The Victorian Allied Health Assistant Workforce Recommendations

Artist: Dixon Patten Jnr (Gunnaim, Yorta Yorta and Gunditjmara) **Title:** Ngarra-jarra-noun (Woi-Wurrung language) meaning: 'To heal'

Acknowledgement of Country

The authors of the Victorian Allied Health Assistant Workforce Recommendations would like to acknowledge the Traditional Custodians of the lands in which we provide therapy and supports to the community. We acknowledge Aboriginal and/or Torres Strait Islander culture as the oldest continuing culture in the world. Aboriginal and/or Torres Strait Islander people never ceded sovereignty and we recognise the impacts colonisation continues to have on the health and wellbeing of Aboriginal and/or Torres Strait Islander people to date. We pay our respects to Elders, past and present, emerging and Aboriginal Elders of other communities.

We acknowledge the history of Aboriginal and/or Torres Strait Islander people in Australia and the barriers this has introduced to accessing timely therapy and supports with assured cultural safety. The workforce recommendations have undergone significant cultural safety consultation with local, state and national peak body representatives. The workforce recommendations aim to strengthen the Allied health assistant workforce to meet the complex healthcare and wellbeing needs of Aboriginal and/or Torres Strait Islander peoples. This includes increasing the number of Aboriginal and/or Torres Strait Islander people participating in the Allied health assistant workforce and strengthening the cultural responsiveness of all Allied health assistant students and graduates.

Acknowledgements

The *Victorian Allied Health Assistant Workforce Recommendations* (the workforce recommendations) were consulted on broadly and developed by Monash Health. The Victorian Department of Health would like to acknowledge the generous support of the Monash Health WISER Unit in the development of the workforce recommendations.

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Executive Summary

Victorians are facing unprecedented times, with a global pandemic, workforce shortages, consumers expecting increased choice and control, increased training options and varied support workforces. Allied health has a unique opportunity to change the way they work and further define the valuable role they play in the provision of safe and effective therapy and supports to consumers. Robust workforce planning and governance inclusive of Allied health assistants, will see Allied health service capacity grow and thrive into the future to meet growing population demands.

Victoria's Allied health assistant workforce help services in health, disability and aged care function efficiently. The workforce is well established, particularly in health care, although all settings - health, disability and aged care, are yet to realise the full potential value that this workforce can bring to the delivery of consumer therapy and supports.

Optimal utilisation of Allied health assistants includes increasing access to therapy and supports for a larger number of consumers, allowing Allied health professionals to focus their efforts where they are needed most. Allied health assistants can lessen the pressure on Allied professionals and Allied health services, acting as the conduit in therapy and supports for consumers. Models of care that include Allied health assistants alongside Allied health professionals have the potential to give consumers access to more affordable therapy and supports. Understanding the Allied health assistant role across all sectors is of immense benefit to Allied health professionals, allowing them to work at the top of their scope of practice and providing the opportunity to mentor, support and supervise Allied health assistants. Optimal utilisation and development of the Allied health assistant workforce into the future requires collaboration and solution focused thinking between the Vocational Education and Training (VET) sector, the tertiary sector, industry and both professional and funding peak bodies.

To support optimal utilisation of Allied health assistants in all sectors, the Victorian Department of Health, in collaboration with Monash Health, have developed the Victorian Allied Health Assistant Workforce Recommendations. These recommendations have been developed after broad sector-wide consultation and are underpinned by three core principles: Respect, Learn and Grow. The core principles and recommendations are aimed at optimising utilisation of Allied health assistants across the Victorian health, disability and aged care sectors. They have been developed with a focus on different perspectives represented by each sector and workplace when interacting with the Allied health workforce, including cost effective business models and alternate models of care to manage workforce shortages. To support the Allied health workforce of the future, the recommendations encompass pre-employment training, workforce planning and governance, consumer centred therapy and supports, recruitment, orientation and induction, workplace competency-based training, professional development and career pathways. Each recommendation is supported by supplementary information to assist practical application and encourage robust discussions around implementation of the recommendations in different settings.

The 'indicators of progress' and implementation resources, allow for *all* workplaces, cognisant of setting and available resource, to evaluate their progress against implementing the recommendations over time. Whether a workplace has an established Allied health assistant workforce or is considering this addition to their Allied health workforce, the recommendations and resources highlight important factors for consideration.

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Terminology and Abbreviations

Allied health assistant (AHA) working in health or aged care and Therapy assistants working in the disability sector under the supervision and delegation of an Allied health professional.

Allied health professional (AHP) refers to a Allied health professional degree graduate whose role, in part, is to delegate to Allied health assistants.

Brokered models of care refer to third party models of care where the Allied health professional and/or the Allied health assistant workforce is subcontracted and governance, training and insurance are provided via a third party arrangement.

Capabilities are underpinning behavioural skills that characterise work being performed well. Capabilities specify the expected behaviours and attributes of clinicians as the progress through grading structures. They reflect the expanding sphere of influence and control expected of individuals of a higher grading. They are nonclinical attributes[3, 7].

Clinical supervision refers to a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations[8].

Competency is the consistent application of knowledge and skill to the standard of performance required in the workplace. It embodies the ability to transfer and apply skills and knowledge to new situations and environments [9].

Competency-based training is an approach to training that places emphasis on what a person can do in the workplace as a result of training completion"[9, 10].

Competency-based assessment is a purposeful process of systematically gathering, interpreting, recording and communicating to stakeholders information on candidate performance against industry competency standards and/or learning programs [9].

Competency standards define the essential work outcomes and performance level required for effective performance of a work role and/or task in the workplace[3] The elements are the basic building blocks of a competency standard. Elements describe the tasks that make up the broader function or job [3].

Consumer The project team acknowledges that there is variation between the health, aged care and disability sectors, in the language employed to describe people receiving services. For the purposes of this report, the term **'consumer'** will be used to describe all people receiving Allied health services across sectors.

Cultural safety part of creating an environment that is safe for Aboriginal and/or Torres Strait Islander people and people of culturally diverse backgrounds. This encompasses creating a shared respect, shared meaning and shared knowledge.

MBS refers to the Medicare Benefits Schedule, a listing of Medicare services subsidised by the Australian Government

NDIS National Disability Insurance Scheme. A new way of providing support for Australians with disability, their families and carers.

NDIA National Disability Insurance Agency. The Commonwealth government organisation administering the NDIS.

Optimal utilisation refers to utilisation of Allied health assistants such that consumer demand for Allied health services is optimised:

- Allied health professionals can work to the full extent of their scope of practice within a culture of ongoing learning that supports the delivery of safe and effective care.
- Allied health assistants are utilised to the full extent of their skills and scope of practice across all Allied health therapy disciplines in health, disability and aged care. This is evidenced by: Allied health assistants having $\geq$70% clinical load and Allied health professionals delegating up to 25% of their work to Allied health assistants[11].

Peak bodies refer to Allied health and other professional associations with an interest in the governance of the Allied health assistant workforce.

Performance criteria specify the level of performance to demonstrate achievement of the element.

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Performance evidence when referring to workplace competency-based training, is information gathered which, when matched against the performance criteria, provide proof of competence. This may include may include prior formal learning, observed practice or other similar examples.

Priority groups are vulnerable populations with medical, socioeconomic, cultural or communication requirements, who are at high risk of adverse health outcomes and require culturally competent, accessible and appropriate services to ensure risks are mitigated. This term is used in this document to refer to culturally safe and appropriate care and services.

Scope of Practice is a profession's full spectrum of roles, functions, responsibilities and decision making capacity that individuals within that profession are educated, competent and authorised to perform[12].

Scope creep refers to the risk, when roles are ill-defined, of individuals working outside their scope of practice and posing potential risks to patient care through lack of competence and governance.

Sectors: The different settings in which individuals or workplaces operate in:

- The **aged care sector** refers to private Victorian providers of aged care services and those providers who deliver federal government funded aged care services including Commonwealth Home Support Programme, Home Care Package Program, Transitional Care Program and Residential Care.
- The **disability sector** refers to providers of Allied health services to and within the disability sector providing Allied health therapies and support to persons living with a disability.
- The **health sector** refers to Victorian public and private hospitals, community settings, mental health settings and Allied health professional peak bodies.
- The **Vocational Education and Training** (VET) sector refers to Registered Training Organisations (RTO) offering Certificate training in Allied health assistance and their regulatory bodies.

Skills and Jobs Centres (SJC) are based in TAFEs around Victoria providing expert advice on training and employment opportunities, including: Careers advice, help with job searching, assistance preparing resumes, information on employment trends etc.

Subject matter expert is a clinician individual who exhibits the highest level of expertise in performing a specialised job, task, or skill within the organisation"[3].

TAFE the acronym stands for Technical and Further Education. TAFEs are government owned while RTOs are privately owned. Both operate under VET sector governance and accreditation.

The workforce recommendations refers to the Victorian Allied Health Assistant Workforce Recommendations.

The Department refers to the Victorian Department of Health (DH).

The Department's core competencies refer to those four competencies endorsed by the Department as core for all Allied health assistants in Victoria[13].

1. Individual therapy and supports.
2. Group therapy.
3. Communication of patient information.
4. Equipment and environment.

The **Free TAFE Initiative** a Victorian Government initiative for priority courses that covers tuition fees for students, who are eligible for government-subsidised training, to study one of more than 60 courses on the approved list[14].

Therapy and support refers to the Allied health service delivery of care in the health, aged care and disability settings.

Workforce shortages are referred to regularly in the document and in some contexts refer to the thin markets that exist in disability or the chronic Allied health workforce shortages that have historically existed in regional and rural areas and are now permeating metropolitan Allied health service providers.

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1. Introduction

The Victorian Allied Health Assistant Workforce Recommendations and resources have been developed, with the input of a representative steering committee, to meet the Department's objectives for the Allied health assistant workforce of the future. They are informed by extensive sector consultation and feedback.

While the role of an Allied health assistant is not new, the full potential of this role is yet to be realised in meeting service demands in the health, disability and aged care settings. The recommendations and resources aspire to create a shared understanding of the value that optimal utilisation of the Allied health assistant workforce can bring to consumers, to Allied health professionals and to the health, disability and aged care sectors.

The Victorian Allied Health Assistant Workforce Recommendations and resources build on over a decade of work by the Victorian Department of Health in developing the Allied health workforce. These include the:

- *Supervision and delegation frameworks for Allied health assistants*[4],
- *Supervision and delegation framework for Allied health assistants and the support workforce in disability*[6],
- *Allied health: credentialing, capability and competency framework*[3],
- *Victorian Assistant Workforce Model*[15] (VAWM),
- *Victorian clinical governance framework*[16], and the
- *Victorian Allied health clinical supervision framework*[8].

All Victorian consumers have the right to access consistently safe and effective therapy and support. Victorian consumer demand for Allied health services is growing as skilled workforce shortages continue across the health, disability and aged care sectors. Allied health assistants have a role in meeting this demand, under the delegation and supervision of Allied health professionals[4, 6]. Innovative and contemporary models of care have demonstrated that the optimal utilisation of Allied health assistants gives greater access to care for a larger number of consumers, whilst allowing Allied health professionals to work at the top of their scope of practice[17]. Optimal utilisation of a delegated workforce requires appropriate governance and leadership to ensure role expectations are shared and consumer goals are the driver of service delivery. There is immense benefit for Allied health professionals in better understanding the value of an Allied health assistant role and the capacity this role offers. For the consumer, informed choice to have an Allied health assistant involved in the treating team, may allow more therapy and support needs to be met.

The core principles of *Respect, Learn, and Grow*, were endorsed during broad consultation with the sector. They articulate the underlying workplace culture required for optimal utilisation of the Allied health assistant workforce across sectors.

The recommendations, supported by supplementary information such as case examples and resources, give practical guidance on ways to support optimal utilisation of the Allied health assistant workforce. These recommendations were developed recognising that Allied health assistants are a core component of the Allied health team. Allied health assistants in all settings work under the supervision and delegation of Allied health professionals[4, 6]. The recommendations encompass pre-employment training, workforce planning and governance, consumer centred therapy and supports, recruitment, orientation and induction, workplace competency-based training, professional development and career pathway options for Allied health assistants. They define the Allied health assistant roles, capabilities and skills and differentiate them from other delegated workforces.

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The indicators of progress and implementation resources provide individuals and workplaces a method for self-evaluation against the recommendations over time. These are designed for employers and prospective employers of Allied health assistants.

The Allied health assistant workforce recommendations and resources are central to supporting Allied health practice in Victoria and the future growth of this workforce, enabling improved access to safe and effective therapy and supports for all Victorians.

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Context

In the midst of a changing health landscape, increasing demand for Allied health services, continuing workforce shortages, evolving funding schemes and an emphasis on innovative and interdisciplinary models of care, the need to optimise delegated workforces becomes paramount.

The Victorian Allied health professional and assistant workforces are essential for the delivery of high quality, efficient and effective consumer-centred therapy and supports across the health, disability, aged and community sectors.

The Department recognises the benefit of optimal utilisation of Allied health assistants and increasing the use of Allied health assistants is a key departmental strategy to improve the effectiveness of the Allied health workforce.

The Department recognises that further action is required to better situate the Allied health assistant workforce, and commissioned this project to address the five year Allied health assistant workforce objectives (Figure 1).

Figure 1. The Department's Five Year Allied health assistant workforce objectives

Purpose

Tested through broad consultation, these recommendations aim to support:

- A supply of consistently skilled Allied health assistants whose role and competence is well understood by the sector;
- A workforce culture of support for embedded supervision and delegation processes for the Allied health assistant workforce, and
- A sector committed to the ongoing planning, funding and development of the Allied health assistant workforce.

The Victorian Allied Health Assistant Workforce core principles, recommendations and implementation resources provide direction on Allied health assistant pre-employment training, workforce planning and governance, consumer centred therapy and supports, recruitment, orientation and induction, workplace competency-based training, professional development and career pathway options. They distinguish the Allied health assistant from other delegated workforces with a unique set of capabilities and skills.

The Victorian Allied Health Assistant Recommendations and resources offer individuals and workplaces within the Vocational Education and Training (VET), health, disability and aged care settings plausible steps and measures in realising the full potential of Allied health assistant roles.

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How the recommendations and resources were developed

The project used a consultative approach, informed by evidence, to achieve broad cross sector input.

Each step of the consultation process was guided and endorsed by a representative Steering Committee (Appendix 1). Consultation occurred across geographic, sector, employer and discipline workforce groups inclusive of Allied health leaders, professionals and assistants, consumers, educators and students of the Allied health assistance courses (Figure 2).

Enablers and barriers to the optimal utilisation of Allied health assistants were identified in various work settings inclusive of health, disability and aged care, as well as private billing contexts. As a basis for developing the recommendations, the following areas were explored[18].

- Pre-employment training of Allied health assistants, graduate skills readiness and industry expectations
- Governance and employment of Allied health assistants including recruitment, orientation, credentialing and workplace supports such as cultural paradigms and procedural frameworks
- On the job training, development and career pathways for Allied health assistants.

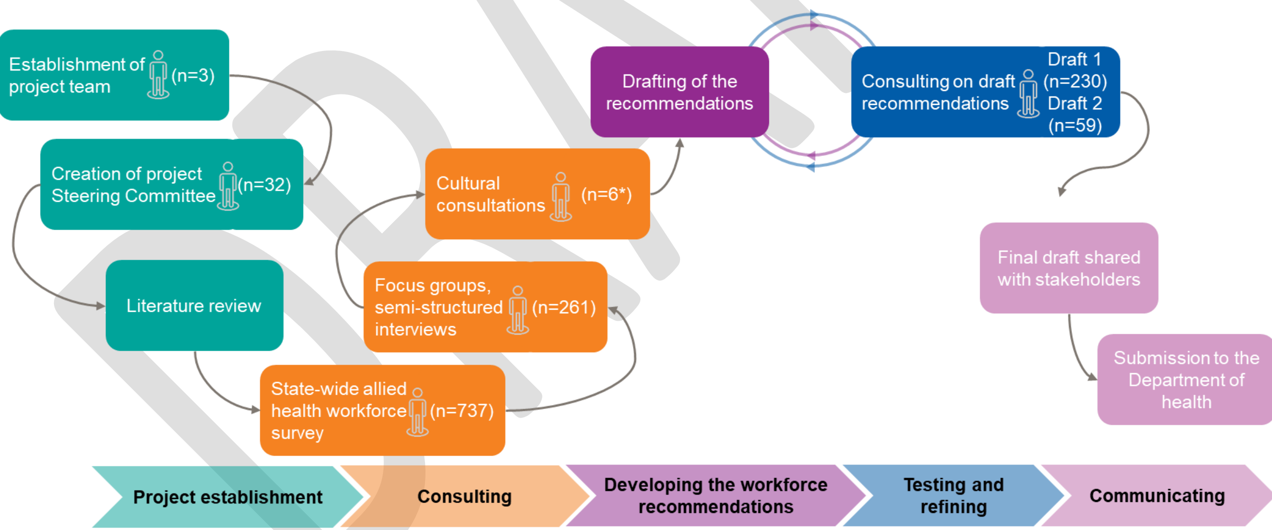

Figure 2. Abridged project process overview

Who are the recommendations and resources for?

The recommendations are directed at a range of stakeholders including but not limited to Vocational Education and Training providers, Allied health assistants, Allied health professionals, employers and managers of Allied health staff and services, funding bodies, Allied health professional peak bodies, tertiary education providers and consumers, all of whom have a role to play in the optimal utilisation of Allied health assistants (Figure 3).

The recommendations are applicable to all workplaces and act, in part, as guidance to ensure the right governance is in place. Governance includes the expectation of all workplaces to reduce risk in delegation practice and to develop a workplace culture of mutual respect and lifelong learning. The size and practices of governance in an individual workplace may vary, but form a crucial role in ensuring progress towards optimal utilisation. As a non-registered delegate workforce, Allied health assistants rely on Allied health professional adherence to regulatory body requirements. Therefore recommendations apply to all workplaces who are employing or intending to employ, Allied health assistants. The roles and responsibilities of different stakeholders in the optimal utilisation of Allied health assistants are described in Table 1.

