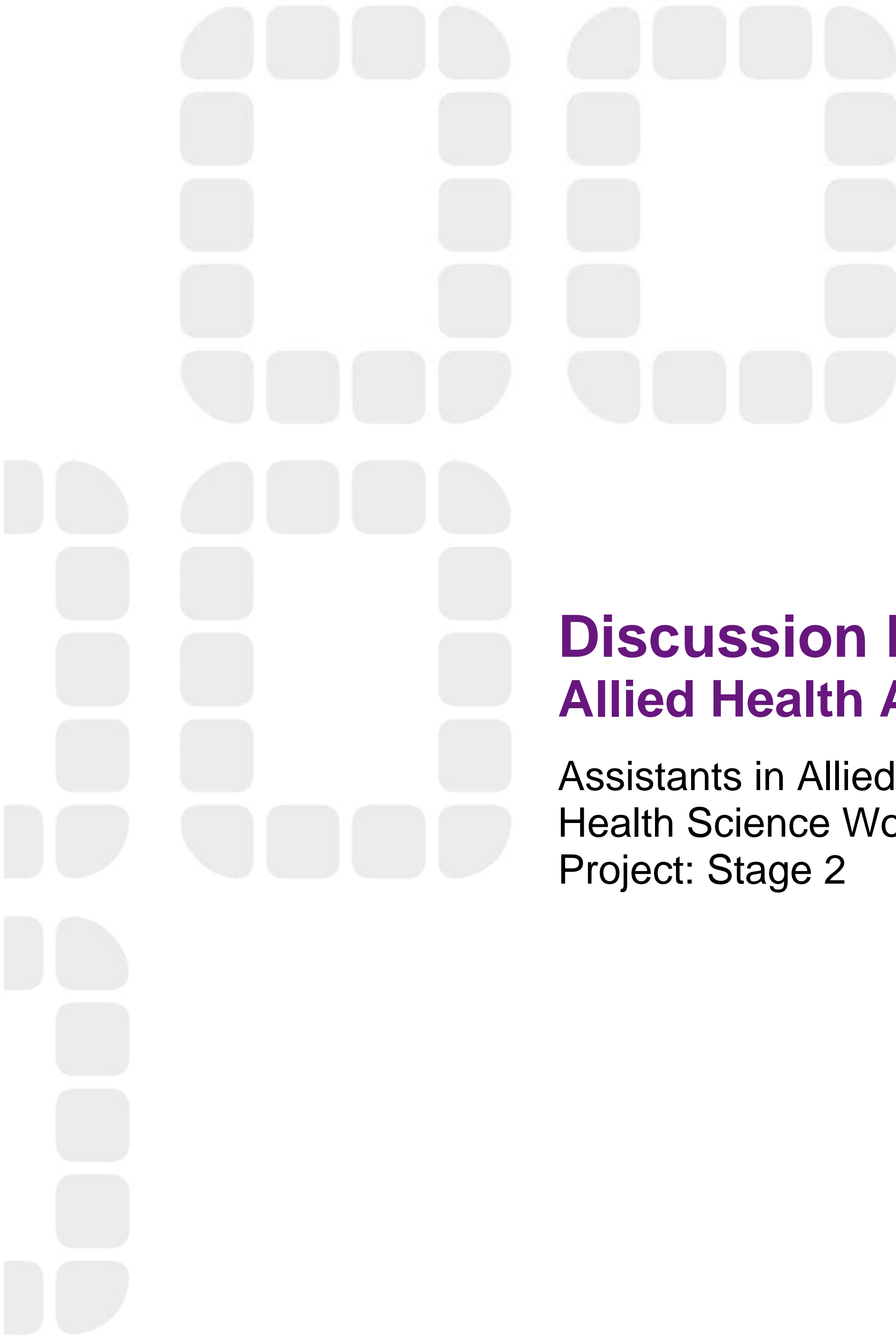

# Discussion Paper:
## Allied Health Assistants

Assistants in Allied Health and Health Science Workforce Project: Stage 2

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# Disclaimer

The material in this document is provided in good faith for informative purposes. All information obtained from the CHPO Assistants in Allied Health and Health Science Workforce Project is to be used for workforce planning purposes and may be made available to stakeholders via the CHPO internet website.

