none"> • Work as a therapy aide without formal qualifications and informal training on the job. • VET qualification in allied health assistance, health services assistance, home and community care or aged care work. • Traineeship in Health Services Assistance or Allied Health Assistance. • Once employed, AHAs may be able to develop, and have recognised, additional skills under the Health Training Package 	General terms used in NT are: <ul style="list-style-type: none"> • Patient Support Assistant • Therapy Assistant • Newborn Hearing Screener • Nutrition Worker 	<ul style="list-style-type: none"> • Limited local training options • Focus on Indigenous Training Pathways Certificate III pathway or undergraduate student nurse				
Northern Territory Therapy Aide (AHA): http://www.myfuture.edu.au/The%20Facts/Work%20and%20Employment/Occupations/Details/State%20Occupation%20Details.aspx?Anzsco=423314A&State=NT								

Jurisdiction	Scope of Practice (SOP)	Skills and Competencies	Position Description (PD)	Education Pathway	Clinical Supervision Guidelines	Delegation Guidelines	Integrating AHAs into AH teams	Continuing Professional Development (CPD)
Tasmania	Defined SOP linked to local service needs varies depending on setting and discipline needs. For example; paediatric, geriatric, mental health.	<ul style="list-style-type: none"> • VET qualifications available for AHAs - Certificate III & IV in Allied Health Assistance. • Relevant qualifications will be determined by the requirements of the position. <p>Certificate III & IV in AHA training</p> <p>Cert IV is desirable but not mandatory</p>	<p>PD reflects the position type and setting.</p> <p>Generic SOD reflects the position and the setting</p>	AHAs encouraged to progress to attainment of the competencies that are required/or linked to the position.	<ul style="list-style-type: none"> • Supervision allows AHPs to (1) Monitor the performance of an activity for safety and quality purposes, (2) assess the AHA competency to complete a delegated activity, and (3) when necessary, provide immediate feedback and demonstration of aspects of an activity to improve performance. May be direct or indirect. 	<ul style="list-style-type: none"> • AHPs have a clear understanding of what can be delegated to AHAs and the related responsibilities & accountabilities • AHPs and AHAs have a clear understanding of allocated tasks • AHAs have a clear understanding of their responsibilities when accepting delegation from AHPs <p>Delegation is documented.</p>	<ul style="list-style-type: none"> • AHPs are required to have knowledge and understanding of the roles and responsibilities of AHAs. • AHPs may require support to develop effective supervision and delegation skills when working with AHAs. <p>Training for AHPs working with assistants this occurs ad-hoc in THON and requires further development of competencies for AHPs</p>	<ul style="list-style-type: none"> • Training &/or CPD is available to support AHAs to address learning needs identified in clinical supervision or practice review sessions. <p>Training &/or CPD is available to support supervisors to acquire supervision and delegation skills.</p>
DHHS Allied Health Assistant Delegation and Supervision Framework								

APPENDIX B – Survey Questions

2014 Allied Health Assistants Workforce Survey



Government of **Western Australia**
Department of Health

The purpose of this survey is to find out information about your role as an allied health assistant to assist in planning, and to support education, training and development.

If you are employed in more than one position, please complete the survey for the position in which you work the **most hours per week**. You can tell us about the second position if you feel it would be useful, in the text box below each question.

There are twelve questions and the survey should take approximately five minutes to complete.

The survey is 12 questions long and should take approximately five minutes to complete.

1. Please tick your position title/s.

- Allied Health Assistant
- Allied Health Assistant Occupational Therapy
- Allied Health Assistant Physiotherapy
- Allied Health Assistant Dietetics
- Allied Health Assistant Speech Pathology
- Allied Health Assistant Podiatry

2. In which health service do you work?

- South Metropolitan Health Service
- North Metropolitan Health Service
- Child and Adolescent Health Service
- WA Country Health Service

3. In what type of health context do you predominantly work?

- Community – Adults Hospital - Rehab
- Community – Children
- Community – Mental Health
- Community – Rehab
- Hospital – Adults
- Hospital – Children
- Hospital – Mental Health
-

How many days per week do you work?