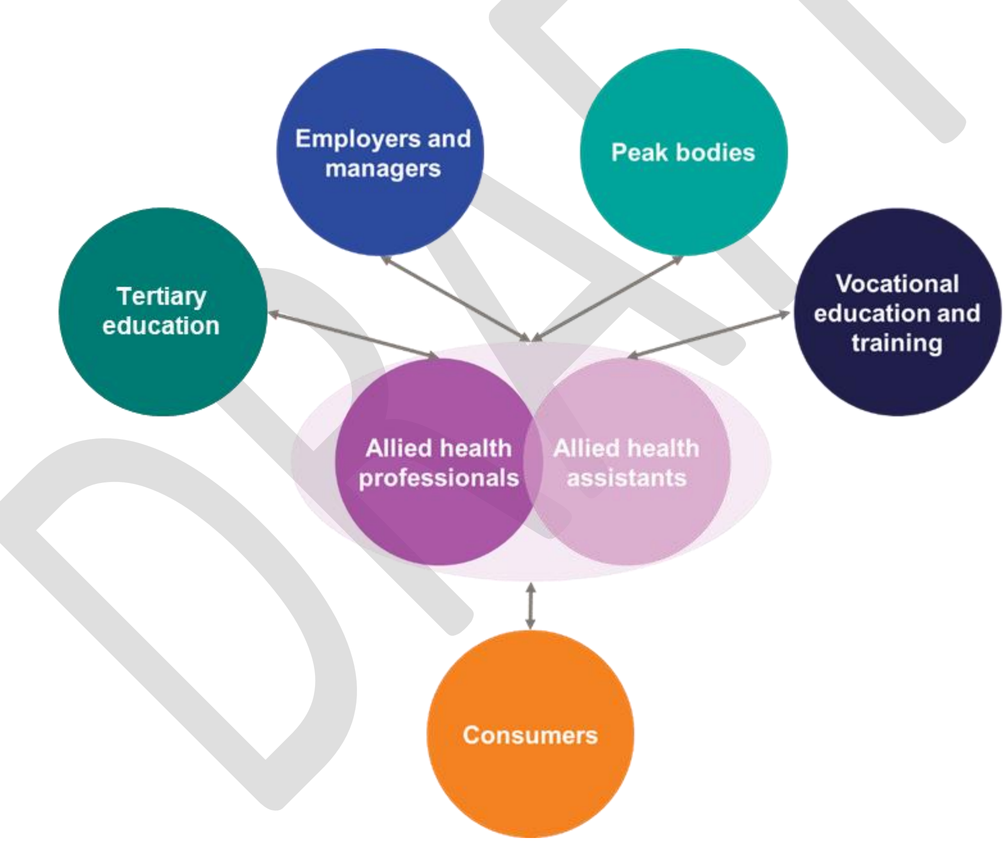

Figure 3. Depiction of stakeholder roles and relationships in the utilisation of Allied health assistants in the provision of consumer therapy and supports.

Roles and responsibilities

The below table describes the roles and responsibilities for different stakeholder groups in optimal utilisation of the Allied health assistant workforce. Each stakeholder group's role and responsibilities are identified, with corresponding hyperlinks to relevant recommendations.

Stakeholder	Role and responsibility	Relevant recommendations
Consumers	• Make informed choices in therapy, supports and services. • Collaborate with care team to set goals. • Escalate concerns when therapy, supports and services are not in line with consumer goals.	10
Allied health assistants	• Maintain knowledge of role and defined scope of practice within setting. • Uphold a culture of respect, learn and grow by engaging in activities such as team support, workforce planning, leadership, orientation, workforce representation. • Actively collaborate with delegating professionals and broader consumer care teams to ensure safe and effective therapy and supports within defined scope of practice. • Identify risk and escalate accordingly. • Complete documentation in line with workplace requirements. • Actively participate in clinical supervision. • Drive learning need identification through active participation in delegation, professional development, competency-based training and clinical supervision. • Engage in culturally safe practice with priority groups of peers and consumers. • Support VET sector and industry partnerships. • Support student clinical placements.	All
Allied health professionals	• Uphold a culture of respect, learn and grow with regards to the Allied health workforce working collaboratively. • Support orientation of Allied health assistants to role and workplace. • Uphold accountability for consumer diagnosis and overall therapy and supports plans, while the delivery may be delegated. • Establish clear two way communication with Allied health assistants. • Maintain knowledge of the Allied health assistant role and scope of practice in the context according to individual capabilities, competencies (knowledge and skills), and learning needs. • Analyse clinical practice to identify delegable tasks. • Actively participate in supervision and delegation training. • Provide appropriate delegated tasks accompanied by supervision and delegation according to the individual Allied health assistant's level of competency and capability. • Provide workplace competency-based training and assessment or professional development to meet Allied health assistant learning needs. • Support endorsement and recording of Allied health assistant competencies. • Regularly provide clinical supervision to the Allied health assistant. • Engage in culturally safe practice with priority groups of peers and consumers. • Ensure Allied health assistants are covered by the Professional Indemnity Insurance covering the supervising therapist, where directly employing an Allied health assistant.	1 3 6 7 8 9 10 13 14 15 16 17

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Stakeholder	Role and responsibility	Relevant recommendations
The Vocational Education and Training Sector (inclusive of private and public providers)	• Collaborate with other education providers in order to provide a consistent student experience for Allied health assistant students and a consistent graduate experience for industry. • Conduct interviews as part of pre-training reviews. • Prepare skills ready graduates in Certificate III and Certificate IV Allied Health Assistance in consultation and partnership with industry. • Ensure graduates undertake cultural awareness training and understand the differences in cultural communication styles. • Provide alternate modes of delivery and placement and consider traineeship partnerships. • Partner with industry to provide skilled and qualified teaching staff. • Partner with industry to provide meaningful placement models across sectors. • Partner with industry to support and provide training post Certificate IV graduation as elective modules for competency-based training in the workplace. • Work in collaboration with the University sector to provide appropriate and accessible education pathways for Allied health assistants wishing to commence university study.	1 2 3 4 5 11 14
The University Sector	• Prepare Allied health professional students with an introduction to the Allied health assistant role, delegation knowledge and skills. • Provide appropriate and accessible education pathways for qualified and experienced Allied health assistants wishing to commence university study.	8 11 18
Employers and Managers	• Instil and uphold a culture of respect, learn and grow with regards to the Allied health workforce. • Ensure clear policies and resources are in place to guide the way the team works in regard to cultural safety, consumer information, clinical supervision, and delegation practice, workplace competency based-training and professional development. • Regularly evaluate models of care, team performance and utilisation of Allied health assistant roles against best practice recommendations and service demands. • Preference the Certificate III and Certificate IV Allied health assistance training for Allied health assistant recruitment. • Only if necessary, determine and communicate workplace appropriate equivalence to the Certificate III or IV in Allied Health Assistance for recruitment to an Allied health assistant position. • Recruit, on-board and induct new Allied health assistant staff into positions with appropriate supervision and delegation processes in place. • Instil an expectation of ongoing learning and development for Allied health assistants. • Ensure the workforce is representative of the wider Australian population. • Support Allied health assistant student training and placement opportunities through partnerships with RTOs. • Provide traineeships for Allied health assistants where workforce shortages indicate the need. • If employing Grade 1 Allied health assistants, set an expectation that a relevant Allied health assistance certificate qualification is completed within two years of employment. • Ensure Allied health assistants are covered by the Professional Indemnity insurance related to the workplace.	1 4 6 7 8 9 10 11 12 13 14 15 16 17 18

Stakeholder	Role and responsibility	
Allied Health Professional Peak Bodies	• Consult on, support and disseminate guidelines for the defined scope of practice and utilisation of Allied health assistants. • Provide members with continuing professional development to support utilisation and appropriate delegation to Allied health assistants relevant to their profession and setting. • Provide membership categories and learning opportunities to Allied health assistants working with the relevant profession. • Liaise with the tertiary education sector and the Allied Health Professional Registration Association where indicated, to inform supervision and delegation training for undergraduate Allied health professional students. • Inform course content for Allied health assistant students through VET sector consultation activities.	1 7 8 10 11 14
Disability Peak Bodies (NDS and NDIA)	• Actively participate in consultation with the VET sector on appropriate course content for certificate training for Allied health assistants (Therapy assistants). • Endorse the certificate training of Allied health assistants (Therapy assistants) working in the disability setting. • Ensure the accountabilities and scope of practice for an Allied health professional and an assistant are clearly articulated, endorsed and supported by workplaces. • Ensure accurate and appropriate consumer, carer and planner resources are available to inform choice and control over therapies and supports. • Ensure advice regarding utilisation of Allied health professionals and Allied health assistants (Therapy assistants) in the disability setting is clear and distinct from other support roles such as disability support workers. • Ensure that the Allied health assistant role is clearly articulated for planners and consumers as one which works under the delegation and supervision of an Allied health professional, not as an independent trader. • Support the growth of Allied health assistant roles (Therapy assistants) as outlined in the NDIS National Workforce Plan[19].	1 7 8 10 11 17 18
Disability Support Package Planners	• Ensure participants' plans support adequate access to Allied health therapies. • Ensure accountabilities of Allied health professionals in assessment, diagnosis, therapy planning and prescription are upheld in a supervision and delegation model with Allied health assistants (Therapy assistants). • Ensure whenever an Allied health assistant (Therapy assistant) is made allowance for in a plan, inclusive of dual billing, that the consumer is aware of the need for an appropriately qualified individual who has access to supervision and delegation from an Allied health professional. • Support implementation of Allied health assistant roles (Therapy assistants) as outlined in the NDIS National Workforce Plan[19].	6 7 10 11
Aged Care Peak Bodies	• Actively participate in consultation with VET sector on appropriate course content for Certificate training for Allied health assistants working with older persons. • Endorse the certificate training of Allied health assistants working in the aged care setting. • Ensure the accountabilities and scope of practice for an Allied health professional and an assistant are clearly articulated, endorsed and supported by workplaces. • Ensure advice regarding utilisation of Allied health professionals and Allied health assistants in the aged care setting is clear and distinct from other support roles such as lifestyle assistants, personal care attendants, diversional therapists. • Ensure that the Allied health assistant role is clearly articulated for consumers and families as one which works under the delegation and supervision of an Allied health professional. • Support funding models to continue to allow for Allied health assistant input into therapy programs for older adults.	1 7 8 9 10 11 17 18

Stakeholder	Role and responsibility	Relevant recommendations
Department of Health and Industry Leaders	• Engage Allied health assistants in workforce planning via consultation. • Provide workforce planning options such that Allied health assistants can be fully utilised within collaborative Allied health teams or by sole practicing Allied health professionals, regardless of work setting. • Ensure tools provided are reviewed regularly with regard to contemporary practice, evidence-base, and funding implications. • Lobby for funding for dedicated Allied health assistant workforce support. • Lobby for extension of training and development funding to include Allied health assistants in early graduate programs.	6 7 8 9 10 11 18
Compensable Bodies (e.g. Traffic Accident Commission, Department of Veteran Affairs)	• Ensure consultation with peak bodies to maintain support for contemporary Allied health practice and effective models of care. • Maintain contemporary funding of the Allied health assistant role • Endorse the Allied health assistant certificate training through eligibility criteria for funding.	6 7 10 11

Table 1. Stakeholder roles and responsibilities in optimal utilisation of the Allied health assistant workforce.

What is in the recommendations?

The core principles of *Respect, Learn and Grow*, articulate the underlying culture required for optimal utilisation of the Allied health assistant workforce across sectors. An inclusive workplace culture and mutually respectful working relationships are key to success and are an assumption as well as a recommendation in this document.

The eighteen recommendations focus on pre-employment training, workforce planning, Allied health assistant governance, processes to optimise Allied health assistant utilisation and career pathway options for Allied health assistants (Figure 4).

Figure 4. Steps in the optimal utilisation of Allied health assistants

Career development for Allied health assistants remains of key interest for the Victorian Allied health landscape and as such the workforce recommendations have been written with opportunities for career growth woven throughout.

Each recommendation includes stakeholder specific points for consideration and supplementary information is provided throughout the recommendations to demonstrate practical applications that reflect Vocational Education and Training, health, disability and aged care service settings in Victoria. The supplementary information is highlighted with these icons throughout the recommendations:

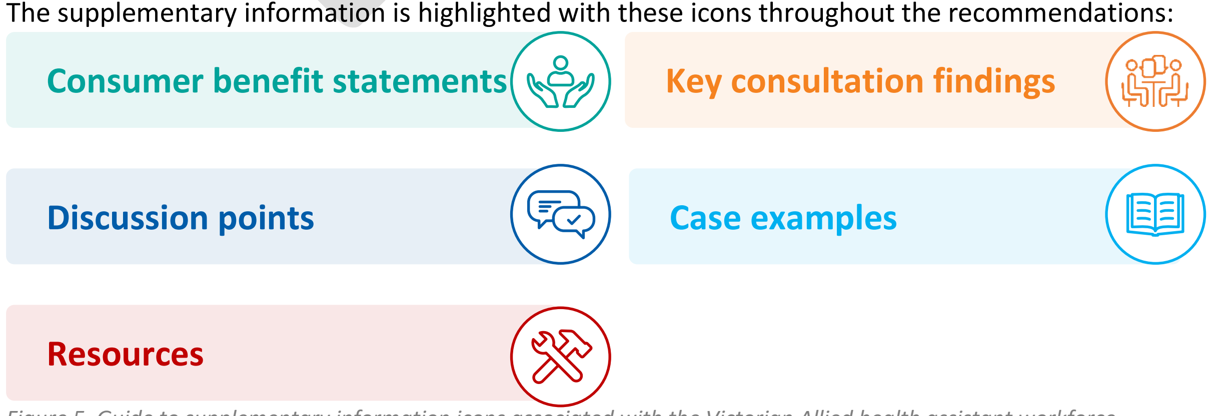

Figure 5. Guide to supplementary information icons associated with the Victorian Allied health assistant workforce recommendations.

Please note the included case examples do not represent preferred providers. Rather, they represent just some of the many positive practices existing in Victoria with regards to the Allied health assistant workforce.

The indicators of progress and implementation resources allow various stakeholders, regardless of setting and governance structures, to measure their progress in implementing the recommendations.

How to use the recommendations and resources

All workplaces currently employing or considering employing Allied health assistants should review these recommendations and resources and adapt them to meet their own needs.

Readers are encouraged to start by reading this entire document to gain an appreciation of the context, the consultative process by which the recommendations were developed, the core principles underlying the recommendations and the recommendations themselves.

These recommendations and resources may be used to:

- Improve the safety and quality of therapy and supports provided to consumers;
- Increase workforce skill and adaptability;
- Create learning and inclusive cultures;
- Provide practical examples as to how Allied health assistants can benefit the Allied health workforce;
- Provide a platform and clarity around career progression for the Allied health assistant workforce, and
- Supplement existing resources* such as the
    - Supervision and Delegation Frameworks[4, 6],
    - Victorian Assistance Workforce Model[15],
    - Allied health: Credentialing, capability and competency framework[3],
    - Victorian Allied health supervision framework[8],and the
    - Victorian clinical governance framework[16].

* Prior knowledge of these documents and access to them is necessary to get the full benefit of this document.

To facilitate implementing the recommendations, the ‘indicators of progress’ and implementation resources allow for sector-specific adaptation. Progress measurement tools and clinician checklists, (Appendix 2, 3 & 4) can be tailored to individual workplace governance requirements. These resources are designed for use in continual implementation and evaluation of the Allied health assistant workforce recommendations relevant to the individual workplace.

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2. The Victorian Allied Health Assistant Workforce

Understanding the current landscape, training and function of Allied health assistants across Victoria is key in identifying the changes required to optimise utilisation of this workforce. The below information has been garnered over the course of the workforce project as to the current and evolving state of the Victorian Allied health assistant workforce.

The Allied health assistant workforce landscape

The Department's workforce data sources indicated in May 2021, that there were over 1000 Allied health assistants employed in Victorian health services, majority of whom are female and in ongoing employment. Whilst the age brackets of Allied health assistants were evenly spread in metropolitan areas, in regional areas, more Allied health assistants were observed in the age brackets above 45-49 years. Length of service in metropolitan areas was an average of 10-20 years, whereas in regional areas length of service was spread across categories ranging from less than a year to greater than twenty years. Refinement of data sources for Allied health assistants working in disability and aged care is required to accurately obtain and report similar workforce data for these sectors.

Allied health assistants are underutilised[17] and this may be related to:

- a lack of standardised competencies and training for Allied health assistants limiting the transfer of skills, and creating inconsistencies in knowledge and capability, and
- a lack of shared understanding and recognition of the current and future capabilities of the Allied health assistant workforce.

While Allied health professional workforce shortages have been seen in rural and regional areas and the disability sector for many years, shortages are now seen in larger metropolitan health organisations. These shortages make the utilisation of Allied health assistants an essential consideration in workforce planning.

Allied health assistant roles in the workplace

An Allied health assistant is a member of the Allied health team, whose work is delegated by an Allied health professional, unlike a disability support worker, a personal care attendant, a leisure and lifestyle assistant or other support workforce members[4]. Allied health assistants support and assist the work of an Allied health professional by undertaking a range of less complex tasks (both clinical and non-clinical). As a result, the role of an Allied health assistant enables an Allied health professional to focus on more complex clinical work and together they can provide therapy and supports to a greater number of patients.

All Allied health assistants work under the delegation of an Allied health professional and the accountability for that consumer's care trajectory remains with the Allied health professional. The Allied health professional completes an assessment, makes a diagnosis, prescribes, and makes discharge decisions, while the Allied health assistant performs clinical and non-clinical tasks under delegation in alignment with the prescribed therapy and supports.

Allied health assistants are not supported to perform tasks that require clinical reasoning or change the trajectory of care for a consumer, i.e. assessment, diagnosis or discharge. If an Allied health assistant identifies a clinical need, they must communicate this to the delegating Allied health professional in a timely manner.

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> *"…we can give feedback about what our patients are doing but we're not analysing, we're not making a judgement…. and that's the major difference, so we are observing what they are doing and what they can do but we're not analysing…"*
>
> **Allied health assistant**

The role an Allied health assistant plays is dependent on the competence and experience of the individual assistant. While Allied health assistants are not autonomous, the degree of supervision and monitoring required will vary depending on setting, knowledge, experience, skills and grading.

Allied health assistants have been utilised in different ways in different sectors. In Victoria, the grading and classification of the Allied health assistant role varies according to the sector and funding stream.

Victorian Health Sector Allied health assistant role and classification

The health sector has traditionally employed Allied health assistants in hospital and community settings to support single professions. The recent growth of multidisciplinary Allied health assistant roles, particularly in community health settings, has been perceived as valuable to patient care and resulted in Allied health assistant career growth.

The Allied health assistant role has been developed to support Allied health, with delegation and supervision of Allied health assistants by Allied health professionals. This supervision and delegation structure is integral to optimal utilisation and development of this workforce to support the Allied health workforce for the future. Extreme workforce shortages during the COVID-19 pandemic have seen Allied health assistants working in surge models to provide therapy and supports traditionally performed by nursing, with a demand in some metropolitan settings for Allied health assistants to be utilised as more general ward support. With predictions of ongoing workforce shortages, there are significant risks to be considered in this approach. The Allied health assistant role must be clearly delineated outside emergency response times. Allied health assistants are trained to support Allied health, and Health Assistants in Nursing are trained to support Nursing, so the use of Allied health assistants in ward support roles should not be continued.

Grade 1 Allied health assistant refers to an Allied health assistant who is unqualified or a trainee working under the direct supervision of an Allied health professional. A Grade 1 is employed with the expectation of completing the certificate training. Automatic progression to a Grade 2 role will occur on completion of the Certificate III Allied Health Assistance.

In health, Grade 1 roles are rarely recruited to except in the instance of traineeships. The health sector has moved heavily towards qualified Allied health assistant classifications.

Grade 2 Allied health assistant refers to an Allied health assistant with qualifications (Certificate III Allied Health Assistance or equivalent*) working under direct supervision of an Allied health professional performing the work of a Grade 1 Allied health assistant with a higher expectation of capability. Grade 2 Allied health assistants are expected to take part in quality initiatives and student supervision. Student supervision and quality improvement projects are encouraged based on the individual's experience, capability and professional development goals. After two years or more clinical experience, a Grade 2 Allied health assistant is eligible to apply for a grade 3 role, though not automatically progressed.

Grade 3 Allied health assistant refers to an Allied health assistant qualified with a Certificate IV Allied Health Assistance or equivalent*, with at least two years working experience, working under indirect or remote supervision of an Allied health professional

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performing the clinical work of a Grade 2 Allied health assistant with a higher expectation of capability, autonomy and leadership. Grade 3 Allied health assistants are also expected to take a lead role in quality initiatives and student supervision and coordination.

