



Allied health assistant framework

Allied Health Professions' Office of Queensland

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Terminology

Traditionally hospitals use the term patients while community health services prefer the term client. Both terms are used interchangeably throughout this document.

Allied health assistant framework

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Introduction

Context

Delegating clinical tasks to allied health assistants (AHAs) has been shown to be an effective strategy for the efficient and timely delivery of allied health services (Queensland Government, 2014b). The *Ministerial Taskforce on health practitioner expanded scope of practice: final report* identified that the AHA workforce can be used more effectively to enable Queensland Health allied health professionals to work to their full scope of practice (Queensland Government, 2014c).

The Allied Health Professions' Office of Queensland developed the *Allied health assistant framework* as a governance document describing the effective employment and use of AHAs in the Queensland health workforce. The framework contains content from the NSW Ministry of Health's *Allied Health Assistant Framework* (NSW Government, 2013) released in August 2013 and was reproduced with permission.

Purpose

The statewide framework aims to facilitate the implementation and expansion of the AHA workforce and includes governance guidelines that:

- enable the provision of a structure in which AHAs can safely practice, ensuring patients receive high quality and safe care
- recognise and meet the support and development needs of AHAs, ensuring they are appropriately skilled to undertake their roles
- value development of the existing AHAs to boost retention and morale
- enhance awareness of allied health professionals and line managers in regards to their roles and responsibilities (Queensland Government, 2010b).

Scope

The framework provides overarching guidelines that can be used by Hospital and Health Services (HHSs) to enhance existing or establish new models of care that optimise the effective use of AHAs.

It can be used:

- where a new AHA role is being developed
- to promote the safe and effective use of the existing AHA workforce (e.g. an existing AHA role is being redesigned or relocated)
- to assist both allied health professionals and service managers to better understand roles and scope of practice of the health workforce
- to support allied health professionals to delegate to the assistant workforce and supervise them safely and effectively.
- when AHAs and their managers require a reference point during the performance and development planning (PDP) process.

Allied health assistants

The allied health workforce in Australia comprises of allied health professionals, technicians, assistants and support workers as identified by Allied Health Professions Australia (<http://ahpa.com.au>).

The support workforce plays a vital and increasing role in the provision of high quality allied health services. The workforce optimises service provision by contributing to patient care, increasing capacity and improving service continuity.

AHAs currently assist the following professions within Queensland Health services:

- audiologists
- music therapists
- physiotherapists
- social workers
- dietitians/nutritionists
- occupational therapists
- podiatrists
- speech pathologists
- music therapists
- pharmacists
- radiographers

An AHA works under the supervision and delegation of an allied health professional to assist with therapeutic and program related activities. The level and form of supervision the allied health professional provides is dependent on the experience, skills and qualifications of the assistant and the service context.

While AHAs work within clearly defined parameters, the role is often flexible, involving a mix of direct patient care and indirect support. The mix of duties is determined by the model of care, the needs of the professional delegating work to the AHA, and the types of services delivered by the allied health team (ACT Government, 2014).

AHAs may work in either a discipline-specific (e.g. physiotherapy assistant, pharmacy assistant) or multidisciplinary capacity (e.g. rehabilitation assistant). Queensland Health employs AHAs within the Operation Officer Classification stream of the *District Health Services Employees' Award – State 2012* (Queensland Government, 2012).

AHA positions can be classified as either full scope (OO3 level) or advanced scope (OO4 level), dependent on requirements of the role. The key differentiators between full and advanced scope are outlined in Table 1. AHAs contribute to patient care by providing clinical support tasks delegated under the direct or indirect supervision of an allied health professional. AHAs provide support and mentoring of less experienced AHAs, and at the advanced scope level they have a role in supervision for less experienced staff.

Table 1: Key differentiators between full scope (OO3) and advanced scope (OO4) allied health assistant roles as outlined in the Operational Services Manual – 2012 (Queensland Government, 2012).

	Full scope (OO3)	Advanced scope (OO4)
Purpose of role	Contribute to patient care by providing clinical support tasks delegated under the direct or indirect supervision of an allied health professional.	Contribute to patient care by providing advanced clinical support tasks delegated under the direct or indirect supervision of an allied health professional.
Key accountabilities	Provide a defined range of clinical screening assessments as delegated and allowed by testing guidelines and legislation.	Provide a defined range of specialised clinical screening assessments for patients with complex needs, as delegated and allowed by testing guidelines and legislation.
	Provide a defined range of treatments as prescribed by the allied health professional and work under their general direction.	Provide a defined range of treatments for patients with complex conditions.
	Initiate changes to treatment programs using results from standardised assessment tools.	Initiate changes to treatment programs and recommend treatment using results from standardised assessment tools.
	Provide basic education on a defined range of topics to patients or groups of patients.	Provide comprehensive education on a defined range of topics to patients or groups of patients.
	Lead group treatment sessions together with an allied health professional or more experienced assistant, including providing feedback to the allied health professional on individual and group performance.	Lead a defined range of group interventions for patients with diverse and complex needs.
	Contribute to patient records according to organisational guidelines and legal requirements.	Contribute to patient records according to organisational guidelines and legal requirements.
	Full scope (OO3)	Advanced scope (OO4)
Key accountabilities [continued]	Actively contribute to a multi-disciplinary team through departmental and team meetings, case conferences and other team projects and activities.	Participate as a member of a multi-disciplinary team, including, where appropriate, leading departmental and team meetings, case conferences as well as other team projects and activities.
	Refer to/and liaise with healthcare providers within the immediate team.	Refer to/and liaise with healthcare providers within the immediate team as

	Full scope (OO3)	Advanced scope (OO4)
		well as community services using decision support tools, clinical pathways and patient specific guidelines.
	Contribute to quality improvement activities with increasing ownership within scope of practice under guidance of the allied health professional.	Initiate, plan and evaluate quality improvement activities under the guidance of an allied health professional.