## Acronyms / Abbreviations

| | |
|---|---|
| **ACRA** | **Advanced Community Rehabilitation Assistant** |
| **ACT** | **Australian Capital Territory** |
| **AHA** | **Allied Health Assistant** |
| **AHP** | **Allied Health Professional** |
| **APA** | **Australian Physiotherapy Association** |
| **APC** | **Australian Physiotherapy Council** |
| **APodC** | **Australasian Podiatry Council** |
| **AQF** | **Australian Qualifications Framework** |
| **BSBC** | **Better Skills, Best Care** |
| **CHPO** | **Chief Health Professions Office** |
| **COTRB** | **Council of Occupational Therapists Registration Boards** |
| **CRWP** | **Community Rehabilitation Workforce Project** |
| **CS&HISC** | **Community Services and Health Industry Skills Council** |
| **DAA** | **Dietitians Association of Australia** |
| **DEEWR** | **Department of Education, Employment and Workplace Relationships** |
| **DET** | **Department of Education and Training** |
| **DHS** | **Department of Human Services** |
| **FTE** | **Full Time Equivalent** |
| **GSAHS** | **Great Southern Area Health Service** |
| **HPWSC** | **Health Professions Workforce Strategic Committee** |
| **ITAB** | **Industry Training Advisory Body** |
| **ISC** | **Industry Skills Council** |
| **MCEETYA** | **Ministerial Council on Education, Employment, Training and Youth Affairs** |
| **MCVTE** | **Ministerial Council for Vocational and Technical Education** |
| **NHS** | **National Health System** |
| **NHWT** | **National Health Workforce Taskforce** |
| **NSW** | **New South Wales** |
| **NTIS** | **National Training Information Service** |
| **NVQ** | **National Vocational Qualification** |
| **OTA** | **Occupational Therapy Assistant** |
| **PPP** | **Productivity Places Program** |
| **QLD** | **Queensland** |
| **RAHA** | **Rural Allied Health Assistant** |
| **RCC** | **Recognition of Current Competency** |
| **RITH** | **Rehabilitation in the Home** |
| **RPL** | **Recognition of Prior Learning** |
| **RTO** | **Registered Training Organisation** |
| **SA** | **South Australia** |
| **SMAHS** | **South Metropolitan Area Health Service** |
| **SPA** | **Speech Pathology Australia** |
| **TA** | **Therapy Assistant** |
| **TAFE** | **Technical And Further Education** |
| **UK** | **United Kingdom** |
| **VET** | **Vocational Education and Training** |
| **VIC** | **Victoria** |
| **WA** | **Western Australia** |
| **WACHS** | **Western Australian Country Health Service** |

# Executive Summary

The Assistants in Allied Health and Health Science Workforce Profile Survey provided valuable information on the current allied health and health science assistant workforce. It was evident from the workforce profile that health science assistant training and qualification structures were more highly developed than allied health assistant training. Therefore the next stages of this project will focus on further development of allied health assistant roles, training and qualifications, with a particular focus on the assistant roles or positions included in the certificate III and IV in Allied Health Assistance qualifications.

The roles of allied health assistants or support workers can be variable and may be associated with work location, level of training, and number and type of allied health professions they support. As mentioned in the assistants workforce profile survey report, there are profession specific assistants who support only one profession and generic assistants who support more than one profession. The majority of allied health assistants within WA Health are employed at the same level as no classification framework currently exists for assistants to be employed at different levels.

Delegation of tasks to assistants or support workers may be dependent on the assistant's level of training and competence, the amount of supervision that can be provided, the complexity level of the task and the professional judgement of the allied health professional responsible. Supervision of assistant staff may be direct or indirect, and may incorporate providing direction, guidance, observation, joint working, exchange of ideas and coordination of activities. The WA Country Health Service has developed a delegation framework which provides guidance and flexibility for allied health professionals delegating tasks to assistant staff. The framework includes a monitoring and feedback phase which encompasses the supervisory aspects associated with delegation of duties to assistants (WACHS 2008).

There is minimal legislation around the use of assistants. However a number of allied health professions have prepared scope of practice guidelines or position statements on working with assistants. In general, the allied health professional is accountable to the employer and the respective registration board or professional body for all tasks that an assistant undertakes under their direction.

Allied health assistants are currently not required to have any qualifications to work as assistants in WA Health. The vocational education and training (VET) sector offers certificate III and IV in Allied Health Assistance qualifications which were nationally endorsed in 2007 as part of the HLT07 Health Training Package. Several professional bodies from the respective allied health professions recommend these qualifications for allied health assistants. Individuals can undergo skills recognition or recognition of prior learning (RPL) processes based on their competency levels for specific qualifications offered by relevant registered training organisations (RTOs).

There are various allied health assistant workforce models or projects currently in operation or undergoing research across Australia and internationally. It is important to be aware of progress and development in this area and collaborate with other colleagues on the most effective ways of utilising allied health assistants to support the professional workforce.

This discussion paper provides relevant information on the development of allied health assistant roles, delegation and supervision structures, professional legislation, VET qualifications and training, skills recognition and examples of other allied health assistant models. The information and questions in this paper will form the basis for future discussions with key stakeholders in focus groups. Submissions in response to the discussion paper are encouraged from key stakeholders outside of WA Health, and those areas who have already completed this discussion and planning phase in their work.

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## Purpose statement

The purpose of this discussion paper is to present relevant information from various sources across Australia and internationally on initiatives related to allied health assistants, and to highlight points for discussion on the roles, delegated duties, supervision, governance and training of the future allied health assistant workforce.

The Chief Health Professions Office (CHPO) acknowledges the work of other stakeholders in this area and welcomes submissions from those who have completed this discussion and planning stage in their work.

## Introduction/Background

With ever increasing demands on health care services, the supply of the health professional workforce will be a key issue into the future. The current lack of workforce measures and accurate complete data collection for allied health and health science professions creates difficulties when quantifying workforce shortages. However with an ageing global population, a reduced labour supply and major health system reform initiatives underway, workforce shortages are probable. Improved training levels, models of delegation and utilisation of the current allied health assistant workforce may be one of several strategies to address future workforce supply.

