

Governance guidelines for allied health assistants

Allied Health Professions' Office of Queensland

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Governance guidelines for allied health assistants

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<http://www.health.qld.gov.au/ahwac/default.asp>

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Background

Research suggests that allied health assistant (AHA) roles require appropriate governance to ensure they are optimally utilised, valued, developed and supervised (Kumar, Nyland, Young & Grimmer, 2006). The *Governance guidelines for allied health assistants* are not intended to be a comprehensive 'how to' guide for line management, supervision or delegation. Management, supervision and delegation to AHAs are discrete roles that may be undertaken by one or more senior staff depending on the service context. These guidelines instead, aim to provide a framework to delineate these roles.

The revised version of *Governance guidelines for allied health assistants* enables the following objectives to be met:

- provision of a framework to assist AHAs to safely practice, ensuring patients receive high quality and safe care
- recognising and meeting the support and development needs of AHAs, ensuring they are appropriately resourced to undertake their roles
- valuing development of the existing AHA workforce to boost retention and morale
- enhancing awareness of allied health professionals and line managers in regards to their roles and responsibilities.

They should be referred to when:

- a new allied health support role is being developed
- an existing allied health support role is being redesigned or relocated
- AHAs and their managers require a reference point during the Performance and Development Plan (PDP) process.

These governance guidelines should be used in conjunction with the following:

1. Allied Health Assistant Framework
2. Queensland Health Human Resources Policies
 - a) G6 - Orientation, Induction and Mandatory Training
<https://www.health.qld.gov.au/system-governance/policies-standards/doh-policy/policy/gh-pol-183.pdf>
 - b) G9 - Performance and Development
<https://www.health.qld.gov.au/system-governance/policies-standards/doh-policy/policy/gh-pol-189.pdf>
3. Professional association and Australian Health Practitioner Regulation Agency (AHPRA) National Board position statements on delegation to allied health support staff.
4. Relevant legislation that details supervisory and delegation practices in specific circumstances.

The different types of supervision and the person/s primarily responsible for their application have been summarised in Table 1.

Table 1: Types of supervision (Queensland Government, 2010)

Type	Definition	Responsibility
Managerial	The process of line management including: <ul style="list-style-type: none"> • administration • mandatory training • HR management. 	Team Leader
Task (also known as monitoring)	The process of supervising delegated tasks: <ul style="list-style-type: none"> • can be direct or indirect • tasks may be delegated to an AHA by a number of allied health professionals (same or different professions) within the team • each allied health professional is responsible for supervising (i.e. monitoring) their delegated task • AHA should discuss concerns about tasks delegated with the relevant allied health professional. 	Usually an allied health professional
Clinical	The formal process of support and learning that involves: <ul style="list-style-type: none"> • 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 utilising personal and professional resources • identifying training and educational needs • developing accountability for their work quality. 	Usually an allied health professional [May be a senior AHA in a co-supervisor role with an allied health professional]

Line management

The training and support needs of AHAs have been identified as being more fully appreciated and provided for when AHAs are managed within allied health departments by a line manager who is also an allied health professional (Queensland Government, 2008). However, AHAs are increasingly managed by nursing staff or a more senior AHA. In these instances the responsibilities of the line manager are unchanged. In order to effectively manage the assistant the line manager should liaise with an allied health professional who is the nominated clinical practice supervisor for the AHA.

Typical responsibilities of the line manager in regards to an AHA are as follows:

- manage the skills mix in the team to achieve the most appropriate balance of allied health professionals to AHAs
- manage recruitment and selection to AHAs and orientation of newly appointed assistants
- undertake PDP processes with the AHA according to organisational guidelines
- support the AHA to engage in continuous education and training
- manage operational aspects of work allocation and time utilisation
- ensure that the AHA has access to clinical supervision from an allied health professional.

Clinical supervision

Clinical supervision is a formal process of support and learning which enables individual AHAs to:

- develop knowledge and skills competence
- reflect and receive feedback on the content and process of their work
- identify measures to manage stressors within the work environment
- clarify boundaries and the scope of practice of their role
- plan and utilise their personal and professional resources more effectively
- provide safe high quality consumer care
- develop accountability for the quality of their work and offer assurances to those who manage that accountability.

