Allied Health Assistant Framework

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Summary  This document provides a governance framework for the effective employment and utilisation of Allied Health Assistants (AHAs) in the NSW Health workforce. The Framework defines the roles and responsibilities that AHAs have in the delivery of patient care; provides a structure for Allied Health Professionals to effectively supervise and delegate to AHAs and provides information to assist with growing this workforce safely and effectively.

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Director-General
ALLIED HEALTH ASSISTANT FRAMEWORK

PURPOSE
The AHA Framework is a governance document that describes the effective employment and utilisation of Allied Health Assistants (AHAs) in the NSW Health workforce.

The Framework defines the roles and responsibilities that AHAs have in the delivery of patient care; provides a structure for Allied Health Professionals (AHPs) to effectively supervise and delegate to AHAs and provides information to assist with growing this workforce safely and effectively.

KEY PRINCIPLES
The AHA Framework defines the eight components requiring consideration when employing and working with AHAs.

The eight components each have a set of guidelines that act as a check point for health services when implementing the Framework. The components provide guidance to understanding the roles and responsibilities of AHAs and AHPs as well as the supervision and support AHAs require to work safely with patients. The quick reference to the eight components and their respective guidelines are on pages 12-13 of the Framework.

The eight components are as follows:
1. Scope of Practice (pg 14)
2. Skills and Competencies (pg 22)
3. Position Description (pg 27 and Appendix A)
4. Education Pathway (pg 28)
5. Clinical Supervision Guidelines (pg 29)
6. Delegation Guidelines (pg 34)
7. Integrating AHAs into AH Teams (pg 38)
8. Professional Development (pg 39)

USE OF THE GUIDELINE
The AHA Framework provides broad guidelines to assist health services when creating new AHA positions and when reviewing existing AHA positions. The Framework is intended to be used as a guide and is flexible enough to meet the needs of the variety of services and settings within NSW Health.

The Framework should be used in conjunction with the AHA Online Training Module which is available on the HETI website.

Tools to assist staff at LHDs with implementation of the Framework can be found on the Allied Health pages of the NSW Health website.
REVISION HISTORY

<table>
<thead>
<tr>
<th>Version</th>
<th>Approved by</th>
<th>Amendment notes</th>
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<tr>
<td>July 2013 GL2013_005</td>
<td>Deputy Director General, Governance Workforce and Corporate</td>
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Abbreviations

AAC  Augmentative and Alternative communication
AH   Allied Health
AHA  Allied Health Assistant
AHP  Allied Health Professional
AP   Assistant Practitioners
CS&HISC Community Services and Health Industry Skills Council
HETI Health Education & Training Institute
HSU  Health Services Union
HWA  Health Workforce Australia
LHD  Local Health District
MoH  Ministry of Health
NAHAWG National Allied Health Assistant Working Group
NHS  National Health Service
RPL  Recognition of Prior Learning
RTO  Registered Training Organisation
Executive Summary

The health workforce is experiencing increasing pressures to deliver health services to an evolving population. Increased use of an assistant level workforce with new models of care is one strategy to respond to this challenge; this includes developing the Allied Health Assistant (AHA) workforce.

This document provides a governance framework for the effective employment and utilisation of AHAs in the NSW Health workforce.

This Framework will:

1. Clearly define the roles and responsibilities that AHAs have in the delivery of patient care;
2. Provide a structure for AHPs to effectively supervise and delegate to AHAs;
3. Provide information to assist with growing this workforce safely and effectively.

This resource document supports the NSW Health AHA initiative, the aims of which include:

- Expanding the utilisation of AHAs across NSW Health;
- Enhancing existing models of care to better integrate the assistant workforce;
- Supporting a team-based approach and better utilisation of the skills within the professional workforce;
- Development of a robust, rigorous and consistent approach to clinical governance of AHAs.

The framework consists of eight components providing guidance when designing roles, employing and working with AHAs as part of the health care team.

These eight components are:

1. Scope of practice
2. Skills and competencies
3. Position description
4. Education pathway
5. Clinical supervision guidelines
6. Delegation guidelines
7. Integrating AHAs into AH teams
8. Professional development

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

A guide on how to implement this Framework for both new and existing AHA positions is outlined in Chapter 2. The implementation of this state-wide framework will facilitate the safe and consistent expansion of the AHA workforce which will assist in supporting the efficient and timely delivery of allied health services.
Introduction

Context

The allied health workforce is an essential component of the health workforce, and the demand for allied health services will further increase with the ageing of the population, the growing burden of chronic disease and an increasing emphasis on the delivery of multidisciplinary care. One strategy in response to this challenge is to develop new models of care which include increased use of an assistant level workforce with well defined roles.

In NSW, the strategy to realign the health workforce with new models of care and to develop the healthcare assistant workforce has been well documented and supported. The following publications have subsequently informed the development of this Framework.

- In the Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals (2008) Commissioner Garling recommended that the NSW Health workforce be realigned so that patient centred care is provided by a multidisciplinary team and components of that care are performed by a team member utilising the best mix of skills, qualifications and experience to deliver quality healthcare. Enabling the assistant workforce to expand their roles and take on new tasks will allow health professionals to focus on more complex service delivery tasks and develop extended scope of practice roles to further support health care demands.

- Health Professionals Workforce Plan 2012 – 2022 provides a high level overview of the strategies that need to be implemented to ensure that NSW can train, recruit and retain doctors, nurses, midwives, oral health practitioners and allied health professionals in order to continue to provide a quality health service to the people of NSW. Strategy 7.8 is to “grow the Allied Health workforce in line with forecast health service demand and delivery requirements”, within this is the development of an evidence based Allied Health Care Assistant Framework.

Role of Allied Health Assistants in Australia and Overseas

Governments across Australia has recognised the importance of developing the AHA workforce in response to the national and global future health workforce shortages. Jurisdictions have developed a variety of resources to assist with understanding the AHA workforce.

- Western Australia Health has published a variety of useful resources for employing and managing AHAs. These are available at <www.wacountry.health.wa.gov.au/index.php?id=637>

- The Department of Health in Victoria developed an approach to implementing an assistant workforce that was largely focused on the trialling and implementation of AHA roles. This resulted in the publication of a variety of resources, available at: <www.health.vic.gov.au/workforce/reform/assistant.htm>


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The South Australian Government has developed an informative website on the role of AHAs and the future direction of AHAs in SA, available at:

These jurisdictions all consistently reported that employment of AHAs lacked structure, that roles were defined differently within Health Services and the level of responsibility and services provided by AHAs within their localities varied greatly.

In 2007 the Community Services and Health Industry Skills Council introduced the Certificate IV qualification in Allied Health Assistance, with the option to specialise in six different Allied Health disciplines. More recently, jurisdictions around Australia formed a National AHA Working Group (NAHAWG), which meets quarterly to share information relating to AHA Initiatives and to facilitate a coordinated national approach to growing this workforce in a safe and effective way.

The Health Workforce Australia (HWA) 2012-13 Work Plan includes development of healthcare assistant roles at Section 2.3 Workforce Flexibility – Assistant and Support Roles. The goal is to increase the productivity and capacity of the health workforce by identifying opportunities for the development of assistant and support roles. The NAHAWG has made recommendations to HWA regarding the development of AHA roles including the requirement to create and implement a nationally consistent supervision and delegation framework; to develop a competency framework for training and supervision; and to develop a sustainable training and education framework for Allied Health Professionals (AHPs) to supervise and safely delegate work to AHAs.

The United Kingdom (UK) is a global leader in development of healthcare assistant roles. The National Health Service (NHS) employs both Health Care Support Workers (HCSWs) and Assistant Practitioners (APs). HCSWs work closely with patients and are involved in direct care activities to complement some roles and responsibilities of Registered Nurses. HCSWs are not required to have formal training or to hold a recognised qualification. A significant UK workforce policy initiative and important career development for HCSWs is the AP role.\(^3\) APs are a higher level of support workers, introduced in the UK to complement the work of registered professionals and work across professional groups in both hospital and community settings. APs have a remit to deliver protocol-based clinical care and cover activities previously associated with the work of registered practitioners. This protocol-based care is undertaken under the direction and supervision of a state registered practitioner. APs require formal training (national vocational qualification or foundation degree) and career progression occurs alongside pay structures that reflect their levels of preparation and practice for healthcare work.\(^4\)

Some jurisdictions in Australia, including Queensland and South Australia, have based the development of AHA roles locally on this UK model.

**Benefits of working with AHAs**

Evidence from the literature highlights health care benefits from introducing AHAs in terms of both process and service outcomes. These include increased patient satisfaction, increased intensity of clinical care, more time for AHPs to concentrate on complex tasks and improved clinical outcomes.\(^5\) Introduction of AHAs in the workplace has also led to improved levels of client satisfaction and are a cost effective addition to the allied health workforce.\(^6\)

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\(^3\) Spilsbury K et al; Mapping the introduction of Assistant Practitioner roles in Acute NHS (Hospital) Trusts in England; Journal of Nursing Management 2009, 17:615-626

\(^4\) Moran A et al; Are we using support workers effectively? The relationship between patient and team characteristics and support worker utilisation in older people’s community-based rehabilitation services in England; Health and Social Care in the Community; 2012 doi: 10.1111/j.1365-2524.2012.01065.x

\(^5\) Lizarondo L, Kumar S, Hyde L, Skidmore D; Allied Health Assistants and what they do: A systematic review of the literature J. of Multidisciplinary Healthcare 2010:3 143-153

\(^6\) Evaluation – Rural Allied Health Assistant (RAHA) Project – Interim Reports 1 (Dec 2010) & 2 (Nov 2011), Rural Division, Health Education & Training Institute
Barriers to introduction of AHAs

There are some barriers to introducing AHAs in healthcare settings. These include ongoing uncertainty regarding the scope of AHA roles and responsibilities, protectionism of AHPs and feelings of inadequacy by AHAs themselves. Clear role delineation should therefore address the issue of professional status and security, which can lead to adequate and appropriate utilisation of AHA services, and ultimately safe and high quality healthcare.