The *Healthy Workforce Strategic Framework 2006-2016* predicts a required annual workforce growth rate of 2.8% for the Health Professions due to health reform, and states that this projected workforce demand growth rate exceeds workforce supply growth. It also identifies the development of support roles for the Health Professions as a strategy for workforce reform. Similarly the *WA Health Operational Plan 2007-08* (2007) and the *WA Health Clinical Services Framework 2005-2015* (2005) specify the development of new and expanded health service care delivery roles such as therapy assistants, and better use of the available professional workforce with delegation of tasks to other groups respectively.

The Australian Government's *Skilling Australia for the Future* initiative including the *Skills Australia Act 2008* emphasises the need to:

- Identify training priorities to respond to workforce needs
- Increase workforce participation
- Improve productivity and competitiveness
- Identify and address skills shortages
- Promote the development of a highly skilled workforce

(Skills Australia Act, 2008)

As part of this strategy through the Productivity Placement Program, several additional Vocational Education and Training (VET) places will be offered to various areas within health. Due to the perceived shortage of allied health professionals, the Allied Health Assistant Certificate III and IV courses are likely to receive allocated training places for additional allied health assistant roles.

The Chief Health Professions Office is actively involved in workforce planning and reform for the allied health and health science professions (these professions are listed in Appendix I). The Office regularly meets with the Health Professions Workforce Strategic Committee (HPWSC) to prioritise projects and discuss work progress.

The Assistants in Allied Health and Health Science Workforce Project, previously known as the Workforce Clinical Reform Project, involves profiling the current assistant workforce, engaging WA Health stakeholders to define assistant scope of practice, governance, delegation and supervision structures, refining recognition of prior learning processes, and identifying the need for future uptake of higher qualifications for assistants to support the professional workforce. The information obtained from this project will be vital for future workforce planning for the health professions across WA Health.

Enabling the assistant workforce to expand their roles and take on new tasks will allow health professionals to focus on more complex service delivery tasks and develop extended scope of practice roles to further support health care demands. This workforce remodelling process is supported by the many WA and national health reform initiatives.

Other Key projects that the CHPO is currently involved with include:

- Mapping FTE / headcount data monthly by profession and identifying trends
- Establishing vacancy rate reporting systems and mapping distributions
- Analysing and reporting on 2007 labour force surveys
- Developing the Fiona Stanley Hospital Workforce Plan
- Health profession careers marketing strategies
- Development of a WA Health Professional Development policy

## Project Scope

Across WA Health assistants play a vital role in supporting both allied health and health science professions in various healthcare settings. With predicted workforce shortages and a continually greater need for health care services, innovative work practice is imperative to ensure a sustainable workforce and an effective health care system. As mentioned, the WA Health Workforce Division is aware that the number of health professional graduates at present and into the future will not meet workforce requirements. While no single strategy will be effective in its own right, the increased use of assistants has been identified as part of a larger strategy of innovative practice to address this workforce issue.

The CHPO initially outlined a five stage process for training and practice reforms for assistants / technicians across WA Health. However, since reviewing the results of the workforce profile survey, these stages have been refined. There are now six stages for the project. These stages are outlined below:

| | |
|---|---|
| Stage 1: | Workforce profile survey for assistants across WA Health |
| **Stage 2:** | **Formulation of a discussion paper on allied health assistants with relevant information collated for focus group discussions** |
| Stage 3: | Allied health focus groups to engage health profession managers and other relevant stakeholders |
| Stage 4: | Identify and refine recognition of prior learning processes |
| Stage 5: | Identify support for an Allied Health Assistance Certificate IV training program in WA Health in areas of identified need. |
| Stage 6: | Identify the need for new or extended assistant /technician roles in Health Science.<br>Review strategies for the uptake of these roles in WA Health<br>Discussion Paper on Health Science Assistants |

# Role of Allied Health Assistants

Allied health assistants may work within various settings across WA Health including acute hospital wards, rehabilitation settings, outpatient and community care. From the WA Health Assistants in Allied Health and Health Science Workforce Profile Survey undertaken in Stage I, it was evident that assistants had different roles across WA Health. This may be associated with their location and the profession(s) supported by assistants.

The majority of allied health assistant staff employed by WA Health are all employed at the same classification level regardless of their training or qualifications. No classification framework currently exists for assistants to be employed at different levels despite the varied complexity levels of assistant roles and competency levels of assistants.

The allied health professions addressed in this section are based on the professional streams offered in the Certificate III and IV in Allied Health Assistance courses (HLT07 Health Training Package vol 2 2007).

## Definition of Roles within Professions

For the purpose of this project, an all encompassing assistant definition was used. An assistant was defined as a health support worker who, under the supervision of a relevant health professional, assists with the clinical and technical support aspects of patient care. These positions may include:

- Assistants
- Technicians
- Officers
- Attendants
- Aides
- Support workers

However, for the different allied health professions this definition may be more specific to the requirements of the profession.