**Equivalence is defined in the relevant local industrial agreement for the health sector.*

Key message for the health sector

- Despite Allied health assistants being an established support workforce, optimal utilisation is yet to be fully realised.

To further realise optimal utilisation:

- industry must consult with the VET sector to improve certificate training credibility and graduate recruitment outcomes.
- career development for Allied health assistants must be established through inclusive workplace cultures, targeted ongoing learning and leadership opportunities.
- Allied health professional delegation practice must be improved through training and robust governance.
- contemporary funding must be ensured, cognisant of supervision and delegation requirements, for both public and private health settings.

Grade 1 AHA

Supervision and nature of work:
- Will be required to perform work of a general nature under the direct supervision of an AHP.

Education level entry criteria:
- No formal qualifications required.

Duties:
- May include collection and preparation of equipment, maintaining client contact details, monitoring clients to ensure they follow their programs.

Grade 2 AHA

Supervision and nature of work:
- Will be required to perform work of a general nature under the direct supervision of an AHP.

Education level entry criteria:
- Formal qualification of at least Certificate III level from RTO, or its equivalent.

Duties:
- Perform the full range of duties of a Grade 1.
- Work directly with an AHP, work alone or in teams under supervision following a prescribed program of activity.
- Use communication and interpersonal skills to assist in meeting the needs of clients.
- Accurately document client progress and maintain documents as required.
- Demonstrate a capacity to work flexibly across a broad range of therapeutic and program related activities.
- Identify client circumstances that need program related activities.
- Prioritise work and accept responsibility for outcomes within the limit of their accountabilities.

Grade 3 AHA

Supervision and nature of work:
- Will be required to perform work of a general nature under the supervision of an AHP.

Education level entry criteria:
- A Grade 3 AHA is a person appointed as such.
- Formal qualification of at least Certificate IV level from RTO, or its equivalent.

Duties:
- Perform the full range of duties of a Grade 1 and Grade 2.
- Understand the basic theoretical principles of the work undertaken by the AHP whom they are employed to support.
- Work with minimum supervision to implement therapeutic and related activities, including maintenance of appropriate documentation.
- Identify client circumstances that need additional input from the AHP, including suggestions as to appropriate interventions.
- Demonstrate very good communication and interpersonal skills.
- Organise their own workload and set work priorities within the program established by the AHP.
- If required assist in the supervision of the work being performed by Grade 1 and 2 AHAs and those in training.

Figure 6. Current Victorian grading descriptors for Allied health assistants working in the Health setting

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Disability Sector Allied health assistant role and classification

The National Disability Insurance Scheme (NDIS) National Workforce Plan[19] identifies a priority to increase the Allied health assistant workforce. The efficient delegation of appropriate tasks to Allied health assistants can increase the capacity of Allied health professionals, to respond to participant's needs, by up to 17%[20, 21].

The National Disability Insurance Agency (NDIA) does not require Allied health assistants to have any formal qualifications. There is currently no standardised definition of activities for Therapy assistants working in the disability sector across Australia, only supervision structures and a requirement for therapy assistants to be covered by the delegating Allied health professional's professional indemnity insurance.

Self-managed participants and support planners are incentivised by funding, to seek out their own Allied health assistants, with no clear guidance as to their credentials or qualifications. This may result in a disability support worker or a friend or family member being employed by the individual as an Allied health assistant. This can create inconsistent expectations and mistrust between Allied health professionals and Allied health assistants.

The NDIA defines Level 1 and Level 2 Therapy assistants as follows[22]:

Therapy assistant (level 1): An Allied health assistant working under the delegation of and direct supervision at all times of a therapist. The Allied health assistant must be covered by the professional indemnity insurance of the supervising therapist (or the therapist's employing provider).

Therapy assistant (level 2): An Allied health assistant working under the delegation and supervision of a therapist, where the therapist is satisfied that the Allied health assistant is able to work independently without direct supervision at all times. The Allied health assistant must be covered by the professional indemnity insurance of the supervising therapist (or the therapist's employing provider).

Therapy assistants are often paid above the public health award rate, to support retention. Level 2 Therapy assistants are preferenced for one-to-one sessions whilst Level 1 Therapy assistants generally support participants in a joint or group setting where the Allied health professional is also present. The two levels have differing implications for billing according to supervision requirements.

In some larger disability service providers, Allied health assistants are being optimally utilised and developed as equal members of the team.

Despite the above, confusion still exists with regard to role delineation from other support workforces, appropriate qualifications, insurance obligations, brokered models and cost effective business models in the utilisation of Allied health assistants.

In many instances Allied health professional students are being employed as Allied health assistants. As a result, the distinction between Allied health professional and Allied health assistant roles is unclear for consumers and planners. Accurate consumer information is limited.

Key messages for the disability sector

- The disability sector is leading the way in incorporating valued Allied health assistants into high functioning teams with mutually inclusive cultures.

To continue along this trajectory towards optimal utilisation:

- consumers, families and support planners must be provided accurate and evidence-based information about the scope and value of the Allied health assistant role.
- industry must consult with the VET sector to increase disability representation in Allied Health Assistance certificate courses.
- Allied health assistant certificate training must be endorsed by disability peak bodies.
- funding must remain contemporary and cost benefit examples shared widely.

Aged Care Sector Allied health assistant role and classification

In the aged care setting, certificate training is not a pre-requisite to be employed as an Allied health assistant. Combined with a lack of formal role definition, this leads to blurring of lines between Allied health assistants and other support workforces (i.e. leisure and lifestyle assistant, direct care worker or, personal care attendant).

There are rare current examples of aged care services directly employing Allied health assistants, however these roles, often under the delegation of nursing, align more closely with a leisure and lifestyle assistant role.

Allied health professionals are often contracted for residential and in-home aged care services. Some of these Allied health professionals use Allied health assistants to increase the reach of their service.

The recent national Sunbeam program highlighted opportunities for increased Allied health assistant utilisation in the delivery of Allied health services to those in residential aged care facilities impacted by COVID-19[5].

The Royal Commission into Aged Care Quality and Safety[23] recommends increased access to evidence-based Allied health services for older Australians in residential and in-home settings. This provides an opportunity to optimally utilise the Allied health assistant role in the aged care sector.

Key messages for the aged care sector

- The proposed aged care reforms recommend increased access to evidence based Allied health service for older Australians.
- Allied health workforce shortages remain significant in the aged care sector and Allied health assistants pose part of the solution.

To increase utilisation of Allied health assistants:

- contemporary funding must be applied to improve access to Allied health services.
- the Allied health assistant role must be clearly delineated from other support workforces.
- Allied health assistants must work under the supervision and delegation of Allied health professionals, within robust governance structures.
- consumers must receive clear and accurate information about their treating team inclusive of information about Allied health assistants and their role.

The private billing context

In a private billing context, available funding to rationalise utilisation of an Allied health assistant becomes paramount (Figure 7).

Currently, the only private billing context where Allied health assistants are a viable option is where NDIS funding is available and a participant chooses to utilise an Allied health assistant. If appropriate governance is not applied in this context, there are risks to quality of service.

Compensable bodies such as the Traffic Accident Commission (TAC) and Department of Veteran Affairs (DVA) have policies in place that do not realise the full potential Allied health assistants, due to a lack of both clear guidance and contemporary pricing. As a result, Allied health assistants are not optimally utilised with these consumer cohorts.

The Medicare Benefits Scheme (MBS) and aged care funding models do not contain provision for the funding for Allied health assistants and act as a deterrent for the private sector in utilising Allied health assistants to meet growing demand. When these funding streams are reviewed, the governance, supervision and workplace training resources required for Allied health assistants must be considered in the funding structure.

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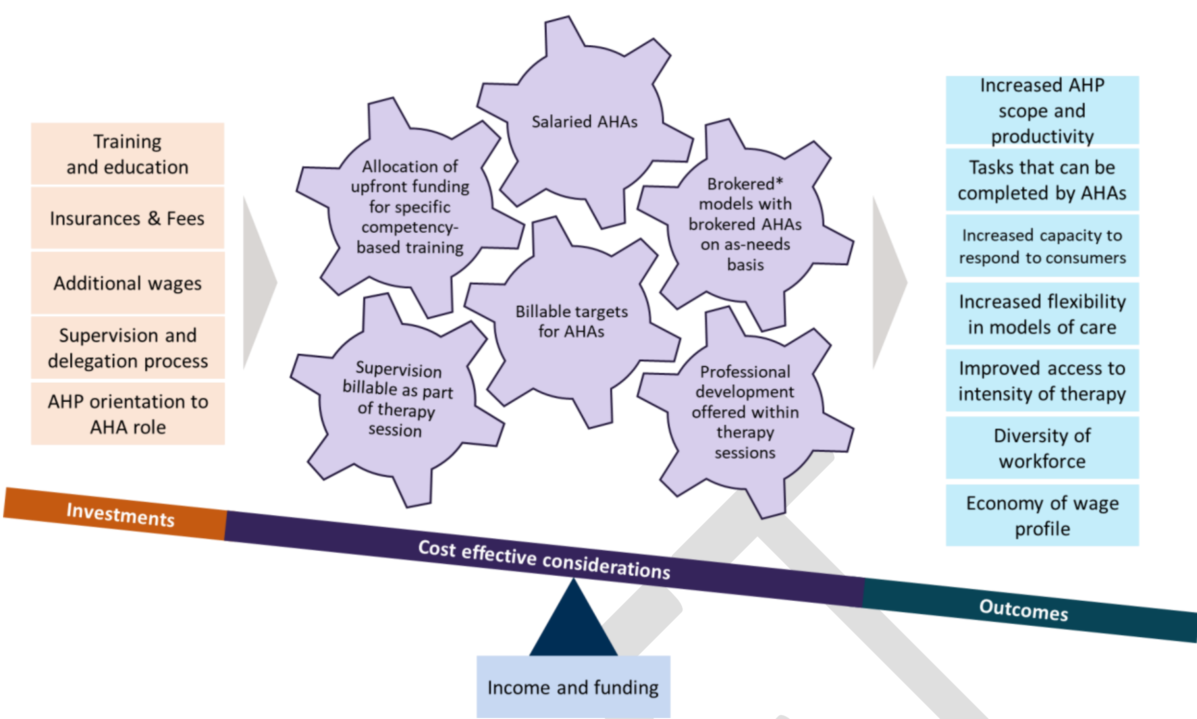

Figure 7: Investment required in integrating Allied health assistants into a workforce compared to greater potential outcomes for the workplace and consumers.
**Brokered models do not allow for the team support function an Allied health assistant has capacity to offer nor the team culture aspect of trusting working relationships between Allied health professionals and Allied health assistants. They have however, been used with some success in remote areas in Australia where workforce shortages have required this format of working*.

Pre-employment training of Allied health assistants

Student cohorts who undertake Allied Health Assistance training vary in age, life stage and back ground. Allied health assistant students commence certificate training and careers for a variety of reasons. The ‘Free TAFE' initiative[14] has seen reduced student completion/workforce entry rates, in part because the students weren't suited for the role or had insufficient knowledge about the work of an Allied health assistant when they commenced the course. However, Registered Training Organisations (RTOs) signed up to a ‘Free TAFE Minimum Service Standard' which includes undertaking a pre-training assessment. This strategy, if working effectively, should reduce the number of ‘non-suitable' students who commence the Certificate IV in Allied health assistance.

There is wide variation between training providers, in course advertising and messaging about future employment prospects, pre-training screening, pre-requisite requirements and advertising of placement requirements. Training is inconsistently delivered with different course content and the relevant industry experience of teachers.

There is a lack of appropriate teachers to deliver the Allied health assistance training, particularly in regional areas. The cost of undertaking the Certificate IV in Training and Assessment (TAE) has been a disincentive for Allied health professionals or Allied health assistants to become TAFE teachers. As the Certificate IV in TAE is now on the ‘Free TAFE' list this should help to remove this barrier.

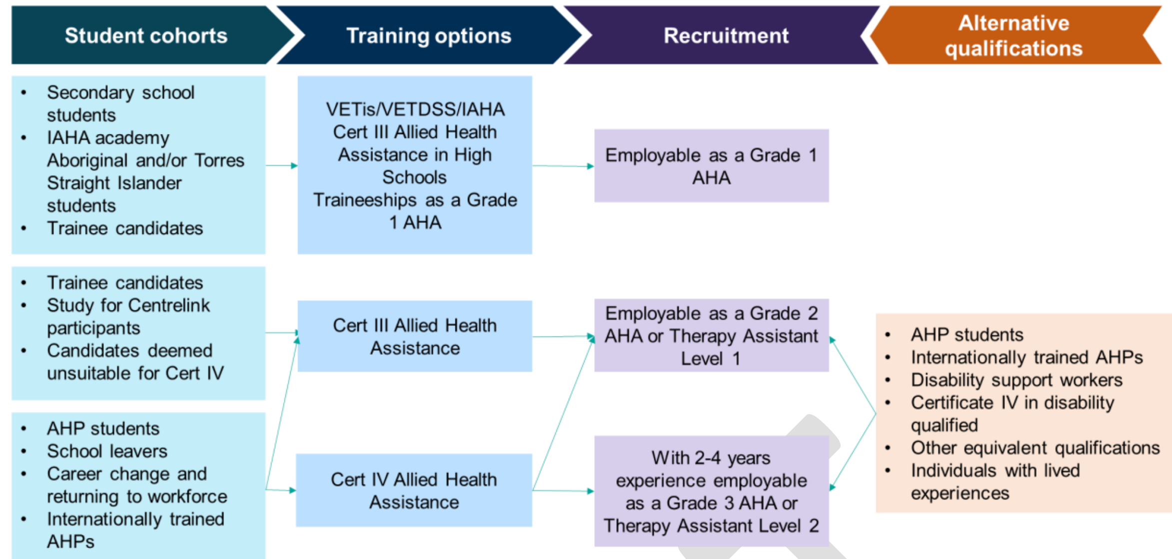

Figure 8: Summary of current pathways to working as an Allied health assistant.
Key: Vocational Education and Training in schools (VETis), Vocational Education and Training Delivered to Secondary Students (VETDSS), Indigenous Allied Health Australia (IAHA), Certificate IV (Cert IV), Certificate III (Cert III), Allied health assistant (AHA), Allied health professional (AHP)

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Allied health assistance certificate courses and their graduates are highly variable. This is compounded by limited workplace exposure and short clinical placement hours (<120 hours) during training, often limited to only one environment. Inconsistent training creates issues for industry as workplace competency-based training needs are not predictable, difficult to plan, highly individualised and resource intensive. The variability in training has resulted in Allied health professionals reporting difficulties in understanding what tasks they delegate to who.

Many parts of industry choose to employ Allied health assistants with alternate qualifications. Popular alternatively qualified individuals include Allied health professional students and overseas trained Allied health professionals, as the baseline skill level is more consistent and familiar. This creates inequities at point of recruitment when Allied Health Assistance certificate graduates must compete with other candidates who may hold alternative or higher qualifications.

> *"How do I explain to an excited new graduate of a Certificate IV in Allied health assistance that it is going to be tough for you to get a job because you'll be up against more experienced Allied health assistants, perhaps even qualified Allied health professionals, Allied health professional students and even human movement graduates nurses in some instances? It's difficult to tell them that despite gaining the qualification for the role, you might be the least employable person for the role."*
>
> **Allied health assistant**

Allied health professional students employed as Allied health assistants.

Some workplaces employ Allied health professional students as assistants with a view to then transitioning them to professional roles once graduated. While this strategy assists Allied health professional workforce shortages, there are risks. By employing Allied health professional students as Allied health assistants the employer risks scope of practice creep and poor workforce retention. Career oriented Allied health assistant cohort (that is Allied health assistants who have chosen to qualify as an Allied health assistant) may feel disenfranchised as their qualification and experience are undervalued. The employment of Allied health professional students as Allied health assistants

requires clear governance and training to clarify the defined scope of practice for an Allied health assistant and that of the Allied health professional student.

> *"The employment of overseas qualified Allied health professionals and Allied health professional students as Allied health assistants in my workplace has only made more evident the limits on the Allied health assistant career pathway. If I want to apply for a team leader role or to assist in research, having an Allied health professional degree trumps my certificate training every time. It makes me feel disenfranchised and demotivated to continue to develop as an Allied health assistant, because what does it lead to?"*
>
> **Allied health assistant**

Areas where this may be relevant include the disability sector where Allied health professional students are seen as a pipeline to support professional workforce shortages in Allied health or regional settings where service demand more frequently exceeds capacity. This approach should not be considered in settings where there is sufficient availability of both qualified Allied health professionals and Allied health assistants with certificate qualifications.

AHP student	Certificate qualified AHA
Pros: Provides professional workforce pipeline **Cons:** Repeat on boarding costs Limited retention Disenfranchisement of AHAs Risk of scope creep Confusion over scope of practice and delegable tasks Not credentialed to supervise AHA certificate students	**Pros:** Diversity of workforce Clear role delineation AHP has clear understanding of delegated workforce AHA scope of practice clearly understood Limited opportunity for scope creep **Cons:** AHP staff training required on appropriate delegation

Figure 9: Considerations for employing Allied health assistants who are Certificate III or IV qualified compared with Allied health professional students.

Key messages for the VET sector

- Peak and funding body endorsement of these qualifications is required for improved graduate employment outcomes.
- Regular and broad consultation with industry to ensure the course content, delivery, placement opportunities and graduates match industry need is required to improve credibility of the Allied Health Assistance certificate training.
- Collaboration with other course providers will ensure consistency of course content and delivery.
- Partnerships with industry to create training pipelines for Allied health staff to teach will assist in sustained quality course delivery

A skills ready Allied health assistant

Variation across student cohorts, workplaces, sectors, and accepted qualifications has led to a rich and diverse Allied health assistant workforce. However, challenges are also created by this variation. Industry representatives were asked what they needed from a newly employed Allied health assistant. They look for communication and other soft skills, as employers expected to teach new graduate Allied health assistants the technical skills required for a role in the workplace.

Employers require an Allied health assistant to have:

- Effective communication skills to approach a diverse range of peoples;
- Professional behaviours and values that align with their mission, e.g. empathy, initiative, a flexible and creative approach to problem solving;
- A willingness to learn;
- An understanding of confidentiality and professional boundaries;
- An understanding of safe and effective care, therapy and supports;
- An ability to recognise and report risk with sound judgement;
- A good fit with the team;
- An ability to work effectively with an Allied health professional eg. work within and across teams, and knowledge of the Allied health assistant role, scope of practice, and supervision and delegation;
- A proficient skill level in the Department of Health's four core competencies;
- Work experience and knowledge of the setting.

The value of Allied health assistants

Allied health assistants offer a solution to deliver timely and effective therapy and supports to more consumers with less resource.

> *"...in the best teams that I've worked in ...the Allied health assistant is often the one who holds everybody together and when you've got a really good Allied health assistant in your team, you've often got a really good team"*
>
> **Allied health assistant**

Allied health assistants work with a range of Allied health professionals in an extensive range of settings and consequently, have a broad range of capabilities, technical skills and experience.