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 Queensland Health. It should be used in conjunction with

1. Relevant online training modules
2. Queensland Health human resources policies
 - a. G6. Orientation, induction and mandatory training
3. G9. Performance appraisal and development
4. Queensland Health Operational Services Manual
5. Position statements on delegation to allied health support staff from professional associations and National Boards, including:
 - a. Scope of practice for support staff in nutrition and dietetic services
www.daa.asn.au
 - b. Occupational therapy assistants
www.otaus.com.au
 - c. Working with a physiotherapy assistant or other support worker
http://www.physiotherapy.asn.au/APAWCM/Advocacy/Position_Statements.aspx
 - d. Role of podiatry assistants in podiatry practice
www.apodc.com.au
 - e. Parameters of practice: Guidelines for delegation, collaboration and teamwork in speech pathology practice
www.speechpathologyaustralia.org.au/education-and-careers/graduate-information
6. Reference resources throughout this document.
7. Relevant legislation that details supervisory and delegation practices in specific circumstances.

Tools developed to assist HHS staff with implementation of the framework can be found on the Allied Health Professions' Office of Queensland website (www.health.qld.gov.au/ahwac/).

These include:

- Governance guidelines for allied health assistants
- Guidelines for allied health assistants documenting in health records
- Orientation Workbook – for new starters.

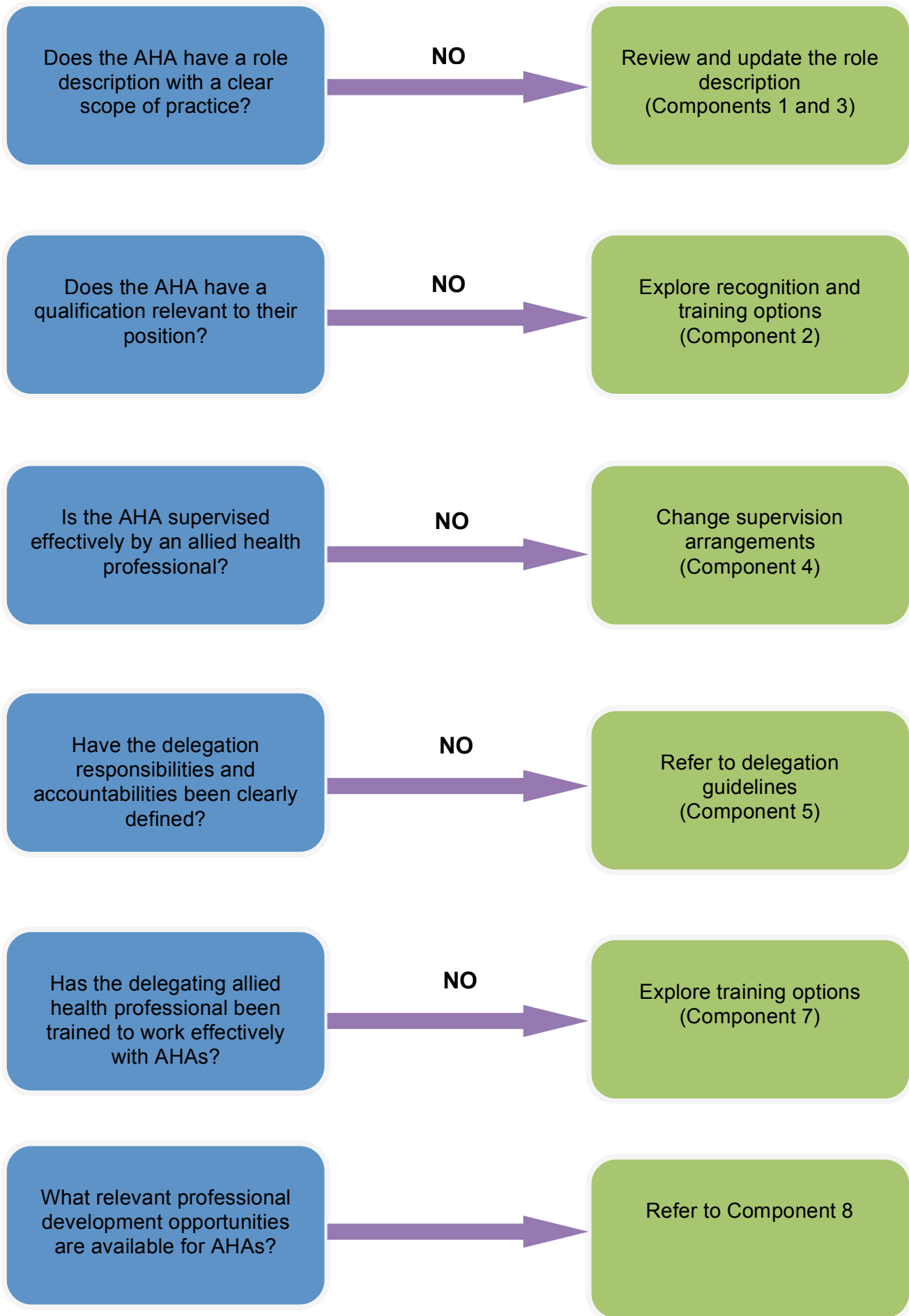
Using the framework

This framework draws together a number of areas that need to be considered and integrated when employing and working with AHAs. The following two figures are representations of the considerations to be made when creating new AHA positions and redesigning existing AHA positions. The components referred to in these steps are provided in detail throughout the document.