### Occupational Therapy

The WA branch of the Australian Association of Occupational Therapists defines an occupational therapy assistant as “a skilled technical health worker who under the supervision of an Occupational Therapist, assists in a client's intervention program” and “does not encompass people employed to provide reception, clerical, or housekeeping duties only”(AAOT 2005).

With regard the role or duties of OT assistants, they “must not substitute for an Occupational Therapist in the areas of assessment, diagnosis, program planning, program evaluation or client/family education” (AAOT 2005)

### Physiotherapy

In their *Working with a Physiotherapy Assistant or other Support Worker Position Statement* (2008), the Australian Physiotherapy Association (APA) mentions a range of support worker roles for the Physiotherapy profession. The APA defines a physiotherapy assistant as “a health care worker who works under the supervision of a registered physiotherapist and holds a Certificate IV in Allied Health Assistance (Physiotherapy) or equivalent”, and physiotherapy assistants “have a range of skills which allow a physiotherapist to confidently delegate a higher level of tasks than other support workers” (APA 2008).

Other support workers including physiotherapy aides who do not have a certificate IV qualification are not considered by the APA or the Australian Physiotherapy Council (APC) to be physiotherapy assistants (APA 2008; APC 2007). Physiotherapy aides are able to "perform designated routine tasks related to the operation of a physiotherapy service" and "work under the direct supervision of a responsible physiotherapist at all times" (APC 2007).

Speech Pathology

In their *Parameters of Practice* (2007), Speech Pathology Australia (SPA) identifies various position titles of speech pathology support staff including "allied health assistants, therapy assistants, language aides, and literacy aides, integration aides or school services officers".
SPA (2007) acknowledges that "the role of these workers and the level of training and experience required are often not clearly defined" (SPA 2005, cited by SPA 2007), and that speech pathologists "must provide adequate training and then determine the competency of the support worker to undertake the delegated tasks".

Dietetics

The Dietitians Association of Australia (DAA) define a nutrition and dietetic support worker as "a skilled health care worker, who under the supervision of a dietitian assists in the implementation of a client's nutritional care program and who for more than 75% of their work time performs nutrition support tasks"(Aliakbari & Capra 2004 cited by DAA 2007). The DAA *Scope of Practice - Support Staff in Nutrition and Dietetic Services* (2007) also mentions "the scope of practice for nutrition and dietetic support workers should be broad enough to cover the variations in client needs and care settings". According to the DAA, position titles for nutrition and dietetic support workers include "nutrition assistant" or "dietetic assistant" (DAA 2007).

Podiatry

The Australian Podiatry Council (APodC) states that podiatry assistants provide "direct practical support to the podiatrist" and there is "a role for a suitably trained assistant providing foot hygiene services to patients identified by the supervising podiatrist as requiring this service" (APodC 2005) The APodC's *Policy on Podiatry Assistants* (2005) also mentions that "in terms of clinical care and the use of instrumentation, hands-on foot care provided by a podiatry assistant is in the form of foot hygiene only and is to be conducted on low-risk patients".

Further information regarding the roles and scope of practice of assistants may be obtained through the assistant guidelines / policies / position statements from the various professional bodies.

## Generic Allied Health Assistant Roles

In the WA Health assistants' workforce profile, the allied health assistant respondents were separated into profession specific assistants who supported only one profession and generic assistants who supported more than one profession. An example of a profession specific assistant might be an Occupational Therapy assistant who only supports the Occupational Therapy profession by providing dressing retraining or other functional retraining tasks as directed by the Occupational Therapist. An example of a generic assistant role might be an assistant working as part of an ambulatory care team who is delegated a range of tasks from different allied health professionals.

There is limited literature available of the role of generic allied health assistants. The Centre for Allied Health Excellence (2006) mentions the “the growth of generic health care support workers who can work across different professional boundaries” and, with evolving health care reform and the emergence of new roles, acknowledges the need for the development of the “generic health care support worker”.

Knight et al (2004) evaluated the role of multidisciplinary rehabilitation assistants in the UK who supported nursing, physiotherapy, occupational therapy and speech and language therapy. They concluded that “rehabilitation assistants performed a variety of skills and worked within a multidisciplinary remit, demonstrating high levels of reasoning” and “there needs to be clear guidance and understanding of the role for the teams and assistant to function optimally”

The UK’s NHS *National Job Profiles for Allied Health Professions: Generic Therapy* (2008) provides a detailed job profile for the “Therapy, Assistant Practitioner”. The duties for this assistant role include:

- Implements treatment programs for specific groups of patients/clients, makes assessment of progress and provides advice to patients, carers, in a variety of settings
- Assists therapist in organising and running clinics/therapeutic interventions
- Undertakes related administrative duties

In addition, Lin & Goodale (2007) investigated the characteristics of rural and remote therapy assistants (TAs) in WA. They identified that “most WA rural and remote TAs have a multidisciplinary role, limited recognised formal qualification in this field, working part time, based in a variety of settings and employed by multiple agencies” (Lin & Goodale 2007). The recent WA Health *Assistants in Allied Health and Health Science Workforce Profile Survey report* (2008) also identified a larger proportion of generic or multidisciplinary allied health assistants working in the WA country health areas than in metropolitan regions.

