



S·A·R·R·A·H
Services for Australian
Rural and Remote Allied Health

Position Paper

Allied Health Assistants in Rural and Remote Australia

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Disclaimer

This paper has been developed by Services for Australian Rural and Remote Allied Health (SARRAH) about allied health assistants and their role, function, education, training and support in rural and remote Australia. In developing this position paper SARRAH has taken into account the position paper prepared by the National Allied Health Assistant Working Group (NAHAWG) for the National Allied Health Advisory Committee (NAHAC).

Glossary of Terms

AHA	Allied Health Assistant
AHP	Allied Health Professional/Practitioner
AQF	Australian Qualification Framework
CS&HISC	Community Services and Health Industry Skills Council
NAHAC	National Allied Health Advisory Committee
NAHAWG	National Allied Health Assistant Working Group
RTOs	Registered Training Organisations
SARRAH	Services for Australian Rural and Remote Allied Health

Background

SARRAH is nationally recognised as a peak body representing rural and remote allied health professionals (AHPs) working in both the public and private sector.

SARRAH's representation comes from a range of allied health professions including but not limited to: Audiology, Dietetics, Exercise Physiology, Occupational Therapy, Optometry, Oral Health, Pharmacy, Physiotherapy, Podiatry, Psychology, Social Work and Speech Pathology.

These AHPs provide a range of clinical and health education services to individuals who live in rural and remote communities. AHPs are critical in the management of their clients' health needs across the continuum of health care. They have a leading role in early intervention programs, illness prevention and in the management of chronic disease, disability and complex care needs.

SARRAH believes that every Australian should have access to basic health services according to need, irrespective of where they live, and that allied health professional (AHP) services are basic and core to Australians' health and wellbeing.

There are many challenges facing the health system in Australia including an ageing population, increasing demand on health services, higher consumer expectations, rising health care costs, technological advancements in patient care and an increase in chronic disease across Australia. This rapidly changing environment means that the health workforce needs to adapt and be innovative to meet future client health needs. It also highlights the importance of the support and complementary workforce models that optimise the use of the existing skills of the current professional and assistant health workforce.

Greater utilisation of an allied health assistant (AHA) workforce has been identified by all jurisdictions across Australia as a key component of strategies to support workforce sustainability and improve the health system's capacity to meet the community's health needs into the future.

The AHA workforce is able to support and increase the capacity of the AHP by undertaking duties that require less technical skills, but generally require an AHA to interact with the patient in the delivery of a management plan. The integration of an AHA workforce with expanded roles and the ability to take on new tasks will enable AHPs to focus on more complex service delivery functions.

This is particularly relevant for rural and remote communities across Australia where access to the broad range and depth of AHPs is lacking and the provision of services is often provided by AHPs who do not reside within the local community.

The concept of an AHA is not new. The AHA workforce has been a significant component of the allied health workforce for many years across a number of professions. In 2007, the Certificate IV in Allied Health Assistance was introduced into the Community Services and Health Industry Skills Council's (CS&HISC) Health Training Package (HLT07)¹. This higher level qualification enables the training and

¹ Community Services and Health Industry Skills Council, HLT07 Health Training Package, Volume 2 of 3: Qualifications Framework, available at: <https://www.cshisc.com.au/docs/HLT07-QualificationsFramework-Vol%202.pdf>

development of more advanced AHAs to conduct therapeutic and program related activities under the direct, indirect or remote supervision of an AHP across a variety of settings and clinical environments.

The delegation of less complex tasks by AHPs to Certificate IV qualified AHAs alleviates some of the demand on the AHPs while providing an opportunity for improved access and continuity of service to clients. This approach also supports the development of a broader knowledge and skill based health workforce assisting local providers manage the increasing demand for services.

It is essential that appropriate and effective clinical governance arrangements are in place and well understood by both AHPs and AHAs. This will contribute to an AHA delivering a high quality, safe and sustainable service while operating within their scope of practice.

AHA workforce models and initiatives are being implemented across Australia. Although different industrial frameworks have informed varying approaches to the AHA workforce across jurisdictions, common themes and issues have emerged, some of which are discussed in later in this paper.