Figure 1 Steps to consider when establishing a new allied health assistant position



Figure 2 Questions to consider when reviewing an existing allied health assistant position



Components of the framework

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

Component 1: Scope of practice

- AHAs working in the Queensland public health system will have a defined scope of practice linked to service needs.
- The scope of practice includes tasks in which the AHA has been trained and is competent to safely perform and that are within the scope of an allied health assistant role.
- Flexibility to adapt the scope of practice is required in order to reflect the changing needs of the local service. The scope will vary depending on setting and discipline needs e.g. paediatric, geriatric or mental health.

Component 2: Education, skills and competencies

- The Certificate IV in Allied Health Assistance has been identified as the qualification best aligned to enable the full scope of practice for AHAs.
- AHAs currently employed in the Queensland public health system are encouraged to participate in a recognition of prior learning (RPL) process as part of meeting the relevant qualification requirements.
- AHAs should be encouraged to progress to attainment of the competencies and skill sets required for/or linked to the role.
- Some roles may have mandatory qualifications and/or skill sets that are determined by the requirements of the position.

Component 3: Role description

- AHAs working within the Queensland public health system will have a role description that reflects the role type and setting, and links directly to the clinical service the role supports.

Component 4: Clinical supervision guidelines

- AHA positions are to be clinically supervised by an allied health professional.
- AHA positions will have a designated clinical supervisor.
- Formal supervision sessions will be documented in accordance with local requirements.
- Clinical supervision may be direct, indirect and/or remote.

Component 5: Delegation guidelines

- Allied health professionals 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 delegated tasks from allied health professionals.
- Delegation will be documented.

Component 6: Evaluation and sustainability

- Evaluation forms an integral part of the delegated practice.
- Strategies for sustainability should be implemented to embed the inclusion of AHAs within service teams.

Component 7: Integrating allied health assistants into allied health teams

- Allied health professionals are required to have knowledge and understanding of the roles and responsibilities of AHAs.
- Allied health professionals may require support to develop effective supervision and delegation skills when working with AHAs.

Component 8: Professional development

- Ongoing professional development is important for AHAs in order to maintain and enhance their skills and knowledge. This is a shared responsibility between the individual and their employer, aimed at optimising performance and enhancing patient care.

Component 1: Scope of practice

Guidelines

- AHAs working in the Queensland public health system will have a defined scope of practice linked to service needs.
- The scope of practice includes tasks in which the AHA has been trained and is competent to safely perform.
- Flexibility to adapt the scope of practice is required in order to reflect the changing needs of the local service. The scope will vary depending on setting and discipline needs e.g. paediatric, geriatric or mental health.

AHAs work in a diverse range of settings and allied health disciplines which can make it challenging to define the scope of practice for this group. However, it is important 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 that individuals within that profession are educated, competent and authorised to perform.

Some functions within the scope of practice of any profession may be shared with other professions, individuals or groups. The scope of practice of all health professions is influenced by the wider environment, service 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 that which the individual is educated, authorised and competent to perform. The scope of practice of an individual AHA may be more specifically defined than the scope of practice of their discipline. In order to practise within the full scope of practice of the discipline, individuals may need to update or increase their knowledge, skills or competence. For AHAs to work within the full scope of practice, scope of practice decision-making needs to be embedded in a robust clinical governance, risk management and regulatory framework.

AHAs have a scope of practice that encompasses both support tasks and the components of client care that have been delegated by the allied health professional. AHAs may be involved in screening tasks, but do not undertake independent assessment. Within this delegated model, an individual AHA's scope of practice is influenced by:

- their education
- their knowledge and skills
- their level of experience and on-the-job training
- their recency of practice
- the level of supervision they receive
- the type and level of services provided by the facility in which they work.

Determining scope of practice

The scope of practice of an AHA position:

- should be determined by the relevant staff making decisions relating to service needs in an allied health department, including the allied health director, manager and/or the supervising allied health professional/s
- needs to be determined at the time of creating the position and drafting the role description
- needs to be in line with the requirements of the service
- should be attached to the role description to ensure the scope is reviewed regularly during the PDP process. This ensures it remains relevant to both the service needs and the individual recruited to the position, and this process will also identify any additional training needs.

The following activities may only be undertaken by an allied health professional and should not be included in the AHA scope of practice:

- informing patients and families about the type, frequency and duration of services
- making clinical decisions, including determining patient selection for inclusion/exclusion in caseload and discharging patients from treatment
- communicating with patients, parents and family members about diagnosis, prognosis and treatment plan; unless done with explicit instructions from the allied health professional
- conducting assessments, initial assessments/interviews
- preparing individual treatment plans
- interpretation of referrals
- development of treatment goals and plans for client
- planning and modification of treatment programs or goals; unless done according to protocol e.g. a physiotherapy assistant adjusts the number of repetitions a patient performs a particular activity in a fitness circuit according to pre-determined criteria.
- discharge planning.

Additional guidance for specific professions, services or settings

There may be tasks relevant to specific professions, services or settings (e.g. paediatrics) that also need to be included when determining the scope of practice of a position. It is important the scope is flexible enough to reflect the ongoing requirements of the service.

It is important 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.

As already referenced, a number of professional associations have developed either a policy statement or position paper that supports the role of AHAs. A common underlying principle of these documents is that AHAs cannot substitute for the allied health professional in patient assessment, diagnosis, care planning, management, evaluation of treatment outcomes and patient education.