The complexity of profession specific and generic assistant roles may be dependent on a variety of factors such as the amount of supervision provided, the number of supervisors, the specific requirements of different professions, how much autonomy is required, the type of duties delegated and the amount of training and experience required to undertake certain duties.

Questions:

1. *a).* How should assistant roles be defined?

   *b).* Are there varying levels of assistant roles? eg. assistant vs. aide; assistant vs. technician

2. Do these definitions relate to qualifications or complexity of tasks etc?

3. *a).* Is there a need for advanced scope of practice assistants in WA Health similar to the assistant pilot roles in Victoria (see pg 34)

   *b).* What would be required for implementation of these roles?

# Delegation and Supervision

Delegation and supervision processes are often not well understood. The results of the WA Health Assistants in Allied Health and Health Science Workforce Profile highlight the potential need for more structured delegation and supervision models or frameworks for allied health assistants. This may include additional training for allied health professionals on how to delegate and supervise duties to assistants.

**DELEGATION**

Delegation can be defined as “the process by which a registered practitioner can allocate work to a support worker who is deemed competent to undertake that task……the registered practitioner retains accountability” (Chartered Society of Physiotherapy et al 2006).Delegation of tasks to assistants or support workers will often be dependent on the assistant’s level of training and competence, the amount of supervision that can be provided, the complexity level of the task and the professional judgement of the allied health professional responsible.

The position statements, policies and scope of practice guidelines from the various allied health professions provide recommendations on tasks that may and may not be delegated to allied health assistant staff.

In general, examples of tasks that may be delegated to assistant staff include:

- Reception of patients / clients
- Escorting / transporting clients
- Preparing clients and equipment for intervention
- Preparing and maintaining resources, equipment and the clinical environment
- Undertaking delegated patient treatment programs as prescribed by the relevant allied health professional

Examples of tasks that may not be delegated to assistant staff include:

- Interpretation of referrals or results / data
- Initial assessments, interviews, diagnostic assessments
- Follow up evaluations / assessments
- Developing goals or problem lists
- Planning and modifying treatment plans
- Giving interpretive information to patients / clients or their family
- Discharge planning

(AAOT 2005, APA 2008, APC 2007, COTRB 2005, DAA 2007, SPA 2007)

It may be appropriate for some professions to develop standard screening tools that can be used by assistants, but the assessment and evaluation process remains the responsibility of the allied health professional (COTRB 2005).

In the position statements / guidelines, some professions also recommend that only experienced professional staff or staff who have been trained in delegation and /or supervision, should delegate tasks to and supervise support workers. This implies that delegation and management of support workers / assistants requires a level of knowledge and skill to ensure safe practice (DAA 2007, SPA 2007).

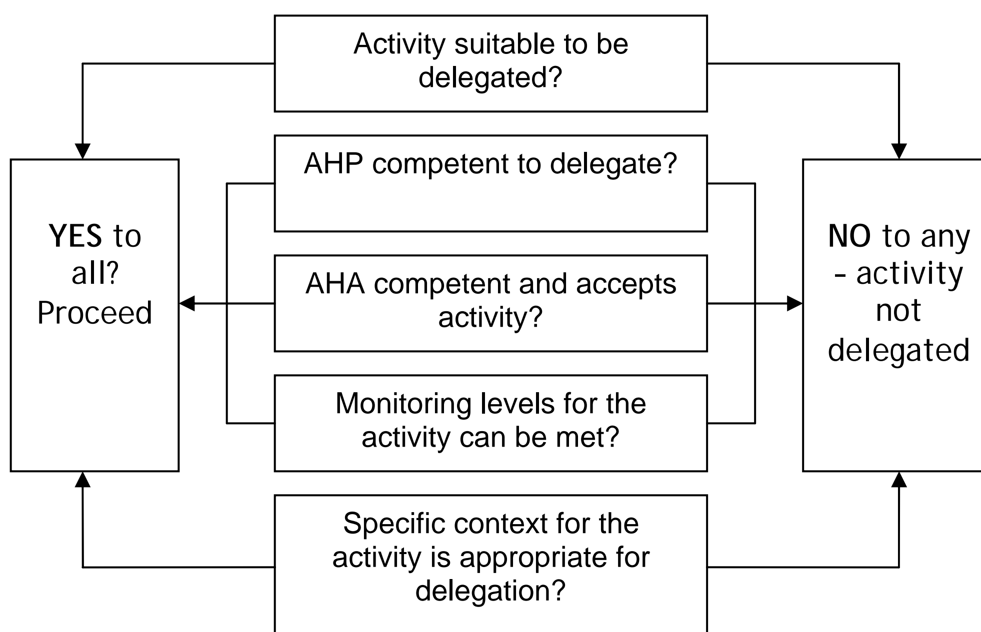
The WA Country Health Service (WACHS) has developed a delegation framework which provides guidance and gives allied health professionals flexibility in selecting activities to be delegated to allied health assistants.

