Models of care

Meeting individual & community needs through workforce redesign

Allied Health Assistant Project Phase II

Completion Report

Allied Health Workforce Advice and Coordination Unit
Level 6, Queensland Health Building
147-163 Charlotte Street
Brisbane QLD 4000

Endorsed by (Project Sponsor)	
Name: Julie Hulcombe Position: Director, Allied Health Workforce Advice and Coordination Unit	Signed: Date:
Comments:	

Acknowledgements

Thank you to the following who contributed to this project:

The allied health assistants who took the leap of faith to agree to participate in the trial.

The allied health professionals, project officers, sponsors and all members of the service team who supported the allied health assistants during the trials and their ongoing support for this workforce.

The Allied Health Workforce Advice and Coordination Unit, Allied Health Clinical Education and Training Unit and Human Resource Branch team for their management of the project and support with the frameworks and tools.

The Allied Health Assistant Project Steering Committee members which included members of the professional and allied health assistant workforce and our industrial partners.

Table of contents

1.0 Executive Summary

Background

The allied health workforce faces a number of challenges in delivering effective, efficient and responsive services to Queenslanders. These challenges include:

- an ageing population
- increasing incidence of chronic diseases
- an increasing focus on prevention, rehabilitation medicine and provision of primary health care
- increasing consumer knowledge and expectations of allied health services.

Purpose of pilots

One strategy identified to help manage these challenges is to optimise the use of allied health support staff.

As part of the *Queensland Public Health Sector Certified Agreement No's 6 and 7 (*EB6 and EB7), the Allied Health Assistant (AHA) project was established with the primary purpose of defining the role and scope of practice of assistants to inform their career opportunities.

Implementation

Roles were defined at three levels—Allied Health Aide (Trainee) – Operational Officer level 2 (OO2); Allied Health Assistant Full Scope – Operational Officer level 3 (OO3); and Allied Health Assistant Advanced Scope – Operational Officer level 4 (OO4). The objective was to test these redefined roles in the workplace. The training, education and support requirements of AHAs have also been poorly understood, and were examined in this project.

This was a very complex project with 51 roles implemented, totalling 68.4 fulltime equivalent (FTE) positions. Of these, 19 were advanced roles, 28 at the full scope level and four (4) aide level roles. Role descriptions were contextualised for specific professions: Pharmacy, Medical Imaging, Pathology and Social Work. For the rest of allied health a generic role description was utilised. Due to some trials not being completed only 41 roles (14 advanced roles, 25 full scope roles, and two (2) aide roles) were evaluated.

The project evaluation included the following components:

- process evaluation
- an evaluation framework (including KPIs to be collected at each trial site)
- staff satisfaction surveys
- role audits which included document review, interviews with key departmental staff and direct task observation.

Deliverables

This project has delivered a number of tangible outcomes including:

- role descriptions for various assistant roles that have been tested and evaluated
- a framework and tools to support further implementation of AHA roles

- recommendations on appropriate training and education requirements for all roles.

There were some barriers to fully implementing all roles at each level as proposed. This included:

- problems with project management
- change management
- the complexity of the evaluation
- governance and delegation
- the ability of professionals to delegate confidently
- the time that the project sites had to implement the roles and to provide the appropriate training and education.

In spite of these difficulties there were changes implemented to ensure that the full scope of practice for an allied health assistant was more clearly defined and utilised. It was also evident that there is an advanced scope role for allied health assistants which should now be permanently introduced in Queensland Health.

There are a number of recommendations which will need to be addressed to enable this to occur in an appropriate manner.

Key Recommendations

A number of recommendations have been generated.

Process

1. A rigorous project and change management process and evaluation framework needs to be developed before implementing new roles. There are many opportunities for research in this workforce area.
2. The audit tool needs to be revised to improve the utility of the tool.

Full and advanced scope roles

3. The aide level role should not be implemented and AHA training should commence at the full scope level.
4. An advanced level AHA role, excluding medical imaging and social work assistants, should be included in the Queensland Health AHA workforce (in line with agreed role description).
5. The advanced AHA role should only be implemented in services where there is an identified service need, clear task lists exist to differentiate role from full scope roles, benefits to the service are clearly articulated and demonstrable and where there is approval from the district Chief Finance Officer and Chief Executive Officer.
6. Consultation with industrial and professional groups should occur to address role scope issues and sharing of duties.

Role descriptions and duty statements

7. The Queensland Health Operational Services Manual should be revised to include the updated full (OO3) and advanced (OO4) scope roles. Tasks lists need to be developed to contextualise the role to the local workplace.
8. All AHA roles should report within the allied health department structure. Delegation of tasks to AHAs is the responsibility of the AHP and consequently reporting both professionally and operationally should be to an AHP.

9. Duties statements should be clearly aligned with the accountabilities in the role description and communicated to all team members in the workplace.

Training and orientation of assistants

10. Queensland Health should update the Operational Services Manual to reflect the legal requirement for full scope (OO3) pharmacy assistants to have a qualification or statement of attainment issued under the *Vocational Education, Training and Employment Act 2000* by a registered training organisation, recognising that the person has the skills and knowledge required to perform pharmaceutical imprest duties in a hospital in line with the *Health (Drugs and Poisons) Regulation 1996*.
11. Certificate IV in Allied Health Assistance and Certificate IV in Hospital/Health Services Pharmacy Support should be a mandatory qualification for advanced AHA and pharmacy roles. The possession of this qualification does not automatically entitle the staff member to be paid as an advanced AHA. The person needs to be appointed to an advanced AHA position, which is created due to service need, clear role differentiation and reliable benefits to the organisation as per recommendation 5.
12. Further investigation is required to identify appropriate formal training for medical imaging assistant roles.
13. Competency packages need to be sourced or developed for specific tasks where there is currently no formal training available.

Management of delegation and supervision

14. All services should ensure they implement an appropriate supervision and delegation framework and that training in this framework is provided for all new Queensland Health AHAs and allied health professionals.

The AHA project has defined the role and scope of practice of AHAs within Queensland Health and has developed and tested frameworks that support implementing these roles. Queensland Health can lead the way in optimising the use of allied health support staff by continuing to recognise their value in supporting the allied health professional to deliver high quality, efficient services to Queenslanders and embracing their potential to alleviate pressures on the workforce.

2.0 Project Overview

The Allied Health Assistant (AHA) Project, Phase II, sponsored by the Allied Health Workforce Advice and Coordination Unit (AHWACU), commenced in February 2008 as agreed upon in the *Queensland Public Health Sector Certified Agreement No 7 (*EB7*)*, Clause 13.1.

This document is an overview of the evaluation of Phase II of the project. A number of recommendations are made that relate to the role and scope of practice of AHAs, as well as training, education and support considerations to optimise their skills and career development.

This project built on work from EB6. The EB6 AHA project (Phase I) included a review of the literature, and consultation on the role and scope of AHAs with key stakeholders and the Queensland Health allied health workforce through surveys and focus groups.

The recommendations from Phase I related to the role and scope of AHA practice, utilisation, training, education and support needs, as well as possible career opportunities. Draft role descriptions were developed and are included in the full Phase I discussion paper (URL: http://qheps.health.qld.gov.au/ahwac/docs/discusspaper.pdf).

2.1 PHASE II

Under the auspices of the EB7 agreement Clause 13.1, Phase II of the AHA Project implemented and evaluated the recommendations of Phase I regarding:

- defining the role and scope of practice of AHAs
- trialling roles at trainee, full and advanced scope in different settings to inform career development of AHAs
- identifying the training, education and support needs of AHAs.

Nine demonstration projects were established to progress the recommendations across diverse allied health professions, clinical practice settings and geographical locations. Three levels (aide, full and advanced scope) of AHA roles were identified for trial and were implemented across eight allied health professions in pilot sites. These were in community, acute and residential care health service settings and in metropolitan, regional and rural locations. Role descriptions and requisite / desirable training / qualifications were developed for implementation.

Although there was a pilot within Pathology services, this is out of the scope of this report as implementation was not completed in the same timeframe as the other assistant roles.

All stages, documentation and processes of the project were overseen and endorsed by the statewide AHA Project Steering Committee. This committee had membership from the workforce, Allied Health Workforce Advice and Coordination Unit (AHWACU), Human Resource Branch and union officials and delegates. The three unions involved were the Australian Workers Union (AWU), United Voice (formerly known as the Liquor, Hospitality and Miscellaneous Union (LHMU)) and Together (formerly known as the Queensland Public Sector Union (QPSU)).

Regular reports were received by AHWACU and issues were escalated to the statewide AHA Project Steering Committee. AHWACU met regularly with all project officers from the trial sites. The demonstration projects established local governance arrangements including forming steering groups to guide the implementation of trial roles and monitor project progress.

2.2 RELATED ACTIVITY

The Queensland Health *Health Practitioners (HP) Agreement (No. 1*) *2007* committed to concurrently trialling new models of care for the health practitioner workforce, including allied health assistant roles. The HP Models of Care Project interfaces with Phase II of the AHA Project, sharing methodologies and strategies to redesign and better utilise the allied health workforce.

In addition, the Queensland Health Allied Health Clinical Education and Training Unit (AHCETU) commenced work on developing training and career pathways to support allied health workforce development. The Certificate IV in Allied Health Assistance (Cert IV AHA) was identified as the Vocational Education and Training (VET) qualification best aligned to the roles of allied health assistants working at full scope.

Profession-specific and generic streams in the Cert IV AHA make it suitable for assistants across a range of specific professions (physiotherapy, occupational therapy, podiatry, nutrition and dietetics and speech pathology) and those assisting in multidisciplinary teams. AHCETU worked with training providers to develop and deliver a Queensland Health work-contextualised Cert IV AHA qualification using learning support materials. Since 2009, 299 existing Queensland Health AHAs have been supported to undertake the Cert IV in AHA.

Support has also been provided for 15 pharmacy assistants to undertake the Certificate III in Hospital/Health Services Pharmacy Support and a further 15 pharmacy assistants to undertake Certificate IV in Hospital/Health Services Pharmacy Support.

The project was completed in December 2010.

3.0 Phase II Methodology

This section reports on the overall Phase II methodology. This includes:

- the Delphi survey to define the roles
- the refinement of the draft generic role descriptions
- the toolkit to support role implementation
- the management of the demonstration projects.

3.1 DELPHI SURVEY

Delphi Survey research technique (hereafter referred to as Delphi) uses a process of progressive surveys (or rounds) of an expert group that aims to bring the group to consensus through feeding back the responses of others in a confidential way at each round. This allows participants to learn from the ideas of others and consider whether they wish to alter their own position on the subject.

Ipsos-Eureka was engaged to conduct a Delphi to assist in defining the role and scope of practice of AHAs. Over 180 AHPs and assistants from a range of professions, clinical practice areas and geographical regions within Queensland Health participated in the survey. The Delphi scope included AHAs working in dietetics and nutrition, occupational therapy, mental health services, pharmacy, physiotherapy, prosthetics and orthotics, podiatry, psychology, social work, speech pathology, radiography as well as assistants who worked across more than one profession. Allied health assistants constituted 45 per cent of respondents.

The Delphi consisted of three rounds, implemented between February and May 2009. The survey tested participants' level of agreement with the draft role descriptions developed in Phase I of the project. The project steering committee determined that consensus had been achieved when 80 per cent of respondents indicated a 'high level of agreement' to each statement contained in the role description.

Results from the survey highlighted inconsistencies in the current scope of practice for AHAs across Queensland Health as evidenced by some participants strongly disagreeing with some of the role statements, or where consensus was not reached. The Delphi also showed that participants had difficulty distinguishing differences between Operational Officer level 3 (OO3) and Operational Officer level 4 (OO4) roles, and that there was varying degrees of readiness with respect to expanding the current scope of practice of AHAs.

Qualitative comments given by participants confirmed polarised views regarding the scope of practice of the AHA workforce. There were some accountabilities where 80 per cent agreement was not achieved after the third round. At this stage the final revision of the job descriptions was referred to the steering committee.

3.2 DEVELOPMENT OF ROLE DESCRIPTIONS

Role and scope definition statements were extracted from the Delphi and used to refine the draft Queensland Health role descriptions developed in Phase I. The end result was the creation of three generic roles which were evaluated to determine classification level. The generic role descriptions were evaluated against generic level statements within the *District Health Services Employees Award – State 2003* and Queensland Health's Operational Services Manual. The proposed classification levels were validated by an

external agency and endorsed by the Public Hospitals Oversight Committee. The roles were as follows:

1. Allied health aide (trainee role) – Operational officer level 2 (OO2)
2. Full scope allied health assistant – Operational officer level 3 (OO3)
3. Advanced scope allied health assistant – Operational officer level 4 (OO4)

The pharmacy, medical imaging and social work professions contextualised the generic role descriptions to better suit their service areas. The generic and contextualised role descriptions are located in Appendix 1.

As previously stated, it was difficult for some of the AHP workforce to envisage advanced scope roles for AHAs. For the purposes of the trial, the key differentiators between the full scope and advanced scope AHA roles are outlined in Table 1.

Table 1: Key differentiating statements between the aide (OO2), full scope (OO3) and advanced scope (OO4) role

Aide (trainee) OO2	**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 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		
• While undertaking clinical assessment **observe or assist** the allied health professional	• 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
• **Assist** in the provision of simple treatments to patients under supervision from the allied health professional or allied health assistant	• 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

• **Distribute** written educational materials developed by the professional, directing patient questions or concerns to the professional	• 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
• During group treatment sessions or interventions, provide assistance to the allied health assistant or professional as required	• 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 requirements using a standard method (e.g. sticker or stamp or phrase), **countersigned** by the professional or allied health assistant	• Contribute to patient records according to organisational guidelines and legal requirements	• Contribute to patient records according to organisational guidelines and legal requirements
• **Participate** as a member of a multi-disciplinary team, contributing to departmental and team meetings, case conferences and other team projects and activities **in conjunction with professional**	• **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. (Please note—'participate' is inconsistent with the full scope accountability)
• **Develop an awareness** of the referral process, procedures and the different roles within and outside the team	• Refer to and liaise with health care providers within the immediate team	• 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**
• **Participate** in quality improvement activities as delegated by supervisors	• Contribute to quality improvement activities with increasing ownership within scope of practice	• **Initiate, plan and evaluate** quality improvement activities under the guidance of an

	under guidance of the allied health professional	allied health professional

3.3 TOOLKIT

A toolkit was developed to support implementation or redesign of AHA roles. The toolkit included:

- generic and contextualised role descriptions (Appendix 1)
- education and resources for the workforce including:
  - an orientation handbook
  - a guide to documenting in health records
  - a draft delegation decision tree to support the safe delegation of tasks to assistants
  - a skills mix checklist to ensure optimal utilisation of AHAs and achieve redesign of roles to reflect full scope of practice
  - a business case template to support managers wishing to introduce AHA roles.
- success stories/examples of AHA roles (in DVD format)
- a governance framework to ensure appropriate supervision and delegation to AHAs, including guidelines and templates.