Ongoing communication and information sharing facilitated by NAHAWG creates an opportunity to develop nationally consistent standards to the ongoing development of AHA models and roles. This approach would assist in the establishment of a national framework for an AHA workforce.

The varying and ad hoc development of state and territory approaches to the AHA workforce has resulted in inconsistencies for example, the use of the title AHA and the scope of practice outlined in position/job descriptions. For the purposes of this paper the term AHA is used to describe workers who provide therapeutic and program related support to AHPs.²

Issues addressed

The success of an AHA position may be dependent on the person in the role and not just on the role itself. Another factor is the level of training and support that the AHP has received in delegating tasks to an AHA and the model of care in which the AHA operates.

The role of the AHA is to supplement and not to replace the services provided by the AHP. The AHA must work under a delegation framework to the AHP.

1. Title

Rural and remote allied health support staff may have varying titles including:

- Allied Health Assistant
- Community Health Worker
- Community Rehabilitation Worker
- Discipline specific Assistant or Aide such as a Physiotherapy, Occupational Therapy, Pharmacy, Speech Pathology, Podiatry or Foot Care Assistant.

2. Roles of the Allied Health Workforce

² Australian Qualifications Framework website at: <http://www.aqf.edu.au/>

a. The Role of the Professional

When working with an Assistant the AHP:

- Undertakes the assessment of the health consumer.
- Develops a management plan for the health consumer, including prescriptive components where applicable.
- Operates within a delegation framework to allocate tasks related to prescriptive components of the health consumer's management plan.

Allied health support staff employed in rural and remote Australia could be working in acute care, rehabilitation and/or community care.

b. The Role of the Assistant

The AHA cannot assess, diagnose or develop a management plan.

The AHA will:

- Operate under a delegation framework³ which sets out:
 - Scope of practice includes how much of the role is clinical versus administration support and when it is not safe to work with the patient.
 - Supervision and governance arrangements for the position particularly when the AHA is working for multiple AHPs who supervises and 'owns' the AHA.
 - Operation across one or more professions.
 - Education and training requirements, including identifying and recognising when it is not safe to provide the skilled intervention prescribed for the patient.

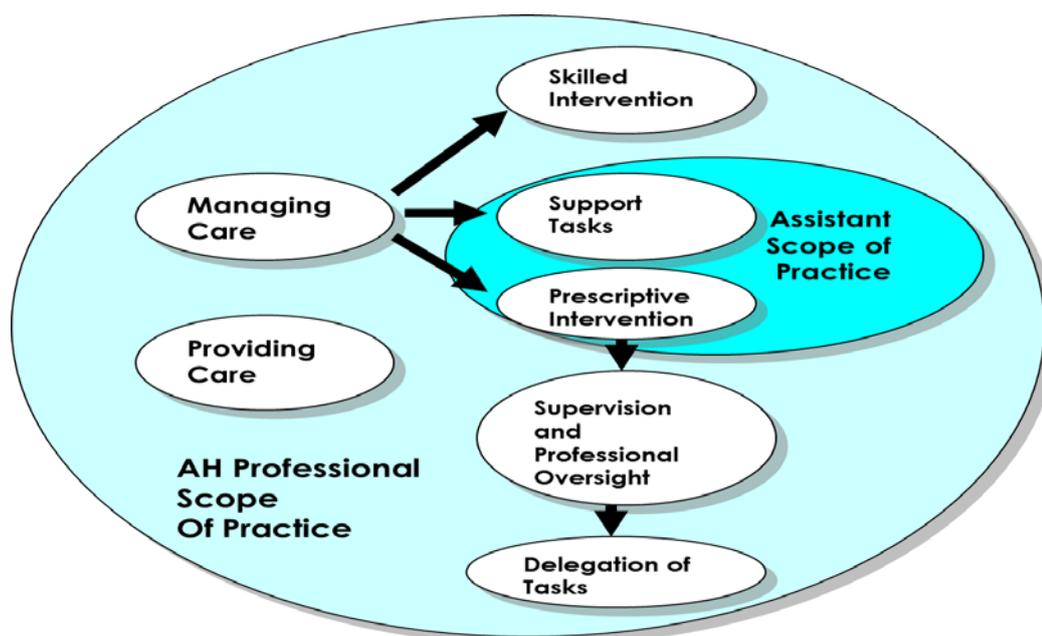


Figure 1: Delegation Framework for Allied Health Assistants (Martin Chadwick)