Within the framework, delegation has two phases:

- Delegation Phase - the initial decision making in order to judge the appropriateness of an activity to be delegated
- Monitoring and Feedback Phase – tracking or measuring the progress and outcome of the delegated activity

The monitoring and feedback phase encompasses the supervision of an allied health assistant by the relevant professional.

The following flow chart demonstrates the decision making steps for delegation.




(WACHS 2008)

**SUPERVISION**

Supervision can cover a variety of different factors. It may incorporate providing direction, guidance, observation, joint working, exchange of ideas and coordination of activities (Chartered Society of Physiotherapy et al 2006). Supervision can be defined as direct or indirect:

- Direct supervision: the direction and oversight by a responsible professional who is physically present in the same treatment facility
- Indirect supervision: the direction and oversight by a responsible professional who is not physically present in the same treatment facility (APC 2007)

The HLT07 Health Training Package (vol 2 2007) identifies that allied health assistants who have a Certificate III in AHA qualification require direct supervision. Those who have a Certificate IV AHA qualification may be directly, indirectly or remotely supervised.

According to Lin & Goodale (2006) supervision has three important functions.

1. Provides education and develops skills in those under supervision
2. Provides support – personal validation, planning, feedback, reflection
3. Monitoring quality of care and protecting the welfare of clients

One of the aims of the WA Midwest Murchison region Therapy Assistant Project undertaken in 2003-04 was to improve the supervision of rural therapy assistants. The minimum supervision standards that were developed during the project included client program and administrative discussion, observation of the therapy assistant and demonstration of therapy sessions (Lin & Goodale 2006).

An important part of supervision is ensuring the supervising or delegating professional has the necessary training to competently supervise assistant staff. As part of the QLD Community Rehabilitation Workforce Project (CRWP), clinical supervision training modules were developed for health professionals supervising assistants in a community rehabilitation setting. These training modules are offered online through the University of Queensland. WACHS have also developed a training package for allied health professionals supervising assistants in rural areas.

Questions:

4. *a).* How should delegation be defined?

   *b).* Are delegation structures or guidelines required for allied health assistants working within WA Health?

5. *a).* What tasks can and can not be delegated to assistants?

   *b).* Is this dependent on formal qualifications and training or specific regulatory requirements?

6. How should levels of supervision be defined? eg. direct , indirect, remote supervision

7. *a).* Which assistant duties require more supervision and which duties require less supervision?

   *b).* How should these duties be categorised?

8. *a).* What level of knowledge and skills do supervisors require in order to ensure safe delegation of tasks to assistants?

   *b).* Is there a need for a specific training program on delegation and supervision for allied health professionals who manage assistants?

9. How many supervisors should assistants have – what would be the optimum supervisor : assistant ratio?

# Professional Legislation and Regulations

There is minimal legislation around the use of assistants in the registered professions' Registration Acts. However a number of professions have prepared scope of practice guidelines or position statements on working with assistants or support workers. The allied health professions addressed in this section are based on the professional streams offered in the Certificate III and IV in Allied Health Assistance courses.

In general, the allied health professional is accountable to the employer and the respective registration board or professional body for all tasks that an assistant undertakes under their direction.

## Occupational Therapy

According to the WA *Occupational Therapists Act* 2005, "this Act does not apply to, or in respect of, or in any way affect a person acting under the direction of an occupational therapist" However, OT Australia WA and the Council of Occupational Therapists Registration Boards (COTRB) provide policy statements and guidelines on occupational therapy assistants / support staff.

The OT Australia WA *Occupational Therapy Assistants: Policy Statements and Guidelines* (2005) recommends "the extent to which the Occupational Therapy assistant is involved in intervention depends upon the Occupational Therapists Registration Act, the policies of the health facility, the direction of the supervising Occupational Therapist, the needs of the client and the capacity/training of the Occupational Therapy assistant".

In addition, the COTRB specifies that occupational therapy support staff should:

- "Always work under the supervision of an occupational therapist"
- "Be directly responsible to either the employing occupational therapist or a designated occupational therapist. In the event of an occupational therapist's absence, provision should be made for an alternative method of supervision" (COTRB 2005).

## Physiotherapy

The WA *Physiotherapists Act* 2005 states that *a person must not*:

- "practise physiotherapy unless that person is a registered person"
- "use the title "physiotherapist" or "physical therapist" unless the person is a registered person"
- "advertise, or otherwise hold out or imply, that the person is registered or entitled, either alone or with others, to practise physiotherapy, unless that person is a registered person"

The Act does not refer to the role of assistants or physiotherapists working with assistants.

The Australian Physiotherapy Association (APA) advises that "a physiotherapist is legally responsible for the delivery of all physiotherapy services and must ensure that any delegated intervention is within the support worker's education, training, experience and skill" (APA 2008). Similarly, the Australian Physiotherapy Council (APC) specifies that "physiotherapy assistants and physiotherapy aides cannot substitute for a physiotherapist in assessment, diagnosis, program planning, program evaluation or client/family education" (APC 2007)

Speech Pathology

Speech pathologists are not required to be registered to practice in WA, hence there is no governing legislative Act in WA. However, in the Speech Pathology Australia (SPA) *Parameters of Practice* (2007), it specifies that speech pathologists are responsible and ultimately accountable for clinical care provided by support staff and must provide appropriate supervision.

