

# Employing Health Practitioner 1 and Allied Health Assistants

## Guidance Note

### Statement

The purpose of this guidance note is to inform Queensland Health directors of allied health services, allied health professional leads, operational managers and supervisors, of clinical governance requirements for students employed in a health practitioner level 1 (HP1) positions and support recognition of the similarities and differences with allied health assistant roles.

### Employment of HP1 student trainees

Employing allied health students can assist allied health professionals to increase access to and efficiency of allied health services. The HP1 level is an existing role within the Health Practitioner classification reserved for employees undertaking pre-entry education in a relevant health profession. Students in HP1 positions can apply their existing knowledge and skills in their given discipline to perform basic duties under the close clinical practice supervision of a more experienced health practitioner in the given domain (profession). HP 1 roles generally have an active focus on building knowledge and skills in their given domain<sup>i</sup>.

### Guiding principles

Decisions on the use of HP1 student trainees should include consideration of the following principles:

1. Employees at the HP1 level in allied health student roles are required to practice under the supervision of an allied health professional. Supervision is a core component of clinical governance and underpins the safety, quality and effectiveness of allied health services<sup>ii, iii</sup>.
2. The allied health professional who allocates clinical activities to a HP1 allied health employee requires skills in supervision. The allied health professional may demonstrate supervision capabilities through prior experience supervising students or allied health assistants.
3. The allied health professional who allocates the clinical activities to the HP1 employee maintains responsibility for client care and provides oversight and supervision of the clinical activities delivered by the HP1 employee.
4. The role of the HP1 employee should be clearly defined and documented. This should include clinical activities and duties that the HP1 employee will deliver.

### HP1 student trainees and allied health assistants

Both students in HP1 trainee and allied health assistant roles deliver direct client care under the supervision of an allied health professional.

## HP1 student trainees

Students who have completed all or some clinical placement experiences may be suitable for employment as HP1 student trainees. An allied health student employed at a HP1 level will deliver allocated clinical activities for which they have been trained and assessed as competent. Clinical activities will be allocated under the direction and supervision of an allied health professional. They will generally include activities the student has performed on clinical placement/s but may also include those learned through workplace-based training in the HP1 role.

Examples of key duties and accountabilities for a HP1 role are outlined in Appendix 1.

## Allied health assistants

Allied health assistants work under a delegation model as described in the *Queensland Health Allied Health Assistant Framework*<sup>iv</sup> and undertake delegated clinical tasks and other duties consistent with their duties statements. At the time of publication, the level statements for Clinical Assistants remains under development. Please refer to [Queensland Health Human Resources Branch for Policies, agreements & directives updates](#) for further information.

Students without clinical placement experience may be better suited to allied health assistant roles and a delegation model. Tasks undertaken by students employed in allied health assistant roles must be consistent with tasks delegated to other non-student allied health assistants.

An example scenario that illustrates the differences between the delegation of clinical tasks to an allied health assistant compared to the allocation of clinical activities to a HP1 student trainee is shown in Appendix 2.

## Allocation of clinical activities

The local service determines the clinical activities that are suitable for allocation to HP1 student trainees. The activities may vary between HP1 positions in the same service due to differences between employees' training stage, previous placement and experiences and demonstrated competencies. The list of activities should be documented and approved by the service manager or delegate (e.g. Clinical Activity Register). The list should be developed in consultation with relevant senior professionals from the clinical area in which the HP1 is employed. Consultation should include all relevant professions for HP1 employees who work in multidisciplinary teams.

In general, HP1 employees will be allocated activities from an allied health professional from the same profession. A HP1 employee may be allocated activities by another profession if:

- the HP1 employee is trained and competent in the activity being allocated
- the professional allocating the clinical activity has a scope of practice that includes the activity being allocated and can provide supervision for the activity
- the multidisciplinary team has an agreed workload allocation procedure that supports the process.

## Professional support & training

All HP1 employees should be allocated a professional supervisor of the same discipline to oversee their training, facilitate their transition to the role and to provide support and advice. Supervision should be implemented consistent with the Guideline for Credentialing, Defining the Scope of Clinical Practice and Professional Support for Allied Health Professionals (#QH-HSCGDL-034-2:2015)<sup>v</sup> available at: <https://www.health.qld.gov.au/system-governance/policies-standards/health-service-directives/credentialing-and-defining-the-scope-of-clinical-practice/credentialing-defining-the-scope-of-clinical-practice-guideline>.

An individualised documented training plan supports the HP1 employee to develop skills and provides clarity for allied health professionals who are responsible for allocating clinical activities. The training plan should include detailed descriptions of the clinical activities, links or a reference list to local procedures and education materials and a list of non-clinical duties and training requirements. Training plans are individualised and based on service and clinical service requirements. An example Clinical Activity Register and training plan template is included in Appendix 3.