> *"...there's so many possibilities. We've done some work at broadening partnerships – (our Allied health assistants have been pivotal)– with local schools, with local community providers, around how we can improve patient areas or improve patient experience... which gives Allied health assistants an opportunity to move into projects and develop their skills in those sorts of areas*
>
> **Allied health professional**

Allied health assistants make the following key contributions to health, disability and aged care services:

- Support the delivery of consumer centred therapy and supports;
- Enable Allied health professionals to work to their full scope of practice;

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- Provide administrative and day to day support to the Allied health team;
- Provide orientation and support to both Allied health assistants and professionals;
- Participate in quality improvement and research initiative;
- Allow the Allied health team to respond to provide additional Allied health services.

A diagrammatic representation of these findings is depicted in figure 10.

> *"Allied health assistants …broaden the opportunity for [consumers] to access important Allied healthcare - they're like the arms and legs extension of Allied health professionals so it gives a greater number of people greater access to Allied health input. [Allied health assistants]allow Allied health professionals to work to the top of their scope so that they can do the more nitty gritty stuff that must be done by professionals and Allied health assistants can pick up the other equally important but maybe not as technical stuff."*
>
> **Allied health leader**

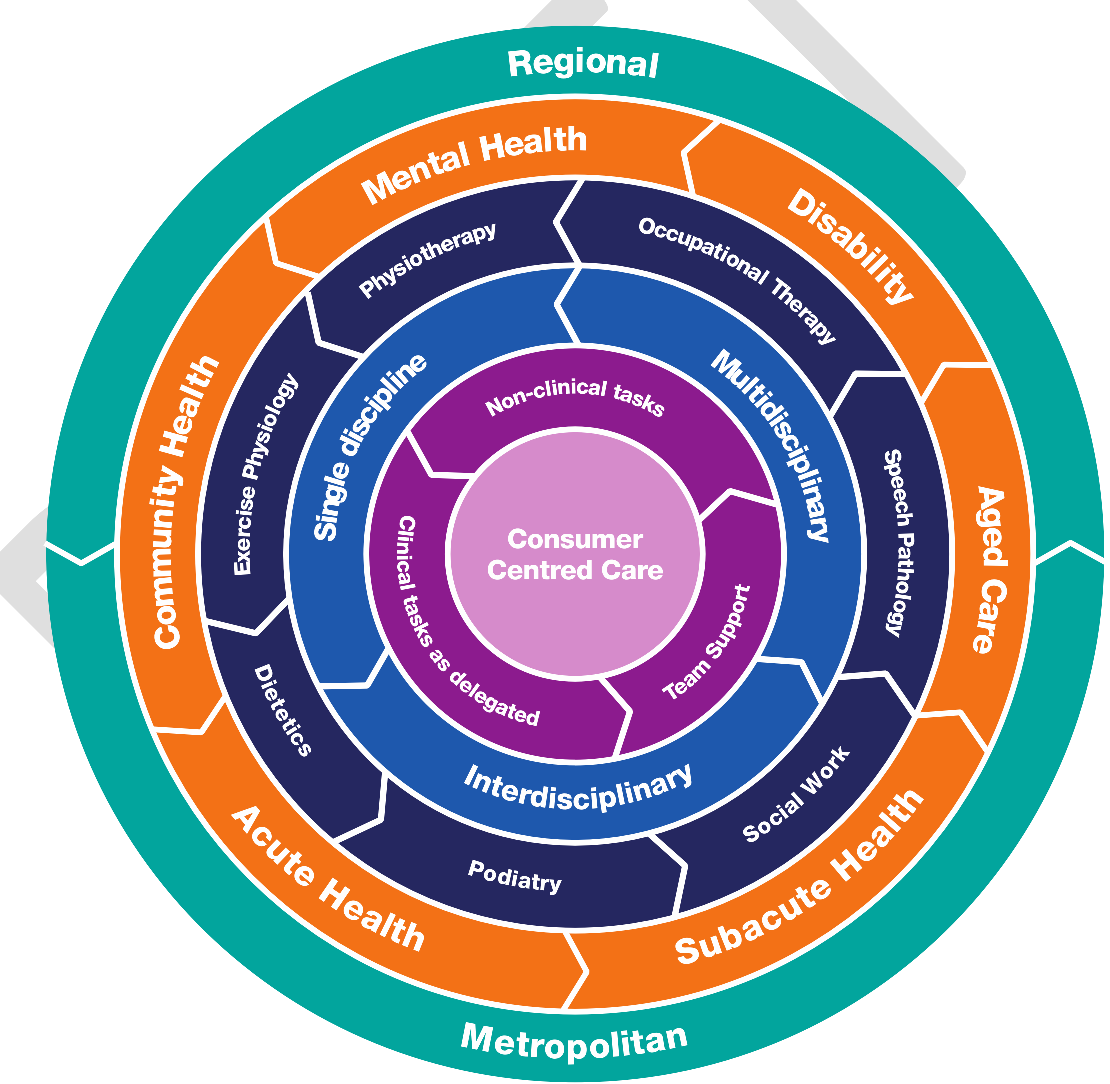

*Figure 10. Allied health assistant contribution to health, disability and aged care sectors**
**N.B Please note the above diagram is a summary and is not inclusive of all possible disciplines (Allied health therapies and sciences) that may work with Allied health assistants now and in the future. The value is thought to be the same for all disciplines.*

3. The core principles of the Victorian Allied Health Assistant Workforce Recommendations

The core principles supporting the Victorian Allied Health Assistant Workforce Recommendations were endorsed by the Project Steering Committee. The core principles of Respect, Learn and Grow, reflected in Figure 11, underpin a culture where the consumer is always at the centre of care and that the value of the Allied health assistant workforce across sectors is fully realised. They outline the environment and philosophy within which the recommendations should be reviewed, planned and implemented in workplaces.

Respect

- **Respect** for the consumer and their right to access safe and effective care and supports appropriate to their needs.
- **Respect** Allied health assistant and Allied health professional roles in adding value to the consumer experience through safe and effective collaborative care delivery.

Learn

- **Learning** to undertake workforce planning with sector and peak bodies to set a culture that encourages and supports collaboration between professional and support workforces.
- **Learning** to deliver high quality delegation.
- Embed ongoing **learning** into Allied health assistant careers through targeted professional development and transferable on-the-job competency training.

Grow

- **Grow** collaborative care delivery.
- **Grow** Allied health assistant scope and career pathways.
- **Grow** support workforce to meet consumer demand.
- **Grow** Allied health assistant workforce.

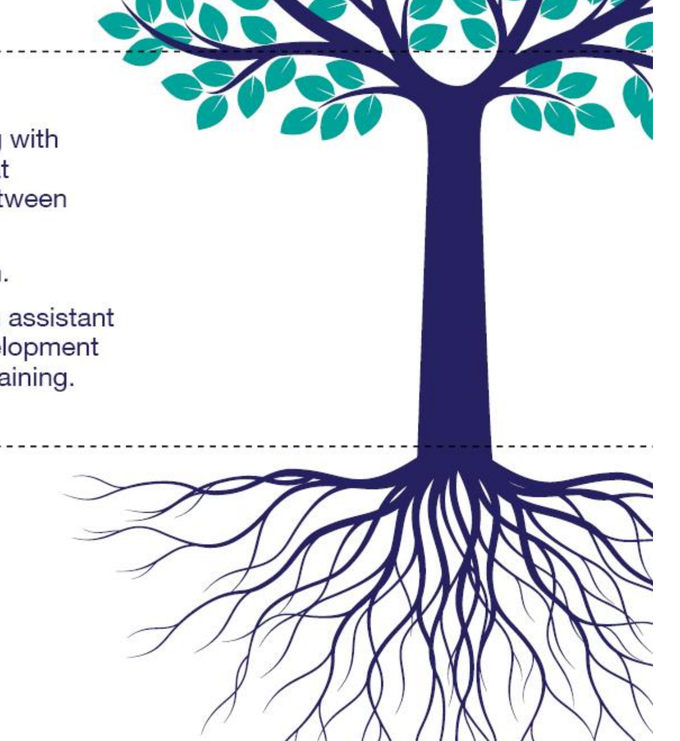

Figure 11. The core principles of the Victorian Allied Health Assistant Workforce recommendations

4. Recommendations to optimise utilisation and development of Allied health assistants across Victoria

Pre-employment training

Consumer benefit statement

A consistently qualified workforce better supports the delivery of safe and effective consumer care outcomes.

Key consultation findings

- Completing a Certificate III or IV in Allied Health Assistance will ensure relevant and consistent skills and capabilities in graduates.
- There is an industry preference for graduates of Certificate IV Allied Health Assistance over graduates of Certificate III, due the increased skills readiness of this cohort.
- The lack of consistency in Allied health assistance training combined with professional workforce shortages has led to the rise of employment of alternately qualified Allied health assistants such as Allied health professional students and overseas qualified Allied health professionals.
- The VET sector has a role in ensuring the course remains credible across private and public providers.
- The importance of Allied health training programs as a credible health workforce pathway (i.e. high school, middle courses, certificate II that leads to this and then onto base sciences degree, or AHP course) must not be underestimated as a basis for keeping rural people in their local communities.
- A lack of available and skilled teachers exist with both the teaching qualification (Certificate IV Training and Assessment) and the recency of practice required to teach the course content in a meaningful and contextualised fashion.

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Recommendation 1

The Allied Health Assistance training package is regularly reviewed in consultation with the health, disability and aged care sectors at national and local Registered Training Organisation (RTO) level.

The VET sector might consider:

- ensuring that Skills Service Organisations (SSOs) consult with a broad representation of community and industry (inclusive of consumers, Allied health assistants, Allied health professionals, Allied health leaders and peak bodies) across health, disability and aged care sectors, inclusive of Aboriginal and/or Torres Strait Islander peoples and other priority groups.
- ensuring that Industry Reference Committees (IRCs) represent a broad cross section of industry (inclusive of Allied health assistants, Allied health professionals, Allied health leaders and peak bodies) across health, disability and aged care sectors and consumers, inclusive of Aboriginal and/or Torres Strait Islander peoples and other priority groups.
- ensuring that local RTOs have broad representation within regular industry panels (inclusive of Allied health assistants, Allied health professionals, Allied health leaders and Peak Bodies) across health, disability and aged care sectors and consumers inclusive of Aboriginal and/or Torres Strait Islander peoples and other priority groups.

Workplaces might consider:

- partaking in meaningful ways in SSO, IRC and RTO consultation to ensure industry needs are accommodated in course contextualisation.

Case example

- The Indigenous Allied Health Association (IAHA) run an Academy where they train Aboriginal and/or Torres Strait islander high school aged students in Allied Health Assistance. The course is regularly evaluated as to whether it is meeting industry and community need with consultation.
- Wodonga TAFE have collaborated with a disability focused Allied health provider in the Albury-Wodonga area, adjusting the format of the Certificate IV in Allied Health Assistance to accommodate for a more disability focused qualification.

"As Industry and the Allied health assistant Role evolves, we are able to consider Units that may align to new skills that are required in the workforce - e.g. the evolving NDIS Therapy Aid role, the use of Telehealth in Allied health assistant run groups especially since COVID etc. This also broadens their skill base, outside of what might be experienced in a three week Placement in one work environment."

Registered training organisation representative

Recommendation 2

Incorporate an interview as requirement of the pre-training review for the Allied Health Assistance courses, including an assessment of communication, literacy and numeracy capabilities.

The VET sector might consider:

- including behavioural skills identified by industry in Training and Assessment Strategy (TAS) templates and incorporating demonstration of behavioural skills in the assessment of clinical tasks.
- including behavioural questions and scenarios in interviews as a part of pre-training review.
- including values based questioning in interviews as a part of pre-training review.
- including non-clinical attribute related questions in interviews as a part of pre-training review.
- including a communication assessment within the withdrawal period of the course to evaluate capacity for interpersonal skills.
- adapting existing templates (Appendix 5) to the RTO's specific needs and requirements, ensuring a standard rubric for assessment is applied.

Case example

Registered Training Organisations across Victoria including Holmesglen, Wodonga TAFE and Exercise Research Australia, complete pre-training reviews of prospective students of Allied Health Assistance courses to determine suitability for the course of study and career as an Allied health assistant. This includes speaking about career goals, learning styles and what interested the prospective learner in the course. This process, carried out in various formats across the providers, ensures that students are choosing the right qualifications to suit their needs and increases likelihood of successful graduate outcomes.

"...I've done group interviews and then we break off into either smaller groups or individual. Since we've gone into the current... situation..., I complete all [the interviews] individually...I can't stress how important those interviews are. I think at the moment we're getting a higher quality of student through now that I'm doing individual interviews and can put a little bit more time into that.."

Registered Training Organisation representative

Recommendation 3

The Vocational Education and Training (VET) sector works collaboratively to ensure the Certificate Allied Health Assistance course curriculum is consistent across providers.

The VET sector might consider:

- inclusion of supervision and delegation introductory training in the Certificate III and IV Allied Health Assistance course.
- offering Allied Health Assistance certificate core units in individual therapy and supports, group therapy, equipment and communication in alignment with the Department's recommended core competencies for Allied health assistants[13].
- inclusion of sector specific skill sets for disability and aged care contexts.
- including cultural safety training as a unit of competency in course delivery.
- limiting electives in the training package to those that are relevant to the Allied health assistant role and industry (SSOs).
- offering a consolidated list of industry relevant elective units across the state for the Certificate III in Allied Health Assistance and Certificate IV in Allied Health Assistance.
- offering consistent placement hours and types across Victoria with appropriate preparation for placement before commencement e.g. professional behaviours education, time management, initiative taking, asking appropriate questions, dressing appropriately etc.
- partnering with industry to create a training pipeline for teachers by offering the Certificate IV Training and Assessment (TAE) to Allied health assistants and professionals.
- employing teachers who are Allied health professionals and Allied health assistants with at least 3 years of experience working with Allied health assistants/professionals to teach and assess the Allied Health Assistance courses (in addition to the current requirements set out by Standards for Registered Training Organisations (RTOs))[24].
- using standard teaching and assessment materials to develop a consistent set of core skills.
- developing and utilising a universal placement assessment tool in line with Allied health professional counterparts e.g. Physiotherapy and the Assessment of Physiotherapy Practice (APP) or Occupational Therapists and the Student Practice Evaluation Form (SPEF).

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- establishing communities of practice for teachers of the Allied health assistance qualifications.
- reviewing the RTO standards[24] to ensure quality *assurance* as well as compliance.

Workplaces might consider:

- partnering with RTOs to offer teaching pipelines and resources.

Case examples

- The TAFE Resource Central (TREC) was developed initially as part of the Regional TAFE Alliance (RTA) to support continuing collaboration through the shared development of blended learning materials and the creation of communities of practice. More information is available from Victorian TAFE association (VTA) <https://trec.vta.vic.edu.au/home>
- The Monash Health Allied Health Assistant Workforce Officer has developed a standardised performance evaluation tool (PET) to be used to assess students of Certificate IV Allied health assistance on placement. It has been developed in consultation with students, clinical educators and Monash Health's partner education providers. It is currently being used at Monash Health with students from Box Hill Institute, RMIT University, Holmesglen Institute and Chisholm Institute. The PET is due to be tested by other Victorian Health services with their education providers also in late 2022.
- Box Hill Institute and Monash Health have partnered to offer the Certificate IV TAE to Grade 3 Allied health assistants, with demonstrated commitment to student education, on an expression of interest basis. Monash Health pays the subsidised tuition fees. The study is performed outside working hours. Box Hill utilises Certificate IV TAE trained Monash Health Grade three Allied health assistants to assist in the teaching of the Certificate IV Allied health assistance course.

"…holding an annual TAFE forum would be beneficial… discussion can be facilitated around various topics such as difficult students, placement requirements and assessment, sharing ideas on teaching and learning resources and assessments, expectations of students…"

Registered training organisation representative

Recommendation 4

The Vocational Education and Training (VET) sector increases clinical exposure and placement experience in pre-employment training.

The VET sector might consider:

- including early clinical exposure through industry guest speakers, consumer videos and observational placements in the first four weeks of training.
- increasing clinical exposure through use of simulated scenarios.
- increasing clinical placement duration to a minimum of 200 hours for the Certificate IV Allied Health Assistance course to allow further consolidation of technical skills and improved confidence with potential to split placement across settings.
- offering a variety of placement experiences inclusive of aged care, disability and health settings where possible.

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- partnering with industry to offer Allied health assistant traineeships and clinical placement opportunities in regional areas to address workforce shortages and improve access to training (consider government funding initiatives, where available, to support this in private practice).
- encouraging students to volunteer in relevant clinical settings whilst studying to further instil behavioural and soft skills for an Allied health career.
- partnering with industry to support the NDIS National Workforce Plan 2021-2025 to grow the number of traineeships and student placements available in the disability sector[19].

Workplaces might consider:

- partnering with RTOs to deliver meaningful clinical exposure and placement experiences throughout the continuum of the training.

> *"As a Grade 3 Allied health assistant I have had the opportunity on several occasions to present to students enrolled in the Allied health assistance course. This has been done early in the course and provides an insight into the day in the life of an Allied health assistant. The presentations have always been well received with lots of positive comments and questions relating to the role."*
>
> **Allied health assistant**

Recommendation 5

The Vocational Education and Training (VET) sector provides clear messaging and marketing, to prospective and enrolled students, as to the role of an Allied health assistant.

Individual RTOs might consider:

- promoting employment opportunities associated with Certificate III and Certificate IV training to prospective student cohorts and assisting Skills and Jobs Centres (SJC) to do the same.
- including career preparation as part of the course e.g. preparing a curriculum vitae, preparing for interview, where to seek relevant job opportunities.
- evaluating student experience within the certificate training.
- developing processes to track graduate employment outcomes to ensure the course is meeting industry needs.
- complying with the 2015 RTO Standards[24] in the delivery of transparent and accurate information about the RTO services and performance to prospective and current learners.

Discussion point

Pre training reviews, industry collaboration, early and ongoing clinical exposure, consistent training and effective marketing may identify individuals most suitable for Allied health assistant careers and inform positive graduate outcomes. The risk of not taking these steps may result in situations where learners may disinvest, withdraw or become unsatisfied with courses and their careers.

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Indicators of progress for recommendations 1-5

Registered Training Organisations that train Allied health assistants to be skills ready for employment in Victorian health, disability and aged care demonstrate:

- inclusion of health, disability and aged care sector Allied health representation in industry consultations.
- pre-training review of a candidature’s aptitude for an Allied health assistant role via an interview.
- delivery of core units aligned to the Department core Allied health assistant competencies and elective units from a finite list.
- use of uniform course materials, tools and assessment processes.
- training and assessment of student capabilities (behaviours and soft skills).
- employment of Allied health assistant and Allied health professional teachers with the appropriate industry experience (> 3 years working as or with Allied health assistants).
- partnerships with industry to support appropriately experienced Allied health assistants to complete the Certificate IV in Training and Assessment.
- provision of clear messaging to prospective students and current students as to likely employment options.
- established student experience evaluation and graduate employment tracking measures.

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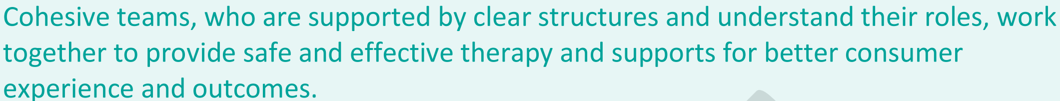
Workforce planning and governance to prepare the workplace for an Allied health assistant

Consumer benefit statement



Cohesive teams, who are supported by clear structures and understand their roles, work together to provide safe and effective therapy and supports for better consumer experience and outcomes.