How this Framework was developed

An Advisory Committee with key stakeholder participation was established to provide strategic stakeholder input. Members of the Advisory Committee included representatives from the NSW Ministry of Health (MoH), Local Health Districts (LHDs), the Health Services Union (HSU), the Community Services and Health Industry Skills Council (CS&HISC), Health Education and Training Institute (HETI) and Health Registered Training Organisation (RTO).

The Framework development was based on:

1. A literature search which included:
   - Position papers from national groups
   - Position papers or guidelines from national AH bodies
   - Position papers or guidelines from interstate bodies and governments
   - HWA literature review
   - Reports from Healthcare Assistant Co-ordinator projects
   - Rural Allied Health Assistant (RAHA) Project in the former Greater Southern AHS
   - HETI publications
   - State awards

2. A state-wide AHA survey
   - A survey seeking information in relation to employed AHAs was conducted by the NSW Ministry of Health in July 2012. The intention of the survey was to collect information regarding the number of AHAs working across NSW public health facilities, the job titles used to describe AHAs and the various Allied Health disciplines they supported. This survey represented the first time this information had been collected on a state-wide level. It thus provided baseline data against which future surveys could measure change and progress of the initiative.

3. Consultation Forums
   - Themes and issues identified through the literature search and preliminary results from the survey were used to develop an overview and key statements used to inform the Framework. These were approved by the Advisory Committee and were used as the basis for consultation. A mixture of face to face, phone and video-conferencing were used for the consultation process covering rural, regional and metropolitan LHDs. Over 300 participants took part, which included AHAs, AHPs, AH Managers, workforce services personnel and AH Directors. The feedback from these consultations was used to further develop this Framework.

7 Lizarondo L, Kumar S, Hyde L, Skidmore D; Allied Health Assistants and what they do: A systematic review of the literature J. of Multidisciplinary Healthcare 2010:3 143-153
Purpose of the Framework

This Framework aims to provide a governance structure to clearly define the roles and responsibilities that AHAs have in the delivery of patient care, how to effectively supervise and delegate as well as information to assist with growing this workforce safely and effectively.

The state-wide Framework aims to facilitate the implementation and expansion of the AHA workforce which will support the efficient and timely delivery of allied health services.

This resource document supports the NSW Health AHA initiative, the aims of which include:

- Expansion of the utilisation of AHAs across NSW Health;
- Enhancing existing models of care to better integrate the assistant workforce;
- Supporting a team-based approach and better utilisation of the skills within the professional workforce;
- Development of a robust, rigorous and consistent approach to clinical governance of AHAs.

Scope of the Framework

This Framework is an overarching guide that can be used by LHDs and specialty networks to enhance existing or establish new local structures around the effective use of AHAs.

This Framework can be utilised:

- In the development of new AHA positions.
- To promote the safe and effective utilisation of the existing AHA workforce.
- To assist both AHPs and service managers to better understand roles and scope of practice of the health workforce.
- To support AHPs to delegate and supervise safely and effectively to the assistant workforce.

Who are AHAs and what do they do?

The allied health workforce in Australia is comprised of AHPs and other technicians, assistants and support workers who work with AHPs.8

An AHA has been defined as:

A person employed under the supervision of an allied health professional who is required to assist with therapeutic and program related activities. Supervision may be direct, indirect or remote and must occur within organisational requirements.9

A ‘cross disciplinary’ AHA is an assistant that works in more than one allied health discipline.

AHP disciplines that currently utilise AHAs in NSW Health are:

- Physiotherapists
- Occupational Therapists
- Diversional Therapists

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8 Allied Health Professionals Australia
9 Community Services and Health Industry Skills Council – HLT42512 Certificate IV in Allied Health Assistance
- Dieticians
- Radiographers
- Pharmacists
- Speech Pathologists
- Orthotists
- Prosthetists
- Podiatrists
- Audiologists
- Child Life Therapists

This list is not exhaustive and does not preclude other allied health disciplines from utilising assistants, for example, Social Workers.
How to use this Framework

This Framework draws together a number of areas that need to be considered and integrated when employing and working with AHAs. The following two figures are representations of the considerations to be made when creating new AHA positions and for existing AHA positions when implementing this Framework. The components that are referred to in these steps are summarised in Chapter 3 and provided in detail throughout the Framework.

Figure 1 – Steps to consider when establishing a new AHA position

Step 1 Opportunity Identification
- Identify the functions of the clinical service
- Identify the current level of allied health service in the clinical service
- Determine if there are any ‘unmet needs’ that are relevant to NSW Health
- Determine if any of the current and/or ‘unmet needs’ could be met using an AHA
- Determine resource/funding options

Step 2 Planning
- Select the relevant tasks or activities from Table 1 (Component 1)
- Identify the skills linked to these tasks (Component 2)
- Consider these skills when recruiting
- Include the selected tasks in the Position Description (Component 3)
- Identify the supervision and delegation responsibilities (Components 5 & 6)
- Consider what professional development/support will be needed for the supervising AHP and the AHA (Components 7 & 8)

Step 3 Implementation
- Recruit to the position
- Finalise the AHP position that will be supervising the AHA position
- Provide orientation to the position
- Commence formal supervision and delegation
- Support the AHP working with the AHA
- Commence relevant qualification training if required

Step 4 Evaluation/Review
- Assess whether the clinical needs of the service identified at Step 1 are met
- Review whether the AHA has commenced the relevant qualification (if required)
- Review whether formal documented supervision sessions have occurred (Component 5)
- Determine if delegation responsibilities and accountabilities have been clearly defined (Component 6)
- Identify whether the AHP’s and AHA’s professional development and training needs have been met (Components 7 & 8)
Figure 2 – Questions to ask for existing AHA positions

- **Does the AHA have a position description with a clear scope of practice?**
  - If not, review and update position description using Components 1 & 3

- **Does the AHA have a qualification relevant to their position?**
  - If not, explore recognition and training options using Component 2

- **Is the AHA supervised effectively by an AHP?**
  - If not, change supervision arrangements using Component 5

- **Have the delegation responsibilities and accountabilities been clearly defined?**
  - If not, refer to delegation guidelines in Component 6

- **Has the AHP been trained to work effectively with AHAs?**
  - If not, explore training options using Component 7

- **What relevant professional development opportunities are available for AHAs?**
  - Refer to Component 8 for suggestions.
The Eight Components of Employing AHAs

This chapter provides the guidelines for each of the components that make up the NSW Health AHA Framework. There are a total of eight components to consider when employing and working with AHAs. These provide guidance to understanding the roles and responsibilities of AHAs and AHPs as well as the supervision and support AHAs require to work safely with patients.

Component 1 – Scope of Practice

- AHAs working in NSW Health will have a defined scope of practice linked to the service needs.
- The scope of practice will include tasks that the AHA can safely perform listed by clinical setting and discipline.
- Where available, the task list will refer to the units of competencies within the relevant qualifications.
- Flexibility to adapt the scope of practice is required in order to reflect the needs of the local service. The scope will vary depending on setting and discipline needs. For example; paediatric, geriatric, mental health.

Component 2 – Skills and Competencies

- A relevant qualification at Certificate III or IV level equips AHAs to undertake the scope of practice as outlined in their position description.
- AHAs currently employed in NSW Health will be encouraged to participate in a recognition of prior learning process as part of meeting the relevant qualification requirements.
- Relevant qualifications will be determined by the requirements of the position. Options include:
  - Certificate III and IV in Allied Health Assistance
  - Certificate III and IV in Hospital Health Services Pharmacy Support
  - Certificate III in Prosthetic/Orthotic Technology
  - Certificate IV in Leisure and Health
  - Certificate IV in Audiometry

Component 3 – Position Description

- AHAs working in NSW Health will have a position description that reflects the position type and setting.
- A sample position description template is included at Appendix A. This contains core elements including position details, position purpose, supervisor, key accountabilities, key challenges and selection criteria. A task list is available from the scope of practice section.
Component 4 – Education Pathway
- AHAs are to be encouraged to progress to attainment of the competencies that are required, or linked, to the position.

Component 5 – Clinical Supervision Guidelines
- AHA positions are to be clinically supervised by an AHP.
- AHA positions will have a designated clinical supervisor position.
- Formal supervision sessions will be documented in accordance with local requirements.
- Clinical supervision may be direct, indirect and/or remote.

Component 6 – Delegation Guidelines
- AHPs will have a clear understanding of what can be delegated to AHAs and the related responsibilities and accountabilities.
- AHAs and AHPs will have a clear understanding of allocated tasks.
- AHAs will have a clear understanding of their responsibilities when accepting delegation from AHPs.
- Delegation will be documented.

Component 7 – Integrating AHAs into AH teams
- AHPs are required to have knowledge and understanding of the roles and responsibilities of AHAs.
- AHPs may require support to develop effective supervision and delegation skills when working with AHAs.

Component 8 – Professional Development
- As with all health professionals, AHAs are to have access to ongoing professional development. This is a shared responsibility between the individual and their employer, aimed at optimising performance and enhancing patient care.
COMPONENT 1

Scope of Practice

**Guidelines**
- AHAs working in NSW Health will have a defined scope of practice linked to the service needs.
- The scope of practice will include tasks that the AHA can safely perform listed by clinical setting and discipline.
- Where available the task list will refer to the units of competencies within the relevant qualifications.
- Flexibility to adapt the scope of practice is required in order to reflect the needs of the local service. The scope will vary depending on setting and discipline needs. For example, paediatric, geriatric, mental health.

AHAs work in a diverse range of settings and allied health disciplines. This diversity can make it challenging to define the scope of practice for this group. It is important however to define the scope of practice as it relates to both the clinical setting and the allied health discipline/s.