These resources are available on the following Queensland Health intranet site:

http://qheps.health.qld.gov.au/ahwac/content/ahassist.htm#AHA

3.4 DEMONSTRATION PROJECTS

Queensland Health's Health Service Districts submitted an expression of interest to AHWACU to sponsor a trial of the roles. Expressions of interest were approved where there was strong sponsorship, local contribution in resources and commitment to the objectives of the project. AHWACU provided part funding for AHA positions and project officers.

Nine demonstration projects commenced in February 2009 to trial the new generic and contextualised role descriptions and implement the recommendations of Phase I. In total, 51 roles were implemented, totalling 68.04 full time equivalent (FTE) positions. Of these roles, 19 were at the advanced level, 28 at the full scope level and four aide level roles.

Many of the trial roles were existing roles that were redesigned to align with the generic or contextualised role descriptions. Some existing roles were upgraded and redesigned from the full scope level to become advanced scope of practice roles. Several new roles were also implemented. The roles were trialled to test a range of variables including profession-specific, multidisciplinary, different classification levels and across community, regional, rural and remote, metropolitan, acute and sub-acute settings. The trial roles are summarised in Appendix 2.

Given that the role descriptions were generic, each demonstration project mapped current roles and processes at their sites to identify tasks that could be safely delegated to an assistant. The tasks selected were translated into duties statements linked to each accountability for each trial role.

4.0 Evaluation Methodology

4.1 OVERVIEW

AHWACU developed frameworks to support project evaluation including:

- an evaluation framework (including KPIs)
- process evaluation framework
- staff satisfaction survey
- role audit tools.

KPIs were identified at the outset of the project to ensure consistent measurement across projects. A staff satisfaction survey was undertaken at the commencement and completion of projects and was coordinated statewide. Each site submitted a project report on the outcomes of their projects.

Table 2 gives an overview of the evaluation techniques used both locally and in the overall project evaluation. Additional detail can be found in the sections that follow.

Table 2: Overview of project evaluation methodology

Target of Evaluation Strategy	**Evaluation Strategy (see expanded sections for more information)**	**Details**
1. Role descriptions (generic and contextualised)	Role Audit Tool	• All current trial roles were audited using tools developed by an external agency
2. Client health outcomes (quality and safety)	Evaluation Framework	• Measures developed at each site to determine any change with respect to client health outcomes
3. Workforce outcomes	Staff satisfaction survey	• The workforce at the demonstration sites were surveyed prior to implementing trial roles and at the end of the project • Local project officers noted observations relating to the workforce at the demonstration sites (e.g. changes in culture, sustainability of workforce) • KPIs developed to measure cost of workforce
4. Productivity outcomes	Evaluation Framework	Measures developed at each site to determine any change in capacity / ability

		to manage demand
5. Process outcomes and project learnings	Process Evaluation Framework	Change management strategies reviewed locally

4.2 EVALUATION STRATEGIES

4.2.1 Evaluation framework

The project evaluation framework is outlined in Appendix 3. It was developed in consultation with Queensland Health's Patient Safety and Quality Unit (formally known as Clinical Practice Improvement Centre).

The framework entailed a two tiered approach, with collection of cross-project data and project-specific data. Each demonstration project was required to collect data relating to client health, service productivity and human resource / workforce to enable comparisons across projects. In addition, the demonstration projects developed site-specific key performance indicators.

4.2.2 Staff satisfaction survey

AHWACU coordinated a staff satisfaction survey prior to the commencement of the trial roles and again at the end of the project. This survey was coordinated by the local project officer and was targeted at all members of the team where the AHA role was being trialled.

The questionnaire measured staff satisfaction relating to both individual outcomes and organisational climate measures as described in Table 3. This survey has overlap with the broader Queensland Health Staff Satisfaction Survey and thus some elements could be compared to District and Corporate satisfaction.

Table 3: Measures included in the staff satisfaction survey

Area	**Measure**
Individual outcome	Job satisfaction
	Stress and work pressure
Organisational climate	Feeling involved
	Recognition
	Role clarity
	Training and career development
	Peer support

4.2.3 Process evaluation framework

The process evaluation framework (Appendix 4) was developed to determine the effectiveness of the change process and if changes implemented during the project would likely be sustained within the organisation.

The process evaluation required demonstration projects to reflect on processes, coordination and strategies, as well as outcomes through stakeholder discussions guided by the process evaluation template. It enabled the lessons learned during the project to be articulated so that they may be applied to future projects.

The framework provided prompt questions for evaluating each section of a project specifically focussing on the following domains:

- project planning and establishment processes
- project development and monitoring processes
- project quality and reporting processes.

4.2.4 Role audits

Evaluation of the trial roles was conducted by auditing the duties performed by the AHAs. The primary purpose of the audit was to collect information regarding:

- the suitability of the generic and contextualised role descriptions for use across a variety of worksites, professions, clinical areas and locations
- the appropriateness of the key accountabilities included in each role description in relation to:
  - clear description of the intended level of the accountabilities for each role (aide, full and advanced scope)
  - supporting the development of examples of appropriate duties for the different levels (which includes an appropriate share of clinical and related tasks)
  - promoting consistency of AHA roles across all relevant Queensland Health workplaces.
- the alignment of the duties statement with the key accountabilities at each level
- identifying additional tasks that may be suitable for inclusion in the applicable duties statement (including any observed deviation in task performance and supporting rationale)
- the level of AHA induction and training provided
- management of AHA supervision and task delegation
- optimum utilisation of AHAs.

An external consultancy company, KPMG, were engaged to develop a suite of audit tools. The auditors employed a variety of assessment techniques during the audit, which included:

- document review (e.g. role descriptions, duties statements, orientation and induction plans, training plans, competency assessments, supervision agreements, meeting records and clinical documentation)

- AHA and AHP critical reflection on the development, induction and integration of the AHA role (and relevant duties)
- interviews with key departmental staff, including AHAs, AHPs, line managers, team leaders and members of the immediate healthcare team
- direct task observation.

The audit tools consisted of a workbook and summary document and were approved by the project steering committee prior to the audits commencing. The workbook guided the audit process to ensure consistency through standardising data collection methods. The workbook served as evidence for any observed divergence in performance of the nominated duties and included commentary by the auditors. The audit tool was piloted in the Metro North health service district prior to the audit taking place.

A total of 41 audits took place between 30 August and 15 October 2010. The implementation time of each of the projects varied however the audit was conducted to allow sufficient time to complete the final project report due at the end of December 2010. AHWACU recruited Queensland Health allied health content experts to conduct audits of the trial roles. In all, 16 AHPs from eight different professions were selected against a number of criteria (endorsed by the AHA project steering committee) to become auditors. The auditors received one day of training in the use of the audit tools to ensure consistency.

All active AHA trial roles were audited. Each audit was conducted by two AHPs, at least one of whom was from the profession and / or had experience relevant to the AHA role being audited. The audit was undertaken on-site over a period of two consecutive days and, in accordance with the audit summary template, the auditors provided consolidated feedback to AHWACU.

The role audits can be broadly classified under the following four headings:

Role descriptions—generic and contextualised

The auditors conducted targeted interviews with the AHAs, AHPs, and supervisor / manager (utilising the questions outlined in the audit workbook) and also noted which tasks they observed being performed.

The auditors reviewed the effectiveness of the generic and contextualised role descriptions by closely examining the key accountabilities and key skill requirements defined for each type of role (aide, full and advanced scope). This assisted the auditors to determine if:

- each key accountability / key skill requirement defined the intended level of AHA autonomy and supported the development of sufficient AHA duties
- there was sufficient alignment of the actual AHA tasks performed and the key accountabilities / key skill requirements listed in each role description (which included an appropriate share of clinical and related tasks).

The audit enabled each pertinent role description and its applicability across a range of professions, clinical settings and role types to be explored. The auditors made recommendations on the efficacy of the role descriptions and whether amendments needed to be made to the key accountabilities / key skill requirements and what these may look like.

Duties statements

Through interviews and direct task observations the auditors reviewed the duties statement applicable to the AHA role.

The auditors considered each of the tasks during the course of a 'normal' work day and assessed whether it was within the nominated scope of work for that particular role. Where variation was noted with respect to tasks being performed compared to the duties statement, the rationale reported by the AHA and / or supervising AHP was documented (seeking confirmation that adequate training and competency review had taken place, and that appropriate supervisory arrangements were in place for the task actually being performed).

The auditors also determined the effectiveness of the generic and contextualised role descriptions in helping to create duties statements that have a significant clinical component. Accordingly, the auditors sought to establish that:

- the role statements contained in the role description are consistent with the level of the AHA role being audited (i.e. if each statement adequately and appropriately helps to define the types of duties being delegated to the assistant)
- duties being delegated to the role align appropriately with the statements in the role description
- the duties relating to each key accountability reflect the intended role of the AHA
- all duties that may be delegated to the AHA were being delegated
- only tasks within the scope of practice of the AHA were being delegated.

In general, this section of the role audit was designed to capture:

- the specific tasks being performed and any variation from the applicable duties statement
- whether the duties statement was clear in defining the tasks including the appropriate level of supervision for each task
- whether there were any tasks that may be included in the duties statement that were not currently being delegated (along with the reasons why)
- whether the AHA was performing a high proportion of non-clinical tasks (e.g. administration).

Training and orientation of the AHA

Evidence of job-specific training and / or competency assessment was reviewed. Whilst the competency of the individual assistant was not reviewed during the audit, the auditors reviewed the process that the team (direct supervisors and line management) undertook to ensure that the AHA was deemed competent to perform all duties required within the scope of the role. Evidence of ongoing training and regular assessment of competency (recognising that many of the roles being audited were new) was particularly sought.

Management of delegation and supervision for AHAs

Recognising that the level of AHA autonomy (within a defined scope) is one of the key delineating factors between the different levels of AHA roles being audited, the auditors used this phase of the audit to establish (through interviews and document review):

- whether the AHA and AHP / supervisor was aware of the assistant's scope of practice
- if regular formal one-on-one supervision clinical supervision arrangements were in place
- the process of delegation and supervision and its effectiveness.

5.0 Project Results

Forty-one (41) trial roles were included in the final project evaluation. Of the original trial roles, some had ceased prior to the audit taking place and others were continuing as part of the HP Models of Care projects after starting later than the original trial roles.

5.1 EVALUATION FRAMEWORK

Each demonstration project collected KPIs across the three domains as prescribed by the framework as well as developing their own site-specific KPIs. As the methodology and data collection systems were different across the demonstration sites, cross-comparison was not possible.

Several demonstration projects reported that it was unlikely that significant changes in the indicators would be seen during the project timeframes. Impacts on client health, service productivity and human resources are more likely to be evident in the longer term and / or with further implementation of assistant roles.

Individual reports can be found in the *Innovations in Models of Care for the Health Practitioner Workforce in Queensland Health* report available at http://www.health.qld.gov.au/ahwac/docs/moc-finalreport.pdf. Broadly, improvements in service productivity, patient outcomes and cost effectiveness were found with allied health assistants working to the role descriptions being trialled. Benefits such as improved staff satisfaction (both AHP and AHA) and identifying structures to support and supervise AHAs were also seen.

5.2 STAFF SATISFACTION SURVEY

Scores on most staff satisfaction survey measures recorded in November 2010 showed an improvement from February 2010. *Involvement* and *Role clarity* improved across all projects and improvements continued in the seven measures for medical imaging, social work, AHA and dietitian workforce groups. However, there was a pattern of negative change across all measures recorded by the occupational therapy and physiotherapy workforce groups.

5.3 PROCESS EVALUATION

During the process evaluation each of the projects reviewed the effectiveness of all of the processes employed. Some projects used a confidential survey technique, and others face-to-face meetings, to measure stakeholder satisfaction (mainly steering committee members) in relation to various processes.

Processes evaluated included establishing project governance, developing project plans, managing the project budget and communication strategies.

Although all projects conducted a process evaluation, there was no standardised methodology for this framework which made it difficult to compare across projects.

5.4 ROLE AUDITS

5.4.1 Overview of roles audited

Forty-one (41) role audits were conducted (summarised in Table 4):

Table 4 Summary of roles audited

Level	Number of roles	Profession	Location	Clinical Setting
Aide (OO2)	2	1 x multidisciplinary 1 x Occupational Therapy	Metro	Acute Sub-acute
Full Scope (OO3)	25	10 x multidisciplinary 4 x Occupational Therapy 5 x Physiotherapy 2 x Speech Pathology 1 x Social Work 2 x Medical Imaging 1 x Pharmacy	Metro Regional Rural	Acute Sub-acute Community
Advanced Scope (OO4)	14	7 x multidisciplinary 2 x Occupational Therapy 3 x Physiotherapy 1 x Dietetics 1 x Pharmacy	Metro Regional Rural	Acute Community

There were a number of limitations with the audit process and tool that were noted during the audits and data analysis. These were:

- The audit tool noted how often duties were being performed e.g. once a day, but not how long each task took. The tool was not sensitive enough to determine the amount of time an assistant was spending on particular tasks.
- Only two aide level roles were audited. The small sample size made it difficult to determine whether audit outcomes were applicable to all roles at this level, or just those audited.
- There were interpretation issues with the data obtained during the audits. Some of the auditors responses were ambigous and responses weren't always tabled using standardised phrases. The greater use of more quantitative responses would have aided analysis.
- Some of the questions were not specific enough to inform the report e.g. "undertaking or completing a certificate IV", "out of scope".

- Anaylsis of the mostly qualtitative data was complex and required further interpretation. Full audit reports included two (2) 80 page workbooks and summary documents ranging from 25–40 pages.

For this reason, it took considerable time to analyse the data and some interpretation had to be made of the sometimes inconsistent and ambiguous reporting. There was a need to undertake an extensive degree of data cleansing in order to analyse the audit results.

An independent review of the general themes and the recommendations from this evaluation was undertaken by Pim Kuipers PhD, an experienced qualitative researcher. Dr Kuipers commented that due to the large amount of data cleansing that had to take place the audit tool and process would need further consideration. However he noted that the data cleaning was handled well and reflected a conservative approach to dealing with the data to ensure that the outcomes were not over stated and the conclusions and recommendations appeared sound and consistent.

5.4.2 Role Descriptions

The following themes emerged from the audits regarding the generic and contextualised role descriptions:

- the majority of key accountabilities and key skill requirements in the generic role descriptions had changes recommended during the audits. The reasons for this were:
  - wording was unclear
  - AHA working to a lower level of autonomy (i.e. higher level of supervision from AHP) than outlined in the role description
  - variations between professionals, for example:
    - some terminology not applicable to less therapy-based roles e.g. dietetics
    - some terminology not accepted by the profession (e.g. certain phrases were not acceptable terminology to occupational therapy but were acceptable to physiotherapy)
    - variations between profession specific and multidisciplinary roles.
  - variations related to geographical location e.g. some rural and / or regional roles made recommendations not shared by metropolitan roles
  - site specific and / or clinical setting variations
  - complexity of tasks actually performed was at a lower level than specified by the requisite role description
- the contextualised role descriptions (social work, pharmacy and medical imaging) generally had fewer suggestions for changes. However, the full scope pharmacy assistant role had a number of minor amendments suggested to approximately 50 per cent of the key accountabilities or key skill requirements
- several revisions to the key accountabilities or key skill requirements were suggested during the audits and, where applicable, these were combined with existing statements rather than inserting new statements
- there was variation / contradiction between recommendations as reported by auditors. Where this was noted the recommendations were analysed to determine whether the variation was related to the allied health profession, clinical setting or geographical location and a decision was made as to what changes were required.