Component 2: Education, skills and competencies

Guidelines

- The Certificate IV in Allied Health Assistance has been identified as the qualification best aligned to enable the full scope of practice for AHAs.
- AHAs currently employed in the Queensland public health system are encouraged to participate in a recognition of prior learning (RPL) process as part of meeting the relevant qualification requirements.
- AHAs should be encouraged to progress to attainment of the competencies and skill sets required for/or linked to the role.
- Some roles may have mandatory qualifications and/or skill sets that are determined by the requirements of the position.

Education pathway

The education pathway for AHAs is strongly linked to qualifications and experience, and provides AHAs with the opportunity to identify their progress within the qualification options currently available. AHAs complete their vocational qualifications either as a pre-service course or by using a supported on-the-job training model.

Although highly desirable, it is not mandatory for AHAs at the OO3 level within Queensland Health to have formal qualifications. The Certificate IV in Allied Health Assistance has been identified as the qualification best aligned with AHA roles within the Queensland public health system (Queensland Government, 2011a). This qualification is mandatory for advanced (i.e. OO4) AHA roles. Advanced AHAs have the capacity to build on the Certificate IV in Allied Health Assistance and complete further units in order to focus their skills on profession or service-specific areas (Victorian Government, 2012).

Employers should encourage and support existing AHAs that do not hold a formal qualification to undertake RPL and/or further training to meet the relevant qualification. RPL is a form of assessment that allows the skills, knowledge and experience gained through working and learning to be acknowledged, and can result in a formal qualification or statement of attainment. This assessment is completed by an RTO.

Equivalent qualifications

Some individuals working as AHAs in Queensland will already have qualifications that can be considered as equivalent to a relevant qualification. However, it is important these individuals work within the identified scope of practice.

Equivalent qualifications can include:

- an allied health qualification gained outside of Australia
- an Australian degree qualification in allied health
- an AHA qualification gained in the United Kingdom

- other qualifications relevant and directly related to the position.

It is within the allied health director's/manager's discretion when employing staff to determine whether the qualification a person holds is suitable/relevant to the role.

NB: As it is mandatory for an advanced scope (OO4) AHA to have a Certificate IV in Allied Health Assistance, an equivalent qualification would need to be at Certificate IV level or above.

Other qualifications

AHAs currently employed in Queensland may hold other qualifications at a Certificate IV level or above that may have some relevance. Where appropriate, AHAs with other qualifications are to be encouraged to undertake RPL or credit transfer (where possible) to meet the relevant qualification for the position in which they are working. In these situations, it is important to look at the desired skill-set (for the new position) before identifying training requirements. For example, if an AHA holding a Cert IV in Aged-care gets employment as a physiotherapy assistant, they might only need to acquire the physiotherapy skill-set rather than the complete new qualification.

Examples of other qualifications that may be partially relevant include:

- enrolled nurse
- registered nurse
- Certificate IV in Disability
- Certificate IV in Aged Care
- Certificate IV in Mental Health
- Certificate IV in Fitness
- Certificate IV in Community Services Work.

Skills and competencies

Individual tasks delegated to and undertaken by AHAs are generally underpinned by training sourced from courses provided by nationally recognised training (e.g. Certificate IV in Allied Health Assistance) and a written competency or clinical task instruction.

Training and competency assessment will be undertaken consistent with established formal training programs (Certificate IV). Where not included in a formal program, training will be coordinated by the delegating allied health professional in collaboration with the senior AHA. A training schedule along with any required training resources (e.g. background material) will be negotiated between all relevant team members (AHAs and allied health professionals). The nature of the delegated tasks identified will determine the work-based training requirements.

The *Calderdale Framework* (Queensland Government, 2014a) has been recognised as a tool for managing safe and effective workforce redesign within multidisciplinary teams. Implementing the *Calderdale Framework* leads to the development of a competency-based training program for allied

health professionals and AHAs which assures quality and safety for the client/patient while maximising workforce capability.

Within Queensland Health, trained facilitators are available in every HHS to assist allied health teams implement the *Calderdale Framework*.

More information regarding the *Calderdale Framework* and resources to support implementation, including clinical task instructions, are available on the Allied Health Professions' Office of Queensland website (<http://www.health.qld.gov.au/ahwac/>).

Training and competency records

A register of the training undertaken and competence (in specific clinical tasks) achieved by each AHA should be maintained by the work unit manager/delegate (e.g. team leader). The AHA should also keep a copy of their training and competency records to provide evidence to enable recognition of skills attained for future roles.

This record should be reviewed for currency regularly, timed to coincide with the assistants' PDP review schedule. Please refer to Appendix 1 for an example training register template.

Component 3: Role description

Guideline

- AHAs working within the Queensland public health system will have a role description that reflects the role type and setting and links directly to the clinical service the role supports.

In addition to qualification requirements, a comprehensive role description needs to clearly define:

- scope of practice
- accountabilities and responsibilities
- details for professional supervision
- details of line management.

The role description provides a key governance structure outlining the regular duties of the AHA and areas that will be delegated by an allied health professional (ACT Government, 2014).

Within Queensland Health, the classification of operational stream positions is determined by assessment of a role against approved duties statements published in the Operational Services Manual (Queensland Government, 2012). The scope of duties for an AHA role needs to be considered consistent with this manual.

Example role description templates (i.e. OO3 and OO4) are included at Appendix 2.

Component 4: Clinical supervision guidelines

Guidelines

- AHA positions are to be clinically supervised by an allied health professional.
- AHA positions will have a designated clinical supervisor.
- Formal supervision sessions will be documented in accordance with local requirements.
- Clinical supervision may be direct, indirect and/or remote.