**Scope of practice of a profession**

A profession’s scope of practice is the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within that profession are educated, competent and authorised to perform.

Some functions within the scope of practice of any profession may be shared with other professions or other individuals or groups. The scope of practice of all health professions is influenced by the wider environment, the specific setting, legislation, policy, education, standards, and the health needs of the population.

**Scope of practice of an individual**

The scope of practice of an individual is that which the individual is educated, authorised and competent to perform. The scope of practice of an individual AHA may be more specifically defined than the scope of practice of their discipline. To practise within the full scope of practice of the discipline the individuals may need to update or increase their knowledge, skills or competence.

This highlights the need for scope of practice decision making to be embedded in a robust clinical governance, risk management, and regulatory framework to enable AHAs to work within the full and potential scope of practice.

This section describes the scope of practice for the AH groups broadly as determined by the AHP groups and the relevant qualifications.
Scope of practice of an Allied Health Assistant

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

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

The following activities may only be undertaken by an AHP and are never to be included in the AHA scope of practice

AHP groups have identified activities that are only undertaken by an AHP.

These include:

- Informing patients/clients and families about the type, frequency, and duration of services;
- Making clinical decisions, including determining patient/client selection for inclusion/exclusion in caseload and discharging patients/clients from treatment;
- Communicating with patients/clients, parents and family members about diagnosis, prognosis and treatment plan, unless these are done with explicit instructions from the AHP;
- Conducting assessments;
- Preparing individual treatment plans;
- Interpretation of referrals;
- Initial assessments or interviews;
- Development of treatment goals and plans for client;
- Planning and modification of treatment programs or goals;
- Discharge planning;
- Pressure care assessment, prescription and intervention including providing advice about the suitability of specialised equipment, including beds and chairs;
- Assessment and prescription of:
  - Splinting
  - Specialised seating and wheelchairs
  - Specialised equipment, aids and appliances, e.g. cutlery or writing tools
  - Home and environmental installation or modifications
- Assessment and diagnosis of swallowing disorders;
- Demonstration of swallowing strategies or precautions to client, family, carers or other staff;10
- Injection of local anaesthetic, wound debridement and sharps debridement.

Who assesses competency?

Competency in the workplace needs to be identified and assessed by an experienced AHP working with the AHA on a day to day basis, when addressing specific workplace needs that are not within a qualification.

10Guidelines for AHA Scope of practice, Delegation and Supervision; Western NSW LHD
Responsibility for the assessment of competency for the purpose of issuing a qualification rests with the Registered Training Organisation (RTO). The RTO will work with the AHP in determining competence in the workplace.

Competency standards for all units as undertaken in the relevant qualification are available from the training.gov.au website which can be found at <www.training.gov.au>

**Determining scope of practice**

The scope of practice of a position needs to be determined at the time of creating a new AHA position and needs to be in line with the requirements of the service. Scope of practice for a position should be determined by the relevant staff making decisions relating to service needs in an allied health department, this can include the Allied Health Director, Manager and/or the supervising AHP.

The scope of practice should be attached to the position description; this will ensure the scope is reviewed each year during the appraisal process to ensure it remains relevant to both the service needs and the individual recruited to the position. This process will also identify any additional training needs.

A list of tasks is provided in Table 1 (page 18) to assist in formulating a scope of practice for a position. These tasks are sourced from the units of competency within the Certificate IV in Allied Health Assistance and are intended for use as a guide only.

**Adding tasks to scope of practice**

There may be tasks in addition to Table 1 that are relevant to specific services that also need to be included when determining the scope of practice for a position. It is important that the scope is flexible enough to reflect the requirements of the service.

An example is in the paediatric setting, there may be equipment or treatment methods that are specific to paediatrics.

It is important that when adding tasks to the scope of practice for an AHA that:

1. The tasks are clearly identified;
2. The training requirements for the AHA are identified and delivered;
3. Adequate supervision for the AHA is provided;
4. Ongoing competency assessment is included to ensure the AHA is competent to undertake these additional tasks.

The delegation flow chart on page 36 can provide guidance in identifying additional tasks that may be appropriate to delegate to an AHA.

**How to use Table 1**

Table 1 provides examples of tasks that can be included in the scope of practice for AHAs. This task list was extracted from the units of competency from the Certificate IV in Allied Health Assistance. Tasks are listed against both clinical setting and professional groups. The codes in the last column can be used to locate the relevant units of competency within the Certificate III and IV in Allied Health Assistance found in Table 3 (See pages 24-25).
Matching the units of competency within Table 3 from a task in Table 1 gives an indication of the type of education and training required to perform a particular task and therefore may assist with both recruitment and position descriptions, for both single discipline and cross-disciplinary AHAs.

For example, if the role included the task ‘Apply and remove plasters under the direction of the supervising Physiotherapist’, you are directed to A1, which is the code for the unit of competency ‘Assist with the application and removal of a plaster cast’. This unit would need to be part of the AHAs qualification or it can be undertaken as a standalone unit.

Refer to the pharmacy specific units of competency within the Certificate IV in Hospital-Health Services Pharmacy Support for tasks that fall within the scope of practice for this group.

Refer to specific units of competency within the Certificate III in Prosthetic/Orthotic Technology for tasks that fall within the scope of practice for orthotic assistants.

The tasks or activities that are listed under ‘general options’ are included as a pick list that may be relevant for many assistant groups and should be considered in addition to those tasks under the discipline specific groups.

The tasks listed in this table will need to be reviewed and expanded to reflect workplace changes and the clinical needs of the service.
### Delegated Patient Care – general options for AHAs

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Code</th>
</tr>
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<tbody>
<tr>
<td>Prepare patients/clients for treatment.</td>
<td>L2</td>
</tr>
<tr>
<td>Assist in patient/client treatment, therapeutic activities, retraining programs according to the specific care plan that has been prescribed by an AHP, being aware of background diagnosis and precautions.</td>
<td>L2</td>
</tr>
<tr>
<td>Assist with routine evaluations by AHP, collect observational data as required, and report any changes in patient/client behaviour or performance.</td>
<td>B</td>
</tr>
<tr>
<td>Supervise activities and exercises of patients/clients individually or in groups under direction of the AHP.</td>
<td>L2</td>
</tr>
<tr>
<td>Check posture and positioning and report on performance, problems or need for change.</td>
<td>B1</td>
</tr>
<tr>
<td>Provide assistance in therapy where two or more people are required for safety; assist with patient/client positioning/manual handling.</td>
<td>L2</td>
</tr>
<tr>
<td>Report any change in behaviour or performance of patients/clients.</td>
<td>L2</td>
</tr>
<tr>
<td>Assist with the organisation of groups, prepare and conduct or co-facilitate group activities.</td>
<td>D3</td>
</tr>
<tr>
<td>Act as escort to patients/clients requiring supervision/assistance in the healthcare facility environment or on home visits, (for Mental Health facilities and settings please refer to local policies in relation to the escorting of patients).</td>
<td>L2</td>
</tr>
<tr>
<td>Document in patient/client medical record as appropriate to role.</td>
<td>Many</td>
</tr>
</tbody>
</table>

### Clinical Support – general options for AHAs

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist with patient/client intake – collect referrals, enter data.</td>
<td>L2</td>
</tr>
<tr>
<td>Prepare treatment space/room for next patient/client.</td>
<td>L2</td>
</tr>
<tr>
<td>Prepare or make aids/devices for therapy under the supervision of the AHP.</td>
<td>L2</td>
</tr>
<tr>
<td>Update/maintain resources.</td>
<td>L2</td>
</tr>
<tr>
<td>Participate in quality activities, assist with the compilation and/or evaluation of data on projects, satisfaction surveys etc.</td>
<td>L6</td>
</tr>
<tr>
<td>Maintain learning, for example, participation in departmental and LHD education, orientation and mandatory training programs.</td>
<td>L6</td>
</tr>
<tr>
<td>Assist with cleaning of therapy aids and equipment; ensure all equipment is safe and functional.</td>
<td>Many</td>
</tr>
<tr>
<td>Assist with administration of equipment loan pool and other services as deemed necessary by the AH manager.</td>
<td>D4</td>
</tr>
<tr>
<td>Deliver equipment and adjust in home according to specifications from AHP.</td>
<td>D4</td>
</tr>
<tr>
<td>Assist in development of patient/client handouts/developing resources for community education.</td>
<td>D3</td>
</tr>
<tr>
<td>Participate in supervision processes.</td>
<td>Many</td>
</tr>
</tbody>
</table>

### Administrative Support – general options for AHAs

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Book appointments.</td>
<td>L2</td>
</tr>
<tr>
<td>Collect data for monitoring quality improvement or statistical purposes.</td>
<td>L2</td>
</tr>
<tr>
<td>Assist with ordering and/or purchasing of supplies and materials including stationary, stock and non–stock items.</td>
<td>L2</td>
</tr>
<tr>
<td>Administrative duties – word processing, telephone duties, photocopying, monitor resource usage, laminating, scheduling and rescheduling appointments.</td>
<td>L2</td>
</tr>
<tr>
<td>Assist in the sourcing and ordering of equipment and resources as delegated by the AHP.</td>
<td>D4</td>
</tr>
<tr>
<td>Participate in LHD performance management processes, for example, performance appraisal.</td>
<td>L6</td>
</tr>
</tbody>
</table>
### Clinical Support – general options for AHAs