There were significantly more suggested revisions to the generic role descriptions. Only 21 per cent of the key accountabilities in the contextualised role descriptions had changes suggested to them compared with 86 per cent of the key accountabilities in the generic role descriptions.

Further, 14 new key accountabilities were recommended for the generic role descriptions but only five (5) for the contextualised versions. It is important to note that if the role descriptions were revised in line with these suggestions there would be little delineation between the full and advanced scope role descriptions.

5.4.3 Duties for AHAs

Only 7 per cent of roles were performing all tasks listed on the duties statements. Some reasons contributing to this include:

- no opportunity to perform a particular task (i.e. that type of patient had not presented)
- assistant was not trained and / or deemed competent to perform a specific task
- professionals were unwilling to delegate the task. This was related to the AHP's:
  - knowledge of what tasks are on the duties statement and therefore what can and should be safely delegated to the assistant
  - personal knowledge of the assistant. The audits noted where there was a new rotation of staff, delegation of tasks was withheld when previously it was not
  - confidence in the AHA to perform the task safely
  - agreement on whether or not this was an appropriate task to be performed by an assistant.

It was noted that half (51 per cent) of the roles were performing duties that were not listed on the duties list. Many, although not all, of these duties were minor tasks (e.g. answering phones) and it could be argued that these tasks do not warrant being placed on the duties list.

Of the roles audited, only 56 per cent were reported to have clear duties statements that adequately described the tasks to be performed including the specification of level of complexity and autonomy required for the roles.

5.4.4 Scope

Over half (54 per cent) of the roles were performing duties that were out of scope (above and/or below/out of scope). Most of these were in the latter category.

Five roles were reported to have a higher proportion of out of scope, i.e. non-clinical duties, than would be expected. Non-clinical duties typically included administrative duties or domestic cleaning. This was mainly evident in locations where there was lack of administrative support and it was reported that if the assistant did not perform these tasks then they would be performed by the professionals.

During the audits, some tasks were reported to be above scope but post-audit analysis indicated that there were inconsistencies distinguishing between true higher level tasks and an experienced assistant capably performing full scope level tasks being mistaken for working at a higher level (above scope).

Individual capability does not equate to the task being at a higher level, and this has been taken into consideration when interpreting the audit data.

5.4.5 Were the assistants working to full potential of the role?

The audits showed that nearly half (46 per cent) of all AHAs were not working to the full potential of the role. Interestingly, both of the aide level roles audited were noted to be working to their full potential. However the scope of these roles is limited when compared with the full or advanced scope level roles.

Although the majority of the roles had been in place for at least six months before the audit there are a number of reasons contributing to the AHAs not working to their full potential identified by the authors.

These included:

- where the professionals were unclear about what tasks could be safely delegated, or were unsure about how to delegate effectively
- confidence in the assistant's ability to carry out the tasks competently
- resistance to change
- communication between team members about what the trial roles are allowed to do
- timeframes where the assistant may not have been in the role long enough to have been trained to do the task.

It appears there is more capacity and potential at both the full and advanced scope for taking on more duties and tasks which was not realised in the trials.

5.4.6 Advanced scope duties

The duties statements for the advanced roles were carefully analysed to determine if the tasks described were consistently at the advanced scope level.

It was noted that the advanced roles were performing many tasks considered at the full scope level or below. The proportion of advanced level tasks on the duties statements ranged between 17 per cent and 50 per cent (average 34 per cent). There was a large variation in the frequency that tasks were performed between 'several times a day' to 'very infrequently'. However, the audit can conclusively determine that only a third of tasks being performed by these roles were advanced.

As some of the tasks on the duties statements were poorly described, it was difficult to determine the level of autonomy and complexity of all tasks being undertaken. Some tasks may not have been recognised as advanced, when in practice they may have been.

There are some issues with how frequently 12 of the 14 roles were performing advanced tasks, particularly in the assessment and treatment area which is a major driver for this change. There could be further development of these advanced roles with time and increasing skill level.

The two roles that were not considered to be advanced roles were the dietetic role at Princess Alexandra Hospital and the advanced AHA role in Townsville. This was because the tasks which were defined and implemented were not deemed to be at an advanced level and lack of clarity around level of independence and autonomy.

5.4.7 Multidisciplinary versus profession specific tasks (depth versus breadth)

There has been some discussion around whether multidisciplinary roles, which assist across more than one allied health profession, require a higher level of knowledge and skills when compared to profession-specific roles. The number and level of duties for multidisciplinary roles was compared to profession-specific roles to see whether there was equivalence between the breadth of duties performed by multidisciplinary roles and the depth of tasks performed by professionspecific roles.

A t-test was used to compare the different subsets of roles. An overall comparison between the numbers of tasks being performed by multidisciplinary versus profession-specific roles showed there was no statistically significant difference in the number of tasks performed by these roles. Table 5 outlines the results from the t-tests conducted for various subsets of the trial roles.

Table 5 T-test results for trial roles

Subset of roles	Sample Size	Number of tasks		P (significant if <0.05)	Significant (Yes/ No)
		Multidisciplinary (mean)	Profession-specific (mean)		
Overall	34*	34.6	30	0.12	No
Advanced scope	12	29.2	31.2	0.63	No
Full scope	20	37	30.3	0.10	No
Aide scope	2	46	20	Unable to calculate†	No

The proportion of tasks being performed by people in the advanced roles were analysed. There was no statistically significant difference in the mean percentage of tasks that were at the advanced scope level (P=0.30), between both multidisciplinary and profession-specific positions.

Analysis of the duties statements for multidisciplinary and profession-specific roles revealed that there was a high level of correlation between the types of duties performed by all of the trial roles. For example, 'preparing and applying various occupational therapy aids' was performed by both multidisciplinary and professionspecific roles but was performed more frequently by the profession-specific roles.

* Medical Imaging, Pharmacy and Social work roles excluded from analysis. Two other roles were also excluded as adequate duties statements were not developed.

† Sample size too small

Of note, there is no statistically significant difference between the number and types of tasks being performed by profession-specific and multidisciplinary roles at either OO3 or OO4 level.

5.5 SPECIFIC ROLES

There were some roles which require specific discussion due to their differences to other roles.

5.5.1 Social Work Assistant Project

One social work assistant (SWA) role was trialled at the Mater Hospital. This role differs to existing welfare officer roles as the latter work independently and the SWA is a delegated role.

The audits indicated that the duties statements were in need of reviewing to more accurately reflect tasks that the assistant was actually performing. The current duties statements and role description lacked the specificity required to accurately define the role. Further work to better define the duties was indicated as necessary prior to roll-out of this type of role to other locations. In addition, while it was clear that a full scope assistant role existed in the social work service there was no indication that an advanced scope role would be required in the near future.

It should also be noted that there is a lot of interest in this role from the social work profession to assist with workload.

5.5.2 Pharmacy Assistant Project

Two pharmacy assistant roles (one full and one advanced scope) were audited at the Princess Alexandra Hospital. The roles trialled at Emerald and Gympie had ceased prior to the audits taking place.

The auditors noted that the duties statements for both roles were well developed and the tasks were well described. From the audit people in both roles were working to the full extent of the role and all tasks on the duties statements were being delegated.

Although there were no formal training plans in place at the time of the audit, both staff had formal one-on-one clinical supervision arrangements that were reported to be working well. In comparison to the average, these roles took less time to train with the full scope role taking less than one month to be effective in the role and the advanced scope taking between one (1) and three (3) months.

It is important to note that under the *Health (Drugs and Poisons) Regulation 1996*, to work to the full pharmacy assistant scope (OO3) the assistant legally needs to have a qualification or statement of attainment issued under the *Vocational Education, Training and Employment Act 2000* by a registered training organisation, recognising that the person has the skills and knowledge required to perform pharmaceutical imprest duties in a hospital. Currently the unit of competency available in the Health Training Package that meets this requirement is HLTPH304B *Maintain pharmaceutical ward or imprest stock*. This is a compulsory unit within the Certificate III in Hospital/Health Services Pharmacy Support and is a prerequisite for the Certificate IV in Hospital/Health Services Pharmacy Support. This is not presently reflected as mandatory in the Queensland Health Operational Services Manual.

The table below outlines the key differentiators in the key accountabilities where they differed from the generic AHA accountability statement.

Table 6 Key differentiators from the generic role description for the pharmacy full scope and advanced scope role

Full Scope OO3	**Advanced Scope OO4**
Key accountabilities	
• Provide a defined range of pharmacy services as delegated by pharmacist and work under their general direction	• Provide a defined range of **specialised clinical screening assessments** as delegated and conforming to current legislative and regulatory requirements
	• Provide a defined range of pharmacy services for patients with **complex conditions** under the delegation and guidance of a pharmacist
	• Provide education to patients on the use of a defined range of medications, medication aids and respiratory devices
	• Manage the delivery of medications to long-term patients with chronic conditions on repeat visits if appropriate, under the supervision of a pharmacist
	• Participate as a member of a multi-disciplinary team, in a non-clinical capacity, under the direct supervision of a pharmacist conforming to current legislative and regulatory requirements
Mandatory	
HLTPH304B *Maintain pharmaceutical ward or imprest stock*	

Examples of the duties described for the advanced roles are outlined below:

Providing clinical screening assessments

- Prepare patient for medication history taking by ward pharmacist/manage in a ward-based role and prioritise chemotherapy production if based in the sterile production centre.

Providing a range of pharmacy services (full) versus pharmacy services for complex patients

- Maintain stock levels versus manage ward imprest. The latter would include increasing stock levels of imprest medication for a short period when increased usage warrants, without needing to consult a pharmacist.
- Assist to dispense versus organise supply of drugs for patient with complex drug regimens and on multiple medications.
- Management of non-imprest medications (advanced).
- Assist (full) versus management of the imprest stock which includes all the tasks associated with inventory management (advanced).

Education to long-term patients with chronic disease (advanced only)

- Counselling of patients regarding use of medication aids.

Refer to and liaise with health care providers

- Assist OO4 with entering data and liaising versus manage discharge reconciliation process.

On audit there was no evidence of the education role being undertaken and the only clear difference in tasks was the liaison with other health care providers, management of non-imprest systems, change in stock levels and preparation of patient information for ward pharmacists.

This role should not be confused with a pharmacy technician role which would require a diploma qualification (which is presently not available in Australia). Dependent on the duties determined for the technician role, registration with the Pharmacy Board of Australia may be required and there may also need to be an amendment of the current Queensland *Health (Drugs and Poisons) Regulation 1996*.

5.5.3 Medical imaging assistant role

Two full scope medical imaging assistant roles were audited. One of the roles was located at Logan Hospital and had a computed tomography (CT) specific focus and the other was located at Toowoomba Hospital in general radiology. The incumbent in the Toowoomba role was previously working as a medical imaging aide but was reassigned to a full scope level role after the full scope position in ultrasound at Toowoomba was vacated. The full scope role in ultrasound was redesigned to an aide level role. At the time of the audit the full scope position had only been working at the higher level for a few weeks. The ultrasound aide role was not audited.

Both roles had formal one-on-one clinical supervision arrangements in place, but this was only reported to be adequate for the one role and that more structure during sessions would have been helpful. Both roles received traditional on-the-job training and one of the roles also accessed training courses and attended in-services.

The auditors identified a number of issues regarding implementation of the roles including professionals' inexperience with delegating to assistants, governance, communication, cultural issues and lack of appropriate formal training options. There was much disagreement among the profession on the role of the AHA in medical imaging. The audits captured that staff in both roles were performing tasks that were considered by some of the medical imaging professionals interviewed as above scope e.g. asking if a patient was pregnant and loading the CT injector. Where professionals did not agree that a task was appropriate to be performed by an assistant, these tasks were not delegated.

Specific duties of the medical imaging assistant included:

- patient appointments / referrals
- coordination of patient movement within the department
- assist with patient procedure (under supervision), including assisting with insertion of cannula (if trained) and management of appointments
- room and equipment preparation
- assist with quality and infection control including data collection and collation of information
- image and document organisation
- miscellaneous administration / communication including training for basic life support (not implemented), and manual handling or infection control where appropriate.

There were also some issues about whether tasks would be performed best by nursing or medical imaging assistant staff (where trained). This includes assistance with insertion / removal of cannulas and basic life support training. It was felt that the assistant could train in “no lift” manual handling.

There is further work to develop these roles and educate medical imaging professionals regarding the clinical role of assistants to ensure assistants can work to full scope. While it was clear that a role does exist for a full scope assistant there is no indication that an advanced scope role would be warranted in the near future. It should also be noted once again that the roles were valued in the trial departments by some of the professionals.

5.5.4 Rural and remote roles

There were four multidisciplinary rural and remote roles trialled by the South West rural assistant project. Three of the roles were at the full scope level and one role was advanced scope. The audits identified that, given time, there may be opportunity to expand the duties performed by the full scope assistants to include some advanced level tasks but the lack of experience of the assistants in the trial roles was a barrier to this being achieved. Three out of four staff in these roles were performing duties not on the duties statement, but none of the staff were reported to be working to the full potential of the role. There was also approximately two hours per day of administrative duties in some roles.

The range of duties as analysed in Table 5 shows that there was no significant difference between the number and type of tasks performed by multidisciplinary roles and single profession roles. It appeared that where an assistant was delegated duties from a number of professions, there was overlap in the types of duties delegated (i.e. no additional skills were required to perform the duties).

Given the remote locations of the trial roles the geographical distance presented some barriers to the governance (management of supervision and delegation) of the roles.

5.6 MANAGEMENT OF DELEGATION AND SUPERVISION TO ASSISTANTS

Governance guidelines were available for trial role implementation. As part of the guidelines the demonstration projects were asked to trial formal one-on-one clinical supervision arrangements. The audits indicated that 68 per cent of the roles had these arrangements in place. Of those roles, almost half (46 per cent) reported that this arrangement was still inadequate for the role due mainly to the infrequency of the sessions and / or inexperience of the assistant.

There was a very low incidence (7 per cent) of the AHA not liaising appropriately with the professional prior to and / or after completing a task i.e. reporting back to the AHP as agreed. Almost allaudits reported that the assistant did not undertake tasks when a higher level of skill or experience was required thus indicating that most AHAs (and the delegating health professionals) had good knowledge of the assistant scope of practice. In situations where task delegation was reported to be problematic, local measures (e.g. training) were put in place to prevent this reoccurring.

More than half of the audits (61 per cent) reported that tasks were not delegated as per the role description or duty list. The reasons for this varied, but can be broadly categorised as follows:

- no opportunity for the assistant to perform the task i.e. that type of patient did not present during the trial
- AHA not adequately trained and/or assessed as competent to perform the task

- duties statements unclear so unsure what could be delegated
- professional unaware of tasks on the duties statement that could be delegated to the assistant
- professional felt that the task was not suitable to be performed by an assistant, even though the task was listed on the duties statement e.g. taking a patient history (social work) and applying a Transcutaneous Electrical Nerve Stimulation (TENS) machine and fitting braces (physiotherapy).