All records must be objectively and accurately maintained as part of the health service clinical governance requirements<sup>vi</sup>. The training plan should be held by the work unit, with the register of employee competencies accessible to all staff responsible for allocating activities to the employee. A copy should also be provided to the employee to be used for future employment. The Clinical Activity Register and training plan remains the property of the organisation and should be kept for seven years in accordance with the *General Retention and Disposal Schedule for Administrative Records*<sup>vii</sup>.

A list of useful resources to support training is listed in Appendix 4.

## Glossary

Term	Definition
Allocated clinical activity	Allocated clinical activities are entrusted by an allied health professional (HP3 and above) to a HP1 employee to perform, that would otherwise be performed by the allied health professional. Activities that are allocated must be consistent with the HP1 employee's qualifications, previous clinical placements, training, experience and demonstrated competence. The activities can include supported clinical reasoning and recommendations for the client's care plan that will be confirmed or modified by the supervising allied health professional in order to allocate subsequent clinical activities.
Delegated clinical task	The allied health professional confers authority to the allied health assistant to perform a clinical task that would otherwise be performed by the allied health professional. Tasks are consistent with the allied health assistant qualifications, training, experience, competence and organisational requirements i.e. under the delegation framework <sup>viii</sup> implemented at the work unit level.

# Appendix 1 - HP1 employee

## Example key duties and accountabilities

- Develop and build clinical competency by actively participating in workplace training, assessment and feedback processes.
- Undertake clinical activities under the direction and supervision of an allied health professional, that are consistent with the employee's knowledge, skills and competencies, and in accordance with prescribed professional and ethical standards.
  - Accept clinical tasks allocated by a health professional including clarifying directions that are unclear and refusing the allocation of clinical activities for which the HP1 employee does not yet have competence.
  - Support service provision by assisting with non-clinical activities as directed.
  - Work collaboratively with members of the multidisciplinary team to support the provision of person and family-centred care.
  - Effectively communicate with patients and their families, and other health professionals.
  - Maintain accurate and timely medical record entries that align to documentation guidelines. Where required, these entries should be submitted to the supervising allied health professional for countersigning.
  - Maintain accurate work activity records and statistics.
  - Comply with human resource management practices including code of conduct, occupational health and safety, infection control and other policies, procedures and work requirements.

## Appendix 2– Example scenario of delegation compared to allocation for allied health assistants and HP1 student trainees

An example case scenario to illustrate the differences in the delegation of clinical tasks to an Allied Health Assistant (AHA) and allocation of clinical activity to a Health Practitioner Level 1 (student trainee).

Case Scenario: Mrs Smith is a 53-year-old woman who has recently been transferred to an acute medical ward following a prolonged stay in ICU. She is showing signs of functional decline and weakness. She is managing the recommended soft diet following tracheostomy tube removal two days ago. Nursing staff have reported that she has been emotionally labile and are worried that she is missing her family who reside in Melbourne. She has been identified as requiring multi-professional allied health intervention. As part of service delivery, aspects of her care will be provided by the team's Allied Health Assistant and/or HP1 employee.

Delegation of clinical tasks to an AHA	Allocation of clinical activity to a HP1
<p>The AHP determines if delegating a clinical task is appropriate by considering task complexity, client factors, the setting, and other clinical risks, along with the training skills and competencies of the AHA<sup>x</sup>.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>Assist in the preparation and delivery of an upper limb therapy program (occupational therapy).</li> <li>Supervise voice therapy exercises (speech pathology).</li> <li>Assist the physiotherapist to attempt to mobilise Mrs Smith for her first walk with a walking aid.</li> <li>Conduct a nutrition screening assessment (dietetics).</li> <li>Conduct a screen for mood using a standardised tool (social work).</li> </ul>	<p>Decision to allocate a clinical activity. The AHP considers the suitability of allocation including determining the task, client, setting, session, level of risk and skill set of the HP1.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>Functional assessment of the upper limb (occupational therapy).</li> <li>Swallowing and communication assessment (speech pathology).</li> <li>Walking and balance assessment (physiotherapy).</li> <li>Assess nutritional intake and tolerance (dietetics).</li> <li>Psychosocial assessment (social work).</li> </ul>
AHP provides the delegation instruction to the AHA including monitoring and feedback requirements.	AHP provides the allocation of the clinical activity to the HP1 including supervision and feedback requirements.
The AHA accepts the delegation instruction, including seeking clarification.	The HP1 accepts the allocation of the clinical activity instruction, including seeking clarification.
The AHA administer the task and the delegating AHP supports safety and quality by providing monitoring of a form and frequency for safety and effectiveness.	The HP1 performs the clinical activity and the allocating AHP provides the required supervision of a form and frequency for safety and effectiveness.
<p>The AHA provides feedback to the AHP who delegated the task on the outcome of the task.</p> <p>For example:</p>	The HP1 reviews the outcome of the clinical activity, formulates a problem list and develops a management plan e.g. cessation, further assessment and/or intervention.