Key consultation findings

- Well supported, trained and governed Allied health assistants can allow increasing service demands to be met in the face of current and predicted ongoing workforce shortages.
- Allied health assistants are optimally utilised to their full scope of practice within workplaces who have effective supervision and delegation training, resources and practices in place. These structures support the building of professional relationships based on mutual trust and confidence.
- With appropriate supervision and delegation in place, an Allied health assistant has the capacity to significantly increase the case load undertaken by the Allied health service and in turn improve wait times and experiences of the consumers seeking Allied health therapy and supports.
- There is significant confusion and conflicting information around insurance and governance obligations in private billing contexts.
- Where Allied health assistants are engaged outside of, or in addition to existing funding streams in aged care (i.e. employed directly by facility or aged care provider), there is greater opportunity for optimal utilisation of Allied health assistants for the benefit of residents and those accessing aged care services.

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Allied health assistants as a non-registered delegate workforce are reliant on Allied health professional adherence to regulatory body requirements. These recommendations do not endorse Allied health assistants working as sole practitioners or without the supervision and delegation of Allied health professionals in any setting.

Therefore recommendations are thought to apply to all workplaces who are employing Allied health assistants across the continuum of workplace size and registration status. Governance structures may alter according to the size and context of the workplace however remain essential.

A broader range of innovative models can be considered for brokered models when robust governance exists to mitigate potential risks.

Recommendation 6

Workplaces undertake robust workforce planning and redesign processes in relation to the Allied health assistant workforce.

Workplaces might consider:

- regular review of workforce to remain responsive to changing consumer demands.
- for leaders with a non-Allied health background, investing time to understand the Allied health assistant role within the Allied health landscape.
- referencing existing tools and frameworks to inform workforce planning including, but not limited to, the Victorian Assistant Workforce Model[15] (VAWM), Supervision and Delegation Frameworks[4, 6], Guidelines to scope and introduce new Allied health assistant roles[25] or utilising aspects of the Calderdale Framework[26-28].
- dedicating resources to the implementation of Allied health workforce planning and development tools for Allied health assistants.
- establishing an Allied health assistant governance lead role who profiles and advocates for the Allied health assistant workforce.
- including both Allied health professionals and Allied health assistants in Allied health workforce planning.
- regular review of delegable tasks and Allied health assistant roles to ensure optimal utilisation.
- applying cost benefit analyses to Allied health assistant roles to ensure value against role requirements (see Figure 10 and Appendix 6).

Case examples

- A Physiotherapist working with an NDIS participant notes continued but slow progress in the participant's goal of walking in the community. They discuss with the participant, adding an Allied health assistant to the program in order to increase the frequency and intensity of practice at a competitive price point. The physiotherapist needs to provide input to setup and oversee the safe implementation of an Allied health assistant program. The Allied health professional utilises a 1.5 hour review appointment with the participant to write the delegation and rehabilitation program and arranges a 1 hour joint review with the Allied health assistant following the session to assess competency to carry out the program. They then schedule joint reviews at four, eight and twelve months (and ad-hoc if issues arise) with the Allied health assistant completing thirty-five therapy sessions over the twelve months. The physiotherapist's time in joint sessions (including supervision and training), ad-hoc phone calls to address any safety issues or clinical concerns during the program, travel, documentation and all report writing is billable time.
- The federally funded Sunbeam program[5] allows for appropriately trained and experienced Allied health assistants, under the supervision and delegation of Allied health professionals, to support the delivery of evidence-based therapy programs, designed and implemented by Allied health professionals, to aged care residents. This funding combined with workforce shortages and the impacts of COVID-19 in the aged care sector, has allowed Plena Healthcare to directly employ Allied health assistants. This initiative allows Allied health professionals, employed by Plena, to provide critical high-quality therapy and supports at top of scope within the aged care sector.

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Discussion point

It is important to note that decision makers in workplaces that employ Allied health assistants may not always have an Allied health background. To support these individuals or teams in making informed decisions about Allied health assistant roles, clear governance and processes about how Allied health assistants and Allied health professionals work together must be in place. The existence of Allied health assistant governance structures and processes assist to accurately profile the role and inform non-Allied health leaders in making decisions about appropriate settings for Allied health assistant roles e.g. ensuring Allied health professional presence for supervision and delegation and identifying consumer cohorts that would benefit from Allied health input.

Resources

More workforce planning information and resources are available on the Department of Health website:

- The VAWM <www2.health.vic.gov.au/health-workforce/allied-health-workforce/victorian-assistant-workforce-model>
- Guidelines to scope and introduce new Allied health assistant roles <www.health.vic.gov.au/publications/guidelines-to-scope-and-implement-new-allied-health-assistant-roles>

Further details on the NDIS National Workforce Plan: 2021-2025 are available at: <www.dss.gov.au/disability-and-carers-publications-articles/ndis-national-workforce-plan-2021-2025>

Recommendation 7

Workplace governance structures delineate between roles to ensure safe, effective and evidence based therapy and supports.

Workplaces might consider:

- delineating an Allied health assistant's and an Allied health professional's scope of practice in delegation procedure, delegation training and in credentialing practice. This would include description of the following (figure 12):
  - The Allied health professional is accountable for planning, monitoring and delivery of safe and effective delegated therapy and supports.
  - The Allied health assistant is responsible for delivery of safe and effective delegated therapy and supports.
  - The Allied health assistant is responsible for identifying risks whilst undertaking delegated therapy and supports.
  - The Allied health assistant is responsible for providing feedback to the delegating Allied health professional in a timely fashion.
  - The Allied health professional is accountable for conveying any changes to the original delegation of therapy and supports.
- defining the distinction between the role and scope of practice of an Allied health assistant and that of other delegated workforces within health, disability and aged care settings e.g. disability support worker, lifestyle assistant, and personal care attendant.
- establishing the grading of the Allied health assistant required for a role, based on position requirements and the availability of supervision (Appendix 7).

- local contextualisation of Allied health assistant position description templates (Appendix 8 & 9) which include:
  - capabilities according to grading and
  - clinical and non-clinical support functions.
- liaising with peak bodies as to how to work effectively with Allied health assistants in their individual profession/work setting or referring to existing peak body resources.
- establishing partnerships with other local providers in order to share governance resources and create peer networking opportunities.

Allied health professional peak bodies might consider:

- consulting with sector funding bodies on Allied health assistant scope of practice.
- disseminating consistent messaging on Allied health assistant scope of practice to their membership.

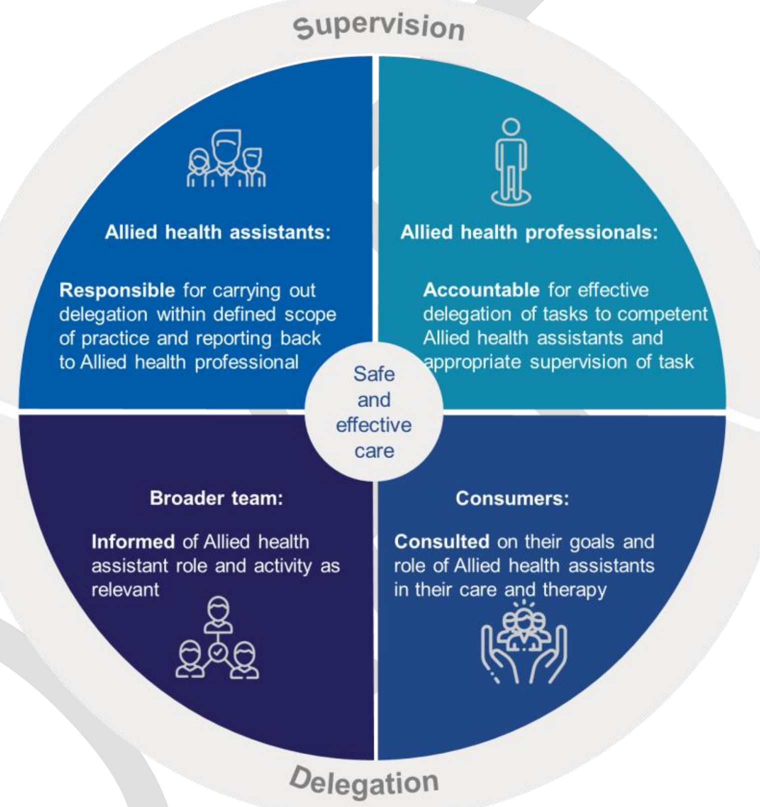

Figure 12: Summary of accountabilities and responsibilities of members of the care and therapy team under appropriate supervision and delegation.

Case examples

- South West Healthcare developed an internal decision making tool for Allied health assistant classification. This was designed to support managers when they were developing Allied health assistant roles across the workplace.
- As part of their therapy team, Onemda, a Victorian disability provider, employ permanent Allied health assistants who are certificate trained, alongside casual Allied health assistants who are Occupational Therapy students. Onemda provide the internal training, supervision and support so that all Allied health assistants can work with Exercise Physiology, Physiotherapy, Occupational Therapy and Speech Therapy disciplines. Casual Allied health professional students are then better positioned with experience for a future career in the disability sector.

"…we can give feedback about what our patients are doing but we're not analysing that, we're not making a judgement…. and that's the major difference."

Allied health assistant focus group participant

Discussion point

In the United Kingdom, enterprise agreements have Allied health assistants listed on the same continuum as Allied health professionals with comparable entitlements to training, leave and incremental pay increases[1]. By incorporating Allied health assistants in the same classification structure as Allied health professionals, the Allied health assistant's role is clearly delineated from that of other support workforces.

Discussion point

In private billing settings, a risk exists, for consumers to misunderstand the roles and scope of practice of Allied health assistants. There are multiple distinctly different support roles such as Allied health assistants, personal care attendants, leisure and lifestyle assistants and disability support workers. To mitigate risk, there is a need to define scope of practice for each of these roles with clear planning, management and marketing in order to mitigate risk.

Recommendation 8

The training and practice of supervision and delegation between Allied health professionals and Allied health assistants is informed by the existing supervision and delegation frameworks, *Supervision and delegation frameworks for Allied health assistants*[4] and the *Supervision and delegation framework for Allied health assistants and the support workforce in disability*[6].

Workplaces might consider:

- providing clear delegation procedures, training and tools to ensure uniform understanding of the processes which underpin effective delegation from a professional to an Allied health assistant in the local context.
- providing supervision procedures for Allied health professionals and Allied health assistants in line with the *Victorian clinical supervision framework* [8] that ensure regular training and access to appropriate and ongoing[4, 6] clinical supervision for Allied health assistants from a Grade 2 or more senior Allied health professional, embedded in service delivery and agreements, where necessary.
- collaboration with other local services in order to provide supervision and delegation training when unable to deliver internally.
- providing guidance that delegation is provided in writing and verbally, in line with the principles of best practice clinical communication[10] (Appendix 10).
- regular workplace audit of Allied health professional and Allied health assistant practice adherence to clinical supervision and delegation procedures and training requirements.

The University sector might consider:

- including an introduction to the Allied health assistant role and supervision and delegation training in pre-employment training for Allied health professionals.

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Peak bodies (Allied health professional, disability and aged care) might consider:

- including links to free supervision and delegation training modules within their online Allied health assistant resources.
- a role in providing and sharing tools and resources as to how to work effectively with an Allied health assistant.

Case example

At Monash Health clinicians, including Allied health assistants, across all services are expected to participate in clinical supervision that meets the learning and professional development needs relevant to their current role. Grade 3 Allied health assistants provide supervision for some Grade 2 Allied health assistants and Grade 2 Allied health professionals provide supervision to Grade 2 and Grade 3 Allied health assistants. Clinical supervision is recognised as an important part of continuing learning and support for all.

"… as part of our competency standards for undergraduate [Allied health professional] training, we have a unit called Professional and Supervisory Practice…so, we don't prescribe to universities how you meet this competency, but we look for assessments within their curriculum to show that they've actually undertaken it…"

Peak Body representative

Discussion point

To ensure clinical supervision meets Allied health assistant needs it is important to recognise that "supervision is the [clinician's] most essential helping relationship. It is a necessity, not a luxury."[2] When supervision is not formalised, it tends to be neglected in busy working environments. This can negatively impact quality and safety of consumer therapy and supports and the workplace culture of ongoing learning.

Resources

- Wodonga TAFE online modules 'Allied Health Assistant Supervision and Delegation' and 'Supervision and delegation framework for assistants in disability' (2016) available at <https://delegationframework.wodongatafe.edu.au>
- Resources to assist in decision making around delegation of tasks:
  - In health settings the Supervision and delegation framework for Allied health assistants (figure 4.1) available at: <www2.health.vic.gov.au/about/publications/policiesandguidelines/Supervision-and-delegation-framework-for-allied-health-assistants>
  - In disability settings the Supervision and Delegation Framework for Allied Health Assistants (Appendix A: 'Allied health professional considerations for delegation') available at <www2.health.vic.gov.au/-/media/health/files/collections/policies-and-guidelines/a/allied-health-in-disability---supervision-and-delegation-framework.pdf>
- Peak body resources for professional members working with Allied health assistants:
  - Speech Pathology Australia 'Working with Allied health assistants (AHAs) – Speak Out June 2021 edition' (2021) available at Speech Pathology Australia website
  - Exercise and Sport Science Australia (ESSA) 'Compensable Work for an AES' (2020) available at ESSA website.

Recommendation 9

Workplaces establish and maintain a culture of mutual respect, equal value and collaboration to promote continual learning and growth of Allied health assistants and the value of the role.

Workplaces might consider:

- evaluating workplace culture and inclusivity.
- ensuring Allied health assistants are empowered to understand and describe their competence and learning needs.
- ensuring Allied health assistants are supported to identify and seek appropriate learning opportunities to meet their individual learning needs.
- ensuring the Allied health assistant's input is valued when setting consumer goals with the consumer through case conferences, multidisciplinary meetings, planning meetings, resident reviews and care planning.
- ensuring Allied health assistants participate in/lead quality improvement initiatives depending on classification.
- including Allied health assistants in leadership roles and meetings.

Case example

Yarram and District Health Service have adopted an Allied health assistant leadership role for the Allied health assistant team. The team leader works with both Allied health professionals and Allied health assistants to facilitate delegation of tasks to the Allied health assistant weekly schedule. The team leader facilitates weekly team meetings to review delegated tasks, issues and improvement activities.

"At our health service we've established a clinical working group that is really focused on Allied health assistants, with representation of Allied health assistants as well. [The working group is] looking at the frameworks that exist…[and] the development of key areas to support the Allied health assistants such as competencies…Professional Development program…and making sure that Allied health assistants within our health service are provided with appropriate supervision from a suitably-qualified Allied Health professional."

Allied health professional

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Indicators of progress for recommendations 6-9

Workplaces that deliver safe and effective therapy and supports through a well governed and integrated team of Allied health professionals and assistants demonstrate:

- inclusion of the Allied health assistant workforce in workforce planning processes and activities.
- policies and procedures to ensure Allied health employees are suitably trained to provide delegated therapy and supports throughout their employment.
- regular auditing of practice adherence to supervision and delegation procedures.
- utilisation of standard position descriptions that clearly define an Allied health assistant role and scope of practice appropriate to the setting and sector.
- policies and procedures the Allied health workforce undertake and provide suitable supervision during their employment.
- an inclusive culture that values all team members' skill sets with evaluative measures in place.

The Allied health professional workforce clearly understands how a professional supervises and works with an assistant when:

- access to consistent peak body endorsed resources on how to effectively work with an assistant.
- Allied health professional students having access to training on how to effectively work with an assistant.

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Consumer centred therapy and supports

Consumer benefit statement

Understanding the different roles of an individual's care team empowers the consumer, or families, to be engaged in the informed choice and control of their therapy and supports.

Key consultation finding

Consumers expect that workplace governance, credentialing, training and development of Allied health assistants to deliver high quality and safe therapy and supports is inherently managed within the workplace.

Consumers, and where appropriate families and carers, require access to information to inform choice and control in decision making. This information must be accurate, evidence based and accessible. It is important to establish with consumers, that engaging solely with an Allied health assistant, without the supervision and delegation of an Allied health professional, is beyond the scope of the Allied health assistant role, ultimately posing a risk to them. This same information may be used to educate students, families, disability support workers, disability support planners and other relevant stakeholders.

When providing consumer-centred care, delegating Allied health professionals and Allied health assistants receiving delegations must be conscious of the need for consumer choice, clinical reasoning and dignity of risk to work in synchrony. That is an Allied health assistant should not feel obligated to support or facilitate all choices made by the consumer if the task has not been assessed as safe by an Allied health professional and delegated accordingly.

Recommendation 10

Consumers are provided with information about the treating team member roles, and the benefits of having an Allied health assistant involved with their therapy and supports.

Workplaces might consider:

- placing consumers, and where appropriate families and carers, at the centre of the planning of their individual therapy and support delivery, as experts by experience.
- involving consumers in workforce planning and treating team selection, where feasible.
- providing accessible consumer resources to inform decision making (Appendix 11 & 12).
- seeking regular consumer feedback and auditing it to inform ongoing development and improvement of delegated therapy and supports delivered by Allied health assistants.
- utilising supervision and delegation models where the consumer is part of the process, included in service agreements, where applicable.
- ensuring practice allows for consumers to observe trusting relationships between Allied health assistants and Allied health professionals.
- ensuring consumers are aware of appropriate escalation routes when service is not meeting goals/expectations.

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Disability and Aged Care Peak Bodies might consider:

- actively promoting accurate information about the role of an Allied health professional and Allied health assistant as part of a plan of therapy and supports.

Case examples

- Children's Therapy Services, a paediatric disability provider, supply families with a flyer about their Allied health assistant program. It includes the aims of the program to establish an ongoing routine of therapy services and details of the structure (contact and non-contact hours) and costs of the program according to NDIA hourly rates for Allied health professionals and therapy assistants. In order to provide the frequency of therapy a participant is seeking, Children's Therapy Services include dual billing time for Allied health professionals and Allied health assistants in their service agreements. This allows for joint reviews and Allied health assistant supervision and training requirements to be met in a billable format that is cost effective for the participant.
- At Everyday Independence "Nothing for them without them" is the principle which underlies the supervision of Allied health assistants working with participants. Allied health assistants undergo delegation and supervision within the session with the participant, often with the Allied health assistant present with the participant and the Allied health professional via video-call.

"The Allied health professional will meet you first, work out your plan and your goals with you and then the Allied health assistant will help you reach those goals by seeing you regularly You don't need to know what the Allied health assistant … training is, because they have to be top notch and [employers] have to get the right person… I trust the system in that way. So, I just want to know if she/he is an assistant or a professional."

Consumer

Discussion point

Consider the desire from consumers, families and carers to access more therapy in order to achieve their goals. Allied health assistants may be included in a consumer's billable hours as a way to receive therapy and supports more frequently and maximise a package. This requires robust and transparent structure around an Allied health professional and an Allied health assistant's role in delivery of this program. This may be described in a service agreement.

Resource

Speech Pathology Australia 'Working with an Allied health assistant (AHA): Information for speech pathology clients, including NDIS participants' (2019) available at Speech Pathology Australia website.