The audits showed that no AHPs at the demonstration sites undertook the online modules relating to clinical supervision and delegation. Three (3) supervisors had heard that the training existed, but did not undertake the training citing time constraints. The poor uptake of this type of training may have had an impact on the prevalence of issues relating to delegation noted at the demonstration sites.

5.7 TRAINING AND ORIENTATION REQUIREMENTS FOR AHAS

The time taken to orientate and train the assistant to be effective in the role varied. It was noted on audit that the aide and advanced scope roles took longer than the full scope roles. Both aide level roles audited took between three and six months. Similarly a large proportion (43 per cent) of assistants in the advanced scope roles took between three and six months to be effective, whilst 29 per cent took only one to three months at this level. For the full scope roles 48 per cent of incumbents took one to three months to perform effectively.

5.7.1 Types of training

The audit showed that the primary source of training for the trial roles was on-the-job-training although it was not clear from the audit data what this training comprised.

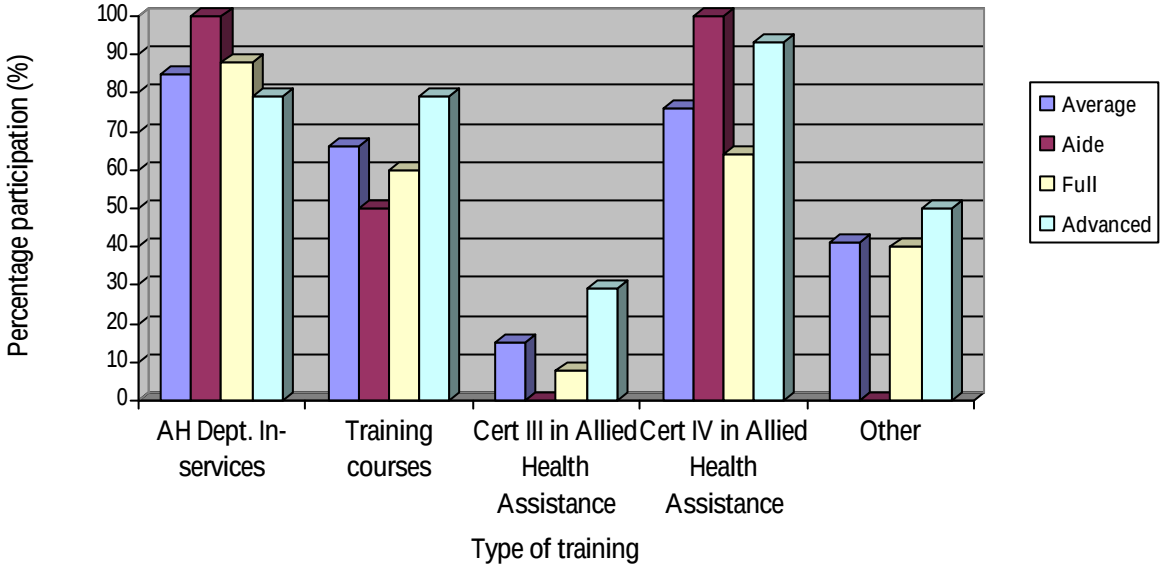
Seventy-six percent (76 per cent) of the assistants in audited roles were either enrolled in or had completed the Cert IV AHA. It is not possible to determine the number who had completed Cert IV AHA at the time of audit due to the wording of the audit question.

In general there was a relatively low number of staff (two of 41 roles) who were enrolled in or had completed a Certificate III in Allied Health Assistance. No data was available on the number of staff in trial roles who had completed Certificate III or IV in Hospital/Health Services Pharmacy Support or who had completed medical imaging unit of competency electives as part of a Certificate III or IV qualification.

There was a high level of attendance by AHAs at in-service sessions particularly for the aide and full scope level roles. Although there is still significant participation of advanced level roles attending in-services, these roles tended to have higher participation in all other types of training

Training varied between the different levels of roles as shown in Chart 1 below. The graph highlights what types of training was the focus for AHA roles.

Chart 1 Participation in different types of training



5.7.2 Formal training plan

A formal training plan was in place for only 41 per cent of trial roles. However in several instances the auditors noted that informal training arrangements were in place where training would take place on an ad-hoc basis, or that the formal training plan had not been reviewed for some time and had expired.

In some instances where no formal training plan was evident, it was noted that the relatively short timeframes of the project had not allowed enough time for a formal training plan to be established. This was usually because the roles were new and the training requirements were uncertain at the beginning of role implementation. Many roles with no formal plan indicated that they intended to establish one within a short timeframe of the audit being completed. Some auditors suggested that a formal training plan, established at commencement of the role and reviewed regularly, would have reduced the amount of time that the incumbents took to be effectively performing in their roles.

6.0 Discussion and recommendations

This was a very extensive and complex project with many varied roles, both profession-specific and multidisciplinary, implemented across a range of settings. The objective of the pilot projects was to inform the agreed aims from Clause 13.1 in EB7 and included:

- defining the role and scope of practice of AHAs
- trialling roles at aide, full and advanced scope in different settings to inform career development
- identifying the training, education and support needs of AHAs.

As discussed earlier in this report, recommendations on industrial issues and levels are outside the scope of this report but the results of these trials can inform further negotiation.

Fifty-one (51) allied health assistant roles were implemented and forty-one (41) AHA roles evaluated. Evaluation included:

- process evaluation
- an evaluation framework, including KPIs to be collected at each trial site
- staff satisfaction surveys and
- role audits.

The role audits were undertaken by trained allied health professionals at each site and included:

- document review (e.g. role descriptions, duty statements, orientation and induction plans)
- interviews with key departmental staff including AHAs and AHPs
- direct task observation.

Some of the evaluation proved difficult to implement due to the large number of projects involved, complexity of the process and the inconsistent data collection at sites.

6.1. PROCESS EVALUATION

6.1.1 Project Management

General themes emerged from the process evaluations including the importance of an adequate communication strategy, executive support, clear governance structures, adequate timeframes, clearly defined project scope and timely recruitment of project staff.

Several change management issues were noted during the project and impeded successful implementation of roles. The amount of time that should be spent on change management and communication to involve the whole team cannot be underestimated.

There was significant resistance from the workforce to redesign of existing roles rather than implementing new positions. It was also noted that some areas had difficultly conceptualising new roles and tended to want more of the same types of existing roles.

Frameworks to support implementation and workforce redesign were not always in place prior to the implementation of trial roles. During this project a number of tools and resources have been developed that will support further roll-out of AHA roles.

There also needs to be adequate lead-in time to recruit and train staff to be able to trial the roles for a sufficient amount of time.

6.1.2 Evaluation Framework

The evaluation methodology and data collection methods used by the demonstration projects were different at each site which made cross comparison impossible.

There was also resistance from some projects regarding data collection and the inclusion of this data in the final project report. In hindsight, better consultation on behalf of AHWACU around the importance of being able to draw comparisons across sites and development of a data collection template prior to commencement of the trial roles may have made this more effective. Further formal research is required in this workforce area.

Recommendation
1. **A rigorous project and change management process and evaluation framework needs to be developed prior to further implementation of new roles. There are many opportunities for research in this workforce area.**

6.1.3 Role audit process and tool

There were a number of limitations with the audit process and tool which have been reported in the results section. The tool lacked specificity in some questions and there were large amount of qualitative data which needed to be analysed.

This meant that there was significant time required by the auditors in summarising their observations and findings, and even more time to analyse the data. However, external review validated the methodology determining that the analysis and conclusions were consistent with the information collected.

Recommendation
2. The audit tool would need to be revised to improve the utility of the tool

6.2 OUTCOMES OF EVALUATION OF ROLES

Three levels of roles were trialled in this project—aide, full and advanced scope. These were trialled both as profession-specific and / or multidisciplinary roles.

The generic and contextualised role descriptions were tested and evaluated as part of this project. The Queensland Health Operational Services Manual provides guidance and endorsement of operational roles for the organisation through the Public Health Oversight Committee (PHOC). This project can inform revisions and / or additions to this manual.

6.2.1 Aide role

The aide level was initially designed as a trainee role that facilitated entry of staff with no prior experience into the workforce. For industrial reasons, the project could not trial the role as a trainee position as there was no definite end date to the ‘traineeship’ and no guaranteed progression to a higher level role once the incumbent had gained sufficient experience. For these reasons, this role was trialled as a stand-alone position with no guaranteed progression.

Two aide level roles ceased prior to the end of the project. The sites, even where the roles were trialled for the full period, reported that the roles placed such a significant training and supervision burden on the work area that they were not sustainable in the longer term.

The sites reported seeing the value in this role as a trainee position where the staff member would progress to a full scope position once they had met certain criteria e.g. completed training courses and achieved the required level of competency.

Given the significant effort involved in supporting the aide role, for limited benefit, this level should not be continued. Staff should be recruited to the full scope OO3 level and provided with training and education as required.

Recommendation

3. **The aide level role should not be implemented and AHA training should commence at the full scope level**

6.2.2 Full and advanced scope roles

On audit there was delineation between the advanced and full scope roles. The number of advanced tasks being undertaken ranged greatly from 17-50 per cent in the advanced roles. There were a number of advanced tasks which had not been undertaken at or prior to the audit. Overall it was found on audit that there were a number of tasks in both roles which still had not been implemented or delegated. Multidisciplinary roles did not undertake any more duties than profession-specific roles.

Most of the roles experienced problems with delegation of tasks and this was attributed to:

- unwillingness by certain professions to delegate specific tasks (this appeared to be more prevalent with the occupational therapy and multi-disciplinary roles)
- confidence in the professionals own ability to delegate. This could be related to the professionals experience in working with assistants
- identification of tasks that can be safely delegated to an advanced level role
- confidence of the AHA to undertake the tasks.

A significant influence on delegation was trust. Trust needs to be developed before professionals will delegate tasks and therefore length of time of the assistant in the role factored into how they were utilised. Knowledge of the education and training of the assistant also influenced the delegation of tasks. This was due to a combination of the above issues, the time the assistant had been in the role plus understanding requirements with education and training.

There is still substantial education and training required of professional staff in appropriate delegation of tasks and governance of AHA positions to ensure both roles (full and advanced) can work to their full potential.

Acknowledging these difficulties, staff in 12 of the 14 advanced roles were found to be performing advanced tasks on audit. It is concluded therefore that the trial of an advanced level role has been successful. The key accountabilities delineating the advanced assistant role are:

- actual assessment using standard tools, not just screening
- ability to change treatment according to guidelines
- independent conduct of individual or group education and communication and referral to other members of the health care team, not just internally
- initiation, planning and evaluation of quality assurance.

All of the higher level accountabilities must be undertaken to clearly demarcate an advanced role.

As noted in section 5.5.1 and 5.5.3, there was no indication that an advanced role would be required in the social work or medical imaging assistant workforce in the foreseeable future. AHA roles are new to these professions and in the immediate future focus should be on developing the full scope AHA role.

Recommendation
4. An advanced level AHA role, excluding medical imaging and social work assistants, should be included in the Queensland Health AHA workforce (in line with agreed role description).
5. The advanced AHA role should only be implemented in services where there is an identified service need, clear task lists exist to differentiate role from full scope roles, benefits to the service are clearly articulated and demonstrable and where there is approval from the district Chief Finance Officer and Chief Executive Officer.

6.2.3 Administrative tasks

Five roles were identified as performing a higher level of non-clinical tasks than would be expected for an AHA role. This was noted to be in areas where administrative support is limited. Some of the administrative tasks were related directly to the clinical roles e.g. Home Enteral Nutrition in the dietetic role or appointment scheduling in radiography. If the assistant was not performing these tasks then they would be performed by the professional workforce, which is not an efficient model.

While a small amount of non-clinical tasks are expected for assistant roles, where this was reported to be significant further investigation is required in order to appraise the appropriateness of having some administrative support rather than an assistant.

In some cases, the workflow or the quantity of work does not make it efficient or effective to have both roles (e.g. in rural areas). This means that it is easier to have the assistant to remain performing these duties but wherever possible administrative duties should be assigned to the appropriate workforce.

6.2.4 Sharing of clinical roles

There were a number of roles which had some cross over with nursing roles. Some of the tasks included:

- nursing observations—BSL, BP
- toenail care
- provision of personal care and assistance with activities of daily living
- skin care, including applying dressings
- insertion and removal of cannulas.

These were defined in the duty statements. Clearly from a service delivery need, some flexibility of roles across streams is required to allow for efficient workforce models of care e.g. sharing of tasks between nursing and allied health assistant roles.

Recommendation
6. Consultation should occur with industrial and professional groups to address role scope issues and sharing of duties.

6.3 ROLE DESCRIPTIONS

There were a large number of suggested revisions to the generic role descriptions. If these revisions were adopted there would be no clear differentiation between the full and advanced scope roles. The contextualised versions of the role descriptions used for pharmacy, medical imaging and social work were found to be more acceptable to the workforce than the generic role descriptions. Role descriptions tailored to individual professions still promote role consistency yet are transferable across clinical areas and geographical locations.

It is therefore proposed that the generic role descriptions should remain but have the ability to be contextualised at the service level to ensure that role statements are sufficiently broad as to be applicable across clinical service areas and geographical locations.

It is acknowledged there is some ambiguity in the wording used in role descriptions and terminology preferences cannot be overcome. The examples of duties included in this report may be helpful to overcome this issue.

6.3.1 Reporting

Allied health assistants currently report either through an allied health department or through an operational stream structure. Given that the AHA role is a delegated role from an AHP, all AHAs should report through an allied health department or team structure. This is in line with the recommendation from the AHA phase 1 report where there was overwhelming support for the roles to report to AHP operationally and professionally.

The role of an AHA supervisor was not formally reviewed as part of the Phase II AHA project. Currently, AHA supervisors are employed at the OO4 classification level, with responsibility to manage or supervise the work allocation of other allied health assistants. This role remained unchanged with the trial of the advanced AHA role, with the OO4 advanced role performing clinical work at the OO4 level while the supervisor role continued to perform management or supervision work at the OO4 level. Since these are delegated clinical roles the reporting for clinical activities remains to the AHP.

Recommendation
7. **The Queensland Health Operational Services Manual should be revised to include the updated full (OO3) and advanced (OO4) scope roles. Role descriptions should have the ability to be contextualised for each professional or service-specific role at the workplace.**
8. All AHA roles should report within the allied health department structure. Delegation of tasks to AHAs is the responsibility of the AHP and consequently reporting both professionally and operationally should be to an AHP.

6.4 DUTIES STATEMENTS

One of the barriers to successful implementation of AHA roles is the development of a good duties statement that clearly articulates:

- the tasks the assistant will perform
- the level of complexity that is within scope of the role
- the level of autonomy that the assistant operates under.