Also known as professional supervision (Queensland Government, 2011b), clinical supervision can be defined as a formal process of support and learning that involves:

- developing a mutual commitment between the AHA and allied health professional to reflect on the clinical practice of the AHA
- developing knowledge and skills competence
- clarifying boundaries and scope of practice
- planning and using personal and professional resources
- identifying training and education needs
- developing accountability for work quality (Queensland Government, 2010a).

Though an assistant should only have one primary clinical supervisor, there may be several allied health professionals of the same or different disciplines who delegate tasks to the assistant (Queensland Government, 2010b).

Clinical supervision should be undertaken by an allied health professional although a senior AHA may co-supervise in collaboration with an allied health professional in some work units.

Where an AHA is new to the service and/or the particular clinical area, they will initially require more frequent clinical supervision. It is the responsibility of the supervising and/or delegating allied health professional (potentially the same person) to:

- assess and verify the AHA's competency within the clinical context
- define and clarify the tasks to be undertaken by the AHA within their scope of practice
- ensure the AHA has a clear understanding of the tasks to be undertaken within that context.

For more information, please refer to *Governance guidelines for allied health assistants*.

Delivery of clinical supervision

Clinical supervision can be delivered either directly, indirectly or remotely:

- Direct clinical supervision occurs when the supervising allied health professional:
 - works alongside the AHA
 - observes and directs the AHA's activities
 - provides immediate guidance, feedback and intervention as required.
- Indirect clinical supervision occurs when the supervising allied health professional:
 - works on-site and is easily accessible, but not in direct view of the AHA while the activity is being performed—the AHA must rely on clear communication from the supervising allied health professional
 - is readily available within the same physical area or easily contactable (i.e. by phone or pager) should the need for consultation arise
 - designates an alternative contact person (should the need arise) if they will be unavailable.
- Remote clinical supervision occurs when the supervising allied health professional:
 - is located some distance from the AHA
 - is contactable and accessible to provide direction, support and guidance as required (e.g. telephone or video-conferencing).

Remote supervision may occur in three different situations:

1. AHA works in a client's home.
2. AHA works when the supervising allied health professional is not on duty (e.g. over the weekend).
3. AHA works in a different facility to the supervising allied health professional.

In the last two situations the supervising allied health professional is responsible for ensuring that appropriate clinical supervision is assigned to an allied health professional who (on-site or via telephone) is available for consultation should the need arise..

It is essential that the lines of responsibility and accountability are clearly articulated and well documented when using remote supervision.

Frequency of clinical supervision

An allied health professional should have a supervisory role over all clinical activities of an AHA, and should identify the frequency and form of supervision that is appropriate by considering:

- the activity to be delegated and complexity of caseload
- supervisory experience (allied health professional) and developmental level (AHA)
- practice setting (e.g. AHA working in a rural or remote setting).

Component 5: Delegation guidelines

Guidelines

- Allied health professionals 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 allied health professionals.
- Delegation will be documented.

Definition

Delegation to an AHA is defined as the process by which an allied health professional delegates activities to an AHA who has appropriate education, knowledge and skills to undertake the activity safely (Western Australia Country Health Service [WACHS], 2009). It has also been identified that delegation involves the conferring of authority on an AHA to perform activities that would otherwise be performed by an allied health professional (Queensland Government, 2010a).

When to delegate

The delegating allied health professional will need to consider a number of variables when determining whether a client is suitable to be treated by an AHA (Smith & Duffy, 2010). Most of these variables relate specifically to the client, including:

- complexity of the client's condition
- whether the client's condition is stable
- whether the client's condition type is seen frequently within the service
- whether the client is highly anxious and/or emotional
- the ability of the client to engage as expected and required
- whether the client's social or environmental situation is likely to be unpredictable.

Other variables include:

- whether the AHA has demonstrated competence in the task/s being delegated
- whether appropriate support systems (e.g. monitoring and supervision strategies) are in place and operational.

These variables have been summarised in the Allocation analysis tool (Appendix 3).

For additional information, please refer to:

- *Governance guidelines for allied health assistants*
- *Workplace Instruction 2: Guidelines for delegation to allied health assistants.*

Principles of effective delegation

The following overarching principles apply when delegating clinical support tasks to an AHA (WACHS, 2009; NSW Government, 2013).

- The primary motivation for delegation of an activity is to serve the best interests of the client.
- The task being delegated should always be discussed and shall only be delegated when both the allied health professional and AHA are satisfied that the delegated task can be carried out safely. If the AHA does not feel confident undertaking the task, the AHA should not accept the delegated task and the allied health professional and AHA should take steps to ensure the appropriate knowledge and skills are acquired by the AHA before the task is safely delegated. The action taken should be appropriately documented.
- The activity will only be conducted by the AHA in a context in which they are able to demonstrate competency.
- The level of supervision and feedback provided to an AHA should be appropriate, having regard for the knowledge and skill level of the AHA, the needs of the client, the service setting and the task assigned.
- Effective delegation is a skill that requires development. It is important allied health professionals have access to support to develop skills in effective delegation.
- The delegating allied health professional:
 - establishes diagnosis, clinical management and treatment plans
 - should only delegate activities that are within the scope of their own professional practice and that they are competent to assess, plan, implement and evaluate
 - must only delegate activities that are within the scope of practice and level of competency, previously demonstrated experience and/or training and qualifications of an AHA
 - should determine whether it is appropriate to delegate a task to an AHA and only delegate if/when it is appropriate
 - is able to provide the type and frequency of monitoring (i.e. task supervision) the activity requires.
- The AHA:
 - must have the appropriate level of experience and competence (i.e. skills and knowledge) to carry out the activity and the activity should be within the scope of the allied health assistant role.
 - has responsibility for raising any issues related to undertaking the delegated task, and should request additional information and/or support as required
 - should be aware of the extent of their expertise and scope of practice at all times and seek support from allied health professionals as required
 - shares responsibility for raising any issues and requesting additional support throughout the delegation and monitoring process.