³ Chadwick MM (2007). *The feasibility of the Allied Health Assistant in the Rural Health model of delivery*. New Zealand Institute of Rural Health. Available at: www.nzirh.org.nz/content/214ef905-819b-4601-88b1-714043a63b9f.cmr

c. The Role of the Health Consumer

The health consumer must be:

- Confident that the AHA has the appropriate clinical knowledge and judgement to be able to explain the relevance and provide skilled intervention.
- Aware that the intervention is being provided by an AHA not an AHP.

3. The need for flexibility

The delegation framework by which the tasks and role of an AHA is determined cannot be too prescriptive for AHAs working in rural and remote Australia. For example: models of care may be location specific; the scope and role for a discipline specific AHA for example a Physiotherapy Assistant will be different to that of an AHA working with a range of AHPs.

4. Qualifications

The inclusion of the Certificate IV in AHA - Health Training Package 2007 (HLT07) has been a key enabler for increasing the numbers and utilisation of AHAs in the delivery of safe quality health services in a variety of settings and clinical environments across Australia.

The Certificate IV in AHA assists to create an AHA workforce competent in a deeper and broader range of clinical tasks and conditions than a Certificate III trained AHA. The Certificate IV has enabled the redesigning of activities across jurisdictions, disciplines and service settings and allows for the introduction of new workforce models in rural and remote settings involving visiting AHPs supervising locally employed AHAs.

The Certificate III and IV in AHA are contained within the Australian Qualification Framework (AQF). The AQF provides a single coherent national framework for all recognised qualifications in the school, Vocational Education and Training (VET) and higher education sectors in Australia.⁴

The Certificate IV in AHA is offered by a range of Registered Training Organisations (RTO's) across Australia. Core competencies for AHA's are embedded in the qualification.

The Community Services and Health Industry Skills Council (CS&HISC) undertakes an environmental scanning process in consultation with industry representatives to review qualifications and competencies in the HLT07 to ensure that they remain relevant to the health industry. The work of the NAHAWG in facilitating consistency of AHA roles can also assist in ensuring that these competencies reflect the requirements of the role.

Further work is required to create effective educational pathways into and out of the Certificate IV in AHA. These pathways should enable qualified AHA's prior learning to be recognised and support their transition into further tertiary study including, but not restricted to, AHP qualifications.

With the further development of health workforce roles and models of care in response to the changing health environment, it is possible that in the future some

⁴ Australian Qualifications Website: <http://www.aqf.edu.au/>

jurisdictions may identify a need for an AHA role that can operate at a more advanced level than that provided by the current Certificate IV qualification. This may also support the further development of career pathways and articulation in qualifications from an AHA to AHP. However, a significant amount of work is required to ensure that existing AHA roles are fully understood, accepted and effectively utilised by industry prior to the development of such a role and corresponding qualification. It is understood by SARRAH that there has been some discussion by the CS&HISC about AHA Diploma level training but this has not as yet been developed. Such a step would enable easier articulation with the tertiary sector.

SARRAH supports AHA education and training in particular the:

- Core competencies for Certificate IV in AHA - Health Training Package, HLT07.
- Need to increase the utilisation and prevalence of Certificate III and IV qualified AHAs, including increased access to training for the existing workforce to ensure safe and quality practice.
- Development of an AHA career structure and pathway into and out of the Certificate IV in AHA to allow for opportunities to articulate into higher education qualifications.
- Development of a Diploma level of AHA training.

5. Employment conditions for an AHA

It must also be recognised that an AHA will require the following:

- The AHA must always be supervised and undertake tasks delegated by an AHP, not by a nurse or other health professional. Such supervision may have to be provided remotely where the AHP supervisor is not collocated with the AHA. Flexible models of supervision must be developed and implemented.
- A high level of supervision when new to the position.
- Site and discipline specific training and development of competencies.
- Workplace skill sets developed on site with general skills obtained through Certificate IV training.
- Formalised professional development.