SPA also recommends that speech pathologists ensure support staff do not:

- "Perform a task beyond their competency"
- "Breach codes of practice that conform to the Association's Code of Ethics and clinical standards" (SPA 2007)

Dietetics

As with speech pathologists, dietitians are not required to be registered to practice in WA. The Dietitians Association of Australia (DAA) recommends that:

- "Dietitians accept responsibility for all treatment provided by others acting under their supervision, and support workers should work within the accepted scope of practice"
- "Support workers should work within relevant legislation and workplace policies and procedures"(DAA 2007)

DAA also advises that support workers do not undertake roles that require interpretation of data, assessment, formulation of care plans, explanation of rationales or risks, or evaluation of services (DAA 2007)

Podiatry

Similar to the *Physiotherapists Act*, the WA *Podiatrists Act* 2005 states that *a person must not*:

- "practise podiatry unless that person is a registered person"
- "use the title "podiatrist" or "chiropodist" unless the person is a registered person"
- "advertise, or otherwise hold out or imply, that the person is registered or entitled, either alone or with others, to practise podiatry or chiropody, unless that person is a registered person"

The Act does not refer to the role of assistants or podiatrists working with assistants. According to the Australasian Podiatry Council's *Policy on Podiatry Assistants* (2005), the podiatrist is "responsible at all times for patient assessment, diagnosis, care planning, management and evaluation of treatment outcomes" and referrals to the podiatry assistant "must only occur once discussed with the patient and the patient's consent has been obtained for part or all of the care".

Questions:

10. *a).* Does there need to be more legislation or regulations around the use of assistants and what tasks they can and can not undertake?

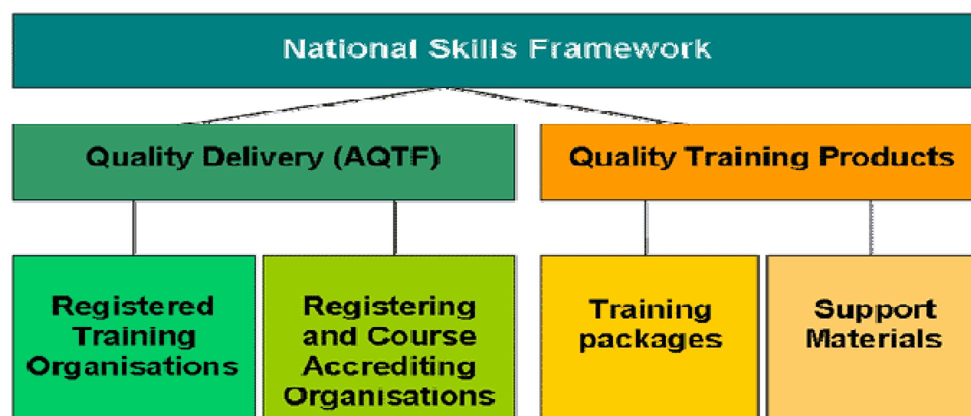
    *b).* Does the legislation / regulations need to be changed or expanded to allow for more advanced scope assistant roles?

11. Are more regulations / guidelines needed around who can delegate duties to assistants eg. should it be limited to experienced professional staff?

# Vocational Education and Training Structures

The Vocational Education and Training (VET) sector provides industry related training via nationally endorsed training packages and is governed by the Ministerial Council for Vocational and Technical Education (MCVTE). Registered Training Organisations (RTOs) such as TAFE deliver vocational education and training courses in line with the National Skills Framework (Figure 1) and National Training System guidelines (DEEWR website 2008).

**Figure 1: The National Skills Framework**




(Department of Education, Employment and Workplace Relations website 2008)