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist with patient/client intake – collect referrals, enter data.</td>
<td>L2</td>
</tr>
<tr>
<td>Prepare treatment space/room for next patient/client.</td>
<td>L2</td>
</tr>
<tr>
<td>Prepare or make aids/devices for therapy under the supervision of the AHP.</td>
<td>L2</td>
</tr>
<tr>
<td>Update/maintain resources.</td>
<td>L2</td>
</tr>
<tr>
<td>Participate in quality activities, assist with the compilation and/or evaluation of data on projects, satisfaction surveys etc.</td>
<td>L6</td>
</tr>
<tr>
<td>Maintain learning, for example, participation in departmental and LHD education, orientation and mandatory training programs.</td>
<td>L6</td>
</tr>
<tr>
<td>Assist with cleaning of therapy aids and equipment; ensure all equipment is safe and functional.</td>
<td></td>
</tr>
<tr>
<td>Assist with administration of equipment loan pool and other services as deemed necessary by the AH manager.</td>
<td>D4</td>
</tr>
<tr>
<td>Deliver equipment and adjust in home according to specifications from AHP.</td>
<td>D4</td>
</tr>
<tr>
<td>Assist in development of patient/client handouts/developing resources for community education.</td>
<td>D3</td>
</tr>
<tr>
<td>Participate in supervision processes.</td>
<td>Many</td>
</tr>
</tbody>
</table>

### Occupational Therapy options – Acute and Community
(in addition to tasks included in general options for AHAs)

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist with Occupational Therapy program as directed by the supervising Occupational Therapist.</td>
<td>L2</td>
</tr>
<tr>
<td>Implement self care retraining programs as prescribed by the supervising Occupational Therapist.</td>
<td>D2</td>
</tr>
<tr>
<td>Order/provide and demonstrate basic equipment .</td>
<td>D4</td>
</tr>
<tr>
<td>Joint home visits for patients/clients where assistance of a second staff member is required.</td>
<td>B2</td>
</tr>
<tr>
<td>Follow through positioning and/or splinting regimes as prescribed by the supervising Occupational Therapist.</td>
<td>B2</td>
</tr>
<tr>
<td>Energy conservation/falls prevention/hip precautions/personal alarms advice as per Occupational Therapist’s recommendations.</td>
<td>B2</td>
</tr>
<tr>
<td>Continue therapy programs as per Occupational Therapist’s recommendations.</td>
<td>B2</td>
</tr>
<tr>
<td>Assist in joint treatment sessions where a second staff member is required.</td>
<td>B2</td>
</tr>
<tr>
<td>Complete home modification/Quick Cad drawings as per Occupational Therapist’s specifications.</td>
<td>B2</td>
</tr>
<tr>
<td>Conduct patient/client activity groups under direction of the Occupational Therapist.</td>
<td>D3</td>
</tr>
</tbody>
</table>

### Physiotherapy options – Acute (in addition to tasks included in general options for AHAs)

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist with Physiotherapy program as directed by the supervising Physiotherapist.</td>
<td>L2</td>
</tr>
<tr>
<td>Apply splints and braces under direction of the supervising Physiotherapist.</td>
<td>D4</td>
</tr>
<tr>
<td>Apply and remove casts under direction of the supervising Physiotherapist.</td>
<td>A1</td>
</tr>
</tbody>
</table>

### Nutrition and Dietetics options – Acute, Sub-acute and Community
(in addition to tasks included in general options for AHAs)

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist with Dietetic program as directed by the supervising clinical Dietician.</td>
<td>L2</td>
</tr>
<tr>
<td>Participate in risk screening including malnutrition screening and other relevant screening programs.</td>
<td>G1</td>
</tr>
<tr>
<td>Identify and report factors that place patients at nutritional and hydration risk.</td>
<td>G1</td>
</tr>
<tr>
<td>Facilitate access to food and fluids.</td>
<td>G1</td>
</tr>
<tr>
<td>Apply clinical nutrition/therapeutic diet protocols as delegated.</td>
<td>G1</td>
</tr>
<tr>
<td>Assist the clinical Dietician with implementation and monitoring of prescribed nutrition care plans, including discharge planning.</td>
<td>G1</td>
</tr>
<tr>
<td>Facilitate and monitor orders to patient food services, as required by the local facility system and protocols.</td>
<td>J2</td>
</tr>
<tr>
<td>Manage and coordinate the provision of enteral feeds, commercial oral supplements and infant feeding formulas.</td>
<td>A3 J3</td>
</tr>
<tr>
<td>Assist with nutritional support for patients with dysphagia.</td>
<td>A3 J3</td>
</tr>
<tr>
<td>Communicate with all necessary other health service personnel regarding patient therapeutic diet requirements.</td>
<td>G1</td>
</tr>
<tr>
<td>Support the provision of basic nutrition advice/education.</td>
<td>G3</td>
</tr>
<tr>
<td>Task/Activity</td>
<td>Code</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td><strong>Speech Pathology options – Acute (in addition to tasks included in general options for AHAs)</strong></td>
<td></td>
</tr>
<tr>
<td>Assist with Speech Pathology program as directed by the supervising Speech Pathologist.</td>
<td>L2</td>
</tr>
<tr>
<td>Make AAC (Augmentative/Alternative Communication) equipment as delegated by the supervising Speech Pathologist.</td>
<td>E3</td>
</tr>
<tr>
<td>Assist in provision of modified diet items for patients following discharge under the direction of the supervising Speech Pathologist.</td>
<td>E2</td>
</tr>
<tr>
<td>Organise equipment and/or food items required for swallowing assessments.</td>
<td>E2</td>
</tr>
<tr>
<td>Observe/supervise meals under the direction of the supervising Speech Pathologist.</td>
<td>E2</td>
</tr>
<tr>
<td>Assist with prescribed components of care as directed by the supervising Speech Pathologist, for example, oromotor exercises.</td>
<td>E1</td>
</tr>
<tr>
<td>Assist in formulation/compilation of resources and/or therapy activities.</td>
<td>E1</td>
</tr>
<tr>
<td><strong>Physiotherapy options – Community (in addition to tasks included in general options for AHAs)</strong></td>
<td></td>
</tr>
<tr>
<td>Assist with Physiotherapy program as directed by the supervising Physiotherapist.</td>
<td>L2</td>
</tr>
<tr>
<td>Apply and remove casts under direction of the supervising Physiotherapist.</td>
<td>A1</td>
</tr>
<tr>
<td>Apply and review use of equipment under direction of the supervising Physiotherapist.</td>
<td>D4</td>
</tr>
<tr>
<td>Prepare for hydrotherapy program.</td>
<td>A2</td>
</tr>
<tr>
<td>Guide the clients/patients to complete the hydrotherapy program according to prescribed treatment plan.</td>
<td>A2</td>
</tr>
<tr>
<td>Assist client/patient after hydrotherapy session.</td>
<td>A2</td>
</tr>
<tr>
<td>General monitoring and day to day maintenance of the hydrotherapy pool.</td>
<td>L2</td>
</tr>
<tr>
<td><strong>Speech Pathology options – Community (in addition to tasks included in general options for AHAs)</strong></td>
<td></td>
</tr>
<tr>
<td>Assist with Speech Pathology program as directed by the supervising Speech Pathologist.</td>
<td>L2</td>
</tr>
<tr>
<td>Make AAC equipment as delegated by supervising Speech Pathologist.</td>
<td>E3</td>
</tr>
<tr>
<td>Assist with group service provision as directed by supervising Speech Pathologist.</td>
<td>D3</td>
</tr>
<tr>
<td>Prepare materials for home programs as directed by supervising Speech Pathologist.</td>
<td>E1</td>
</tr>
<tr>
<td>Assist in formulation/compilation of resources and/or therapy activities.</td>
<td>E1</td>
</tr>
<tr>
<td>Assist with oral hygiene procedures as directed by supervising Speech Pathologist.</td>
<td>E1</td>
</tr>
<tr>
<td><strong>Occupational Therapy options – Sub-acute (in addition to tasks included in general options for AHAs)</strong></td>
<td></td>
</tr>
<tr>
<td>Assist with Occupational Therapy program as directed by the supervising Occupational Therapist.</td>
<td>L2</td>
</tr>
<tr>
<td>Implement self care retraining programs as prescribed by the supervising Occupational Therapist.</td>
<td>D2</td>
</tr>
<tr>
<td>Sew and fabricate soft splints.</td>
<td>D4</td>
</tr>
<tr>
<td>Order/provide and demonstrate basic equipment.</td>
<td>D4</td>
</tr>
<tr>
<td>Joint home visits where assistance of a second staff member is required.</td>
<td>B2</td>
</tr>
<tr>
<td>Ensure positioning and/or splinting regimes are adhered to.</td>
<td>B2</td>
</tr>
<tr>
<td>Energy conservation/falls prevention/hip precautions/personal alarms advice as per Occupational Therapist’s recommendations.</td>
<td>B2</td>
</tr>
<tr>
<td>Assist with Occupational Therapy assessment (upper limb, hand, and transfer assessments).</td>
<td>D2</td>
</tr>
</tbody>
</table>
### Physiotherapy options – Sub-acute (in addition to tasks included in general options for AHAs)

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist with Physiotherapy program as directed by the supervising Physiotherapist.</td>
<td>L2</td>
</tr>
<tr>
<td>Assist with serial casting.</td>
<td>A1</td>
</tr>
<tr>
<td>Undertake exercise programs with patients/clients as directed by supervising Physiotherapist.</td>
<td>B</td>
</tr>
<tr>
<td>Patient mobilisation as directed by supervising Physiotherapist.</td>
<td>B</td>
</tr>
<tr>
<td>Prepare for hydrotherapy program.</td>
<td>A2</td>
</tr>
<tr>
<td>Guide the clients to complete the hydrotherapy program according to prescribed treatment plan.</td>
<td>A2</td>
</tr>
<tr>
<td>Assist client after hydrotherapy session.</td>
<td>A2</td>
</tr>
<tr>
<td>General monitoring and day to day maintenance of the hydrotherapy pool.</td>
<td>L2</td>
</tr>
</tbody>
</table>