There should be well-defined lines of accountability for the task (or specific aspects of the task) when more than one allied health professional is involved in delegating tasks.

In addition, the delegating allied health professional should provide the following when delegating a task:

- clear instructions on the outcomes to be achieved
- clear processes to be followed in undertaking the task
- guidance on how to manage any perceived risks
- alternative strategies to be used if task modification is required (i.e. the care and/or management plans developed for each individual patient by the allied health professional for implementation by an AHA should incorporate parameters to guide the AHA in the amount of modification to the program that is appropriate in each circumstance (ACT Government, 2014).
- clear guidance on when further advice or direction should be sought from the allied health professional.

The University of Queensland Centre for Innovation in Professional Learning has produced an education resource for the Department of Health to support delegation practices between allied health professionals and AHAs. This program facilitates a better understanding of models of care incorporating assistants and the roles, responsibilities and relationships within these models.

The program (*Training in delegation practices: A guide for allied health professionals and allied health assistants*), seeks to provide a solid basis for effective teamwork focussed on ensuring quality care and patient safety. The resource is available by contacting the Allied Health Professionals' Office of Queensland.

Documentation

It is important that there is clear documentation in the health record that tasks have been delegated to an AHA and are being monitored by the allied health professional. Written communication is particularly recommended for task delegation for a number of reasons, such as:

- helping to ensure patient care is delivered appropriately
- monitoring workload
- providing clarity about responsibility for clinical activities—should it be required in the future.

Written instructions need to detail the nature of the task together with whom, when and where the task is to be conducted. Options include:

- clear documentation by the allied health professional in the health record that some therapy will be conducted by the AHA followed by entries from the AHA
- counter-signing AHA entries in the health record—relevant only if the allied health professional had not documented as above.

In situations where tasks are delegated over the phone, the request should be documented by both the allied health professional and the AHA.

Please refer to the companion resource: *Guidelines for allied health assistants documenting in health records* for more information.

Component 6: Evaluation and sustainability

Guidelines

- Evaluation forms are an integral part of the delegated practice.
- Strategies for sustainability should be implemented to embed the inclusion of AHAs within service teams.

Evaluation

Evaluation forms are an integral part of the delegation and monitoring process, and involve consideration at a number of levels (WACHS, 2009). It may include some/all of the processes listed below. The form of evaluation should be collaboratively determined by the team.

- Audit of delegation practice:
 - client and staff satisfaction surveys
 - compliments and complaints register
 - incident register.
- Audit of clinical task instructions:
 - are they still used?
 - are some clinical tasks no longer delegated?
 - do new clinical task instructions need to be written?
- Monitor supporting systems:
 - audit training registers.

Sustainability

Sustainability can be described as having occurred when new ways of working and improved outcomes become the norm (National Health Service, 2010) and involves:

- embedding the new model of care into competency-based role descriptions that can be used for recruitment (Nancarrow, Moran, Wiseman, Pighills & Murphy, 2012).
- local induction and PDP for new team members and regular PDP for existing staff
- maintaining a register and/or database of training and competence assessment
- a standardised process for the development of new clinical task instructions and easily accessible database/repository of clinical task instructions already developed
- formalising supervision, monitoring and evaluation processes.

Component 7: Integrating allied health assistants into allied health teams

Guidelines

- Allied health professionals are required to have knowledge and understanding of the roles and responsibilities of AHAs.
- Allied health professionals may require support to develop effective supervision and delegation skills when working with AHAs.

The provision of clinical practice support in direct client care by AHAs is vital to the Queensland public health system in delivering effective, efficient and responsive care (Queensland Government, 2014b). Within the work unit, the delegation model of care is operationalised within a collaborative practice model defined by the following:

- mutual respect
- protocols and guidelines for clinical decision-making
- clearly defined levels of accountability
- a belief that collaborative practice and partnership will ensure best health outcomes.

This collaborative practice model is operationalised with the AHA working under the clinical supervision of the allied health professional who in turn, shares this governance with the work unit manager/delegate (e.g. team leader). Work is done in a supportive, collegial working relationship. Clinical supervision and governance is further devolved by the team leader and the senior AHA (where applicable) to help establish currency and competency with the less experienced staff to provide mentorship and support clinical development (Queensland Government, 2011b).

It is the responsibility of the individual HHS to ensure the AHAs' work is consistent with the primary objectives and duties outlined in the *Queensland Health Operational Services Manual* (Queensland Government, 2012) and determine:

- the core clinical skills deemed essential for practice
- the practice context in which the scope of these skills can be used
- how delegation and supervision are structured and function.

In some HHSs, senior AHAs (at the OO4 level or higher) may have responsibility for providing support, guidance, direction and, in some cases, operational management to OO3 assistants and trainees.

Component 8: Professional development

Guidelines

- Ongoing professional development is important for AHAs in order to maintain and enhance their skills and knowledge. This is a shared responsibility between the individual and their employer, aimed at optimising performance and enhancing patient care.

Decisions about the most appropriate option for professional development will be made at a local level. Resources should be allocated to support professional development activities. Availability of professional development may assist with staff retention.

The Certificate IV in Allied Health Assistance as a competency-based qualification ensures that AHAs have met competency standards when they complete their qualification. It is important to maintain this competence over time. This can be done in a number of ways both formally and informally.

As part of the PDP process, a learning (i.e. skills) development plan can identify areas for further professional development.