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Indicators of progress for recommendation 10

Workplaces that support centred therapy and supports demonstrate:

- placing the consumer, and where appropriate, families, at the centre of decision making regarding their therapy and supports.
- utilisation of consumer resources that clearly communicate the role of an Allied health assistant within the Allied health team, thereby informing choice.
- utilisation of consumer feedback to inform service change.

Consumers are informed to make collaborative decisions about the therapy and supports delivered to them by Allied health professionals and Allied health assistants when:

- clear consumer feedback mechanisms exist.
- consumer friendly resources exist informing the consumer of the treating team roles.
- consumer participate in workforce planning.
- consumer are involved in workforce planning and treatment team selection
- opportunities for robust conversations about the differences with service

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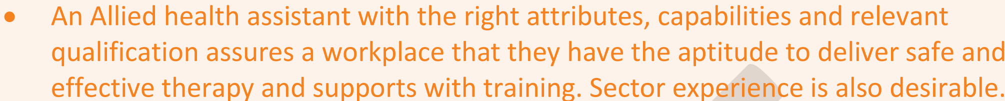
Recruitment

Consumer benefit statement

When a workforce represents the community it serves the provision of therapy and supports are better suited to individual and community needs

Key consultation findings



- An Allied health assistant with the right attributes, capabilities and relevant qualification assures a workplace that they have the aptitude to deliver safe and effective therapy and supports with training. Sector experience is also desirable.
- Allied health assistant ‘equivalent’ qualifications are poorly defined and can limit the opportunities for Allied health assistants choosing a career in Allied health assistance
- Where workforce shortages exist, Allied health professional students are used frequently as an equivalent qualified Allied health assistant workforce to ensure a steady pipeline of qualified Allied health professionals.
- A growth in Allied health professional placements across the sectors has not always reflected a proportional growth in Allied health assistant placements. Commencing or expanding availability of placements can be both a source of revenue, and a mechanism to grow future workforce.

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Allied health assistants may be recruited in different ways, such as through grant funding, local students, traineeship programs, education partners and local community. Allied health assistant career pathways are not linear and they are dependent on the sector, location and nature of the workplace and the specific skills required.

It is through the combined roles of the VET sector, industry and the University sector that high quality graduates of both Allied health assistant and Allied health professional training are developed.

These recommendations only support employment of Allied health assistants with alternate qualifications when there is insufficient supply of Allied health assistants with certificate qualification. Equivalence must be clearly defined in the work setting. If it is not clearly defined and robust governance is not applied, it can lead to confusion in recruitment, workplace training requirements, potential registration stipulations. For the delegating Allied health professional, this lack of definition can create ambiguity as to expected competencies, capabilities and learning needs of the Allied health assistant and lead to scope creep.

Recommendation 11

The Certificate III and Certificate IV Allied Health Assistance training is the recognised entry level qualification for recruitment of Allied health assistants in all sectors *and where equivalence* is accepted, it is transparent and defined clearly*.

**It is within the accountable party’s (e.g. Allied health director/manager) discretion and control when employing staff to determine whether the qualification a person has is equivalent to a Certificate III or IV in Allied Health Assistance*[4].

Workplaces might consider:

- ensuring placement is available at appropriate numbers and hours (at least 200 hours) for students of Allied health assistance.
- offering priority placements to RTOs and students who have undertaken a pre-training review and utilising this as a basis for assessing learning needs on placement.
- employing Grade 1 Allied health assistants (unqualified) only as part of a training pathway with the workplace obligation that a Grade 1 Allied health assistants must complete Certificate III or IV within two years of employment by way of funded or unfunded traineeship or when employing a first or second year Allied health professional student as an Allied health assistant.
- setting accepted equivalent qualifications for recruitment of Allied health assistants (Appendix 13).
- in order to preserve the Allied health assistant role as one of value, when employing Allied health professional students as Allied health assistants:
    - describing the rationale and purpose (i.e. workforce pipeline).
    - delineating their on boarding requirements and likely career pathway from that of an Allied health assistant who is certificate qualified.
    - classifying first and second year Allied health professional students as unqualified (Grade 1) Allied health assistants.
- mitigating the risk of Allied health assistant scope of practice creep, when employing Allied health assistants with equivalent qualifications, through mechanisms outlined in Recommendations 6, 7 & 8.
- where workforce shortages exist, setting quotas, of both Allied health professional students and Allied health assistants with certificate qualifications to be employed in order to simultaneously develop a sustainable Allied health assistant workforce and create entry pathways for Allied health professional roles.
- private-public partnerships (contracting care) are sought in the disability and aged care settings to support retention of the Allied health professional and Allied health assistant workforce, reflective of the local community.

Disability and aged care peak bodies might consider:

- actively participating in VET sector industry consultation on course content.
- actively endorsing the certificate training for Allied health assistants.
- actively advocating for student placement opportunities in their relevant sector.
- actively advocating for the University sector to prepare Allied health professional graduates to work in a disability and aged care setting, as well as a health care setting.

The VET sector might consider:

- Implementing recommendations 1-5 to improve credibility of certificate training.

The University sector might consider:

- increasing industry consultation in order to prepare Allied health professional graduates for disability and aged care settings as well as health.

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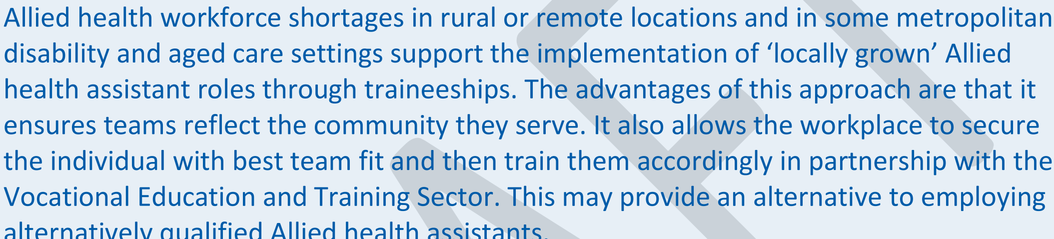
Case examples

- NeuroRehab Allied Health Network, a Victorian neurological focused private provider, has developed leadership programs for their Allied health assistants. These programs recognise the different development needs of career Allied health assistants compared to Allied health professional students [temporarily] working as Allied health assistants. The program for those who have completed training in Allied health assistance and wish to pursue this as their career focuses on mentoring and teaching opportunities, roles in working parties and clinical specialisation. The program allows for two incremental progressions in role with associated increases in remuneration.
- The 'Boosting the Local Care Workforce Program' initiative facilitates local workforce training, development and utilisation to support known workforce shortages. By keeping people in their communities to live and work the workforce reflects the community it serves.

Discussion point

Allied health workforce shortages in rural or remote locations and in some metropolitan disability and aged care settings support the implementation of 'locally grown' Allied health assistant roles through traineeships. The advantages of this approach are that it ensures teams reflect the community they serve. It also allows the workplace to secure the individual with best team fit and then train them accordingly in partnership with the Vocational Education and Training Sector. This may provide an alternative to employing alternatively qualified Allied health assistants.



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Discussion point

Some compensable bodies register all health workers they fund to provide rehabilitation services to consumers. These administrative registration teams work from a checklist and may not equipped to understand the nuanced differences between various qualifications. In this scenario, if equivalence is not clearly defined, it has the potential to lead to a rejection of registration and ultimately a risk to consumers.

Recommendation 12

When recruiting Allied health assistants, the interview incorporates behavioural scenarios to evaluate candidate's aptitude and capability to provide safe and effective therapy and supports and appropriate attitudes to learning.

Workplaces might consider:

- including clinical scenarios with a focus on behavioural skills (Appendix 14).
- including a written comprehension task in the interview (Appendix 14).
- ensuring interview processes are culturally safe by offering support options such as an Aboriginal and/or Torres Strait Islander person to be on the panel and/or candidates are able to bring a support person to an interview.
- including senior Allied health assistants in recruitment of more junior Allied health assistants.
- providing casual roles to allow for extended preliminary supervision and orientation.

Case example

At Monash Health use of a casual locum bank, has provided a meaningful way to fill short term vacancies with newly qualified Allied health assistants. Despite resource intensity of the initial on boarding requirements, the locum bank has seen high quality applicants with Monash Health experience through their casual work, apply for permanent positions, thus reducing on boarding requirements at the point of permanent recruitment. This approach has seen a reduction in length of vacancies in Allied health assistant positions

"…we've started providing a very basic case scenario and asked the interviewees to come a little bit early, spend a bit of time, read the case, identify what the issues are and then do a mock documentation of how they would write up that note for that patient for that experience. And that's been a really, really good tool for us to unpack things like written skills and I think sometimes that's really hard to know in CVs."

Allied health leader

Resource

Examples of behavioural based interview questions for a range of domains are available in the Department's Allied health: credentialing, competency and capability framework[3] Resource kit: capability Resource 3.7 available at <www2.health.vic.gov.au/health-workforce/allied-health-workforce/allied-health-ccc-framework>

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Indicators of progress for recommendation 11-12

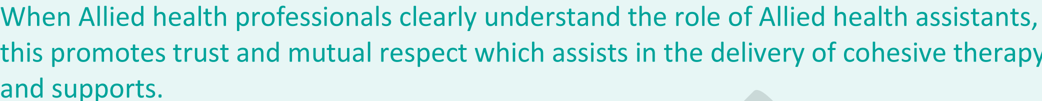
Workplaces that successfully select the right candidate for an Allied health assistant role demonstrate:

- participation in VET sector consultations to ensure course content relevance.
- recruitment of Allied health assistants with appropriate qualifications and experience in line with the performance requirements and classification of the role.
- appropriate governance structures to ensure defined scope of practice for all Allied health assistants, certificate or equivalence trained.
- consistently offer appropriate placement location and duration (at least 200 hours) for RTO partners delivering certificate training for Allied health assistants.
- demonstrate utilisation of behavioural based interview questions to assess a candidate's aptitude and capability for the role.

Orientation and induction for Allied health assistants and Allied health professionals

Consumer benefit statement

When Allied health professionals clearly understand the role of Allied health assistants, this promotes trust and mutual respect which assists in the delivery of cohesive therapy and supports.



Key consultation finding

- A structured orientation and induction program that supports consolidation of an Allied health assistant's skills, team understanding of roles, and training in supervision and delegation sets the foundation for optimal delegation practice.
- Allied health assistant graduates may have some transition to practice learning needs in common with Allied health professional graduate colleagues, such as education, support, peer networking and professional development.

Recommendation 13

Workplace orientation for all new Allied health professionals and assistants to provide clarity regarding the roles and responsibilities of the Allied health assistant and other professional staff and to support a mutually respectful culture.

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Workplaces might consider:

- developing orientation procedures which may including checklists, role descriptions or duty statements.
- orientation of the Allied health professional to Allied health assistant delegation processes.
- orientation to other team member roles and responsibilities each time a staffing change occurs (i.e. new recruit, rotation etc.).
- a buddy Allied health assistant where capacity allows.
- allocation of an appropriately credentialed clinical supervisor during orientation.
- commencing credentialing and defining scope of practice at point of recruitment to confirm competency and identify learning needs in line with local credentialing and defining scope of practice processes, and where indicated, including of the Department's four Allied health assistant core competencies[13] in local credentialing processes.
- offering more frequent supervision opportunities when new to a role in alignment with the Victorian Clinical Supervision Framework[8].
- allocation of a cultural supervisor or mentor as appropriate and support for attendance at cultural workplace events.
- access for Allied health assistants to an early graduate program targeted at the Allied health assistants making the transition from student to Allied health assistant in their first year of practice i.e. while there may be different transition to practice needs for an Allied health assistant, there may also be opportunities for shared content with Allied health professional graduate programs.
- clear stipulations as to professional indemnity insurance.

Case examples

- Autism Spectrum Australia (ASPECT) provide an induction program for Allied health professionals that includes modules on working with Allied health assistants. It speaks specifically to the work they do based in rural, regional and remote community and elaborates on the Allied health assistants' scope of practice and the important collaborative relationship between Allied health professionals and assistants.
- The Australian Physiotherapy Association is just one example of professional peak body who describe in their professional indemnity insurance 'frequently asked questions' coverage of Allied health assistants. Allied health assistants directly employed by Physiotherapists should generally be covered by the professional's indemnity insurance. Further information is available here. If engaging an Allied health assistant as an employee, the employer is responsible for the errors and omissions of that Allied health assistant.*
- Guild insurance also advises Speech Pathology Australia that if an Allied health assistant signs an employment contract with a third party company, then regardless of insurance or not, that employer is vicariously liable for the actions of their employees and the employer will need to arrange appropriate insurance to protect their legal liabilities. If the Allied health assistant is engaged by a third party company on a contractor/ consultancy basis, then the Allied health assistant should maintain insurance in their own name to protect their legal liabilities. This is particularly the case for Allied health assistants who provide their services to multiple Allied health providers.*

**Note: Please recognise all advice is general in nature and further discussions would be required to clarify individual situations.*

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"Allied health assistants are an important component to orientation of Allied health professionals to a team. I feel…that since my involvement with orientation of Allied Health Professionals, the volume and appropriateness of delegations to the Allied health assistant has increased. Allied health assistant involvement in orientation provides a direct opportunity for the Allied health assistant to offer education about their role and how an Allied Health Professional can access the support of the Allied health assistant in the provision of patient and family centred care."

Allied health assistant

Discussion point

Consider the benefits of combining Allied health professional and Allied health assistant graduate programs. Given the close interactions in everyday practice, increasing opportunities for inter-professional learning and practice in a mixed graduate program would provide an avenue for improved collaboration, communication and teamwork as all clinicians' transition from student to new graduate. The core knowledge and skills gained by participation in a graduate program are equally as valuable for Allied health assistants in becoming competent, confident clinicians, developing reflective practice and lifelong learning.

Resource

The Victorian Department of Health advocate for culturally appropriate orientation programs as part of their Aboriginal Employment Strategy 2016-2021 available at <https://www.dhhs.vic.gov.au/aboriginal-employment>

Indicators of progress for recommendation 13

Workplaces that support a culture of mutual respect through their inclusive orientation and induction processes demonstrate:

- a structured and supportive program to orientate Allied health assistants and Allied health professionals to promote clear understanding of roles.
- increased frequency of supervision for new Allied health employees.
- early credentialing and defining scope of practice (within first 6 weeks of commencement of a new role) to establish learning needs.
- access for Allied health assistant graduates to early graduate programs and resources, where possible.

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Workplace competency-based training for Allied health assistants

Consumer benefit statement

Allied health assistants who are supported to complete workplace training enhances the therapy and supports that can delegated by the Allied health professionals, providing more opportunities for consumer choice and control.

Key consultation findings

- A documented competency-based training and assessment program combined with side by side clinical practice allows for the portability of an Allied health assistant's skills and enhances scope of practice.
- Competency-based training has been perceived as too complex or unnecessary in smaller scale workplaces resulting in, on occasion, omission all together.

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Allied health assistants must have access to documented competency-based training and assessment in the workplace in order to move from skills ready status to job ready status.

Workplace competency-based training as distinct from professional development for Allied health assistants, is the training and assessment of clinical skills, based on consumer need and service demand within a given workplace. Competency-based training and assessment should be prioritised based on risk as reflected in the decision tool depicted in figure 11. These competencies should be contextualised to the relevant consumer cohort and work setting but should all follow the same format and principles, where performance evidence is systematically gathered and mapped against documented performance descriptors or standards.

Competency-based training informs the setting of minimum standards for safe and effective therapy and supports in a workplace. Competency and learning needs are identified as part of the recruitment process and monitored continuously through clinical supervision and workplace performance appraisals. The level of autonomy with which an individual Allied health assistant is expected to complete the task then defines the level of capability and feasible expectations. Autonomy (i.e. less direct supervision) in the skill is further developed with individual experience and training (as depicted in grading descriptors in Figure 7). It is expected that the minimum standard to perform a skill safely and effectively is portable between settings, with some contextualisation required when an Allied health assistant is new to a role or setting, in the same vein as entrustable work practices[29].

The breadth of training and scale of recording mechanism may vary across workplace sector and size to best meet the workplace's need. That is a smaller workplace may utilise a checklist and spreadsheet while larger workplaces may utilise shared training packages and complex databases.

Recommendation 14

All workplace competency-based training development aligns with the *Allied health: credentialing, competency and capability framework*[3].

Workplaces might consider:

- evaluating the need for education or a competency-based training and assessment program for a specific task in line with the Department's Allied health: credentialing, competency and capability framework[3] and the workplace's perceived risk of the task:
    - tasks of lower risk may be addressed as part of general professional development
    - tasks of higher risk require a competency-based training and assessment program before delegated practice can commence.
- using the Department's Allied health assistant core competencies[13] as a basis from which to develop competency standards and training for all Allied health assistants.
- use of a reference group to develop competency-based training programs for Allied health assistants which includes individuals with:
    - educational expertise (to assist with competency-based training construct) and
    - best practice performers/subject matter experts (to assist with skill specific technical input and to contextualise the program), e.g. an experienced clinician (in the area of competency).
- sharing resources between workplaces and sectors with local contextualisation and collaboration with other local workplaces in order to provide competency-based training when unable to deliver internally.
- partnering with the VET sector to have them deliver recognised units (found on training.gov.au[30]) of competency and provide certificates of attainment to:
    - upgrade from Certificate III Allied Health Assistance to Certificate IV Allied Health Assistance, or
    - upskill in areas of competency related to a specific Allied health profession.

Allied health professional peak bodies might consider:

- supporting competency-based training relevant to their individual profession for this workforce.
- evaluating the need for an Allied health assistant membership category.

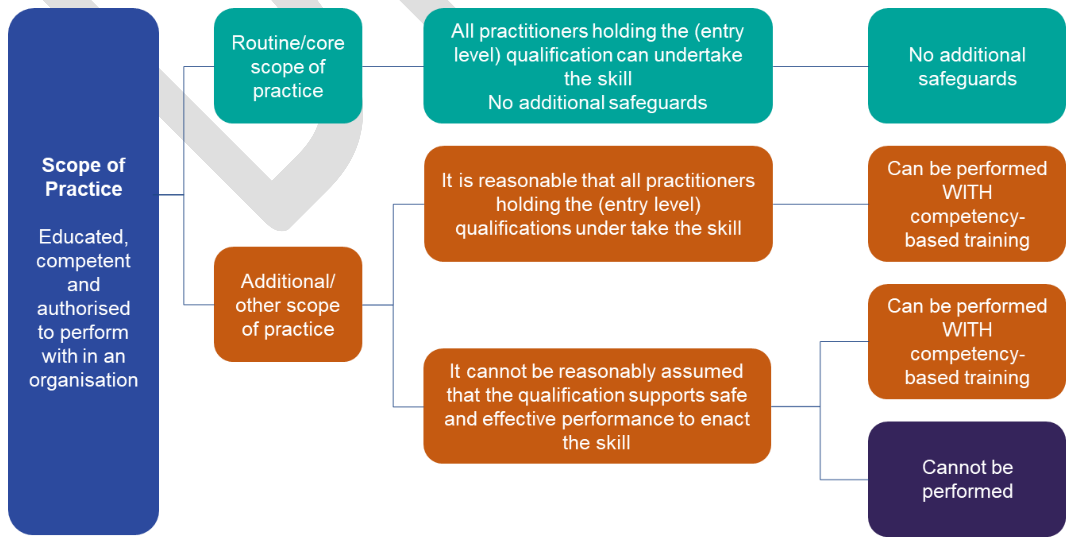

Figure 13: Categorising scope of practice to inform risk control measures, presented to Victorian AHA Workforce recommendations Steering Committee October 2020 by Monash Health Professional Practice Advisor. This decision tool was developed on the basis of Professional Standards Authority [31] and the Australian Commission on Quality and Safety in Health Care [32].