### Speech Pathology options – Sub-acute (in addition to tasks included in general options for AHAs)

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist with Speech Pathology program as directed by the supervising Speech Pathologist.</td>
<td>L2</td>
</tr>
<tr>
<td>Make AAC equipment as delegated by Speech Pathologist.</td>
<td>E3</td>
</tr>
<tr>
<td>Assist in provision of modified diet items for patients/clients following discharge under the direction of the supervising Speech Pathologist.</td>
<td>E2</td>
</tr>
<tr>
<td>Observe/supervise meals under the direction of the supervising Speech Pathologist.</td>
<td>E2</td>
</tr>
<tr>
<td>Assist with prescribed components of care as directed by the supervising Speech Pathologist, for example, oromotor exercises.</td>
<td>E1</td>
</tr>
<tr>
<td>Assisted oral hygiene procedures as directed by supervising Speech Pathologist.</td>
<td>E1</td>
</tr>
<tr>
<td>Assist in formulation/compilation of resources and/or therapy activities.</td>
<td>E1</td>
</tr>
</tbody>
</table>

### Podiatry options (in addition to tasks included in general options for AHAs)

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist with Podiatry program as directed by the supervising Podiatrist.</td>
<td>L2</td>
</tr>
<tr>
<td>Prepare for and perform basic foot hygiene (excluding scalpel work).</td>
<td>C1</td>
</tr>
<tr>
<td>Apply padding and cushioning as prescribed by the supervising Podiatrist.</td>
<td>C1</td>
</tr>
<tr>
<td>Prepare for surgical podiatry procedures.</td>
<td>C2</td>
</tr>
<tr>
<td>Assist with surgical podiatry procedures.</td>
<td>C2</td>
</tr>
<tr>
<td>Assist with templating for manufacture of orthotic devices.</td>
<td>C2</td>
</tr>
<tr>
<td>Assist with modification to orthoses and footwear.</td>
<td>C2</td>
</tr>
<tr>
<td>Assist with support and advice to clients in the selection of footwear.</td>
<td>C2</td>
</tr>
<tr>
<td>Clean and store equipment.</td>
<td>C2</td>
</tr>
<tr>
<td>Prepare for the delivery of podiatry exercise program or assessment procedures.</td>
<td>C3</td>
</tr>
<tr>
<td>Deliver podiatry exercise or rehabilitation program.</td>
<td>C3</td>
</tr>
<tr>
<td>Assist with podiatry assessments.</td>
<td>C3</td>
</tr>
</tbody>
</table>

Note: This table was adapted from Western NSW LHD guidelines
COMPONENT 2

Skills and Competencies

Guidelines

- A relevant qualification at Certificate III or IV level equips AHAs to undertake the scope of practice as outlined in their position description.
- AHAs currently employed in NSW Health will be encouraged to participate in a recognition of prior learning process as part of meeting the relevant qualification requirements.
- Relevant qualifications will be determined by the requirements of the position. Options include:
  - Certificate III and IV in Allied Health Assistance
  - Certificate III and IV in Hospital Health Services Pharmacy Support
  - Certificate III in Prosthetic/Orthotic Technology
  - Certificate IV in Leisure and Health
  - Certificate IV in Audiometry

There are a range of vocational qualifications relevant to the range of AHA positions. These qualifications exist at either a Certificate III or IV level or in some areas both. For a qualification to be accepted it must match the needs of the position and the client group it is supporting. Recognition of Prior Learning (RPL) may be relevant for existing positions.

Qualifications at a Certificate III level are only appropriate for positions that involve direct supervision of the clinical duties being undertaken by the AHA. These positions may have a larger administrative role that is not directly supervised.

The Certificate IV in Allied Health Assistance is the most appropriate qualification for many AHAs working in clinical roles within NSW. AHAs shall either have a relevant qualification when commencing employment or be prepared to undertake training to gain a relevant qualification during the course of employment.

Government assisted traineeship funding may be available to employers for the provision of training. A condition of access to funding is that training must commence within three months of commencing full-time employment and twelve months of commencing part-time employment. There are other requirements for the funding and further details are available from Australian Apprenticeship Centres.

Employers are to encourage and support existing AHAs that do not hold a formal qualification to undertake RPL and/or further training to meet the relevant qualification.

RPL is a process for giving candidates credit for skills, knowledge and experience gained through working and learning. It can be gained at any stage of their lives, through formal and informal learning. RPL is a form of assessment that allows the knowledge and skills obtained by the learner to be acknowledged, and results in a formal qualification or statement of attainment. This assessment is completed by an RTO.

Table 2 lists the relevant qualification for each therapy group and role.
### Table 2 – List of relevant qualifications for AHAs by therapy group

<table>
<thead>
<tr>
<th>Allied Health Assistant</th>
<th>Position role</th>
<th>Relevant qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiotherapy Assistant</td>
<td>Clinical</td>
<td>Cert IV in AHA with Physiotherapy electives</td>
</tr>
<tr>
<td>Physiotherapy Assistant</td>
<td>Administration or direct supervision</td>
<td>Cert III in AHA</td>
</tr>
<tr>
<td>Occupational Therapy Assistant</td>
<td>Clinical</td>
<td>Cert IV in AHA with Occupational Therapy electives</td>
</tr>
<tr>
<td>Any AHA</td>
<td>Administration</td>
<td>Cert III in AHA</td>
</tr>
<tr>
<td>Speech Pathology Assistant</td>
<td>Clinical</td>
<td>Cert IV in AHA with Speech Pathology electives</td>
</tr>
<tr>
<td>Podiatry Assistant</td>
<td>Clinical</td>
<td>Cert IV in AHA with Podiatry electives</td>
</tr>
<tr>
<td>Dietetic and/or Nutrition Assistant</td>
<td>Clinical reporting to and supervised by clinical dietician</td>
<td>Cert IV in AHA with Dietetic electives</td>
</tr>
<tr>
<td>Diet Aid</td>
<td>Clinical</td>
<td>Cert III in Nutrition and Dietetic Assistance</td>
</tr>
<tr>
<td>Pharmacy Assistant</td>
<td>See health employees' (state) award</td>
<td>Cert III in Hospital-Health Services Pharmacy Support</td>
</tr>
<tr>
<td>Pharmacy Technician</td>
<td>See health employees' (state) award</td>
<td>Cert IV in Hospital-Health Services Pharmacy Support</td>
</tr>
<tr>
<td>Diversional Therapy Assistant</td>
<td>Clinical</td>
<td>Cert IV in Leisure and Health Diversion Therapy qualification, e.g. certificate</td>
</tr>
<tr>
<td>Radiography Assistant</td>
<td>Clinical</td>
<td>Cert III in AHA with medical imaging assistance units.</td>
</tr>
<tr>
<td>Orthotic/Prosthetic Assistant</td>
<td>Clinical</td>
<td>Cert III in Prosthetic/Orthotic Technology Prosthetic/Orthotic Technology qualification</td>
</tr>
<tr>
<td>Audiology Assistant</td>
<td>Clinical</td>
<td>Cert IV in Audiometric Assessment</td>
</tr>
<tr>
<td>AHA – Mental Health</td>
<td>Clinical</td>
<td>Cert IV in AHA with relevant AH electives and a maximum of 3 electives from the Cert IV in Mental Health.</td>
</tr>
</tbody>
</table>

Note: Where positions include more than one therapy area, more than one skill set will need to be included in the qualification.

### How the Certificate IV in Allied Health Assistance informs the scope of practice for AHAs

The Certificate IV in Allied Health Assistance is a vocational qualification. It has a complex structure to encompass the wide range of therapy assistant roles that exist in the workplace. A good grasp of this qualification will assist with understanding the scope of practice for AHAs. All relevant vocational qualifications for AHAs can be used as a guide to determine scope of practice. Relevant AHA qualifications are listed in Table 2.

The Certificate IV in Allied Health Assistance can be used to determine the scope of practice for a number of therapy areas including physiotherapy, occupational therapy, speech pathology, podiatry, and nutrition and dietetics. The elements and performance criteria within each of the units of competency may be linked to roles that are appropriate for assistants to complete. These competencies were reviewed by industry and professional bodies prior to being published in the training package.

Both the prerequisites and the core units include components of practice that are considered within the scope of all AHAs. The discipline specific units describe the scope of practice for assistants working in these specific areas.

The codes, title and descriptions of this qualification may change as reviews occur. The most recent version of this qualification and units of competency can be found at [www.training.gov.au](http://www.training.gov.au).
### Table 3 – Certificate IV in Allied Health Assistance – Course Details

Note: The Code in the first column is matched to the task/activity list in Table 1

#### Seven prerequisites from the Cert III in AHA

<table>
<thead>
<tr>
<th>Code</th>
<th>Course Reference</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>L1</td>
<td>BSBMED301B</td>
<td>Interpret and apply medical terminology appropriately</td>
</tr>
<tr>
<td>L2</td>
<td>HLTAH301C</td>
<td>Assist with an allied health program</td>
</tr>
<tr>
<td>L3</td>
<td>HLTAP301B</td>
<td>Recognise healthy body systems in a health care context</td>
</tr>
<tr>
<td>L4</td>
<td>HLTCSD201D</td>
<td>Maintain high standard of client service</td>
</tr>
<tr>
<td>L5</td>
<td>HLTCSD305D</td>
<td>Assist with client movement</td>
</tr>
<tr>
<td>L6</td>
<td>HLTHR301C</td>
<td>Communicate and work effectively in health</td>
</tr>
<tr>
<td>L7</td>
<td>HLTN301C</td>
<td>Comply with infection control policies and procedures</td>
</tr>
</tbody>
</table>

#### Four compulsory units

<table>
<thead>
<tr>
<th>Code</th>
<th>Course Reference</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HLTHIR402D</td>
<td>Contribute to organisational effectiveness in the health industry</td>
</tr>
<tr>
<td>2</td>
<td>HLTHIR506C</td>
<td>Implement and monitor compliance with legal and ethical requirements</td>
</tr>
<tr>
<td>3</td>
<td>HLTN403C</td>
<td>Implement and monitor infection control policy and procedures</td>
</tr>
<tr>
<td>4</td>
<td>HLTHWS300A</td>
<td>Contribute to WHS processes</td>
</tr>
</tbody>
</table>