Less formal professional development examples include:

- targeted on-the-job training with the specific purpose of developing/enhancing skills
- patient discussions
- attendance at in-service presentations
- enrolment in additional units of competency from the Certificate IV AHA
- short courses relevant to the client group
- webinars
- newsletters
- student tutorials
- observation and provision of feedback
- work-shadowing other AHAs and/or allied health professionals
- workplace evaluations
- AHA forums
- completion of workplace-based clinical task instructions
- AHA interest groups and networks
- telehealth sessions
- CD training from professional associations
- online discussion forums
- buddy system

[The Learning Guide: a handbook for allied health professionals facilitating learning in the workplace](#) (April 2012) Health Education and Training Institute provides options in this area.

Appendices

Appendix 1: Training register

Name:					
ID code ²⁹	Training [Insert details of training undertaken e.g. specific CTIs]	Date competent	Signature of assessor	Date of review of competence	Signature of assessor

Appendix 2: Example role descriptions

Role description (HHS branding can be applied)

Role details

Job Ad Reference	Insert Job Ad Reference	Classification	OO3
Role title	Allied health assistant	Salary	Insert salary range
Status (temp/perm)	Perm or Temp	Closing date	Insert closing date
Unit/Branch	Insert unit or branch name		
Division/Hospital and Health Service	Insert HHS, Division or Hospital name	Contact Name	Insert contact name
Location	Insert location	Contact Number	Insert contact number

Your employer – Hospital and Health Service

- Insert **HHS values** here
- Insert **information about ‘why work for us’** (e.g. Salary packaging, location, professional development etc.).

Your opportunity

The purpose of the position is to contribute to patient care by providing clinical support tasks delegated under the direct or indirect supervision of an allied health professional. There may be a need for this position to support and mentor less experienced allied health assistants.

Your role

- Fulfil the responsibilities of this role in accordance with Queensland Public Service and Hospital and Health Service values as outlined above.
- Follow defined service quality standards, occupational health and safety policies and procedures relating to the work being undertaken in order to ensure high quality, safe services and workplaces.
- Provide a defined range of clinical screening assessments as delegated and allowed by testing guidelines and legislation
- Provide a defined range of treatments as prescribed by the allied health professional and work under their general direction. This may include:
 - using decision support tools
 - clinical pathways
 - patient-specific guidelines.
- Initiate changes to treatment programs using results from standardised assessment tools.
- Provide basic education on a defined range of topics to patients or groups of patients.

- Lead group treatment sessions together with an allied health professional or more experienced assistant, including providing feedback to the allied health professional on individual and group performance.
- Contribute to patient records according to organisational guidelines and legal requirements.
- Actively contribute to a multidisciplinary team through departmental and team meetings, case conferences and other team projects and activities.
- Refer to and liaise with health care providers within the immediate team.
- Contribute to quality improvement activities with increasing ownership within scope of practice under guidance of the allied health professional.
- Oversee or organise a work group and supervise the work of others as required.
- Provide support, mentoring and supervision to less experienced allied health assistants, including teaching and assessment of generic competencies.
- Undertake ongoing training and development activities.
- Fulfil the accountabilities of this role in accordance with Queensland Health's core values as well as the department's quality human resource management practices including workplace health and safety, employment equity, anti-discrimination and ethical behaviour.

Mandatory qualifications

While not mandatory, a relevant qualification (i.e. Certificate IV in Allied Health Assistance or equivalent) or willingness to work towards a relevant qualification would be well regarded.

How you will be assessed?

You will be assessed on your ability to demonstrate the following key capabilities, knowledge and experience. Within the context of the responsibilities described above under 'Your role', the ideal applicant will be someone who can demonstrate the following:

- Demonstrated ability to apply knowledge in allied health, such as knowledge of the healthcare system, computer literacy, medical terminology, general medical conditions and basic anatomy.
- Demonstrated ability to communicate effectively and work collaboratively as part of a team with a good understanding of own scope of practice in a complex and demanding work environment.
- Under the guidance of an allied health professional, demonstrated ability to contribute to quality improvement activities with increasing ownership within the scope of practice.
- Under supervision, demonstrated ability to provide a defined range of assessments and treatments as prescribed by the allied health professional.

Your application

Please provide the following information to the panel to assess your suitability:

- Your current CV or resume, including the names and contact details of two referees. Referees should have a thorough knowledge of your capabilities, work performance and conduct within the previous two years, and it is preferable to include your current/immediate/past supervisor.
- Any other documentation required by the panel, if required.

Additional information

- Applications will remain current for 12 months/the duration of the vacancy (select one – permanent and temporary vacancies longer than 12 months remain current for 12 months, temporary vacancies less than 12 months remain current for vacancy duration).
- Future vacancies of a temporary, full-time and part-time nature may also be filled through this recruitment process.
- Pre-employment screening, including criminal history and discipline history checks, may be undertaken on persons recommended for employment. Roles providing health, counselling and support services mainly to children will require a blue card, unless otherwise exempt.
- Employees who are permanently appointed to Queensland Health may be required to undertake a period of probation appropriate to the appointment.
- All relevant health professionals, who in the course of their duties formulate a reasonable suspicion that a child or youth has been abused or neglected in their home/community environment, have a legislative and a duty of care obligation to immediately report such concerns to the Department of Communities, Child Safety and Disability Services.
- Applicants will be required to give a statement of their employment as a lobbyist within one month of taking up the appointment. Details are available at www.psc.qld.gov.au/publications/assets/policies/lobbyist-disclosure-policy.pdf
- Applicants may be required to disclose any pre-existing illness or injury which may impact on their ability to perform the role. Details are available in section 571 of the *Workers' Compensation and Rehabilitation Act 2003* (<https://www.legislation.qld.gov.au/Bills/54PDF/2013/WorkersCompRehabAmdBill13.pdf>).