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Case example

Steps Neurological Therapy Services is a Victorian private practice servicing a range of private, compensable and NDIS consumers. They identified the need for a simple competency based training and assessment program, due to a large volume of external Allied health assistants and a busy clinic. A competency based training and assessment program allows for transparent and robust delegation and in turn reduces both risk to consumers and liability risk for delegating professionals. Steps complete a risk assessment on the consumer needs and then a checklist of skills is applied to individual clinicians to ensure safe and effective delivery of delegated therapy. This checklist is recorded on file for the individual Allied health assistant for transparency and record keeping.

"I would love for there to be standardised extracurricular subjects or …[skill sets] … like what we do in our workplace here, but state-wide or nationwide. I just think that would make our roles and skills, really transparent then to employers or supervisors."

Allied health assistant

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Resources

- The Department's core Allied health assistant competency based-training packages provide a core competency template that can be used for different workplaces. Additionally, the existing learning packages should be considered a starting point for developing learning activities for new Allied health assistant competency-based training needs. Both are available at: <www2.health.vic.gov.au/health-workforce/allied-health-workforce/victorian-assistant-workforce-model/core-competencies>
- Further resources to guide competency-based learning and assessment plan development are available in the Department's Allied health: credentialing, competency and capability framework [3] Resource kit: competency Resource 2.2 – 2.11 available at: <www2.health.vic.gov.au/health-workforce/allied-health-workforce/allied-health-ccc-framework>

Recommendation 15

Opportunities are sought, for Allied health assistants to work side-by-side with Allied health professionals, to develop trusted working relationships, shared knowledge of roles and compliment workplace competency-based training.

Workplaces might consider:

- establishing and prioritising opportunities for side-by-side working, where possible
- where side by side work is not possible, in situations such as remote supervision, brokered Allied health assistant services, frequency of supervision and communication may require review to ensure learning is consolidated.
- dual billing for the time taken to train and or supervise an Allied health assistant to undertake a consumer specific task in private billing contexts.

Recommendation 16

Workplace competency-based training and assessment is undertaken by supervisors who meet relevant requirements*.

Supervisor *requirements as stated in the Department's *Allied health: credentialling, competency and capability framework* [3]:

- tacit knowledge of the assessment area (Grade 2 or more senior Allied health professional or Grade 3 Allied health assistant).
- recent and broad experience in the area being assessed.
- working knowledge of the competency standard content.
- working knowledge of the assessment plan, tool(s) and process.
- working knowledge of the responsibilities as an assessor including cultural safety.
- deemed competent themselves in the parameters of the competency standard by virtue of a qualification, training or experience.

Case example

A competency-based learning program has been established for the Allied health assistants working with Speech Pathologists at Monash Health. This learning resource has been shared nationally. Speech Pathologists at Monash Health are an appropriate assessor of Allied health assistants, when they are completing competency-based training and assessment in the practise area of, for example, screening for dysphagia in adult patients. This assessed and documented competency attainment allows for the Speech Pathology Allied health assistant to be delegated this task by any of the Speech Pathologists at Monash Health.

"Being able to provide routine nail care to low risk clients in a timely and affordable way brings great job satisfaction and allows our Podiatrists to focus on high risk clients with wounds and complex foot health issues… My workplace also offers the workplace competency-based training package "Perform basic foot health screen & low risk nail care" which needs to be signed off with a Podiatrist prior to treating clients alongside ongoing adherence to the low risk nail care by Allied health assistant procedure."

Allied health assistant

Recommendation 17

Competency attainment is recorded for transferability between roles and settings.

Workplaces might consider:

- establishing a central register for Allied health assistant competency attainment which may be in paper, electronic or specialty software form pending the requirements and scale of the workplace.
- supporting Allied health assistants to document performance evidence of competencies to improve transferability of their skills across settings and workplaces, e.g. to market their skills or provide evidence to prospective employers.
- auditing of clinical practice to ensure Allied health assistants are working within their defined scope of practice.

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- use of a skills recognition process when an Allied health assistant moves roles. Skills recognition may include orientation and clinical supervision together with a review of performance evidence to meet the needs of the new role.
- establish a skills passport, for transferability of skills across Allied health assistant roles, in the disability sector, as recommended by the NDIS National Workforce Plan 2021-2025[19].

Case examples

- At Onemda, a Victorian disability provider, Allied health assistants together with their supervising Allied health professional record competencies attained in their individual learning plan. These plans are stored centrally to support progression and transfer of Allied health assistant skills as they work with a variety of participants.
- An Allied health assistant moves from a large public health network, where they have led hydrotherapy programs under the supervision and delegation of Allied health professionals, to a new role in a regional private practice where hydrotherapy services are in high demand. On discussion with their new clinical supervisor, it is decided that re-credentialling is not required however, orientation to the pool and surrounds and local risk escalation processes are necessary.

"Allied health assistants who have been taken through the competency recording process (which includes both new Allied health assistants and Allied health assistants who have been with us for a while) have all responded very positively to it, with comments especially in regards to the value they feel is being put on their learning and the role expectations."

Allied health leader

"I started as an Allied health assistant fifteen years ago and did onsite training, and probably four years ago the organisation decided to introduce that Allied health assistants would be signed off on certain competencies, whether it was prescribing equipment, making sure you were competent with that. So we were signed off on all the competencies that we learned through our Allied health assistant life, and that was a good thing that the organisation was able to recognise that."

Allied health assistant

Resource

Information to support collation of evidence is available in The Department's Allied health: credentialing, competency and capability framework available at <www2.health.vic.gov.au/health-workforce/allied-health-workforce/allied-health-ccc-framework>

Indicators of progress for recommendations 14-17

Workplaces that support Allied health assistants to build workplace competency demonstrate:

- evaluation of the need for competency-based training and assessment programs.
- utilisation of documented competency-based training and assessment programs, developed using the *Allied health: credentialing, competency and capability framework* [3].
- explore opportunities to partner with the VET sector to deliver workplace competency-based training programs.
- prioritised opportunities for side by side working within the Allied health team (directly or remotely).
- processes to ensure workplace supervisors have the appropriate knowledge and skills[3].
- a central workplace register and individual records of Allied health assistant

Professional Development for Allied health assistants

Consumer benefit statement

Support for Allied health assistants to engage in lifelong learning ensures consumers can access high quality therapy and supports.

Key consultation findings

- Allied health assistants require access to targeted professional development to ensure learning needs are addressed and performance is optimised.
- Clear Allied health assistant career pathway options will attract and retain the Allied health assistant workforce and sustain motivation and engagement.

Workplace competency-based training and professional development, supported by robust governance, work together to create safe and effective practices for Allied health assistants. As distinct from workplace competency-based training, targeted professional development for Allied health assistants should focus on building capability, skills and attributes to maintain quality performance standards and inform career progression.

Meeting demands for professional development in a structured and reviewed manner instils an inclusive culture of learning for all, empowering Allied health assistants to drive the direction of their own development, relevant to role and setting.

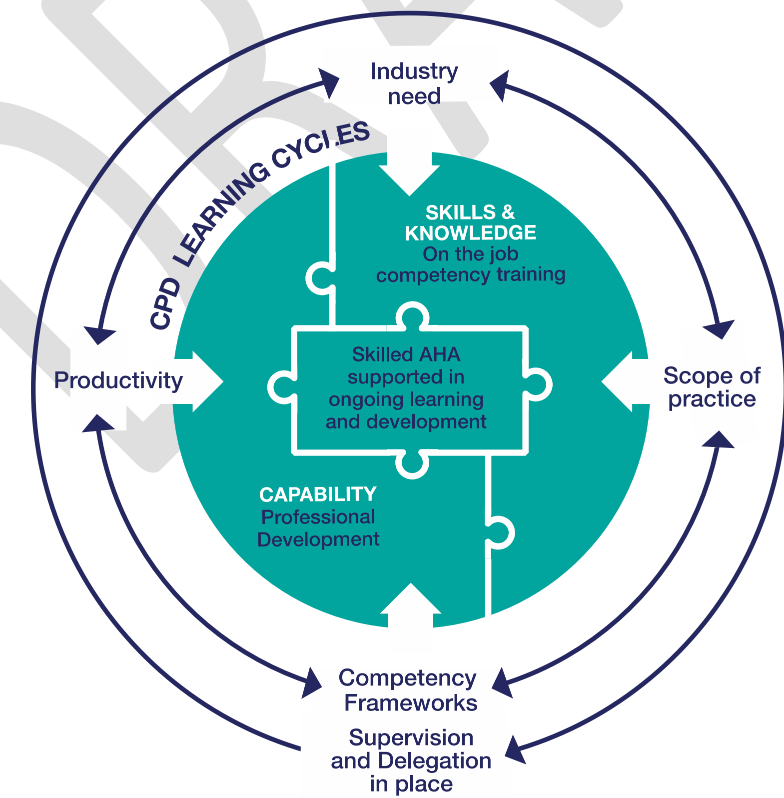

Figure 14. The relationship between workplace competency-based training and professional development for an Allied health assistant [33]. Adapted from Lockyer, J., et al., Competency-based medical education and continuing professional development: A conceptualization for change. Medical Teacher, (2017) with permission from the authors.

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Recommendation 18

Allied health assistant learning needs are formally identified and addressed to instil life-long learning, maintain performance standards and support career development.

Workplaces might consider:

- formally identifying individual Allied health assistant learning needs annually (Appendix 15).
- using clinical supervision and performance appraisal to monitor progress meeting identified learning needs.
- supporting Allied health educators to target learning to Allied health assistant needs and addressing learning needs in a format designed for Allied health assistant learners where possible.
- evaluating Allied health assistant targeted professional development.
- incorporating Allied health assistants into existing training where learning needs are relevant.
- providing opportunities for Allied health assistants to attend relevant internal and external professional development related to their individual learning goals.
- supporting Allied health assistants to keep a record of their professional development e.g. a continuing professional development (CPD) log to inform their annual performance review and identification of ongoing learning needs (Appendix 16) and setting a key performance indicator of annual CPD hours for Allied health assistants.
- auditing Allied health assistant access to and attendance at professional development.
- supporting Allied health assistants to develop and participate in a community of practice to develop peer networks and enhance cross region and sector learnings. e.g. support the development of a care and support worker professional network in the disability sector as recommended by the NDIS National Workforce Plan 2021-2025[19].
- provision of interdisciplinary and single discipline roles for Allied health assistants where feasible.
- collaboration with other local services in order to provide professional development where unable to deliver internal program.
- reclassification when role and experience allows.
- exploring the applicability of transferability of the Allied health assistant skill set to other roles within the health, disability and aged care sectors.

Allied health assistants might consider:

- driving targeted professional development relevant to learning needs.
- demonstrating a willingness and commitment to ongoing learning and development.
- committing to a key performance indicator of annual CPD hours for Allied health assistants.
- developing and participating in communities of practice or regional networks to facilitate peer learning, information sharing and professional development and enhance cross region and sector learnings.
- describing transferable skills from workplace experience when applying for positions outside of traditional Allied health assistant roles.
- seeking opportunities and promote, advocate and inform the growth of the Allied health assistant workforce.

The University sector might consider:

- recognising Allied health assistance certificate training programs, competencies gained and work experience as a valid component of their Recognised Prior Learning application, combined with personal attributes and academic aptitude, to gain entry to a graduate-entry Allied health professional degree program.

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Case examples

- Monash Health Allied Health Assistant Day is an annual professional conference specific to Allied health assistants. Originating in 2017 it is run by a working party of Allied health assistants. The 2021 virtual conference provided learning and networking opportunities, reaching almost 500 attendees from both national and international audiences.
- Regional networks including the Grampians Region Allied health assistant Network in Horsham involving seven health services and the Barwon South West Allied health assistant Network involving four health services create peer networking and professional development opportunities through newsletters and education forums in the regional setting for Allied health assistants.
- The Allied Health Assistant Victorian Network (AHAVN) formed in 2018 and the Allied Health Assistant Australian Network (AHANA) established in 2020 have been developed as peer support networks to disseminate professional development.

"Allied health professionals have to, every year, do certain things to keep their accreditation up. I would really like to see that sort of thing happen for Allied health assistants; that we're reading the documents, we're attending courses that go towards our CPD records and keeping up-to-date… that focused learning, [relevant to our role and career development goals]."

Allied health assistant

Indicators of progress for recommendation 18

Workplaces that support Allied health assistants to undertake meaningful learning demonstrate:

- support for an Allied health assistants to achieve their individual learning needs and career goals.
- engagement with Allied health graduate programs where appropriate.

Allied health assistants are supported to progress their career within Allied health when:

- the workplace acknowledges an Allied health assistant's skills and work experience.
- the applicability and transferability of the Allied health assistant skills to other roles in the health, disability and aged care sectors, is explored.
- the university sector acknowledges an Allied health assistant's skills and work experience in their Recognition of Prior Learning requirements.

5. Realising optimal utilisation of Allied health assistants: now and into the future

Optimal utilisation of Allied Health Assistants in the health, disability and aged care sectors requires engagement and investment by all stakeholders in their roles and responsibilities to realise the workforce recommendations. In adhering to the recommendations, Allied health assistant careers are supported. This is summarised conceptually below across three tiers of career preparation*, development and trajectory.

Tier 3
Career Trajectory

Setting
Community, Private Practice, Hospital

Allied Health Professions
Single or Multi-Discipline

Leadership Roles
Team Leader, Student Coordinator, Quality and Service Improvement Initiatives

Education Pathway
Vocational Education and Training Qualified Teacher

Sector
Health, Disability, Aged Care

Broadening of clinical practice and leadership roles

Training into another Career
e.g. AHP, nursing

Tier 2
Career Development

AHA targeted continual professional development

AHA competency based training assessment program

Grade 3
Certificate IV in AHA or accepted equivalent qualification, with > 2 years experience

Grade 2
Certificate IV in AHA or accepted equivalent qualification

Grade 1
AHA Student/AHA traineeship

Respectful AH team relationships

Continuous performance improvement

Tier 1
Career Preparation

Professional and workforce influences external to a workplace

Workforce planning and redesign

Workplace governance

Workplace culture

AH workforce orientation and training to extend knowledge & skills

Resources to implement AH workforce frameworks and guidelines

AHA capabilities for an AHA role

Sector, workforce & funding influences external to training programs

Personal attributes and aptitude for an AHA career

Consistent AHA pre-employment training

Figure 15. The factors that contribute to Allied health assistant workforce development and optimal utilisation.
**In Tier 1 the dotted lines represent personal factors influencing career preparation rather than system factors as represented by the solid lines.*

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7. Appendices

Appendix 1: Project steering committee member details

Name	Title	Organisation
Reece Adams	Head, Centre for Developmental Disability Health	Monash Health
Laura Browning	Allied Health Tertiary Education Lead	Western Health
Alison Cliff	Allied health assistant team leader (*Feb - Nov 2020)*	Central Bayside Community Health
Stephanie Allan	Allied health manager *(Nov 2020-present)*	Central Bayside Community Health
Paula Cooke	Occupational Therapy Manager	Mercy Health Werribee
Greta DeVincentis	Allied health assistant	Monash Children's Hospital
Dimitri Diacogiorgis	Clinical Manager, Podiatry and Allied health assistants	Ballarat Health
Sharon Downie	Manager, Allied Health Workforce *(Feb 2020 – Feb 2022)*	Department of Health
Jill Walsh	Senior Policy Advisor *(Feb 2022 – present)*	Department of Health
Mitchell Dunn	Trainer Assessor Allied Health Assistance *(Feb – Nov 2020)* Associate Lecturer, Rural Placement Coordinator *(Nov 2020 – September 2021)* Manager, Allied Health (*September 2021-present)*	Goulbourn Ovens TAFE The University of Melbourne Shepparton Private Hospital
Angela Ellis	Executive Manager Support, Therapy, Education and Prevention *(Feb 2020 – August 2021)*	Gippsland Lakes Complete Health
Helen Garard	Education Manager *(Feb 2020 – Nov 2021)*	Holmesglen Institute
Kat Habel	Clinical Lead Allied health assistants and Physiotherapist	Gateway Health Wangaratta
Nicole Mahar	Director, Market Development South, NDIA *(Feb 2020 – Dec 2021)*	National Disability Insurance Agency
Kirsty Hearn	Clinical Lead Physiotherapist	Eastern Health

Name	Title	Organisation
Claire Hewat	Chief Executive Officer	Allied Health Professions Australia (AHPA)
Sean Kinnaird	Allied health assistant *(Feb 2020 – Jan 2021)* Teacher Certificate in Allied Health Assistance *(Jan 2021 – Present)*	Monash Health Holmesglen Institute
Kate MacRae	Chief Executive Officer	Able Australia *(Feb 2020 – Feb 2022)* Scope *(March 2022 – present)*
Heidi Manson	Allied Health Clinical Educator	South West Healthcare Warrnambool
Scott Miller	Allied health assistant	Eastern Health
Annie Pearce	Professional Practice Advisor Subject Matter Expert – Credentialing and scope of practice	Monash Health State-wide Equipment Program
Ruchika Rawat	Allied health assistant *(Feb 2020 – July 2021)* Public Health Officer *(August 2021 – September 2021)* Project Lead (Health Programs) Health/Trauma Branch *(September 2021 – present)*	Barwon Health Department of Health Transport Accident Commission
Emma McAuley	Allied health assistant *(Nov 2020-present)*	Peninsula Health
Michelle Sargent	Head of Speech Pathology & Allied Health Assistant Advisor	Peninsula Health
Jim Sayer	Director of Allied Health	Northern Health
Shilpa Smith	Head of Department (Aged Care, Disability, Allied Health and Health Services) *(Feb 2020 – August 2021)* Head of Learning – Community and Health *(September 2021 – present)*	All Health Training IVET institute
Dianne Hardy	Project Lead, Disability Workforce Innovation	National Disability Services
Fiona Still	State Manager *(Feb-Jun 2020)*	National Disability Services

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Name	Title	Organisation
Leanne deVos	Australian Physiotherapy Association Representative	Access Health and Community
Catherine Wolters	Allied Health Clinical Interface Leader and Speech Pathologist	Alfred Health
Courtney Ward-Jackson	Manager of Speech Pathology and Allied Health Assistants *(Feb 2020 – April 2021)*	Northeast Health Wangaratta
Tilly Waite	Teacher Allied Health Assistance	Wodonga TAFE
Lesley Rieveley	Allied health assistant *(Feb-Oct 2020)*	Peninsula Health

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Appendix 2: Clinician checklist (for Allied health professionals and Allied health assistants)

This resource is available at <https://vicahaworkforceproject.monashhealth.org/>

Appendix 3: Progress measurement tool (for Registered Training Organisations)

This resource is available at <https://vicahaworkforceproject.monashhealth.org/>

Appendix 4: Progress measurement tool (for health, aged care, and disability)

This resource is available at <https://vicahaworkforceproject.monashhealth.org/>

Appendix 5: Registered Training Organisation pre-training review

This resource is available at <https://vicahaworkforceproject.monashhealth.org/>

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Appendix 6: Utilising Allied health assistants in your business

This document is designed to support business owner and operators in commencing or continuing progress in utilisation of Allied health assistants in the workplace.