---

Figure 3 – Diagrammatic Structure of Certificate IV in Allied Health Assistance

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11 HLT42512 Certificate IV Allied Health Assistance, Community Services & Health Industry Skills Council training package.
### Allied Health electives

<table>
<thead>
<tr>
<th>Code</th>
<th>Course Reference</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>HLTAH302D</td>
<td>Assist with the application and removal of a plaster cast</td>
</tr>
<tr>
<td>A2</td>
<td>HLTAH413C</td>
<td>Deliver and monitor a hydrotherapy program</td>
</tr>
<tr>
<td>A3</td>
<td>HLTAH416B</td>
<td>Support special diet requirements</td>
</tr>
<tr>
<td>A4</td>
<td>HLTRAH302C</td>
<td>Undertake home visits</td>
</tr>
</tbody>
</table>

### Physiotherapy electives

<table>
<thead>
<tr>
<th>Code</th>
<th>Course Reference</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td>HLTAH401C</td>
<td>Deliver and monitor a client-specific exercise program</td>
</tr>
<tr>
<td>B2</td>
<td>HLTAH402C</td>
<td>Assist with physiotherapy treatments and interventions</td>
</tr>
<tr>
<td>B3</td>
<td>HLTAH403C</td>
<td>Deliver and monitor exercise program for mobility</td>
</tr>
</tbody>
</table>

### Podiatry electives

<table>
<thead>
<tr>
<th>Code</th>
<th>Course Reference</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1</td>
<td>HLTAH404C</td>
<td>Assist with basic foot hygiene</td>
</tr>
<tr>
<td>C2</td>
<td>HLTAH405C</td>
<td>Assist with podiatric procedures</td>
</tr>
<tr>
<td>C3</td>
<td>HLTAH406C</td>
<td>Assist with podiatry assessment and exercise</td>
</tr>
<tr>
<td>C4</td>
<td>HLTIN302C</td>
<td>Process reusable instruments and equipment in health work</td>
</tr>
</tbody>
</table>

### Occupational Therapy electives

<table>
<thead>
<tr>
<th>Code</th>
<th>Course Reference</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1</td>
<td>HLTAH407C</td>
<td>Assist with the rehabilitation of clients</td>
</tr>
<tr>
<td>D2</td>
<td>HLTAH408C</td>
<td>Assist with the development and maintenance of client functional status</td>
</tr>
<tr>
<td>D3</td>
<td>HLTAH409C</td>
<td>Conduct group sessions for individual client outcomes</td>
</tr>
<tr>
<td>D4</td>
<td>HLTAH414C</td>
<td>Support the fitting of assistive devices</td>
</tr>
</tbody>
</table>

### Speech Pathology Electives

<table>
<thead>
<tr>
<th>Code</th>
<th>Course Reference</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1</td>
<td>HLTAH410C</td>
<td>Support the development of speech and communication skills</td>
</tr>
<tr>
<td>E2</td>
<td>HLTAH411C</td>
<td>Provide support in dysphagia management</td>
</tr>
<tr>
<td>E3</td>
<td>HLTAH412C</td>
<td>Assist and support the use of augmentative and alternative communication systems</td>
</tr>
</tbody>
</table>

### Community Rehabilitation electives

<table>
<thead>
<tr>
<th>Code</th>
<th>Course Reference</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1</td>
<td>HLTCR401C</td>
<td>Work effectively in community rehabilitation</td>
</tr>
<tr>
<td>F2</td>
<td>HLTCR402C</td>
<td>Support client daily living requirements in a community rehabilitation context</td>
</tr>
<tr>
<td>F3</td>
<td>HLTCR403B</td>
<td>Support community access and participation</td>
</tr>
</tbody>
</table>

### Dietetic electives

<table>
<thead>
<tr>
<th>Code</th>
<th>Course Reference</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1</td>
<td>HLTAH415C</td>
<td>Assist with the screening of dietary requirements and special diets</td>
</tr>
<tr>
<td>G2</td>
<td>HLTAH409C</td>
<td>Conduct group sessions for individual client outcomes</td>
</tr>
<tr>
<td>G3</td>
<td>HLTAH420C</td>
<td>Support the provision of basic nutrition advice/education</td>
</tr>
</tbody>
</table>
Equivalent qualifications

Some individuals working as AHAs in NSW will already have qualifications that can be considered as equivalent to a relevant qualification as those listed in Table 2 on page 23. However it is important that these individuals work within the identified scope of practice.

Equivalent qualifications can include:

- An allied health qualification gained outside of Australia, such as a physiotherapy degree from an overseas country.
- An Australian degree qualification in allied health.
- An AHA qualification gained in the UK.
- Undergraduate allied health student. For example an OT student.
- Other qualifications relevant and directly related to the position. Examples include Diploma of Orthotic and Prosthetic Technology for an Orthotics and Prosthetics assistant, Certificate III Business Administration for an assistant working primarily in administration.

It is within the allied health director’s/manager’s discretion when employing staff to determine whether the qualification a person holds is equivalent.

Other qualifications

AHAs currently employed in NSW may hold other qualifications at a Certificate IV level or above that may be partially relevant. AHAs with other qualifications are to be encouraged to undertake RPL or credit transfer (where possible) to meet the relevant qualification for the position they are working in.

Examples of other qualifications that can be partially relevant include:

- Enrolled nurse
- Registered nurse
- Certificate IV in Disability
- Certificate IV in Aged Care
- Certificate IV in Mental Health
- Certificate IV in Fitness
- Certificate IV in Community Services work

Qualification pathways

AHAs complete their vocational qualifications either as a pre-service course or using a supported on the job training model.
COMPONENT 3

Position Description

Guidelines

- AHAs working in NSW Health will have a position description that reflects the position type and setting.
- A sample position description template is included at Appendix A. This contains core elements including position details, position purpose, supervisor, key accountabilities, key challenges and selection criteria. A task list is available from the scope of practice section.

The content of the position description is to link directly to the clinical service this position supports. The position type and setting is reflected in the position description. For example, the therapy area/s and whether the service is acute, sub-acute, community or a combination.

The position description needs to clearly define the scope of the position. The accountabilities and responsibilities of the AHA position must be included in the position description.

A sample position description template is included in Appendix A. The fields provided in the template are in line with those provided in the NSW Health e-recruit system. It is suggested that a standardised position description is saved in the PD library of NSW Health e-recruit so that all managers of an LHD are able to access and modify accordingly.

A position description template for the AHA workforce within NSW Health provides a foundation for promoting increased consistency in the roles undertaken and activities conducted by staff in these positions across NSW Health.

A comprehensive position description will include:

- Scope of practice.
- Details for professional supervision.
- Details of line management.

AHAs should not complete tasks that are outside the position description.
Component 4

Education Pathway

Guidelines

- AHAs are to be encouraged to progress to attainment of the competencies that are required for, or linked to, the position.

The education pathway for AHAs is strongly linked to qualifications and experience. This pathway gives AHAs the opportunity to identify their progress within the qualification options currently available.

There are currently two stages to the education pathway for AHAs. Not all assistants will move through each stage, it will depend on their personal goals and preferences.

Stage 1 – Certificate III in Allied Health Assistance including school based traineeships

Students in their senior two years of high school are able to complete the Certificate III in Allied Health Assistance as part of their studies. This allows these individuals to either commence work as an AHA at stage 1 or commence at stage 2 and enrol in their Certificate IV. Some students will use this qualification and experience to enrol in undergraduate allied health courses.

Therapy assistants with a Certificate III in Allied Health Assistance are in positions that involve primarily administrative support roles. They will assist with some patient related activities under direct supervision from AHPs.

Stage 2 – Certificate IV in Allied Health Assistance

An AHA who has completed a Certificate IV in Allied Health Assistance works under direction but not always the direct supervision of an AHP. The AHA is wholly or substantially engaged in assisting professionals with routine activities related to the clinical and technical support aspects of direct patient care.
COMPONENT 5

Clinical Supervision Guidelines

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

What is clinical supervision?

Clinical supervision is a formal process of professional support and learning which enables the individual to develop the knowledge and skills required to enhance the quality and safety of client care.

The purpose of clinical supervision is to ensure:
- Delivery of high quality patient care and treatment through accountable decision making and clinical practice;
- Facilitation of learning and professional development;
- Promotion of staff wellbeing by provision of support.

Clinical supervision is considered a vital part of modern, effective health care systems. Providing effective clinical supervisory support to AHAs enhances quality, safety and productivity and improves competence and confidence in clinical practice.

Supervision facilitates:
- Acquisition of skills and knowledge;
- Reflective practice;
- Development of professionalism;
- Confidence and competence in clinical practice;
- Professional growth and development.


Clinical supervision of an AHA

Arrangements are to be in place so that the clinical work of an AHA is supervised by an AHP. These arrangements need to be communicated to all relevant staff to minimise confusion. Arrangements will include both permanent and temporary situations, for example when the AHP is on leave. It is important to have a contingency plan if the supervisor is unavailable. To ensure that all parties have a good understanding of the supervision requirements, include these in the position descriptions of both AHAs and AHPs.
The type of supervision required for an AHA will be dependent on a number of factors including:

- The service delivery needs and settings;
- The skill and knowledge of the AHA;
- The level of training and qualification of an AHA.

Increased levels of supervision are needed for assistants with a lower level of experience and training. Increased levels of supervision are also needed with a more complex client caseload.

**Modes of clinical supervision applicable to AHAs include:**

**Direct clinical supervision** occurs where the supervising AHP works alongside the AHA and is able to observe and direct the activities of the AHA, enabling immediate guidance, feedback and intervention as required. AHAs at a Certificate III level require direct supervision at all times.