Each duty must align with the key accountabilities and / or key skill requirements within the requisite role description. This will enable both AHAs and professionals to understand the scope of practice for the different levels of assistant and allow for clear delineation between roles.

Some projects were better at developing duties statements than others. For example, the audits indicated there was a higher incidence of unclear duties statements where there were large numbers of trial roles or multiple clinical settings, and fewer project resources. In those scenarios, the audits noted some ambiguity in the task lists.

It is therefore essential that adequate time and resources are dedicated to developing comprehensive duties statement. All team members should receive notification about what tasks are on the duties statement so that they are aware of what can and should be delegated to the assistant. This will enable team awareness around the assistant's scope of practice and facilitate early discussion around concerns with tasks on the duties statement.

Recommendation

9. Duties statements should be clearly aligned with the accountabilities in the role descriptions and communicated to all team members in the workplace

6.5 TRAINING AND ORIENTATION OF ASSISTANTS

6.5.1 How long did it take for the assistant to be performing effectively in the role

In general terms, the full scope roles required less time between when the assistants commenced in the role and when they were performing the role effectively, as compared to aide or advanced scope roles. Full scope roles have existed in Queensland Health for many years and it is likely that this role is better understood by allied health teams and that there are training arrangements in place for these roles. For this reason the roles, even though they were new placements or redesign of existing roles, would have been easier to introduce into the model of care. The audits noted that new roles took slightly longer to train than redesigned roles that previously existed within the team.

The aide and advanced level roles are both new types of roles that did not previously exist within Queensland Health. These roles required more work by the teams to understand how they fitted into the model of care, what tasks may be delegated to these roles and how they might be effectively implemented and managed. It is likely that these are some of the reasons that these roles took longer to become effective.

6.5.2 Types of training

To support the increased delegation of clinical service provision to the assistant level workforce, it is necessary to ensure the AHA workforce has the appropriate competencies to perform the role. With a more clinical role comes the need for training to ensure safety and quality for patients and clients. Appropriate and timely education will be an essential tool to support current and future role development associated with workforce redesign and models of care strategies to address increasing demand on allied health services.

A number of qualifications are available within the HLT07 Health Training Package that are relevant to Queensland Health allied health assistant roles:

- Certificate III in Allied Health Assistance (HLT32407)
- Certificate III in Health Services Assistance (HLT32507)
- Certificate III in Nutrition and Dietetic Assistance (HLT31507)
- Certificate III in Hospital/Health Services Pharmacy Support (HLT31407)
- Certificate IV in Allied Health Assistance (HLT42507)
- Certificate IV in Hospital/Health Services Pharmacy Support (HLT40507).

In the scoping phase of this project stakeholders identified the Certificate IV in Allied Health Assistance as the VET qualification best aligned to the roles of allied health assistants working at full scope within Queensland Health. Profession-specific (physiotherapy, occupational therapy, speech pathology, nutrition and dietetics, podiatry and community rehabilitation) and generic streams on the Cert IV AHA make it suitable for assistants across a range of specific professions and those assisting in multidisciplinary teams. Work was undertaken in partnership with training organisations to tailor this qualification for Queensland Health and allied health assistants within Queensland Health

have been supported to obtain this qualification. The Cert IV AHA qualification was not relevant for medical imaging, social work and pharmacy assistant roles. Education and training requirements for these roles are discussed below.

6.5.3 Multidisciplinary and profession specific roles

A higher proportion of aide and advanced scope roles participated in Cert IV AHA training during the project. Several full scope level incumbents had completed this qualification prior to the project commencing and this was reflected by a lower percentage participation from these roles. In addition, many of the full scope roles were redesigned during the project and the incumbents had previous experience in a similar role prior to redesign occurring. In these situations, formal qualifications may not have been seen as a priority during the trial when compared to assistants new to the role with little or no prior experience.

The poor uptake of the Certificate III in Allied Health Assistance training could be explained by the fact that the training may not meet the needs of the Queensland Health AHA workforce and that the assistants were predominantly offered a place on the Cert IV level course during the life of the project.

Several project sites commented that the training was appropriate for the AHA roles and staff were noted to be well equipped to carry out their roles after completing the contextualised Certificate IV in Allied Health Assistance.

Anecdotal feedback from some sites suggests that the Certificate III in Nutrition and Dietetic Assistance is better aligned to some full scope support roles in nutrition and dietetics, especially where there is minimal patient / client interactions by these staff e.g/ menu monitor roles.

6.5.4 Medical imaging assistants

Currently there is no specific qualification for medical imaging assistants within the Health Training Package. The Community Services and Health Industry Skills Council (CS&H ISC) has proposed the inclusion of two new units of competency related to articulating work functions in the area of medical imaging assistance. These new units have been included in version three of the Health Training Package which has been endorsed by the National Quality Council. The units are:

- Contribute to client flow and client information management in medical imaging (HLTMI301A).
- Support the medical imaging professional (HLTMI302A).
- The new units of competency have been added as electives to the following qualifications:
  - Certificate III in Allied Health Assistance (HLT32407)
  - Certificate III in Health Services Assistance (HLT32507)
  - Certificate IV in Allied Health Assistance (HLT42507).

Within the Queensland Health context the Cert IV AHA has already been examined as a possible qualification for the medical imaging assistants and found to be not appropriate.

Packaging rules for the Cert IV AHA require a minimum of five allied health electives. These electives are predominantly from the therapy professions and medical imaging

assistants within Queensland Health would not be able to complete nor maintain the competencies associated with these electives. Further work is required to determine the most appropriate qualification for medical imaging assistant roles within Queensland Health.

6.5.5 Pharmacy assistants

It is not clear from the audit data whether the staff undertaking the pharmacy trial roles had enrolled in or completed a Certificate III or Certificate IV in Hospital/Health Services Pharmacy Support.

As indicated previously it is a requirement under the *Health (Drugs and Poisons) Regulation 1996* for a pharmacy assistant to have a qualification or statement of attainment issued under the *Vocational Education, Training and Employment Act 2000* by a registered training organisation, recognising the person has the skills and knowledge required to perform pharmaceutical imprest duties in a hospital. Currently this training is available within the Certificate III in Hospital/Health Services Pharmacy Support qualification and is a prerequisite for the Certificate IV. All pharmacy assistants that are required to perform this duty as part of their role will need to complete the mandatory training in line with the regulation requirement.

Pharmacy assistants within Queensland Health have been supported to obtain both the Certificate III and IV in Hospital/Health Services Pharmacy Support qualifications.This project recommends that the Certificate IV in Hospital/Health Services Pharmacy Support (HLT40507) is the appropriate qualification for advanced pharmacy assistants.

Currently it is not possible to recruit to pharmacy technician roles within Queensland Health since the industrial agreement requires a diploma qualification for entry from 2007 and no diploma level qualification currently exists.

6.5.6 Social work assistants

Currently there is no specific qualification for social work assistants within the Health or Community Services Training Packages. The Community Services and Health Industry Skills Council is undertaking the Social Work Assistant Project as part of its 2010-2011 Continuous Improvement Work Plan, to review the requirement for a new qualification within the CHC08 Health Training Package. Recognition of the scope of practice of this role, both now and into the future, may include defining a set of nationally consistent units of competency for the Certificate III and IV qualification levels.

Work has commenced at a national level on determining the most appropriate qualification for social work assistant roles.

6.5.7 Overall

Queensland Health is currently supporting AHAs to complete a Certificate IV in Allied Health Assistance and pharmacy assistants to complete either the Certificate III or IV in Hospital/Health Services Pharmacy Support with the aim to have an appropriately skilled and qualified workforce.

This project recommends that the Certificate IV in Allied Health Assistance is the mandatory qualification required for advanced AHAs and is the desirable qualification for full scope roles with the possible exception of some nutrition and dietetics support roles. Similarly the Certificate IV in Hospital/Health Services Pharmacy Support (HLT40507) would be appropriate for advanced pharmacy assistants.

Further work needs to occur on training pathways for medical imaging and social work assistants.

Recommendation
10. Queensland Health should update the Operational Services Manual to reflect the legal requirement for full scope (OO3) pharmacy assistants to have a qualification or statement of attainment issued under the *Vocational Education, Training and Employment Act 2000* by a registered training organisation, recognising that the person has the skills and knowledge required to perform pharmaceutical imprest duties in a hospital in line with the *Health (Drugs and Poisons) Regulation 1996.*
11. Certificate IV in Allied Health Assistance and Certificate IV in Hospital/Health Services Pharmacy Support should be a mandatory qualification for advanced AHA and pharmacy roles. The possession of this qualification does not automatically entitle the staff member to be paid as an advanced AHA. The person needs to be appointed to an advanced AHA position, which is created due to service need, clear role differentiation and reliable benefits to the organisation as per recommendation 5.
12. Further investigation is required to identify appropriate formal training for medical imaging assistant roles.

6.5.8 Informal training and competency recognition

Attendance at in-services was the most common informal training undertaken. The audit unfortunately was not able to capture the in-services attended, the type of training courses attended or the effectiveness of the courses in preparing the AHAs to undertake their duties. This training may be of questionable value unless they were targeted to the competency and skills required of the service.

The audit identified instances where not all the tasks on the duties statements were implemented or delegated. Whilst there may be many reasons for this, one possible contribution could be the need for formal validation of competencies within the local work area.

Professionals would have felt more comfortable with delegation if there had been formal processes in place to confirm both competencies associated with the Cert IV AHA and local task or service area-specific competencies. There are some competency and training packages available for specific tasks which may assist with this e.g. the Calderdale Framework. These could be utilised in combination with the Cert IV AHA to assist the workplace with implementing allied health assistant roles and training for new and redesigned roles.

A combination of targeted formal and informal education identified through formal supervision and performance development processes is probably the appropriate mix to support the allied health assistant education and training requirements.

Recommendation
13. Competency packages be sourced or developed for specific tasks where there is currently no formal training available.

6.6 GOVERNANCE

It was noted that there was lack of clarity for some of the rural and remote locations about the appropriate governance structures i.e. reporting and supervision arrangements. This could also be an issue in some community settings.

Comprehensive governance guidelines were developed on how AHAs should be line-managed, supervised and delegated tasks. The guidelines have recommendations on clinical supervision arrangements including where the professional and the AHA are not in the same location. As noted by the auditors, professional staff did not always familiarise themselves with this resource.

6.6.1 Management of delegation and supervision

Although governance guidelines to ensure appropriate supervision and delegation(available at http://qheps.health.qld.gov.au/ahwac/docs/MOC/mocahagovguide.pdf) were developed prior to the implementation of trial roles, the demonstration sites identified early on that some professionals' ability and / or willingness to delegate tasks to assistants was a barrier to successful implementation of AHA roles.

Where there was a good awareness of the content of the governance guidelines, there seemed to be fewer issues about supervision and delegation. This would indicate that further rollout of a delegation framework to support teams would be valuable.

Recommendation

14. All services should ensure they implement an appropriate supervision and delegation framework and that training in this framework is provided for all new Queensland Health AHAs and allied health professionals.

7.0 Conclusion

Optimising the use of allied health support staff will help Queensland Health to effectively manage skills shortages and increasing demands placed on the allied health workforce. This project has demonstrated that implementation of new models of care, which enhance the use of assistants, are achievable across allied health professions, clinical settings and geographical locations.

Within Queensland Health nearly all AHAs are salaried at the same level despite there being variation in their level of knowledge and skills, and the types of tasks that they are performing. This project trialled assistant roles at three different levels in an attempt to create a career pathway for this group of the workforce.

The aide level role did not work well as a stand-alone role, but there is evidence to support that it would be viable as a trainee position. The full accountabilities were not implemented in the full and advanced scope roles due to a combination of time, training and education and unwillingness of professionals to delegate tasks. Although the differentiation between the roles was open to interpretation, the evaluation has shown that there is an advanced role (although all tasks were not implemented) which enhanced the service delivery. The differentiation in the scope of the role, duties and accountability between the full and advanced level needs to be clearer. There are implications for training and education to support the further implementation of all roles.

Delegation of tasks, including the ability to identify tasks that may safely delegated to assistants, was one of the biggest barriers in achieving successful implementation of AHA roles to their full capacity. This project facilitated the development of a number of resources to support allied health staff (professionals and assistants) with implementing AHA roles or redesigning models of care. The project included a governance framework for delegation and professionals and assistants need to take the time to familiarise themselves with the content.

As demand for services and workforce shortages become more of a pressing issue, there is potential for the role of AHAs to expand to fill the gap in services and free up professionals' time to perform tasks that they were specifically trained to undertake.

The AHA project has defined the role and scope of practice of AHAs within Queensland Health and developed and tested frameworks that support implementation of these roles. Queensland Health can lead the way in terms of optimising the use of allied health support staff by continuing to recognise the value of these roles and embracing their potential to alleviate pressures on the workforce.

Appendices

APPENDIX 1 – GENERIC AND CONTEXTUALISED ROLE DESCRIPTIONS USED TO TRIAL AHA ROLES

Job ad reference:

Role title: Allied Health Aide

Status: Temporary (pilot trial position only)

Unit/Branch:

Division/District:

Location:

Classification level: OO2

Salary level:

Closing date:

Contact:

Telephone:

Online applications: www.health.qld.gov.au/workforus or www.smartjobs.qld.gov.au

Fax application:

Post application:

Deliver application:

About our organisation

Queensland Health's mission is 'creating dependable health care and better health for all Queenslanders'. Within the context of this organisation, there are **four core values** that guide our behaviour:

- **Caring for People:** Demonstrating commitment and consideration for people in the way we work.
- **Leadership:** We all have a role to play in leadership by communicating a vision, taking responsibility and building trust among colleagues.
- **Respect:** Showing due regard for the feelings and rights of others.
- **Integrity:** Using official positions and power properly.

Purpose of role

- 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.
-

Staffing and budget responsibilities

- Nil

Key accountabilities

- While undertaking clinical assessment, observe or assist the allied health professional
- Assist in the provision of simple treatments to patients under supervision from the allied health professional or allied health assistant.
- Distribute written educational materials developed by the professional, directing patient questions or concerns to the professional.
- During group treatment sessions or interventions, provide assistance to the allied health assistant or professional as required.
- Contribute to patient records according to organisational requirements using a standard method (e.g. sticker or stamp or phrase), countersigned by the professional or allied health assistant.
- Participate as a member of a multi-disciplinary team, contributing to departmental and team meetings, case conferences and other team projects and activities in conjunction with professional.
- Develop an awareness of the referral process, procedures and the different roles within and outside the team
- Participate in quality improvement activities as delegated by supervisors.
- Receive support and mentoring from more experienced allied health assistants and professionals.
- Provide limited support to other trainees under the supervision of allied health assistants and professionals.
- Undertaken 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.

Qualifications/Professional registration/Other requirements

Not applicable.

Key skill requirements/competencies

- Ability to acquire and apply knowledge in allied health, such as knowledge of the health care system, basic 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
- The ability to participate in quality improvement activities under the guidance of an allied health professional
- The ability to observe or assist the allied health professional in the provision of simple treatments during clinical assessments

Trial Arrangements

This role is being established as part of the Allied Health Assistant pilot trials through the Allied Health Assistant Project – Phase II. All appointments made for the purposes of the trial will be on a temporary basis for a period not greater than the duration of the trial.