Business overview:

Begin by considering the below questions:

What is your core business?

- Providing evidence based care?
- Providing contemporary models of care?
- Providing cost effective treatment?

Does your business need to change?

- Are you wanting to service a larger
  - Number of clients?
  - Geographical area?
- Are you wanting to offer a point of difference or unique value proposition to your consumers as compared with your competitors?
- Do your consumers want to maximise the funds available to them?
- Are consumers struggling to pay for adequate evidence based therapy?
- Would consumers benefit from increased dosage intensity?
- Do you have difficulty recruiting trained Allied health professionals or people from the local community?

If the answers to majority of the above questions is yes, consider the following five scenarios:

Opportunities:

Refer to another local practice

Pro:
No additional HR systems, insurance, space or infrastructure required

Con:
Limited potential for growth in income or consumer base

Hire another health professional to share the case load

Pro:
Capacity to meet higher consumer demand

Con:
Caseload required to fund wages of another health professional and recruitment challenges

Hire an administrative assistant to help with the administration of the business

Pro:
Additional administrative support to allow more clinical time

Con:
Employer and governance responsibilities and limited potential for growth in income

Partner with a third party employer of Allied health assistants

Pro:
Potential to offer consumer flexible models of care delivery

Con:
Required to understand AHA scope of practice, capabilities, interpersonal skills, qualifications, background and experience of AHA

Hire an Allied health assistant

Pro:
Potential for growth in income, profit and/or consumer base whilst offering flexible models of care and intensity of therapy

Con:
Recruitment, employer and governance responsibilities and consumer education required

If the opportunities above lead you to decide brokered Allied health assistants are your best option. Consider contacting brokerage agencies in your area. If the answers above lead you to thinking employing an Allied health assistant would suit your business and its needs, consider the financial and risk analysis examples below in proceeding with this approach.

Before completing a financial analysis it is worth considering:

- Are you responding to request from clients who would like to work with an Allied health assistant in addition to the supports received from a trained Allied health professional?
- Have you identified tasks that could be undertaken by an Allied health assistant?
- Do you want to service clients in regional communities or target areas where there are no local Allied health professionals?
- Do you want to recruit Allied health assistants from the local community?
- Have you sought advice regarding Allied health assistant employment obligations?

Financial analysis:

Robust cost benefit analysis is required when considering an Allied health assistant role in your workplace. This will be guided by workplace constraints and the available funding models relevant to your current or prospective consumers. These funding models and employer responsibilities, combined with the understanding of which tasks can be delegated, will allow for an accurate cost benefit analysis.

Please note that the below cost benefit analysis demonstrate a uniform caseload. It is understood that most private practice settings would see a mixed caseload with various funding models and is simply a basis from which to consider Allied health assistant utilisation.

Billable

- AHP assessments
- AHP report writing
- AHP therapy sessions
- AHA therapy sessions (in NDIS context)
- AHP/AHA joint sessions
- AHP/AHA group classes
- AHA supervision and training (in NDIS dual billing context)
- Travel time and kilometres

Outgoings

- AHP wage
- AHA wage
- Onboarding and ongoing administration costs
- Infrastructure costs i.e. rent, maintenance, desks, computers, therapy equipment, software, stationery, phone
- Insurance
- Training
- Travel (non NDIS)

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Example One: NDIS private billing context

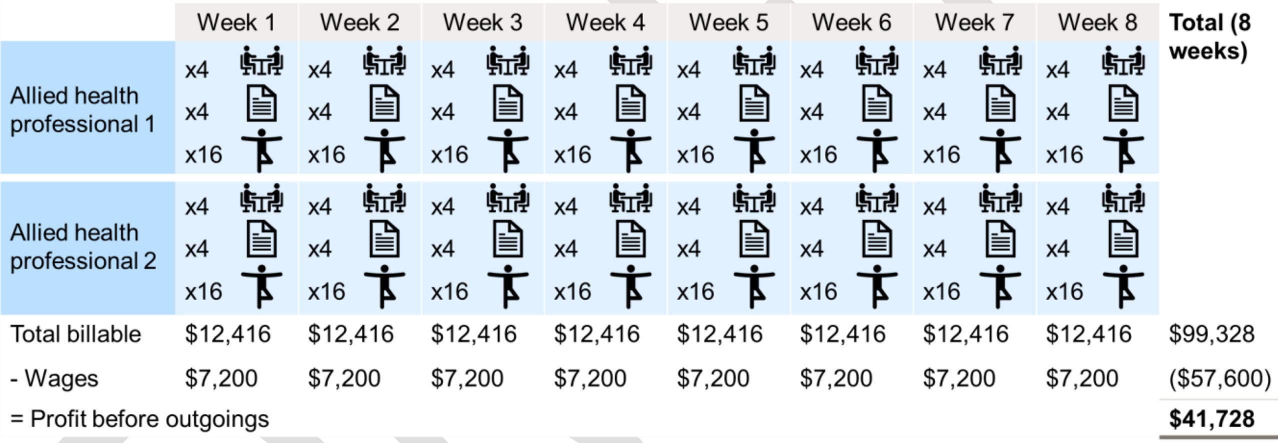
Please note the following figures are for representation purposes only and any recent changes in funding would need to be acknowledged. These figures loosely align to NDIS funding at the time of publication. These figures do not necessarily reflect all the available formats in which therapy and supports are delivered (e.g. telehealth, centre based, home visits).

Key:

	Activity	Time	Billable	Wages
	Allied Health Professional Re/assessment	2 hours	$388	$250
	Allied Health Professional Report/Plan writing	2 hours	$388	$250
	Allied Health Professional (AHP) Therapy Session	1 hour	$194	$100
	Allied Health Assistant (AHA) Therapy Session	1 hour	$87	$50
	AHP/AHA joint session	1 hour	$250	$140

**N.B billing for a therapy assistant in a group is at TA1 level while TA2 level might be used when a Therapy assistant is seeing a consumer one-to-one.*

Case 1A: Two Allied Health Professionals working a 40 hour week with up to 8 new assessments and 32 standard treatments per week



	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Total (8 weeks)
Allied health professional 1	x4 x4 x16	x4 x4 x16	x4 x4 x16	x4 x4 x16	x4 x4 x16	x4 x4 x16	x4 x4 x16	x4 x4 x16	
Allied health professional 2	x4 x4 x16	x4 x4 x16	x4 x4 x16	x4 x4 x16	x4 x4 x16	x4 x4 x16	x4 x4 x16	x4 x4 x16	
Total billable	$12,416	$12,416	$12,416	$12,416	$12,416	$12,416	$12,416	$12,416	$99,328
- Wages	$7,200	$7,200	$7,200	$7,200	$7,200	$7,200	$7,200	$7,200	($57,600)
= Profit before outgoings									**$41,728**

Pros:

- No need to delegate tasks
- Sustained and consistent income
- No Allied health assistant related on boarding costs such as supervision, delegation and training.

Cons:

- Potential for reduced throughput or reduced capacity for dosage intensity where consumers may require.
- Limited options to grow within existing working hours.
- Limited options for dual billing.
- Limited treatment session and model of care flexibility (e.g. undertake observation, contribute to capacity building and reinforce effective strategies in the home or community environment)
- Limited opportunity for Allied health professionals to work with complex cohorts and maintain throughput

Case 1B: Two Allied health professionals and one Allied health assistant working a 40 hour week with 16 new assessments and up to 52 treatment slots per week

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Total (8 weeks)
Allied health professional 1	x8 x8 x6 x2*	x8 x8 x6 x2	x8 x8 x4 x4	x8 x8 x8	x8 x8 x6 x2	x8 x8 x6 x2	x8 x8 x4 x4	x8 x8 x8	
Allied health professional 2	x8 x8 x6 x2	x8 x8 x6 x2	x8 x8 x4 x4	x8 x8 x8	x8 x8 x6 x2	x8 x8 x6 x2	x8 x8 x4 x4	x8 x8 x8	
Allied health assistant	x12 x16	x12 x20	x8 x24	x36	x12 x16	x12 x20	x8 x24	x36	
Total billable	$17584	$17932	$18056	$18652	$17584	$17932	$18056	$18652	$144,448
- AHP wages	$9600	$9600	$9600	$9600	$9600	$9600	$9600	$9600	($76,800)
- AHA wages	$1400	$1480	$1520	$1800	$1400	$1480	$1520	$1800	($12,400)
= Profit before outgoings	$6584	$6852	$6936	$7252	$6584	$6852	$6936	$7252	**$55,248**

*Some patients will not be appropriate for Allied health assistant delegation and Allied health professionals enjoy maintaining treatment skills in many settings also.

Pros:

- Capacity for higher throughput of consumers due to ability to offer higher dosage intensity where applicable to patient cohort
- Flexibility model of care. (e.g. undertake observation, contribute to capacity building and reinforce effective strategies in the home or community environment)
- Potential to run more sessions/groups.
- Higher income.
- Higher profit.
- Diversity of wage scale.
- Capacity to grow business.
- Capacity to meet more demand.
- Capacity for leave cover.

Cons:

- Time to clarify insurance and employment obligations
- Set up of processes to manage delegation, supervision and training.
- Potentially more space required.
- Increase in initial on boarding costs.
- Need for some dual billing where supervision and delegation are required.

Example Two: Non-NDIS private billing context

Please note the following figures are for representation purposes only and accurate contemporary funding would need to be acknowledged. These figures loosely align to current private practitioner fees and private health care funding at the time of publication. This may also be applied to other groups of compensable patients such as Transport Accident Commission (TAC), Enhanced Primary Care (EPC), Residential Aged Care Funding (RACF), Department of Veteran's Affairs (DVA) and their relevant funding streams. There are limited billable items for Allied health assistants in non-NDIS contexts and this is reflective in example Allied health assistant wages below.

Key:

Activity	Time	Billable	Wages
Allied Health Professional Re/assessment/report writing	1 hours	$100	$50
Allied Health Professional (AHP) Standard Session	45 mins	$75	$50
Allied Health Professional Group session (2:6 ratio)	1 hour	$50 per client	$50
Allied Health Assistants (AHA) Group session (2:6 ratio)	1 hour	Nil	$30

Case 2A: Two Allied health professionals working a 40 hour week with up to 12 new assessments per week, 10 groups and 50 individual treatment sessions

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Total (8 weeks)
Allied health professional 1	x6 x25 x10	x6 x25 x10	x6 x25 x10	x6 x25 x10	x6 x25 x10	x6 x25 x10	x6 x25 x10	x6 x25 x10	
Allied health professional 2	x6 x25 x10	x6 x25 x10	x6 x25 x10	x6 x25 x10	x6 x25 x10	x6 x25 x10	x6 x25 x10	x6 x25 x10	
Total billable	$7,950	$7,950	$7,950	$7,950	$7,950	$7,950	$7,950	$7,950	$63,600
- Wages	$4100	$4100	$4100	$4100	$4100	$4100	$4100	$4100	($32,800)
= Profit before outgoings									**$30,800**

Pros	Cons
• No need to delegate tasks. • Sustained and consistent income. • No Allied health assistant related on-boarding costs such as supervision, delegation and training.	• No change in throughput • Reduced capacity to provide increased dosage intensity • Limited options to grow within existing working hours. • Limited options for dual billing. • Limited treatment session and model of care flexibility.

Case 2B: Two Allied health professionals and one Allied health assistant working a 40 hour week with up to 12 new assessments per week, 20 groups and 50 individual treatment session

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	**Total (8 weeks)**
Allied health professional 1	x6 x25 x10	x6 x25 x10	x6 x25 x10	x6 x25 x10	x6 x25 x10	x6 x25 x10	x6 x25 x10	x6 x25 x10	
Allied health professional 2	x6 x25 x10	x6 x25 x10	x6 x25 x10	x6 x25 x10	x6 x25 x10	x6 x25 x10	x6 x25 x10	x6 x25 x10	
Allied health assistant	x20	x20	x20	20	x20	x20	x20	x20	
Total billable	$10,950	$10,950	$10,950	$10,950	$10,950	$10,950	$10,950	$10,950	$87,600
- AHP wages	$4100	$4100	$4100	$4100	$4100	$4100	$4100	$4100	($32,800)
- AHA wages	$600	$600	$600	$600	$600	$600	$600	$600	($4,800)
= Profit before outgoings	$7430	$7430	$7430	$7430	$7430	$7430	$7430	$7430	**$50,000**

Pros	Cons
• Capacity for higher throughput of consumers due to ability to offer higher dosage intensity where applicable to patient cohort. • Flexibility in model of care. (e.g. undertake observation, contribute to capacity building and reinforce effective strategies in the home or community environment) • Potential to run more sessions/groups. • Capacity to improve consumer experience through • Higher income. • Higher profit. • Diversity of wage scale. • Capacity to grow business. • Capacity to meet more demand. • Capacity for leave cover.	• Set up time inclusive of insurance clarity, • Potentially more space required. • Increase in initial on boarding costs. • Need for dedicated supervision and delegation resources. • Possibility that consumers won't receive private health insurance rebate if Allied health assistant involved. • Potential for reduced Medicare rebate when Allied health assistant involved.

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Risk Analysis:

Description of risk	Potential impact	Mitigation strategies
Allied health professional unaware of accountabilities in delegation	Risk to consumer	Clear delegation processes, employment obligation and insurance
Allied health assistant unaware of responsibilities in delegated tasks	Risk to consumer	Regular training opportunities, consistent supervision and clear delegation processes
Initial investment required in on boarding and training	Reduced short term business income	Application for grant or seed funding, bench mark with other similar workplaces Seek support/resources from Professional peak bodies
Clients not continuing service	Loss of income	Consumer education, transparent service agreements and information as to the benefits of Allied health assistant involvement in care and therapy.
Training and Professional Development required	Loss of income	Provide training relevant to a particular consumer within therapy session with dual billing. Factor in the time cost of Professional Development in the difference between the billing and wage of the Allied health assistant
Supervision	Loss of income	Provide supervision components relevant to a particular consumer within therapy session with dual billing. Factor in the time cost of supervision in the difference between the billing and wage of the Allied health assistant
Profit margin	Loss of income	Set billable targets for Allied health assistants billing Set salary for employed Allied health assistants Structuring fee for service against Allied health assistant income
Insurance	Insurance claims	Provide training and supervision for Allied health assistants Ensure professional indemnity insurance of delegating Allied health professional covered clinical work delegated to an Allied health assistant If utilising an Allied health assistant not employed by your workplace, make clear agreements with Allied health assistant or Allied health assistant's employer as to insurance and other expectations.

Approach:

The below table provides links to tools that may assist with progressing your workplace in utilising Allied health assistants.

Consideration	Where to find more assistance?
Insurance implications	Recommendation 8
What role to recruit to?	Appendix 7: Allied health assistant role grading flow chart
Who to recruit?	Recommendation 11 and Appendix 13: defining equivalents
How to recruit?	Appendix 8 & 9: Position Description templates (multiple)
Finding the right fit for your business	Appendix 14: Allied health assistant interview guide
Setting learning goals and expectations	Appendix 15: Allied health assistant learning needs Appendix 16: Allied health assistant Continuing Professional Development log Appendix 2: Clinician checklist (for Allied health professionals and Allied health assistants)
Educating your business and clients on Allied health assistants	Appendix 11: Consumer information 'Allied health assistants and you' Appendix 12: Consumer information 'Allied health assistants and you' (Easy English)
How to delegate to Allied health assistants?	Appendix 10: Allied health assistant delegation tool
How to evaluate your business in optimally utilising the Allied health assistant role?	Appendix 4: Progress measurement tool (for health, aged care, and disability)

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Appendix 7: Allied health assistant role grading flow chart

The below flow chart may be used when planning to recruit to an Allied health assistant role, to decide whether a Grade 2 or Grade 3 classification is required. The questions can be adapted as required to suit the local context. The terminology used in this flow chart of Grade 2 and Grade 3 reflects description of grades within current health industrial agreements. Adaptation of this terminology is encouraged to suit workplace requirements.

This flow chart has been adapted with permission from SouthWest Healthcare existing resources with gratitude.

> *"The Allied health assistant Classification decision making framework was developed by SWH as an internal decision making tool to assist Managers when they were developing Allied health assistant roles across the organisation. The tool further defines SouthWest Healthcare interpretation of the Allied health assistant Supervision & Delegation Framework into a practical workplace resource."*
>
> **Allied health leader**

Need identified for a new AHA or Therapy Assistant role

Does the role require specific training and upskilling to work in a specialty or niche area?

- Yes → **Grade 3 AHA or Level 2 Therapy Assistant**
- No → Does the role require the individual to function majority of the time with indirect or remote supervision?
  - Yes → **Grade 3 AHA or Level 2 Therapy Assistant**
  - No → Is the role expected to take an active leadership role within the workplace?
    - Yes → **Grade 3 AHA or Level 2 Therapy Assistant**
    - No → **Grade 2 AHA or Level 1 Therapy Assistant**

Appendix 8: Position Description - Grade 2 Allied health assistant / Level 1 Therapy assistant

This resource is available at <https://vicahaworkforceproject.monashhealth.org/>

Appendix 9: Position Description - Grade 3 Allied health assistant / Level 2 Therapy assistant

This resource is available at <https://vicahaworkforceproject.monashhealth.org/>

Appendix 10: Allied health assistant delegation tool

This resource is available at <https://vicahaworkforceproject.monashhealth.org/>

Appendix 11: Consumer information 'Allied health assistants and you'

This resource is available at <https://vicahaworkforceproject.monashhealth.org/>

Appendix 12: Consumer information 'Allied health assistants and you' (Easy English)

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Appendix 13: Defining equivalence

Equivalence should only be considered as a last resort when there is a sparsity of Allied health assistants with Certificate III and Certificate IV qualifications available. Equivalence refers to training that has been completed and is comparable to the Allied health assistance course, enabling an individual to work as an Allied health assistant.

Analysis has been conducted of the Certificate III and Certificate IV in Allied Health Assistance qualifications to identify subjects delivered and establish key learning themes. Comparison of direct subject matching as well as comparison of key learning themes has been made with alternate health, disability, mental health and community services training courses. Equivalency of these courses to either Certificate III or IV in Allied Health Assistance has been determined from this comparative analysis. Determination has also been made as to suitability of discipline-specific qualifications for specific Allied health assistant roles (for example, Physiotherapy Undergraduate for Physiotherapy Assistant roles).

Qualification	Unqualified Allied health assistant	Cert III in Allied health assistance	Cert IV in Allied health assistance	Evidence Required
Allied health professional student (first and second year)	Equivalent	Not equivalent	Not equivalent	Academic Transcript
Allied health professional student (third and fourth year bachelor or final year masters)	Equivalent	Equivalent for corresponding Allied health professional assistant role	Not equivalent	Academic Transcript
Allied health professional qualification from overseas	Equivalent	Equivalent for corresponding Allied health professional assistant role	Not equivalent	Academic Transcript International Police Records Check Written affidavit
Allied health assistant qualification from the UK or US	Equivalent	Equivalent	Equivalent	Academic Transcript

Appendix 14: Allied health assistant interview guide

This resource is available at <https://vicahaworkforceproject.monashhealth.org/>

Appendix 15: Allied health assistant learning needs

This resource is available at <https://vicahaworkforceproject.monashhealth.org/>

Appendix 16: Allied health assistant Continuing Professional Development log

This resource is available at <https://vicahaworkforceproject.monashhealth.org/>