Delegation of clinical tasks to an AHA	Allocation of clinical activity to a HP1
<ul style="list-style-type: none"> <li>• The outcome of the upper limb therapy program including number of repetitions completed, difficulties experienced and/or monitoring requirements.</li> <li>• The outcome of the voice therapy exercise program including number of repetitions completed, difficulties experienced and/or monitoring requirements.</li> <li>• During the session to mobilise Mrs Smith for her first walk with a walking aid, the AHA provides real time feedback on the amount of support provided.</li> <li>• The score/rating from the nutrition screening assessment tool used including any required actions as determined by the local workplace instruction e.g. further screening, triaging.</li> <li>• The score/rating from the mood screening assessment tool used including any required actions as determined by the local workplace instruction e.g. further screening, triaging.</li> </ul>	<p>The HP1 presents the proposed management plan recommendations to the AHP who allocated the clinical task.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• an upper limb therapy program including suitable parameters.</li> <li>• a voice therapy exercise program including suitable parameters.</li> <li>• a specific walking aid and a functional balance and walking re-training program including parameters.</li> <li>• high protein, high energy diet and additional supplementation.</li> <li>• supportive counselling.</li> </ul>
<p>The AHP evaluates the outcome of the task and integrates into the care plan. This may include a subsequent task delegation instruction.</p>	<p>The AHP evaluates the outcome of the clinical activity, the problem list, proposed intervention plan and the applied clinical reasoning and provides feedback to the HP1, including guidance and oversight in the development and allocation of ongoing clinical activities.</p> <p>The agreed plan is integrated into the care plan.</p>

## Appendix 3 – Example HP1 Clinical Activity Register and Training Plan

# Clinical Activity Register

Name:	
Position and Work Unit:	
Training Supervisor:	

## Allocated clinical activities

Date	Activity name/title	Description of activity	Specifications or limitations
	e.g. 'Respiratory assessment'	list main components of the activity e.g. subjective respiratory history, auscultation, etc.	e.g. client groups that the HP1 will NOT implement the activity for e.g. paediatrics
	e.g. 'Recommend therapeutic diet for malnutrition'	list main components of the activity e.g. diet code including HPHE, supplementation, additional snacks, tailored meal plan, etc.	e.g. client groups that the HP1 WILL implement the activity for e.g. cancer, frail aged, orthopaedics, paediatrics etc.

## Training plan

Learning and Development Goals		
No.	Description of specific goals	Timeframe
1.	e.g. under supervision independently complete 4 subjective and objective respiratory assessments and develop on appropriate management plan for sub-acute patients.	e.g. 3 days
2.	e.g. under supervision independently recommend therapeutic diet codes for 6 malnourished patients in the general inpatient area.	e.g. 1 week
3.		
4.		
5.		
6.		
7.		

## Resources and development strategies

- e.g. work shadow with senior clinician, senior clinician observation and feedback, review XXXX resource and complete quiz, etc



## Appendix 4- Useful training resources

### Clinical educator resources

Queensland Health Education and Training: Clinical Educator Preparation and Support (CEPS) Program. Available through [iLearn@QHealth](mailto:iLearn@QHealth).

Many professions have student clinical supervision manuals available to support the development of new supervisors. Local clinical educators or state-wide Program Manager for the profession can assist teams to access these resources.

### Professional supervision

Queensland Government (2018). Professional supervision: Allied health professional support. Cunningham Centre. Darling Downs Hospital and Health Service. Available at: [https://qheps.health.qld.gov.au/data/assets/pdf\\_file/0018/2174301/gde-prof-sup.pdf](https://qheps.health.qld.gov.au/data/assets/pdf_file/0018/2174301/gde-prof-sup.pdf)

Supervision documentation, including a supervision agreement, supervision notes and supervision log. Examples of these documents can be found on the Cunningham Centre Professional Support page. Available at: <https://qheps.health.qld.gov.au/cunningham-centre/html/ah-resources>

### Clinical task instructions

There are no statewide published HP1 Clinical Task Instructions (CTIs). However, existing CTIs may support HP1 employees' development. <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions>

For more information contact the Office of the Chief Allied Health Officer:  
[Allied Health Advisory@health.qld.gov.au](mailto:Allied_Health_Advisory@health.qld.gov.au)

# References

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