How to apply

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

- **A short response** (maximum 1–2 pages) on how your experience, abilities, knowledge and personal qualities would enable you to achieve the key accountabilities and meet the key skill requirements.
- **Your current CV or resume, including referees**. Referees should have a thorough knowledge of your work performance and conduct, and it is preferable to include your current/immediate past supervisor. By providing the names and contact details of your referee/s, you consent for these people to be contacted by the selection panel. If you do not wish for a referee to be contacted, please indicate this on your resume and contact the selection panel chair to discuss.
- **Application form** (only required if not applying online).

About the Health Service District/Division/Branch/Unit

Queensland Health is currently transitioning to a revised organisational structure that includes some changes to boundaries of Health Service Districts. This role is located in District/Division/Branch/Unit.

For further information visit the District/Division/Facility website: *insert web address*

Pre-Employment screening

Pre-employment screening, including a criminal history check, may be undertaken on persons recommended for employment. Please refer to the Information Package for Applicants for details of employment screening and other employment requirements.

Job ad reference:

Role title: Allied Health Assistant

Status: Temporary (pilot trial position only)

Unit/Branch:

Division/District:

Location:

Classification level: OO3

Salary level:

Closing date:

Contact:

Telephone:

Online applications: www.health.qld.gov.au/workforus or www.smartjobs.qld.gov.au

Fax application:

Post application:

Deliver application:

About our organisation

Queensland Health's mission is 'creating dependable health care and better health for all Queenslanders'. Within the context of this organisation, there are **four core values** that guide our behaviour:

- **Caring for People:** Demonstrating commitment and consideration for people in the way we work.
- **Leadership:** We all have a role to play in leadership by communicating a vision, taking responsibility and building trust among colleagues.
- **Respect:** Showing due regard for the feelings and rights of others.
- **Integrity:** Using official positions and power properly.

Purpose of role

- 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.

Staffing and budget responsibilities

- There may be a need for this position to supervise and mentor less experienced Allied Health Assistants.

Key accountabilities

- 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; and
    - 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 multi-disciplinary 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.

Qualifications/Professional registration/Other requirements

Not applicable.

Key skill requirements/competencies

- Demonstrated ability to apply knowledge in allied health, such as knowledge of the health care 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

Trial Arrangements

This role is being established as part of the Allied Health Assistant pilot trials through the Allied Health Assistant Project – Phase II. All appointments made for the purposes of the trial will be on a temporary basis for a period not greater than the duration of the trial.

How to apply

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

- **A short response** (maximum 1–2 pages) on how your experience, abilities, knowledge and personal qualities would enable you to achieve the key accountabilities and meet the key skill requirements.
- **Your current CV or resume, including referees**. Referees should have a thorough knowledge of your work performance and conduct, and it is preferable to include your current/immediate past supervisor. By providing the names and contact details of your referee/s, you consent for these people to be contacted by the selection panel. If you do not wish for a referee to be contacted, please indicate this on your resume and contact the selection panel chair to discuss.
- **Application form** (only required if not applying online).

About the Health Service District/Division/Branch/Unit

Queensland Health is currently transitioning to a revised organisational structure that includes some changes to boundaries of Health Service Districts. This role is located in District/Division/Branch/Unit.

For further information visit the District/Division/Facility website: *insert web address*

Pre-Employment screening

Pre-employment screening, including a criminal history check, may be undertaken on persons recommended for employment. Please refer to the Information Package for Applicants for details of employment screening and other employment requirements.

Job ad reference:

Role title: Advanced Allied Health Assistant

Status: Temporary (pilot trial position only)

Unit/Branch:

Division/District:

Location:

Classification level: OO4

Salary level:

Closing date:

Contact:

Telephone:

Online applications: www.health.qld.gov.au/workforus or www.smartjobs.qld.gov.au

Fax application:

Post application:

Deliver application:

About our organisation

Queensland Health's mission is 'creating dependable health care and better health for all Queenslanders'. Within the context of this organisation, there are **four core values** that guide our behaviour:

- **Caring for People:** Demonstrating commitment and consideration for people in the way we work.
- **Leadership:** We all have a role to play in leadership by communicating a vision, taking responsibility and building trust among colleagues.
- **Respect:** Showing due regard for the feelings and rights of others.
- **Integrity:** Using official positions and power properly.

Purpose of role

- 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.

Staffing and budget responsibilities

- There may be a need for this position to supervise and mentor less experienced Allied Health Assistants.

Key accountabilities

- 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 for patients with complex conditions. This may include:
    - using decision support tools,;
    - clinical pathways; and
    - 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 multi-disciplinary team, including, where appropriate, leading departmental and team meetings, case conferences as well as 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.

Qualifications/Professional registration/Other requirements

Refer Attachment 1.

Key skill requirements/competencies

- 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

Trial Arrangements

This role is being established as part of the Allied Health Assistant pilot trials through the Allied Health Assistant Project – Phase II. All appointments made for the purposes of the trial will be on a temporary basis for a period not greater than the duration of the trial.

Additional criteria have been established for appointment to this level. These criteria are outlined in Attachment One.

How to apply

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

- **A short response** (maximum 1–2 pages) on how your experience, abilities, knowledge and personal qualities would enable you to achieve the key accountabilities and meet the key skill requirements.
- **Your current CV or resume, including referees**. Referees should have a thorough knowledge of your work performance and conduct, and it is preferable to include your current/immediate past supervisor. By providing the names and contact details of your referee/s, you consent for these people to be contacted by the selection panel. If you do not wish for a referee to be contacted, please indicate this on your resume and contact the selection panel chair to discuss.
- **Application form** (only required if not applying online).

About the Health Service District/Division/Branch/Unit

Queensland Health is currently transitioning to a revised organisational structure that includes some changes to boundaries of Health Service Districts. This role is located in District/Division/Branch/Unit.

For further information visit the District/Division/Facility website: *insert web address*

Pre-Employment screening

Pre-employment screening, including a criminal history check, may be undertaken on persons recommended for employment. Please refer to the Information Package for Applicants for details of employment screening and other employment requirements.

Attachment One

Criteria for appointment to Advanced Allied Health Assistant (OO4 level role) for duration of trial (July 2009 – June 2010)

For the purposes and duration of the trial the following criteria have been developed in addition to the Key Skill Requirements/Competencies outlined in the role description.

1. The assistant should demonstrate that they meet the requirements of the OO3 level Allied Health Assistant position by working to the full scope of practice for that position.
2. The minimum qualification held by the applicant is possession, or enrolment in, the Certificate IV Allied Health Assistance or equivalent.
3. Demonstrated capacity to practice more autonomously, contributing to clinical decision making through application of critical and reflective reasoning skills.
4. Demonstrated ability to initiate quality improvement activities in addition to awareness of, or ability to contribute to clinical research at a unit level.
5. Demonstrated ability to monitor the effectiveness of the care provided.
6. Demonstrated leadership skills including the ability to provide education, supervision and mentoring to other allied health assistants.

The Key Skill Requirements from the Role Description are as follows:

1. 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.
2. 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
3. Demonstrated ability to initiate, plan and evaluate quality improvement activities under the guidance of an allied health professional
4. Demonstrated ability to provide a defined range of assessments and treatments for patients with complex conditions under supervision from an allied health professional

Advanced Allied Health Assistant roles should be a temporary appointment through a meritorious selection process based on an identified need for the position.

MATER HEALTH SERVICES

SOUTH BRISBANE

POSITION DESCRIPTION

SOCIAL WORK ASSISTANT

SOCIAL WORK DEPARTMENT

MATER HEALTH SERVICES

Position Number:

Review Date: December 2010

PURPOSE OF THE POSITION:

To contribute to patient care by undertaking support tasks delegated under the direct or indirect supervision of a Social Worker within the Social Work Department at Mater Adults Hospital (MAH).

To perform the Social Work Assistant functions at MAH as determined and developed by the Social work Assistant Project.

BACKGROUND::

The Social Work Assistant project is part of a range of workforce projects currently under way funded by Queensland Health through the Allied Health Workforce Advice and Coordination Unit, in partnership with and managed by the Mater Social Work department.

REPORTING RELATIONSHIP:

Operationally through the Senior Social Worker (MAH) to Director of Social Work., with input from the Social Work Assistant Project Manager.

OCCUPATIONAL CATEGORY AND LEVEL

Operational stream OO3.1 Temporary

HOURS: Full-time

AUTHORITY: N/A

RESPONSIBILITIES:

1. Promote the philosophy of health care and the values of the Congregation of the Sisters of Mercy.
2. To comply with Human Resource Management issues including workplace health and safety, employment equity and anti-discrimination as applied in the working environment.
3. Participate in and attend departmental meetings, relevant professional development activities and mandatory education and quality activities
4. Undertake ongoing training and development activities as appropriate.
5. Refer to and liaise with Social Workers within the immediate team.
6. Carry out a defined range of tasks as prescribed by the Social Workers and work under their general direction, including:
    a. Administering of screening tools, forms and other paperwork e.g. At the direction of Social Workers , to assist patients and families with paperwork related to applications for residential aged care
    b. Communication and liaison between social workers, Patient, Family and Carers
    c. Liaison with external providers including Aged care facilities and services, Community organisations, government services
7. Maintenance of and use of databases, resources and information relevant to the role.
8. Adhere to policies, procedures and guidelines relevant to the role, with particular attention to professional boundaries, delegation and governance.
9. Contribute to patient records according to organisational guidelines and legal requirements.

SELECTION CRITERIA

1. Demonstrated flexibility and ability to work as part of a team
2. High level interpersonal and communication skills to liaise with:
    - Patients, Families, Carers
    - Social Workers
    - Nursing staff, Medical and Allied Health staff
    - External providers including in Aged Care, Community Services, Government Services etc
3. Intermediate computer skills in a Windows environment, including word processing and spreadsheet.
4. High level literacy and numeracy skills.
5. A willingness to acquire specific competencies relevant to Social Work, and to participate in training.

Highly Desirable

6. Experience in a hospital environment, or relevant Community or Aged Care setting.
7. Possession of or in the process of obtaining the following:
    a. Certificate III in Health Services Assisting, or
    b. Certificate III or IV in Allied Health Assisting, or
    c. Certificate III in Health Administration, or
    d. Certificate III in Community Services Work, Aged Care, Disabilities or similar.

Job ad reference:

Role title: Allied Health Assistant- Medical Imaging Assistant (full scope)

Status: Temporary (pilot trial position only)

Unit/Branch:

Division/District:

Location:

Classification level: OO3

Salary level:

Closing date:

Contact:

Telephone:

Online applications: www.health.qld.gov.au/workforus or www.smartjobs.qld.gov.au

Fax application:

Post application:

Deliver application:

About our organisation

Queensland Health's mission is 'creating dependable health care and better health for all Queenslanders'. Within the context of this organisation, there are **four core values** that guide our behaviour:

- **Caring for People:** Demonstrating commitment and consideration for people in the way we work.
- **Leadership:** We all have a role to play in leadership by communicating a vision, taking responsibility and building trust among colleagues.
- **Respect:** Showing due regard for the feelings and rights of others.
- **Integrity:** Using official positions and power properly.

Purpose of role

- The purpose of the position is to contribute to patient care by undertaking clinical support tasks delegated under the direct or indirect supervision of an Medical Imaging Professional.
- To assist Medical Imaging Professional with non radiographic duties

Staffing and budget responsibilities

- There may be a need for this position to supervise and mentor less experienced Allied Health Assistants who perform routine tasks.

Key accountabilities

- Provide a defined range of tasks as prescribed by the Medical Imaging Professional and work under their direction: This may include using decision support tools, such as procedural specific guidelines.
- Assist with the management, preparation and movement of patients for Medical Imaging examinations, as directed by the Medical Imaging Professional
- Actively contribute to a multi-disciplinary team through departmental and team meetings and other team projects and activities.
- Liaise with and take direction from the Medical Imaging Professionals within the immediate team.
- Contribute to quality improvement activities under the guidance of the Medical Imaging Professional.
- Undertake ongoing training and development activities.
- Provide support, mentoring and supervision to less experienced allied health assistants including teaching and assessment of generic competencies
- 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.
- This role/position does not include any radiographic patient positioning or the setting of, or initiating of ionising radiation exposure to patients.

Qualifications/Professional registration/ other requirements

Not applicable

Key skill requirements/competencies

- Demonstrated ability to apply a sound knowledge of the health care 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 within the scope of practice.

Trial Arrangements

This role is being established as part of the Allied Health Assistant pilot trials through the Allied Health Assistant Project – Phase II. All appointments made for the purposes of the trial will be on a temporary basis for a period not greater than the duration of the trial.

How to apply

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

- **A short response** (maximum 1–2 pages) on how your experience, abilities, knowledge and personal qualities would enable you to achieve the key accountabilities and meet the key skill requirements.
- **Your current CV or resume, including referees**. Referees should have a thorough knowledge of your work performance and conduct, and it is preferable to include your current/immediate past supervisor. By providing the names and contact details of your referee/s, you consent for these people to be contacted by the selection panel. If you do not wish for a referee to be contacted, please indicate this on your resume and contact the selection panel chair to discuss.
- **Application form** (only required if not applying online).

About the Health Service District/Division/Branch/Unit

Queensland Health is currently transitioning to a revised organisational structure that includes some changes to boundaries of Health Service Districts. This role is located in District/Division/Branch/Unit.

For further information visit the District/Division/Facility website: *insert web address*

Pre-Employment screening

Pre-employment screening, including a criminal history check, may be undertaken on persons recommended for employment. Please refer to the Information Package for Applicants for details of employment screening and other employment requirement

Job ad reference:

Role title: Medical Imaging Aide

Status:

Unit/Branch: Medical Imaging Department

Division/District:

Location:

Classification level: OO2

Salary level:

Closing date:

Contact:

Telephone:

Online applications: www.health.qld.gov.au/workforus or www.smartjobs.qld.gov.au

Fax application:

Post application:

Deliver application:

About our organisation

Queensland Health's mission is 'creating dependable health care and better health for all Queenslanders'. Within the context of this organisation, there are **four core values** that guide our behaviour:

- **Caring for People:** Demonstrating commitment and consideration for people in the way we work.
- **Leadership:** We all have a role to play in leadership by communicating a vision, taking responsibility and building trust among colleagues.
- **Respect:** Showing due regard for the feelings and rights of others.
- **Integrity:** Using official positions and power properly.

Purpose of role

The purpose of the position is to contribute to patient care by providing clinical support tasks delegated under the direct or indirect supervision of a Medical Imaging Professional.

Staffing and budget responsibilities

- Nil

Key accountabilities

- Observe or assist the Medical Imaging Professional who is undertaking clinical assessments.
- Participate as a member of a multi-disciplinary team, contributing to departmental and team meetings and other team projects and activities in conjunction with professional.
- Participate in quality improvement activities as delegated by supervisors.
- Assist with the management, preparation and movement of patients for Medical Imaging examinations, as directed.
- Provide limited support to other trainees under the supervision of medical imaging professionals
- Receive support and mentoring from more experienced medical imaging assistants and professionals
- 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.
- This role/position does not include any Radiographic patient positioning or the setting of, or initiating, of ionising radiation exposure to patients.