For example: An Occupational Therapist observes the AHA conducting a self care retraining program (developed by the Occupational Therapist) with a patient, provides feedback to the AHA, and direction for future intervention with the patient.\(^{11}\)

**Indirect clinical supervision** occurs when the supervising AHP is on-site and easily accessible but not in direct view of the AHA whilst the activity is being carried out. Here the AHA must rely on clear communication from the supervising AHP. When indirect supervision is used it is expected that the supervisor be readily available by either being within the same physical area or easily contactable (i.e. by phone or pager) should the need for consultation arise. It is also recommended that an alternative contact person is designated who can act in the place of the supervisor (should the need arise) if the supervisor is not available.\(^{12}\)

For example: An AHA conducts an exercise group in the gym, while their supervising Physiotherapist is conducting an initial assessment with a client in the treatment room next door. The AHA knows where the Physiotherapist is, and is able to ask for help if required. The AHA is able to discuss the group (for example, the progress of the clients in the group and ideas for next week’s session) with the Physiotherapist after it has concluded.\(^{13}\)

**Remote clinical supervision** occurs when the supervising AHP is located some distance from the AHA, but processes are in place to ensure the supervising AHP is contactable and accessible to provide direction, support and guidance as required. This may include the use of technologies such as teleconferencing/videoconferencing.

Remote supervision may occur in three different situations.

1) An AHA working in the community in clients’ homes, but based in an office where the supervising AHP is present. This situation would need strategies in place for contact/guidance if something unexpected occurred.
2) An AHA working over the weekend when there is no supervising AHP working.
3) An AHA working in one facility being supervised by an AHP in another facility or health site. This is most likely to occur in rural and remote areas.

In the last two situations it is recommended that an on-site contact person be designated who can offer consultation should the need arise and has the authority to act in place of the supervising AHP if necessary. However, this person may not be an AHP. When remote supervision is being utilised it is essential that lines of responsibility and accountability are clear and documented.

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11 Guidelines for AHA Scope of Practice, Delegation and Supervision; Western NSW LHD
12 Work effectively with Allied Health Assistants – A manual for Supervisors and Managers – (2009) Royal Rehabilitation Centre
13 Guidelines for AHA Scope of Practice, Delegation and Supervision; Western NSW LHD
In all remote clinical supervision scenarios, when the AHA is completing tasks delegated by the supervising AHP, the supervising AHP retains accountability. When the task is modified by the designated on-site person, then the accountability for this task changes to the on-site person.

For example: A patient is discharged from one hospital to a service in another town, the patient is on a soft diet and thin fluids and with the recommendation to lower chin when swallowing to assist in swallowing safely. The supervising Speech Pathologist (at the hospital) contacts the AHA (in the other town) and asks the AHA to observe the patient eating lunch and encourage the patient to use safe swallowing techniques as outlined in the management plan. The supervising Speech Pathologist emails/faxes the patient management plan to the AHA (who has been deemed competent). The AHA contacts the supervising Speech Pathologist to discuss meal time observations as per management plan. The supervising Speech Pathologist then reviews the patient at their next visit to the other town.14

Structures that are, or could be, put in place to support remote clinical supervision:

Technology based structures such as:

- Telehealth
- Video conferencing
- Mobile phones
- Email
- Online sites - eg mylink at Hunter New England

Staff based structures:

- Specified hand over times with supervising AHP
- Use of support groups/networking and site visits
- Use of non AH staff as back up to supervising AHP e.g. Senior Nursing staff
- Peer support
- Scheduled face to face links at regular intervals
- Extensive orientation to staff working remotely and regular checks on competence
- Classification of tasks into high and low risk activities and limit to low risk when remote supervision used
- Opportunity to spend time within a team in a bigger setting (opportunity to work alongside an AHP)
- Secondment to another site
- Mentoring
- Documentation of work processes

Structures of supervision

AH services in NSW include supervision practices for staff. It is important that AHAs are included in these practices. Resources applicable to both AHAs and AHPs include the HETI Superguide.

Designated Clinical Supervisor Position

In some work settings AHAs may be required to assist more than one AHP at a time and sometimes in more than one therapy area. It is recommended that they have one designated allied health clinical supervisor who co-ordinates their workload, oversees their clinical practices and is ultimately responsible for their service delivery. This supervisor is responsible for setting tasks within AHA’s capabilities, providing supervision, encouragement and feedback and evaluating the standard of work to ensure the worker is performing each task competently.

14 Guidelines for AHA Scope of practice, Delegation and Supervision; Western NSW LHD
At times assistants will need specific clinical input from a range of AHPs, however this input needs to be coordinated by the designated supervisor. The designated supervisor position is most appropriate to be an AHP from the discipline where the assistant spends the majority of their time.

Where possible, the designated AHP supervising the AHA will not be a new graduate position. When due to circumstances the designated supervisor position is a new graduate, it is important that they are provided with both increased supervision and specific training about how to work with AHAs.

**Roles and responsibilities for supervision**

**Allied Health Professional responsibilities:**

AHPs involved in the supervision of AHAs are responsible for the following:

- Ensuring they allocate time to allow regular supervision to occur,
- Leading the supervision process, until such time that the AHA has demonstrated the skill and confidence to enable him/her to take a leadership role in their clinical supervision,
- Adhering to the confidentiality requirements regarding supervision, that is, to ensure supervision records are de-identified or kept in a secure place, and confidentiality is maintained regarding supervisor discussions except in cases of misconduct or following adverse patient care events,
- Documenting the supervision sessions as agreed to with the AHA.

AHPs may need to be supported and trained in supervision skills.

**Allied Health Assistant responsibilities:**

AHAs have the following responsibilities:

- Ensuring they allocate time to allow regular supervision to occur,
- Actively participating in the supervision process,
- Adhering to the confidentiality requirements regarding supervision, that is, to ensure supervision records are de-identified or kept in a secure place, and confidentiality is maintained regarding supervision discussions except in cases of misconduct or following adverse patient care events,
- Documenting the supervision sessions as agreed with their supervising AHP.

**Line Manager Responsibilities:**

Line managers have the following responsibilities:

- Supporting the participation of the AHA in supervision processes.

**Supervision contracts**

A supervision contract is a useful tool for outlining what will occur in the supervision process and the responsibilities of each person involved in the supervision process. Both the supervising AHP and AHA are to have a copy of the contract. It is also useful for a copy of the supervision contract to be forwarded to the AHAs line manager (if they are not the same person as the supervisor).

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15 Guidelines for AHA Scope of practice, Delegation and Supervision; Western NSW LHD
Items that may be covered in the supervision contract include:

- Goals of supervision;
- Frequency and time allocation for supervision;
- Confidentiality requirements relating to the supervision;
- Evaluation of the supervision process;
- The process to follow if the supervision process is not working.

The HETI Superguide provides an example of a supervision contract.

**Documentation of supervision**

Supervision sessions should be documented to provide a record of the discussions that have occurred, and the actions that both the supervisor and supervisee will be undertaking. Supervision records are legal documents and in the context of misconduct or legal proceedings may be used as evidence in a court of law. The HETI Superguide provides examples of a supervision session record form and log sheet.

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16 The Superguide: A handbook for supervising allied health professionals; Health Education and Training Institute (April 2012)
COMPONENT 6

Delegation Guidelines

**Guidelines**
- AHPs will have a clear understanding of what can be delegated to AHAs and the related responsibilities and accountabilities.
- AHAs and AHPs will have a clear understanding of allocated tasks.
- AHAs will have a clear understanding of their responsibilities when accepting delegation from AHPs.
- Delegation will be documented.

**Delegation of clinical tasks**

Delegation is the process by which an AHP allocates work to an AHA who is deemed competent to undertake the task. When a task is delegated to an AHA, the AHP is accountable for the outcome, providing the AHA completed the task as requested.

Successful delegation requires the AHP to have good knowledge of the AHAs skills.

As part of the delegation process, it is important to recognise that all clinical decisions regarding patients/clients are made by the AHP, but delivery of the treatment plan may involve a variety of members of the team (including AHAs).

Delegation involves the AHP retaining accountability for the clinical care that is provided, while the AHA is responsible for completing the activity in accordance with the direction they receive from the AHP, and state and local policy directives.

Delegation decisions will be specific to the needs or the service and workplace.

AHAs working in cross discipline positions will have tasks delegated to them by a range of AHPs. It is the role of the supervising AHP to monitor the tasks delegated to cross discipline AHAs in terms of workload.

Delegated tasks need to be reviewed by the AHP to ensure they have been completed as requested.

**Principles of delegation**

There are a number of principles that underpin effective delegation. These are:

- That delegating the activity is in the best interests of the patient/client;
- That, when delegating to an AHA, only activities within the scope of practice of both the AHA and AHP are delegated;
That there are well defined lines of accountability for the activities being undertaken;
That the AHA has the appropriate role, level of experience, competence and confidence to carry out the activity being delegated;
That the delegating AHP is able to provide the required supervision and monitoring for the activity;
That the AHP and AHA have joint responsibility for raising any issues and requesting additional support during delegation and supervision processes;
That the activity only be conducted by the AHA in an environment in which they are able to demonstrate competency.17

Deciding whether an activity is appropriate to delegate to an AHA can pose a challenge to a supervisor. The AHA’s pre-existing competencies, as determined by their training and experience goes part of the way in helping the supervisor make this decision. However, many supervisors still feel uncertain about the nature and scope of tasks that the AHA may comfortably be assigned. There are a range of factors, which can add further clarity to this issue including:-

- Whether the task falls within the domains of the role which is ultimately determined by the position or job description of the AHA.
- The nature of the task itself.
- The constraints of the setting or environment in which the task will take place.
- The severity and complexity of the client’s condition, psychosocial profile and needs.

