



**Overview of the Victorian Allied Health
Assistant Workforce Recommendations
for the disability sector**

The Victorian Allied Health Assistant Workforce Recommendations

“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”

Consumer

Context

All Victorian consumers have the right to access safe and effective therapy and supports. Allied health assistants have a role in this, under the delegation and supervision of Allied health professionals. The optimal utilisation of Allied health assistants enables greater access to services for a larger number of consumers, whilst allowing Allied health professionals to complete more complex work.



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

Purpose

The Department of Health, in collaboration with Monash Health, have developed the Victorian Allied Health Assistant Workforce Recommendations. These aim to meet the Department's Allied health assistant workforce objectives (Figure 1). The recommendations support the optimal utilisation of Allied health assistants across the health, aged care and disability sector. They have been developed through broad consultation and are underpinned by the three core principles of respect, learn and grow. These eighteen recommendations and implementation resources cover the areas of pre-employment training, workforce planning and governance, consumer centred therapy and

supports, recruitment, orientation and induction, workplace training, professional development and career pathways.

The Victorian disability sector

Allied health assistants, known as Therapy assistants in the disability sector, are an emerging workforce. The National Disability Insurance Scheme (NDIS) National Workforce Plan¹ identifies a priority to increase the Allied health assistant workforce.

The National Disability Insurance Agency (NDIA)^{2,3} 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:

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 preferred for one-to-one sessions while 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 across the disability sector, 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.



Recommendations to optimise the utilisation of Allied health assistants across Victoria

Seven key areas of utilisation are covered in the recommendations . While all of the eighteen recommendations are relevant to Allied health assistants, professionals and employers working in the disability sector, the most relevant recommendations are highlighted.



Pre-employment training

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.

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.

Recommendation 3

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

Recommendation 4

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

Recommendation 5

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



Workforce planning and governance

Recommendation 6

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

Recommendation 7

Workplace governance structures define role delineation and delegation practices to ensure safe, effective evidence based therapy and supports.

Recommendation 8

The existing supervision and delegation frameworks support the training and practice of supervision and delegation between Allied health professionals and Allied health assistants.

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.



Consumer-centred therapy and supports

Recommendation 10

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





Recruitment

Recommendation 11

To improve consistency of graduate knowledge and ensure clear scope of practice parameters, the Certificate III and Certificate IV Allied Health Assistance training is the entry level qualification for all Allied health assistants in all sectors and where equivalence is required, it is transparent and defined clearly.

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.



Orientation and induction

Recommendation 13

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



On the job competency-based training

Recommendation 14

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

Recommendation 15

Workplace competency-based training is complemented by working side-by-side with Allied health professionals to develop trusted working relationships and shared knowledge of roles.

Recommendation 16

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

Recommendation 17

Competency attainment is recorded for transferability between roles and settings.



Professional Development

Recommendation 18

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

For more information

For full details of key consultation findings, activities a workplace might consider, disability sector case examples, indicators of progress and resources, please refer to the full version of the Victorian Allied Health Assistants Workforce Recommendations available at: <<https://vicahaworkforceproject.monashhealth.org>>.

Additionally further Allied health assistant workforce projects supported by the Department of Health are available at: <<https://www.health.vic.gov.au/allied-health-workforce/allied-health-assistant-workforce>>.

References:

1. Department of Social Services, NDIS National Workforce Plan: 2021-2025. 2021, Commonwealth of Australia.
2. National Disability Insurance Agency, *National Disability Insurance Scheme Pricing Strategy*. 2019, National Disability Insurance Agency.
3. National Disability Insurance Agency, *Review of Therapy Pricing Arrangements*. 2019, National Disability Insurance Agency.