Qualifications/Professional registration/ Other requirements

Not applicable

Key skill requirements/competencies

- Ability to acquire and apply knowledge in allied health, such as knowledge of the health care system, basic 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
- The ability to participate in quality improvement activities under the guidance of an allied health professional

Trial Arrangements

This role is being established as part of the Allied Health Assistant pilot trials through the Allied Health Assistant Project – Phase II. All appointments made for the purposes of the trial will be on a temporary basis for a period not greater than the duration of the trial.

How to apply

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

- **A short response** (maximum 1–2 pages) on how your experience, abilities, knowledge and personal qualities would enable you to achieve the key accountabilities and meet the key skill requirements.
- **Your current CV or resume, including referees**. Referees should have a thorough knowledge of your work performance and conduct, and it is preferable to include your current/immediate

past supervisor. By providing the names and contact details of your referee/s, you consent for these people to be contacted by the selection panel. If you do not wish for a referee to be contacted, please indicate this on your resume and contact the selection panel chair to discuss.

- **Application form** (only required if not applying online).

About the Health Service District/Division/Branch/Unit

Queensland Health is currently transitioning to a revised organisational structure that includes some changes to boundaries of Health Service Districts. This role is located in Darling Downs – West Moreton.

For further information visit the Darling Downs – West Moreton District

http://qheps.health.qld.gov.au/ddowns-westmort/

Pre-Employment screening

Pre-employment screening, including a criminal history check, may be undertaken on persons recommended for employment. Please refer to the Information Package for Applicants for details of employment screening and other employment requirements.

Job ad reference:

Role title: Advanced Scope Pharmacy Assistant

Status: Permanent Full Time

Unit/Branch: Pharmacy

Division/District:

Location:

Classification level: OO4

Salary level:

Closing date:

Contact:

Telephone:

Online applications: www.health.qld.gov.au/workforus or www.smartjobs.qld.gov.au

Fax application:

Post application:

Deliver application:

About our organisation

Queensland Health's mission is 'creating dependable health care and better health for all Queenslanders'. Within the context of this organisation, there are **four core values** that guide our behaviour:

- **Caring for People:** Demonstrating commitment and consideration for people in the way we work.
- **Leadership:** We all have a role to play in leadership by communicating a vision, taking responsibility and building trust among colleagues.
- **Respect:** Showing due regard for the feelings and rights of others.
- **Integrity:** Using official positions and power properly.

Purpose of role

- 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 a pharmacist.

Staffing and budget responsibilities

- There may be a need for this position to supervise and mentor less experienced Pharmacy Assistants/Technicians.

Key accountabilities

- Provide a defined range of pharmacy services for patients with complex conditions under the delegation and guidance of a pharmacist.
- Provide education to patients on the use of a defined range of medications, medication aids and respiratory devices.
- Manage the delivery of medications to long-term patients with chronic conditions on repeat visits if appropriate, under the supervision of a pharmacist.
- Participate as a member of a multi-disciplinary team, in a non-clinical capacity, under the direct supervision of a pharmacist conforming to current legislative and regulatory requirements.
- Refer to and liaise with health care providers within the immediate team as well as community health providers such as community pharmacists and general practitioners, under the delegation of a pharmacist.
- Initiate, plan and evaluate quality improvement activities under the guidance of a pharmacist.
- Provide support, mentoring and supervision to less experienced pharmacy assistants/technicians.
- 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.

Qualifications/Professional registration/Other requirements

Possession of a Certificate IV in Hospital/Health Services Pharmacy Support or be enrolled to in a course to gain this qualification is a mandatory requirement for appointment to this role.

Key skill requirements/competencies

- 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 a pharmacist.
- Demonstrated ability to provide a defined range of advanced pharmacy services under the supervision of a pharmacist.

Are you the right person for the job?

You will be assessed on your ability to demonstrate the following key attributes. Within the context of the responsibilities described above, the ideal applicant will be someone who can demonstrate the following:

	Assessment Criteria	Weighting (only if required)
AC1	***Clinical Expertise*** Demonstrated high level of knowledge, expertise and skill in infectious diseases	
AC2	***Communication*** Demonstrated ability to provide general clinical advice to professional and operational supervisors regarding service delivery and improvement opportunities.	
AC3	***Clinical Ability*** Demonstrated ability to provide clinical services of a complex nature, where established principles, procedures and methods require some expansion, adaptation or modification.	
AC4	***Leadership*** Demonstrated ability to initiate, plan and evaluate local service improvement initiatives and provide clinical supervision to subordinate personnel.	

How to apply

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

- **A short response** (maximum 1–2 pages) on how your experience, abilities, knowledge and personal qualities would enable you to demonstrate the key attributes in the table above.
- **Your current CV or resume, including referees**. Applicants must seek approval prior to nominating a person as a referee. Referees should have a thorough knowledge of your work performance and conduct, and it is preferable to include your current/immediate past supervisor. By providing the names and contact details of your referee/s you consent for these people to be contacted by the selection panel. If you do not wish for a referee to be contacted, please indicate this on your resume and contact the selection panel chair to discuss.

About the Health Service District/Division/Branch/Unit

http://www.health.qld.gov.au/pahospital

Pre-Employment screening

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. Please refer to the Information Package for Applicants for details of employment screening and other employment requirements.

Disclosure of Previous Employment as a Lobbyist

Applicants will be required to give a statement of their employment as a lobbyist within one (1) month of taking up the appointment. Details are available at

http://www.psc.qld.gov.au/library/document/policy/lobbyist-disclosure-policy.pdf

Probation

Employees who are permanently appointed to Queensland Health may be required to undertake a period of probation appropriate to the appointment. For further information, refer to Probation HR Policy B2 http://www.health.qld.gov.au/hrpolicies/resourcing/b_2.pdf

Job ad reference:

Role title: Full Scope Pharmacy Assistant/Technician

Status: Temporary (pilot trial position only)

Unit/Branch:

Division/District:

Location:

Classification level: OO3

Salary level:

Closing date:

Contact:

Telephone:

Online applications: www.health.qld.gov.au/workforus or www.smartjobs.qld.gov.au

Fax application:

Post application:

Deliver application:

About our organisation

Queensland Health's mission is 'creating dependable health care and better health for all Queenslanders'. Within the context of this organisation, there are **four core values** that guide our behaviour:

- **Caring for People:** Demonstrating commitment and consideration for people in the way we work.
- **Leadership:** We all have a role to play in leadership by communicating a vision, taking responsibility and building trust among colleagues.
- **Respect:** Showing due regard for the feelings and rights of others.
- **Integrity:** Using official positions and power properly.

Purpose of role

- The purpose of the position is to contribute to patient care by providing clinical support tasks delegated under the direct or indirect supervision of a pharmacist.

Staffing and budget responsibilities

- There may be a need for this position to supervise and mentor less experienced Pharmacy Assistants/Technicians.

Key accountabilities

- Provide a defined range of pharmacy services as delegated by pharmacist and work under their general direction.
- 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 a pharmacist.
- Oversee or organise a work group and supervise the work of others as required.
- Provide support, mentoring and supervision to less experienced pharmacy assistants/technicians
- 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.

Qualifications/Professional registration/Other requirements

Possession of a Certificate III in Hospital/Health Services Pharmacy Support is a mandatory requirement for appointment to this role and willingness to enrol in the Certificate IV Hospital/health Services Pharmacy Support would be well regarded.

Key skill requirements/competencies

- Demonstrated ability to apply knowledge in allied health, such as knowledge of the health care 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 a pharmacist, demonstrated ability to contribute to quality improvement activities with increasing ownership within the scope of practice.
- Demonstrated ability to provide a defined range of pharmacy services under the supervision of a pharmacist.

Trial Arrangements

This role is being established as part of the Allied Health Assistant pilot trials through the Allied Health Assistant Project – Phase II. The requirement to possess the mandatory qualification may be waived to assist the implementation of the role during the trial period only. All appointments made for the purposes of the trial will be on a temporary basis for a period not greater than the duration of the trial.

How to apply

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

- **A short response** (maximum 1–2 pages) on how your experience, abilities, knowledge and personal qualities would enable you to achieve the key accountabilities and meet the key skill requirements.
- **Your current CV or resume, including referees**. Referees should have a thorough knowledge of your work performance and conduct, and it is preferable to include your current/immediate past supervisor. By providing the names and contact details of your referee/s, you consent for these people to be contacted by the selection panel. If you do not wish for a referee to be contacted, please indicate this on your resume and contact the selection panel chair to discuss.
- **Application form** (only required if not applying online).

About the Health Service District/Division/Branch/Unit

Queensland Health is currently transitioning to a revised organisational structure that includes some changes to boundaries of Health Service Districts. This role is located in District/Division/Branch/Unit.

For further information visit the District/Division/Facility website: *insert web address*

Pre-Employment screening

Pre-employment screening, including a criminal history check, may be undertaken on persons recommended for employment. Please refer to the Information Package for Applicants for details of employment screening and other employment requirements.

APPENDIX 2 – SUMMARY OF TRIAL AHA ROLES

Multidisciplinary assistant roles

(including podiatry, physiotherapy, speech pathology, occupational therapy, dietetics and nutrition)

Demonstration Project	Work unit and location	Level	Type of role	Clinical Setting	Location	Time assistant in role prior to audit (approx)	Comments
Metro North	Home based acute care services, Caboolture	Advanced	Upgraded from Full	Community	Metro	8 months	
Metro North	Home based acute care services, Redcliffe	Full	Redesigned	Community	Metro	8 months	
Metro North	Transition Care, Aspley	Advanced	Upgraded	Community	Metro	8 months	
Metro North	Transition Care, Aspley	Full	Redesigned	Community	Metro	8 months	13.3 FTE. Some minor staff turnover during trial.
Metro North	Primary Health Team, Caboolture	Advanced	Upgraded from Full	Community	Metro	0 months	Site not approved for trial and no audit completed.
Metro North	Primary Health Team, North Lakes	Full	New	Community	Metro	6 months	
Metro North	Allied Health, Redcliffe Hospital	Full	Redesigned	Acute	Metro	8 months	3 FTE
Metro North	Brighton Sub-acute and Residential Services (Eventide)	Full	Redesigned	Sub-acute	Metro	8 months	3.74 FTE.
Metro North	Brighton Sub-acute and Residential Services (Eventide)	Aide	New	Sub-acute	Metro	6 months	
South West (Rural Assistant)	St George	Advanced	Redesigned	Community	Rural	6 months	

South West (Rural Assistant)	St George	Full	Redesigned	Community	Rural	6 months	
South West (Rural Assistant)	Augathella (outreach)	Full	New	Community	Rural	6 months	
South West (Rural Assistant)	Dirranbandi (outreach)	Full	New	Community	Rural	6 months	
Sunshine Coast	Nambour Aged Care	Advanced	New	Community	Regional	4 months	
Sunshine Coast	Gympie Aged Care	Advanced	New	Community	Regional	4 months	
Sunshine Coast	Geriatric Outpatient Team (Nambour)	Advanced	New	Community	Regional	1 month	Not audited as had only been in the role a few weeks at time of audit
Gold Coast	Southport Aged Care	Advanced	New	Acute	Regional	2 months	
Gold Coast	Robina Aged Care	Advanced	New	Acute	Regional	2 months	
Gold Coast	Southport Supportive care (formally palliative care)	Full	New	Community	Regional	2 months	Staff turnover so new assistant only in role approx 2 months at time of audit. No duties list available
Townsville	Chronic disease	Advanced	New	Community	Regional	3 months	Staff turnover so new assistant only in role approx 3 months at time of audit. Previous assistants in place for approx 6 months, but role not audited. No duties list available for role audited as previous duties list did not apply to current role.

Physiotherapy assistant roles (8 audited)

Demonstration Project	Work unit and location	Level	Type of role	Clinical Setting	Location	Time assistant in role prior to audit (approx)	Comments
Metro North	Allied Health Orthopaedics, Redcliffe Hospital	Full	Redesigned	Acute	Metro	8 months	

Metro North	Allied Health Medicine, Redcliffe Hospital	Full	Redesigned	Acute	Metro	8 months	
Metro South	Spinal Injuries Unit, Princess Alexandra Hospital (PAH)	Advanced	Upgraded from Full	Acute	Metro	8 months	
Metro South	Acute Aged Care, PAH	Advanced	Upgraded from Full	Acute	Metro	8 months	
Metro South	Orthopaedics, PAH	Advanced	Upgraded from Full	Acute	Metro	8 months	
Metro South	Geriatric Assessment and Rehabilitation Unit, PAH	Advanced	Upgraded from Full	Acute	Metro	5 months	Not audited. Incumbent left role and were unable to re-recruit.
Metro South	Geriatric Assessment and Rehabilitation Unit, PAH	Full	Redesigned	Acute	Metro	8 months	
Metro South	Orthopaedics, PAH	Full	Redesigned	Acute	Metro	8 months	Role was not audited as incumbent refused to participate.
Metro South	Acute Aged Care, PAH	Full	Redesigned	Acute	Metro	8 months	
Metro South	Spinal Injuries Unit, PAH	Full	Redesigned	Acute	Metro	8 months	
Metro South	Brain Injuries Unit, PAH	Full	Redesigned	Acute	Metro	7 months	
Metro South	Spinal Injuries Unit and Geriatric Assessment and Rehabilitation Unit, PAH	Aide	New	Acute	Metro	6 months	Not audited. Incumbent left role and did not re-recruit.

Speech Pathology assistant roles

Demonstration Project	Work unit and location	Level	Type of role	Clinical Setting	Location	Time assistant in role prior to audit (approx)	Comments
Metro North	Speech Pathology RBWH	Full	Redesigned	Acute	Metro	3 months	Not audited. Incumbent left the role and were unable re–recruit.
Metro North	Allied Health Redcliffe Hospital	Full	New	Acute	Metro	8 months	
Metro South	Inpatient and outpatient rehabilitation services, PAH	Full	New	Acute	Metro	7 months	

Dietetics and nutrition assistant roles

Demonstration Project	Work unit and location	Level	Type of role	Clinical Setting	Location	Time assistant in role prior to audit (approx)	Comments
Metro South	Dietetics and Nutrition, PAH	Advanced	New	Acute	Metro	9 months	

Occupational Therapy assistant roles

Demonstration Project	Work unit and location	Level	Type of role	Clinical Setting	Location	Time assistant in role prior to audit (approx)	Comments
Metro North	Allied Health Redcliffe Hospital	Full	New	Acute	Metro	8 months	
Metro South	Geriatric Assessment and Rehabilitation Unit, PAH	Advanced	New	Acute	Metro	7 months	

Metro South	Cancer Services, PAH	Advanced	New	Acute	Metro	7 months	
Metro South	Brain Injuries Unit, PAH	Full	Redesigned	Acute	Metro	7 months	Incumbent resigned shortly after audit and role was not continued.
Metro South	Acute Care and Lymphoedema, PAH	Full	New	Acute	Metro	8 months	
Metro South	Hands and Plastics, PAH	Full	Redesigned	Acute	Metro	9 months	
Metro South	Geriatric Assessment and Rehabilitation Unit, PAH	Aide	New	Acute	Metro	8 months	

Social Work

Demonstration Project	Work unit and location	Level	Type of role	Clinical Setting	Location	Time assistant in role prior to audit (approx)	Comments
Mater	Social Work, Mater Hospital	Full	New	Acute	Metro	8 months	

Medical Imaging

Demonstration Project	Work unit and location	Level	Type of role	Clinical Setting	Location	Time assistant in role prior to audit (approx)	Comments
Medical Imaging Assistant	Medical Imaging (Computed Tomography – CT), Logan Hospital	Full	New	Acute	Metro	8 months	

Medical Imaging Assistant	Medical Imaging (Ultrasound), Toowoomba Hospital	Full	New	Acute	Regional	6 months	Not audited. Incumbent left the role
Medical Imaging Assistant	Medical Imaging (general radiography), Toowoomba Hospital	Aide / Full	New	Acute	Regional	7 months / 3 weeks	Role was upgraded to full scope level 3 weeks prior to audit. Aide level role not audited.