- Less than one day a week
- 1-2 days a week
- 3-4 days a week
- 5 days a week

How long have you been working in your current position?

- Less than one year
- 1-3 years
- 3-5 years
- 5 years or more

Which allied health professionals currently delegate duties to you?

- Dietetics
- Occupational therapy
- Physiotherapy
- Podiatry
- Speech pathology
- Social Work
- Psychology
- Other – please specify

3. What formal qualifications did you have before you commenced in your current position/s?

- Nil
- Certificate III Allied Health Assistance
- Certificate IV Allied Health Assistance
- Other (please specify)

4. Have you obtained any formal qualifications since commencing in your current position/s?

- Nil
- Certificate III Allied Health Assistance
- Certificate IV Allied Health Assistance
- Other (please specify)

5. Would you be interested in pursuing further qualifications in allied health assisting?

- No - Already possess qualifications
- No - No interest currently
- Yes

6. If yes, please detail what qualifications you would like to undertake

Do you think there are any barriers to you undertaking further study? If yes, please indicate below

Are there any training programs and resources for allied health assistants provided by the health service that you work for?

- No
- Yes (please describe below)

How satisfied are you with the orientation, education and training offered to you in your role?

Orientation to the role:

Very satisfied satisfied neutral dissatisfied very dissatisfied

Initial training and up-skilling to undertake the role

Very satisfied satisfied neutral dissatisfied very dissatisfied

Ongoing training and development opportunities

Very satisfied satisfied neutral dissatisfied very dissatisfied

9. Please describe the range of duties allied you undertake in your role by ticking all that apply:

Client Services
Assists and supports AHP(s) in AHP led sessions.
Independently performs delegated individual sessions and group programs
Assists in screening and assessment of patients
Develop client specific resources
Completes documentation related directly to the client contact (e.g. progress notes, reports, correspondence, statistics)
Client Support Services
Assists in the preparation of the allied health environment (e.g. treatment room)
Develops departmental/team resources
Provides cultural support to clients and AHPs (community protocols, escort, interpreting)
Participates in health promotion and prevention programs
Participates in quality improvement activities as directed by the AHP
Promotes allied health services, and supports communication and access to allied health services.
Transports and escorts clients
Aids, Equipment and Environment
Assists in equipment loan programs including the ordering, supply and retrieval of equipment and maintenance of equipment databases
Perform delegated activities including conducting equipment checks and constructing specific aids or equipment
Administration
Completes general reception and administrative duties such as answering the phone, photocopying, typing, filing, preparing correspondence etc.
Supports the management of medical /client records, including creation, maintenance and discharge.
Supports infection control procedures (equipment washing etc.)
Prepares, orders and maintains resources, stationary, and work materials
Makes client appointments and related bookings.
Enters statistics and assists in the preparation of departmental reports.

Other – please specify below

10. Thinking about the list above, what percentage of your work day is spent in each area?

Client services (providing one or one or group services to clients) - %

Aids Equipment and environment- %

Administration (filing, cleaning, answering the phone) %

Clinical support services (developing resources, quality improvement activities) %

10. Are there any opportunities for promotion in your work area?

No

Yes

Please provide comments

12. Do you have any other comments you wish to make about improving your role as an allied health assistant?

No

Yes

Thankyou for completing this survey.

Allied Health Assistants Workforce Survey: Managers

The purpose of this survey is to find out information about the allied health professional support staff – namely Allied Health Assistants (excluding technical and strictly administrative and clerical staff) you manage (or may manage in the future) to assist in sustainable development of this workforce in WA Health.

If you manage more than one of these positions, please complete the survey in a manner that covers all the positions, unless you prefer to complete a separate survey for each position. If you choose the first option, you can provide a full explanation of all the positions in the text box below each question, if you feel it would be useful.