The flow-chart on the following page may enable the supervisor to understand how these numerous considerations direct task delegation.18

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17 Work effectively with Allied health Assistants – A manual for Supervisors and Managers – (2009) Royal Rehabilitation Centre
18 Guidelines for AHA Scope of practice, Delegation and Supervision; Western NSW LHD
Figure 4 – Delegation Flow Chart

1. Is the task within the scope of the role? (As determined by the position description)
   - YES: Proceed to the next step
   - NO: Task CANNOT be delegated to AHA

2. Is the AHA competent to perform the task? (As determined by formal training and clinical experience)
   - YES: Proceed to the next step
   - NO: Task CANNOT be delegated to AHA

3. Can the AHA be trained to perform the task?
   - YES: Task CAN be delegated to AHA
   - NO: Proceed to the next step

4. Are there constraints which increase the difficulty of the task? (i.e. client severity and/or complexity, limitations of resources or environment)
   - YES: Can this be addressed with increased level of supervision?
     - YES: Task CAN be delegated to AHA
     - NO: Task CANNOT be delegated to AHA
   - NO: Proceed to the next step

5. Can this be addressed with increased level of supervision?
   - YES: Task CAN be delegated to AHA
   - NO: On provision of increased supervision

6. Upon completion of training with high degree of supervision
   - YES: Task CAN be delegated to AHA
   - NO: Task CANNOT be delegated to AHA
The importance of documentation when AHPs are delegating to an AHA

When delegating a task to an AHA, it is important that the task being delegated by the AHP is clearly documented and communicated wherever possible.

Written instructions need to include:

- What the task is;
- How the task is be conducted;
- Who the task can be conducted with;
- When the task needs to be conducted; and
- Where the task can or could be conducted.

It is important that there is clear documentation in the medical record that tasks have been delegated and are being monitored by the AHP. Documentation will need to comply with both legal and policy requirements included in the Health Care Records – Documentation and Management Policy Directive PD2012_069 which outlines the requirements of documentation in patient health records for medical practitioners and nurses and midwives, these principles can also be applied to AHPs.

Examples include:

- Clear documentation by the AHP in the medical record that some therapy will be conducted by the AHA. This would be followed by entries from the AHA.

  or

- Countersigning AHA entries in the medical record (this would only be relevant if the AHP had not documented as above).

Written communication, particularly for task delegation, is recommended for a number of reasons including:

- To help ensure patient care is delivered appropriately;
- To monitor workload;
- To provide clarity about responsibility for clinical activities should it be required in future.

In some situations tasks may be delegated over the phone. In this situation the request should be documented by both the AHP and the AHA.

It is important for the supervisor to be clear and concise and written communication is more reliable. Written communication can also be useful to complement feedback, communicate about issues relating to training and professional development and document evaluations.

**Allocated tasks vs. Delegated tasks**

Allocated tasks are included in the position description and they are therefore part of the everyday tasks for an AHA. Allocated tasks are therefore not delegated to an AHA by an AHP and accountability remains with the AHA.

The AHA is both responsible and accountable for these allocated tasks. An example may be ‘maintaining the stock levels of splinting materials’. This task would be included in the AHAs position description and they would be responsible to complete this task without specific direction from a supervising AHP.
COMPONENT 7

Integrating AHA into AH teams

Guidelines

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

Effective supervision and delegation will require AHPs to have a good understanding of the role of AHAs as well as the requisite knowledge and skill level required from an AHA. AHPs may require ongoing professional support to develop these skills to enable them to work effectively with AHAs.

Recommendations for professional development for AHPs

There is currently no formal training and limited professional development for AHPs working with AHAs. The need for this training has been identified within the literature. This training is needed to ensure that the allied health team functions effectively to deliver quality health care.

The aspects that have been identified in the literature include:

- An understanding of the scope of practice including roles
- Supervision structures
- Safe and effective delegation – to ensure the AHP is fully aware of accountabilities and how to delegate appropriately

Other aspects that are important to include are:

- AHAs working with multiple clinicians.
- Cert IV AHA competencies
- Providing feedback
- Monitoring outcomes
- Communication
- Team work skills
- Teaching skills
- Facilitation skills
- How to utilise AHAs

It is important that AHPs have access to training in this area in situations where they are working with AHAs. This training would be helpful for both experienced and inexperienced AHPs.

This training may be inter-professional. This framework will inform the content of this training process.

The following options may be relevant for this training:

- Workplace based using clinicians skilled in this area;
- Workshop based where available;
- Online training module;
- Incorporated into undergraduate training of AHPs;
- Orientation training for new graduate positions.
COMPONENT 8

Professional Development

Guidelines

- As with all health professionals, AHAs are to have access to ongoing professional development. This is a shared responsibility between the individual and their employer, aimed at optimising performance and enhancing patient care.

Ongoing professional development is important for AHAs in order to maintain and enhance their skills and knowledge. Decisions about which option is most appropriate will be made at a local level. Availability of professional development may assist with staff retention.

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

On an annual basis, as part of an AHAs performance appraisal, an AHA Clinical Skills Assessment can identify areas for further professional development.

Less formal professional development examples include:

- Observation and provision of feedback (this may occur during supervision sessions)
- Work shadowing other AHAs and/or AHPs
- Patient/client discussions
- Workplace evaluations
- Attendance at in service presentations, both AH and other areas, eg: nursing
- AHA specific in-services
- AHA forums
- Enrolment in additional units of competency from the Cert IV AHA
- Completion of workplace based competencies
- Other short courses relevant to the client group
- AHA interest groups and networks
- Rotation between facilities
- Telehealth sessions
- Webinars
- CD training from Professional Associations
- Newsletters
- Online discussion forums
- Linking in with student tutorials while they are on placement
- Development of a buddy system to support professional development
- Targeted on the job training with the specific purpose of developing/enhancing skills

## Appendix A

### Position Description Template

<table>
<thead>
<tr>
<th>Position Details</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Position Title</strong></td>
<td>Allied Health Assistant</td>
</tr>
<tr>
<td><strong>Award</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Classification</strong></td>
<td>Technical Assistant Grade 1</td>
</tr>
<tr>
<td><strong>Responsible to for professional supervision</strong></td>
<td><em>(Insert title of Health Professional)</em></td>
</tr>
<tr>
<td><strong>Supervision method</strong></td>
<td><em>(Insert relevant supervision method for this position)</em></td>
</tr>
<tr>
<td><strong>Responsible to for line management</strong></td>
<td><em>(Insert title of Health Professional)</em></td>
</tr>
<tr>
<td><strong>Responsible for (staff)</strong></td>
<td>This position has no staff directly reporting to it.</td>
</tr>
</tbody>
</table>

### Primary Purpose of the Position

Provide assistance and support to the *(insert discipline)* team in the delivery of allied health services to patients/clients of the *(insert ward/unit/facility)*, under the supervision of an allied health professional.

### Key Accountabilities

- Provide direct client related activities under the supervision of the delegating Allied Health Professional and in accordance with NSW Health and LHD policies and procedures, to achieve patient/client outcomes.
  - Please see attached *(insert specific discipline(s) and setting)* delegated patient care task list(s)
- Provide clinical support tasks under the supervision of the delegating Allied Health Professional.
  - Please see attached *(insert specific discipline(s) and setting)* clinical support task list(s)
- Undertake clinical administration tasks under the supervision of the delegating Allied Health Professional.
  - Please see attached *(insert specific discipline(s) and setting)* administrative support task list(s)
- Communicate effectively, with cultural sensitivity and confidentiality with clients.
- Effective reporting of patient related communication to the supervisor and other health care team members, e.g. patient status, session performance, progress and handover.
- Comply with LHD work health and safety policies and procedures including manual handling, infection control, emergency procedures, and the reporting of identified hazards.
- Act as an appropriate and effective role model and promote a culture and supporting practices that reflect the organisational values through demonstrated behaviours and interactions with patient/clients and employees.
- Maintain responsibility for personal and professional development by participating in supervision, training/education activities and performance reviews/appraisals in order to continuously improve the level of service provided to patients/clients.

### Key Challenges/Problem Solving

- A busy workload and competing demands requiring the ability to organise and prioritise workload and time.
- Diverse activities and key accountabilities requiring the ability to work as a member of a team across a number of allied health professionals.
- Working around people who may display aggressive, distressed or unpredictable behaviour.
- Maintaining professional boundaries when responding appropriately to client and family/carer expectations.
### COMMUNICATION

- Communication with supervising and delegating Allied Health Professional and other health care team members regarding patient/client function and status, program implementation, progress, evaluation and future direction.
- Communication with patients/clients, carers and relatives, external referring organisations, GPs and suppliers.
- Documentation of intervention in accordance with NSW Health and Local Health District policies and guidelines.

### DECISION MAKING

The Allied Health Assistant:

- Does not make clinical assessment or clinical judgment in this role; however they will recognise a change in patient/client function and status and the possible impact on the planned program.
- Works under the supervision and direction of the Allied Health Professional and undertakes only those tasks directly allocated and only those tasks the Allied Health Professional determines they are competent to perform.
- Practices in accordance with the position description, scope of practice and supervisory contract.
- Recognises and takes action in regard to the health and safety of clients and other employees.

**Staffing:** Not applicable  
**Budget:** Not applicable  
**Financial Delegation:** Not applicable

### SELECTION CRITERIA

- Certificate IV in Allied Health Assistance/relevant qualification (see framework) or willingness to undertake this training.
- Demonstrated effective interpersonal, written and verbal communication skills with the ability to communicate across all levels with internal and external stakeholders.
- Demonstrated ability to work as a member of a multidisciplinary team.
- Demonstrated ability to prioritise workload, meet deadlines and complete activities (including ability to work within scope of practice and seek assistance when required) as delegated by supervising Allied Health Professional.
- Demonstrated computer literacy skills and knowledge of Microsoft Office and email applications.
- Knowledge and understanding of Work Health and Safety legislation and principles.
- Current licence to drive in NSW. *(if applicable to the position)*

### EMPLOYMENT SCREENING CHECKS:

- National Criminal Record Check
- Working with Children Check
- Immunisation
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