Some of the responsibilities of the clinical supervisor may overlap with those of a line manager (particularly if the line manager is not an allied health professional). These responsibilities include:

- participating in the planning process when new AHA positions are being created
- liaising with the Team Leader to ensure the establishment contains the most appropriate balance of allied health professionals and AHAs
- participating in recruitment, selection and orientation processes for AHA positions
- participating in PDP processes
- identifying and supporting the overall training and development needs of the AHA.

Prior to the appointment of an AHA, clinical supervision requirements should be considered^{iv}. They are particularly important in situations where:

- the line manager is not the clinical supervisor
- there is more than one allied health professional of the same or different disciplines delegating tasks to the AHA
- the AHA is not routinely located at the same work site as the supervising allied health professional.

In these instances there should be clear processes for communication between the delegating allied health professionals, the clinical supervisor, and the line manager (Queensland Government, 2007). Primary clinical supervision should always be undertaken by an allied health professional and the supervisory relationship should be arranged in collaboration with the line manager (assuming a different person holds this role).

It is not appropriate for a senior AHA to provide primary clinical supervision for an AHA, although they can contribute in a co-supervisory role with an allied health professional.

The frequency of supervision will depend on factors such as:

- supervisory experience (allied health professional) and developmental level (AHA)
- complexity of caseload
- practice area (e.g. AHAs working in a role that is more isolated from the allied health professional may require more frequent supervision sessions e.g. rural or remote setting).

The following recommendations for the frequency of supervision for AHAs should be used as a guide to minimum requirements – Table 2. There may be instances where an AHA needs to engage in more than the minimum requirement of clinical supervision.

Table 2: Minimum requirements for clinical supervision for AHAs

Frequency	Description	Frequency
High	<p>Applies to AHAs who:</p> <ul style="list-style-type: none"> • are completing or are yet to undertake a formal qualification relevant to their role • have had a recent change in role • have not previously received formal supervision or support • have only been in a work area for short period of time (e.g. 3-month rotation) • have recently become a supervisor or mentor. 	Minimum one hour per week
Medium	<p>Applies to AHAs who:</p> <ul style="list-style-type: none"> • do not fit into low or high frequency categories • have been in a work area for short period of time (e.g. 3-month rotation) or change of work area (e.g. rural practice). 	Minimum one hour per fortnight
Low	<p>Applies to AHAs who:</p> <ul style="list-style-type: none"> • have been working as an AHA for over 5 years • demonstrate high levels of competency in their current field of practice. 	Minimum one hour per month

Clinical supervision with an AHA should be documented by a supervision agreement and records from supervision sessions. Periodic evaluations of the clinical supervision arrangement should be performed (Queensland Government, 2009):

- when changing primary clinical supervisor
- at the end of a probation period
- just prior to PDP review
- at least every 12 months.

Activity guides and reference tools on supervision are available from the Cunningham Centre.

Rural and remote supervision

If a clinical supervisor is not locally available, as may be the case in rural and remote areas, video and teleconferencing and other forms of communication should be used so the supervision can be provided by an allied health professional. The supervising allied health professional is responsible for ensuring that appropriate clinical supervision is assigned to an allied health professional who is available for consultation should the need arise. In these instances, the allied health professional should be familiar with the rural environment in which the AHA is working.

Delegation

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, 2010).

Though an AHA should only have one clinical supervisor, there may be several allied health professionals of the same or different disciplines who delegate tasks to the assistant. The delegating allied health professional has a responsibility:

- to train the AHA how to perform the task and assess their competence
- to evaluate the client/patient outcomes
- to reflect on, and evaluate their practice (including delegation)
- to ensure they are properly trained in how to delegate to AHAs
- to supervise execution of the delegated task or arrange supervision if the delegating professional is not in the same geographical location as the assistant (Queensland Nursing Council, 2005).