If you do not currently manage any of these staff, but would like to comment, please complete the survey with appropriate explanations.

The survey is 12 questions long and should take approximately five minutes to complete.

7. Please tick the position title/s of the allied health support staff you manage.

- Allied Health Assistant
- Allied Health Assistant Occupational Therapy
- Allied Health Assistant Physiotherapy
- Allied Health Assistant Dietetics
- Allied Health Assistant Speech Pathology
- Allied Health Assistant Podiatry
- Welfare Assistant
- Other (please specify): _____

8. In which health service do you work?

- South Metropolitan Health Service
- North Metropolitan Health Service
- Child and Adolescent Health Service
- WA Country Health Service

3. In what type of health context do you predominantly work?

- Community – Adults
- Community – Children
- Community – Mental Health
- Community – Rehab
- Hospital – Adults
- Hospital – Children
- Hospital – Mental Health
- Hospital - Rehab

9. What is your profession?

- Dietetics
- Occupational therapy
- Physiotherapy
- Podiatry
- Speech pathology
- Social Work
- Psychology
- Other (please specify): _____

4. How many allied health assistants do you manage?

Please give the number (FTEs as well as head count) of allied health assistants

Headcount: FTE:

5. In general, if known, what formal qualifications did the support staff have before commencing in their position/s (for example, they completed a Certificate II in Community Services Support Work, or partially completed a Certificate IV in Health Service Assistance)? Tick all that apply

Nil

Certificate III Allied Health Assistance

Certificate IV Allied Health Assistance

Other (please specify)

Don't know/unsure

6. In general, what formal qualifications have allied health assistants obtained since commencing in their position/s?

Nil

Certificate III Allied Health Assistance

Certificate IV Allied Health Assistance

Other (please specify)

Don't know/unsure

7. Do you have a formal in-house competency-based training program for Allied Health Assistants (separate from any general ongoing in service program)?

No

Yes (please describe)

8. Please describe the range of duties allied health assistants undertake in their role/s.

16. Please describe the range of duties you undertake in your role by ticking all that apply

- Assists and supports Allied Health Professionals (AHPs) in AHP led sessions.
- Independently performs delegated individual sessions and group programs
- Assists in screening and assessment of patients
- Develops client specific resources
- Completes documentation related directly to the client contact (egg. progress notes, reports, correspondence, statistics)
- Assists in the preparation of the allied health environment (e.g. treatment room)
- Develops departmental/team resources
- Provides cultural support to clients and AHPs (community protocols, escort, interpreting)
- Participates in health promotion and prevention programs
- Participates in quality improvement activities as directed by the AHP
- Promotes allied health services, and supports communication and access to allied health services.
- Transports and escorts clients
- Assists in equipment loan programs including the ordering, supply and retrieval of

equipment and maintenance of equipment databases

Performs delegated activities including conducting equipment checks and constructing specific aids or equipment

Completes general reception and administrative duties such as answering the phone, photocopying, typing, filing, preparing correspondence etc.

Supports the management of medical /client records, including creation, maintenance and discharge.

Supports infection control procedures (equipment washing etc.)

Prepares, orders and maintains resources, stationary, and work materials

Makes client appointments and related bookings.

Enters statistics and assists in the preparation of departmental reports.

Other (please specify)

9. Are there any opportunities for promotion for support staff in your work area?

No

Yes (please describe)

10. Have you developed any policies or guidelines for support staff (for example on supervision, roles and responsibilities, scope of practice, credentialing etc.)?

No

Yes (Please provide detail)

11. Would you find additional allied health assistants useful to your service?

No

Yes. (If yes, how would you utilise the extra capacity? Please detail below)

12. Do you have any other comments you wish to make about the role/s of the support staff employed in the service you manage?

Thankyou for completing this survey. The results will be published as part of the project report



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