Insert organisational chart

Role description (HHS branding can be applied)

Role details

Job Ad Reference	Insert Job Ad Reference	Classification	OO4
Role title	Advanced allied health assistant	Salary	Insert salary range
Status (temp/perm)	Perm or Temp	Closing date	Insert closing date
Unit/Branch	Insert unit or branch name		
Division/Hospital and Health Service	Insert HHS, Division or Hospital name	Contact Name	Insert contact name
Location	Insert location	Contact Number	Insert contact number

Your employer – Hospital and Health Service

- Insert **HHS values** here
- Insert **information about ‘why work for us’** (e.g. Salary packaging, location, professional development etc.).

Your opportunity

The purpose of the position is to contribute to patient care by providing advanced clinical support tasks delegated under the direct or indirect supervision of an allied health professional. There may be a need for this position to support and mentor less experienced allied health assistants.

Your role

- Fulfil the responsibilities of this role in accordance with Queensland Public Service and Hospital and Health Service values as outlined above.
- Follow defined service quality standards, occupational health and safety policies and procedures relating to the work being undertaken in order to ensure high quality, safe services and workplaces.
- Provide a defined range of clinical screening assessments for patients with complex needs as delegated and allowed by testing guidelines and legislation.
- Provide a defined range of treatments for patients with complex conditions. This may include:
 - using decision support tools
 - clinical pathways
 - patient-specific guidelines.
- Initiate changes to treatment programs and recommend treatment using results from standardised assessment tools.
- Provide comprehensive education on a defined range of topics to patients or groups of patients.
- Lead a defined range of group interventions for patients with diverse and complex needs.
- Actively contribute as a member of a multidisciplinary team, including where appropriate, leading departmental and team meetings, case conferences and other team projects and activities.
- Contribute to patient records according to organisational guidelines and legal requirements.

- Refer to and liaise with health care providers within the immediate team as well as community services using decision support tools, clinical pathways and patient-specific guidelines.
- Initiate, plan and evaluate quality improvement activities under the guidance of an allied health professional.
- Provide support, mentoring and supervision to less experienced allied health assistants, including teaching and assessment of generic competencies.
- Undertake ongoing training and development activities.
- Fulfil the accountabilities of this role in accordance with Queensland Health's core values as well as the department's quality human resource management practices including workplace health and safety, employment equity, anti-discrimination and ethical behaviour.

Mandatory qualifications

Certificate IV in Allied Health Assistance or equivalent.

How you will be assessed?

You will be assessed on your ability to demonstrate the following key capabilities, knowledge and experience. Within the context of the responsibilities described above under 'Your role', the ideal applicant will be someone who can demonstrate the following:

- Demonstrated ability to apply advanced knowledge in allied health, including knowledge of the health care system, advanced computer literacy, medical terminology, general medical conditions and basic anatomy.
- Demonstrated communication and interpersonal skills, including the need to communicate, supervise and liaise effectively, with an understanding of the scope of practice in a complex and demanding work environment.
- Demonstrated ability to initiate, plan and evaluate quality improvement activities under the guidance of an allied health professional.
- Demonstrated ability to provide a defined range of assessments and treatments for patients with complex conditions under supervision from an allied health professional.

Your application

Please provide the following information to the panel to assess your suitability:

- Your current CV or resume, including the names and contact details of two referees. Referees should have a thorough knowledge of your capabilities, work performance and conduct within the previous two years, and it is preferable to include your current/immediate/past supervisor.
- Any other documentation required by the panel, if required.

Additional information

- Applications will remain current for 12 months/the duration of the vacancy (select one – permanent and temporary vacancies longer than 12 months remain current for 12 months, temporary vacancies less than 12 months remain current for vacancy duration)
- Future vacancies of a temporary, full-time and part-time nature may also be filled through this recruitment process.

- Pre-employment screening, including criminal history and discipline history checks, may be undertaken on persons recommended for employment. Roles providing health, counselling and support services mainly to children will require a blue card, unless otherwise exempt.
- Employees who are permanently appointed to Queensland Health may be required to undertake a period of probation appropriate to the appointment.
- All relevant health professionals, who in the course of their duties formulate a reasonable suspicion that a child or youth has been abused or neglected in their home/community environment, have a legislative and a duty of care obligation to immediately report such concerns to the Department of Communities, Child Safety and Disability Services.
- Applicants will be required to give a statement of their employment as a lobbyist within one month of taking up the appointment. Details are available at www.psc.qld.gov.au/publications/assets/policies/lobbyist-disclosure-policy.pdf
- Applicants may be required to disclose any pre-existing illness or injury which may impact on their ability to perform the role. Details are available in section 571 of the *Workers' Compensation and Rehabilitation Act 2003* (<https://www.legislation.qld.gov.au/Bills/54PDF/2013/WorkersCompRehabAmdBill13.pdf>).

Insert organisational chart

Appendix 3: Allocation analysis tool (Smith & Duffy 2011)

Before allocating a client (delegated task), the allied health professional must consider the following variables	<u>GO</u>	<u>RISK identified</u> <u>STOP and consider</u>
Is the presentation of the client's condition complex?	No	Yes
Is the client's condition stable?	Yes	No
Is the client's condition seen frequently in your service?	Yes	No
Is the client highly anxious and/or emotional?	No	Yes
Is the client able to engage as expected and required?	Yes	No
Is the client's situation (social/environmental) likely to be unpredictable?	No	Yes
Has the AHA demonstrated competence in the task/s being delegated?	Yes	No
Are support systems in place and operational?	Yes	No

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