6. Clinical Governance

a. Role and scope of practice

A recent scoping report of the AHA workforce in Victoria found that AHPs have a poor understanding of the roles, skills and contribution an AHA can make to client outcomes and service design, particularly the 'value add' to therapy programs⁵.

⁵ Healthcare Management Advisors Pty Ltd, Allied Health Assistants Final Report, May 2009, p96 available on the department's health workforce website at: <http://www.health.vic.gov.au/workforce/allied>

Poor delineation and lack of understanding of the AHA role has impacted on the ability and willingness of AHPs to allow AHAs to work to their full scope and may limit the contribution of the emerging support workforce in meeting the increasing demands on the health system. It has also led to inconsistencies in the scope of practice of AHAs across jurisdictions and highlighted a need to define the scope of different levels of the assistant workforce for both the AHAs and the AHPs.

Work is being undertaken at a jurisdictional level to provide guidance to AHAs, AHPs and other health stakeholders in defining the scope of practice of AHAs as it relates to patient safety, clinical governance and legislative requirements. Information sharing between jurisdictions via collaborations such as NAHAWG will ensure that the content and scope of the roles is nationally consistent.

Health professionals who supervise and mentor AHAs require support and training to better understand the AHA role, supervision, delegation and clinical governance requirements and responsibilities.

SARRAH supports the AHA role and scope of practice in particular the:

- Continued collaboration and information sharing regarding the scope of practice of different levels of AHAs to ensure the acceptance and application of these roles is consistent across jurisdictions.
- Training and education of AHPs in supervision, delegation and mentoring of AHAs which will assist them to better understand the role of an AHA and their own clinical governance requirements.

b. Delegation and supervision

The role of an AHA is where the AHA works under the direction and supervision of the AHP. The AHA must always be supervised and undertake tasks delegated by an AHP, not by a nurse or other health professional. The AHP remains accountable for ensuring that all delegated tasks are appropriate and within the level of competence, skill, training and experience of the AHA. Flexible models of supervision for AHAs working in rural and remote Australia must be developed and implemented, particularly where the supervising AHP will often not be co-located.

The AHA has a responsibility to function within the level of their skills and competence as well as working collaboratively with the AHP to deliver safe and quality services appropriately.

Delegation of tasks by AHPs to AHAs is dependent on a range of factors including the:

- AHAs level of training and competence;
- AHAs experience in certain health settings;
- type of supervision that can be provided for example direct, indirect or remote supervision;
- complexity of the task including the client's condition; and
- professional judgement of the AHP and understanding of the AHA scope of practice.

Although the AHA is not a new role, many AHPs do not have experience in working with support staff, and training is required in how to supervise, mentor and delegate tasks within the AHA scope of practice. Supervision and delegation of tasks by an AHP to an AHA, particularly a more advanced Certificate IV trained AHA, is not adequately addressed in professional entry courses.

However, it is not appropriate for an AHA to be supervised by a nurse or other health professional. This is particularly relevant for the AHA workforce in rural and remote Australia where often the supervising AHP may not be co-located with the AHA.

In some cases the VET sector is poorly understood by AHPs who have completed their qualification in the tertiary sector and have limited or no experience with competency based training, the AHA role or Certificate III and IV AHA qualification structures.

An enhanced working relationship is required between the VET and tertiary sectors as well as health service providers to improve the level of understanding and prepare AHPs for working within a health team which includes support workers such as AHAs.

SARRAH supports task delegation and supervision for AHAs in particular:

- The development of training and support systems.
- The AHA must always be supervised and undertake tasks delegated by an AHP, not by a nurse or other health professional.
- Enhance working relationships between the VET sector, tertiary institutions and health service providers to facilitate the preparation of AHAs and AHPs for the work environment.
- The development of flexible models of supervision for AHAs working in rural and remote Australia, where the supervising AHP will often not be co-located.

Conclusion

The AHA is a value adding role for the rural and remote allied health workforce. AHA positions must be developed and designed to meet the health needs of the local community.

The developing and increasing use of an AHA workforce will require, in some cases, a culture shift by both the existing and new health workforce across Australia.