Pharmacy

Demonstration Project	Work unit and location	Level	Type of role	Clinical Setting	Location	Time assistant in role prior to audit (approx)	Comments
Pharmacy Assistant	Pharmacy, PAH	Advanced	New	Acute	Metro	6 months	
Pharmacy Assistant	Pharmacy, PAH	Full	Redesigned	Acute	Metro	6 months	
Pharmacy Assistant	Pharmacy, Emerald	Full	New	Acute	Rural	3 months	Not audited. Incumbent left shortly after commencement and were unable to re-recruit
Pharmacy Assistant	Pharmacy, Gympie	Advanced	New	Acute	Regional	1 month	Not audited. Incumbent left shortly after commencement and were unable to re-recruit

APPENDIX 3 – PROJECT EVALUATION FRAMEWORK

Key Performance Indicators

Section 1. Standardised measures to be collected across projects

(As applicable and negotiated with AHWACU - Each domain must be addressed)

Domain	Key Performance Indicator	Data	Description & Rationale	Time Frame	Data Collection
1.1 Client health	**More timely access to services** • % decrease in the average time to access services • % increase in number consumer accessing services • % increase in new consumers	Wait time	1.1a Average wait time before target intervention	Monthly	Project Officer
		Service throughput	1.1b # new cases seen per month 1.1c # review cases seen per month	Monthly	Project Officer
	Improved consumer satisfaction • Increased consumer satisfaction	CSQ - 8	1.1d Client Satisfaction Questionnaire (CSQ-8) Validated, brief, addresses service delivery	Baseline & intermittent	Project Officer
	Improved system integration • Increased stakeholder satisfaction ie: medical, nursing, administration	RSQ	1.1e Referrer Satisfaction Questionnaire – based on 'Fit for Surgery' survey	Baseline & intermittent	Project Officer
1.2 Service productivity	**Doing more activity with consumers** • % decreased cost per occasion of service	Occasion of service	1.2a # total labour costs divided by total occasion of service	Monthly	Project Officer
1.3 Human resource	**Increased attraction and retention of staff** • % decrease in vacancies	Vacancies	1.3a # AH critical vacancies 1.3b # total AH vacancies	Quarterly	Project Officer

Domain	Key Performance Indicator	Data	Description & Rationale	Time Frame	Data Collection
(workforce)	• % decrease critical vacancies • % decrease staff turnover	Separations and head count	1.3c # AH separations from total AH headcount from previous snapshot	6 monthly	Project Officer
	Increased development of staff • # staff undertaking targeted training	Participation in AHWACU run training	1.3d # participation in Lean training 1.3e # participation in Change Management	6 monthly	AHWACU
	Increased supply of staff • # Cert IV training positions offered/completed	Cert IV training	1.3f # Cert IV training positions offered 1.3g # Cert IV training positions completed	Baseline & end of Phase 2	AHWACU
	Morale/job satisfaction of staff • Increased staff satisfaction with: o work life o support o professional growth o work demand	Better Workplaces Staff Opinion Survey	1.3h Pulse survey based on Better Workplaces Staff Opinion Survey covering areas of: • Quality of work life • Supervisor support • Role clarity • Peer support • Professional growth • Excessive Work demands	Baseline & end of Phase 2	External provider TBA

Section 2. Project specific data

To account for the wide variance in projects, it is necessary to develop tools and measures appropriate to individual projects. Select KPI from the following domains and outline objective and clear methodology for measuring performance in these areas. ***Data must be collected for KPI's themes marked with * (unless otherwise negotiated).*** Other KPI's may be added and/or deleted as appropriate. A process approach may be adopted to better reflect change across time.

The Clinical Practice Improvement Centre (CPIC) will assist Project Officers with the development of Clinical Measures on a project by project basis. Contact Debbie Westmerland ph: 3636 9783 for more information.

Domain	Key Performance Indicator	Data	Description & Rationale	Time Frame	Data Collection
Client health *(CPIC will assist Project Officers with the development of Clinical Measures on a project by project basis)*	*** Improved consumer outcomes** This may include: • % increase in functional health • % improvement in condition specific health measures • % improvement in quality of life				
	Improved system integration				
	Safety indicators/contributing factors This may include: • Adverse event monitoring – Number, type and date • Measures of contributing factors				
Service productivity	**Doing more activity with consumers** This may include: • % adherence to Best Practice treatment guidelines • Changes in hours of operation				
Human resource (workforce)	**Workforce integration** This may include: • # professional staff to assistant staff (ratio) • # new graduate positions to other professional staff (ratio)				
	Increased adaptability of staff This may include: • % increase shared skills • % increase shared activities				

Definitions:

1.1a	**Average wait time:** statistical average of the length of time between when a consumer is enrolled on a waiting list and when initial clinical intervention is received.
	Target intervention: the focus intervention of the Models of Care demonstration project
	Consumer: the person in receipt of health service or intervention. May also be referred to as patient, client or case
1.1b	**New cases:** patients that are new to the program (for the target intervention) and are receiving assistance for the first time
1.1c	**Review cases:** patients that have previously received a service from the program
1.2a	**Labour cost**: the labour cost is the cost incurred by the program in the employment of labour. This comprises of remuneration for work performed, payments in respect of time paid for but not worked, cost to the employer for vocational training, travel, accommodation (if applicable ie: a cost incurred in providing outreach) and miscellaneous items. It is recognised that this may be an imprecise measure.
	Occasion of service: Any examination, consultation, treatment or other service provided, done at a separate appointment time or by a different clinician discipline.
1.3a	**AH critical vacancies:** any permanently funded allied health vacancies (unfilled, temporarily filled and unbackfilled long-term leave), which have already cased, or will cause, closure of services.
1.3b	**AH vacancies:** all allied health vacancies including: • unfilled – where there is no permanently appointed employee against the position and the position remains vacant • temporarily filled – the position is filled by casual/agency/locum temporary staff and there is an intent to permanently appoint to the position • unbackfilled – where the permanently appointed employee is on long-term leave greater than 2 months and the position has NOT been backfilled • critical – as above

1.3c	**AH separations:** cessation of employment with Queensland Health by Health Practitioner, professional and technical staff. Separation may be due to resignation, retirement, voluntary early retirement, retrenchment or death.
	AH headcount: total number of Health Practitioner, professional and technical FTE.

CLIENT SATISFACTION QUESTIONNAIRE (CSQ-8)

Purpose: To assess client satisfaction with treatment.

Scoring: The CSQ-8 is easily scored by summing the individual item scores to produce a range of 8 to 32, with high scores indicating greater satisfaction.

Scores are summed across items once. Items 2,4, 5 and 8 are reverse scored.

Description: The CSQ-8 is an 8-item, easily scored and administered measurement that is designed to measure client satisfaction with services. The items for the CSQ-8 were selected on the basis of ratings by mental health professionals of a number of items that could be related to client satisfaction and by subsequent factor analysis. The CSQ-8 is unidimensional, yielding a homogeneous estimate of general satisfaction with services.

The CSQ-8 has been extensively studied, and while it is not necessarily a measure of a client's perceptions of gain from treatment, or outcome, it does elicit the client's perspective on the value of services received. The CSQ-8 seems to operate about the same across all ethnic groups. This also is true for a version of the CSQ-8 that was translated into Spanish.

Primary Reference: Larsen, D.L., Attkisson, C.C., Hargreaves, W.A., and Nguyen, T.D. (1979). Assessment of client/patient satisfaction: Development of a general scale, *Evaluation and Program Planning*, 2, 197-207.

Source: The CSQ was developed by C.C Attkisson et at the University of California, San Francisco, Department of Psychiatry. Use for non-profit research and evaluation purposes is permitted. All other uses by prior permission and user fee, without exception.

Please help us improve our program by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. *Please answer all of the questions.* We also welcome your comments and suggestions. Thank you very much; we really appreciate your help.

Circle your answer:

1. How would you rate the quality of service you have received?

4	3	2	1
Excellent	Good	Fair	Poor

2. Did you get the kind of service you wanted?

1	2	3	4
No, definitely	No, not really	Yes, generally	Yes, definitely

3. To what extent has our program met your needs?

4	3	2	1
Almost all of my needs have been met	Most of my needs have been met	Only a few of my needs have been met	None of my needs have been met

4. If a friend were in need of similar help, would you recommend our program to him or her?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

5. How satisfied are you with the amount of help you have received?

1	2	3	4
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied

6. Have the services you received helped you to deal more effectively with your problems?

4	3	2	1
Yes, they helped a great deal	Yes, they helped	No, they really didn't help	No, they seemed to make things worse

7. In an overall, general sense, how satisfied are you with the service you have received?

4	3	2	1
Very satisfied	Mostly satisfied	Indifferent or mildly dissatisfied	Quite dissatisfied

8. If you were to seek help again, would you come back to our program?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

Any comments or suggestions:

Please return to……

REFERRER SATISFACTION QUESTIONNAIRE

Please help us improve our service by answering some questions about your experience when referring patients to our program. We are interested in your honest opinions, whether they are positive or negative. *Please answer all the questions.* We also welcome your comments and suggestions. Thank you, we appreciate your help.

Please read each item and tick the box to the right that best represents you answer for that question	**Very Dissatisfied**	**Dissatisfied**	**Neither**	**Satisfied**	**Very Satisfied**
1. How satisfied are you with the time taken for your patient to receive a service through our program?					
2. How satisfied are you with the information provided to you explaining the service our program provides?					
3. How satisfied are you with the information you received regarding the service your patient received from our program?					
4. How satisfied are you with the overall management of your patient's needs by our program					
5. How satisfied are you with the range of services provided by our program?					
6. How satisfied are you with the overall outcome of your patient's condition?					
7. How satisfied are you with our program as a component of the broader health service?					
	Very Unlikely	**Unlikely**	**Neither**	**Likely**	**Very Likely**
8. In the future, would you consider referring patients with similar needs to our program					

Please write any further comments:

Please return to……..

APPENDIX 4 – PROCESS EVALUATION FRAMEWORK

The success of your project does not only relate to whether a new model of care is successfully implemented or not, but to how effectively the change process was managed and sustained within the organisation. A process evaluation provides opportunity to reflect on project processes, project organisation, project strategies, as well as project outcomes. It enables the lessons of the project, both good and bad, to be learned and applied to future projects. Whilst some of these lessons will be of interest to the local project team, those that have broader application are of interest to the Allied Health Workforce Advice and Coordination Unit.

This framework provides prompt questions for evaluating phases and elements of your project. While most of the data to answer these questions can be obtained through interviews, focus groups and reviewing project documents, AHWACU will survey project officers, sponsors and stakeholders to elicit specific information as indicated in the tables below. Project officers should expand this framework to develop a process evaluation plan that is specific to their project. For each question, the project officer should consider:

1. What information is needed to answer the question
2. Where this information can be sourced (ie documents, personnel) – Prompts are provided in the table below
3. Tools and resources to support collection of this information – Prompts are provided in the table below
4. When the information will be collected - In most instances this will be June/July/August 2010
5. What collation/analysis is required and how this will occur, and
6. How the information will be reported on and to whom - All questions should be reported on in the Project Completion Report which must be provided to AHWACU at the conclusion of the project.

Project planning and establishment processes	
Questions to be answered	**Tools/procedures to collect information**
Was the project accurately scoped within the first three months of commencement (this includes setting of goal/objectives; definition of 'deliverables')?	• Review minutes of meetings • Focus group with steering committee (SC) • Review drafts of project plan
Was the work breakdown structure (WBS) and task analysis adequate?	• Review WBS and task analysis in focus group with SC
Was time estimation/effort for each task accurate?	• Review WBS and task analysis in focus group with SC
Were milestones met according to the project plan or not? If not, why?	• Focus group with SC using WBS
Did recruitment of project staff occur in a timely way? Describe obstacles encountered.	• Reflections of sponsor
Did the project staff recruited have the necessary competencies to manage the project? If not how was this managed?	• AHWACU survey
Were training and support needs for the project staff identified and met?	• AHWACU survey
Were costs and resources for the project estimated accurately?	• Review budget with SC and sponsor

Project development and monitoring processes	
Questions to be answered	**Tools/procedures to collect information**
Did the project operate within budget? If not, why not?	• Review implementation Plan - budget
Were project resources allocated appropriately at the local level? Were all available resources used optimally?	• Review implementation plan and budget with SC and sponsor
Was the governance of this project (ie management and authority structures) clear and effective?	• Review governance structure • Review TOR for SC
What were the decision making processes in place regarding this project and were they effective? (For example, were timely adjustments able to be made to the project strategies)?	• Focus group with SC • Governance structure • TOR SC
Were critical problems documented and escalated for resolution? What were the processes in place for this to occur?	• Review issues log with SC • Focus group with SC
Were roles of the project manager, sponsor, working groups and steering committees clearly defined from the outset?	• Phase 1 project plan • TOR SC
Did the project team (ie sponsor and project officer/s) function well? If not why?	• Discussion between project team members

Were communication channels with stakeholders clear and transparent? Were all stakeholders always aware of the project status?	• Focus group with stakeholders using communication plan
How was the influence of stakeholder groups managed? Were these strategies effective?	• Focus group with SC • AHWACU survey

Project quality and reporting processes	
Questions to be answered	**Tools/procedures to collect information**
How was the *quality* of project deliverables monitored and assured? Were processes in place to address this?	• Discuss in focus group with SC and with project sponsor
Was the project monitored against the project plan? Was the plan adjusted through the project to reflect changes?	• Critical reflection on Implementation Plan with SC
Were project risks identified accurately and were mitigation strategies activated in a timely way?	• Critically analyse risk analysis in focus group with SC
Were the assumptions made about the project correct?	• Review Phase I project plan in focus group with SC
Were reporting mechanisms both locally and to AHWACU used appropriately?	• Review progress reports
Were progress reports written to please management or to provide an accurate picture of project status?	• Review progress reports in focus group with SC