AHAs are accountable for their actions and should only undertake tasks that:

- have been properly delegated to them
- they are legally authorised and competent to do (Queensland Nursing Council, 2005).

Should the AHA feel uncomfortable accepting the delegation they should discuss this with the delegating allied health professional.

Accountability and delegation

When a task is delegated the accountability for safe and effective care is shared between the allied health professional, the assistant and the employer.

Accountability cannot be delegated. The allied health professional is accountable for the delegation decision, the process of delegation and for ensuring standards are maintained by monitoring the outcomes of the delegation.

Therefore the allied health professional must be familiar with the assistant’s capabilities and clearly communicate the task being delegated. The professional must also provide the appropriate level of supervision (Queensland Nursing Council, 2008).

Delegation and experience of the allied health professional

In some instances the experience of the assistant will far exceed the experience of the professional. It may seem unnatural for a new graduate to delegate to an assistant with 20 years experience. AHAs and professionals have different sets of competencies that mean it may be appropriate for even a new graduate allied health professional to delegate to an assistant (providing the professional has skills in delegation). Though the assistant is accountable for their actions, the allied health professional remains accountable for monitoring the standard of the work performed and therefore must understand and assume their responsibilities outlined above.

As per the framework, a training package designed to enhance the effectiveness of delegation practices between allied health professionals and allied health assistants working together in clinical teams is available by contacting AHPOQ.

Delegation frameworks

The decision of an allied health professional to delegate a task to an AHA considers:

- if the task is within the scope of practice of the assistant
- if the task is within the scope of practice of the professional
- if the assistant has the appropriate skill, competence and confidence to undertake the task
- how much support is required and whether this is available
- the complexity of the task
- the client and therapeutic environment (WACHS, 2009)

This document does not provide an allied health professional with guidance on when to delegate a task to an AHA. Delegation frameworks facilitate critical reflection on the nature of the task and other important factors, allowing an allied health professional to determine whether it can be safely delegated. Such frameworks can be found in the following documents:

- Allied Health Assistant Program – Delegation, Monitoring and Evaluation of Allied Health Assistants (WACHS, 2009).
- Allied Health Assistant Framework (NSW Government, 2013).
- Overview of supervision and delegation framework for allied health assistants (Victorian Government, 2012).
- Supervision and delegation framework for allied health assistants – a guide to governance in the ACT (ACT Government, 2014).
- A framework for local implementation and support of skill-sharing and delegation practice for allied health services in the Queensland Public Health System (Queensland Government, 2015)
- Workplace Instruction 1: Guidelines for allied health professionals developing delegation skills (Queensland Government, 2015).

Mentoring

Definition

Mentoring has been defined as “*a relationship which gives people the opportunity to share their professional skills and experiences, and to grow and develop in the process. Typically mentoring takes place between a more experienced and less experienced employee*” (NSW Government, 2004). It may also be described as occurring when “*an accomplished professional extends to a young, aspiring person guidance, assistance, advice and sponsorship in an intense, one-to-one relationship*” (Smith, 1992).

In Phase 1 of the Allied Health Assistant Project (Queensland Government, 2008), assistants reported they received better support when they had a mentor. Literature suggests mentoring is a valuable way to transfer knowledge, foster talent and promote best practices (McCauley, 2007). Mentoring also boosts job satisfaction.

It is recommended that mentoring relationships:

- be informally established, maintained and monitored
- do not replace clinical practice supervision or delegation functions
- are voluntary.

Appropriate mentors for AHAs may include:

- a more experienced AHA with a similar work role
- an allied health professional with experience working with assistants
- other health professionals or health workers with relevant skills and experience, such as an Indigenous healthcare worker.

It may also be appropriate for an assistant to have more than one mentor to support them in different elements of their role (WACHS, 2009).

A Mentoring Guide is available at the Allied Health Resources page on the Cunningham Centre website: <https://www.health.qld.gov.au/cunninghamcentre/default.asp>

Abbreviations

AHA	Allied health assistant
PDP	Performance and development plan

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