## Industry Skills Councils (ISC) – National Advisory Bodies

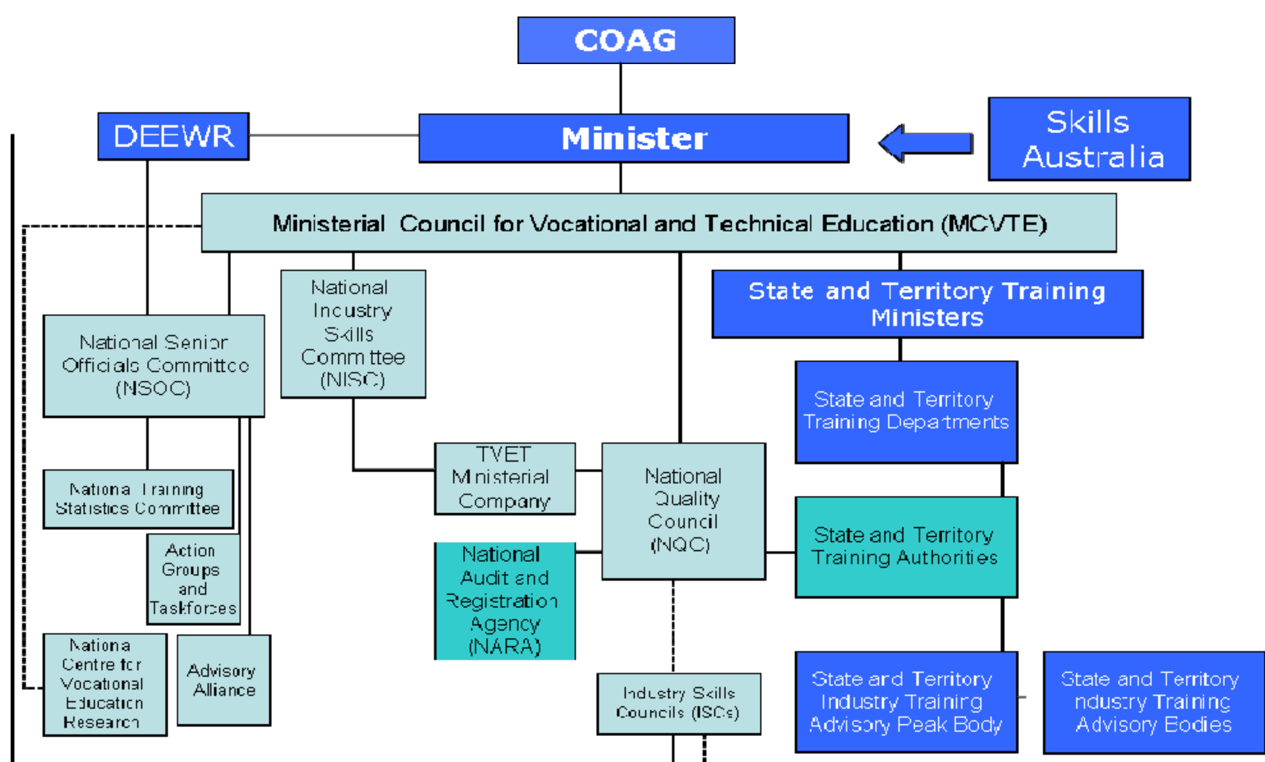
Industry Skills Councils (ISC) are not for profit companies that provide advice to the Australian Government on industry training needs. They engage industry employers, employee representatives and professional associations in identifying industry training needs, and develop training packages for industry sectors. The ISCs receive substantial funding from the National Government through the Department of Education, Employment and Workplace Relations (DEEWR) and report to the MCVTE through the National Quality Council (Figure 2) (Industry Skills Council website 2008, Skills Australia 2008). The Community Services and Health Industry Skills Council (CS&HISC) is the ISC for the Health industry.

## Industry Training Advisory Bodies (ITAB) – State Advisory Bodies

The Industry Training Advisory Bodies (ITAB) are comprised of representatives from industry professional bodies, employers and employees for their specific industry and are funded by the State Department of Education and Training. ITABs provide independent strategic advice to the State Government via the State Training Board (peak advisory body) on industry training needs to facilitate the development of VET planning processes and industry training networks. In particular, ITAB provides information on industry skills supply and demand, emerging skills shortages and recommended training strategies to support industry skill development needs (State Training Board website 2008). ITABs also provide VET leadership to industries and promote industry participation in nationally recognised training through the National Training Framework (*Bilateral Funding Agreement* 2008).

The WA State Training Board has recently reviewed the ITAB network and plan to restructure it into 10 new Industry Training Councils in WA, each supporting a different industry. The Community Services, Health and Education Industry Training Council (CSH&EITC) is the state advisory body for the health industry (State Training Board website 2008).

**Figure 2: The National Training System Governance Framework for VET**




(Skills Australia 2008)

## VET Funding

There are various incentives and funding schemes available for trainees, employers and training providers in the VET sector. The Commonwealth and state governments jointly support the VET sector with the Commonwealth contributing around one third of the government funding. The *2005-2008 Commonwealth-State Agreement for Skilling Australia's Workforce* (DEST 2006) outlines the National Training System goals and objectives and highlights the mechanism for the release of funding from the Commonwealth government to state governments (DEEWR website 2008). In addition, the *2008 Bilateral Funding Agreement between Western Australia and the Australian Government* (2007) further details the Commonwealth - State partnership for VET priorities and funding arrangements specific to WA. WA Health may access funding for VET sector training from a number of different funding initiatives.

## Skilling Australia for the Future Initiative

The Commonwealth Government's *Skilling Australia for the Future Initiative* was introduced to address industry skills shortages across Australia by increasing investment in VET sector training. This will be achieved through the Productivity Places Program (PPP) which will deliver an additional 50 000 VET sector training places for the health industry across Australia for specific occupations experiencing skills shortages (CS&HISC 2008a).

Skills Australia is an independent statutory body that was established as part of the *Skilling Australia for the Future Initiative*, to provide advice to the government on current and future demand for skills and training needs of industry, and inform government investment of public funds in training (DEEWR 2008). The Community Services and Health Industry Skills Council (CS&HISC) conducts research to support the Skills Australia recommendations of training needs to the government for the health and community services industries.

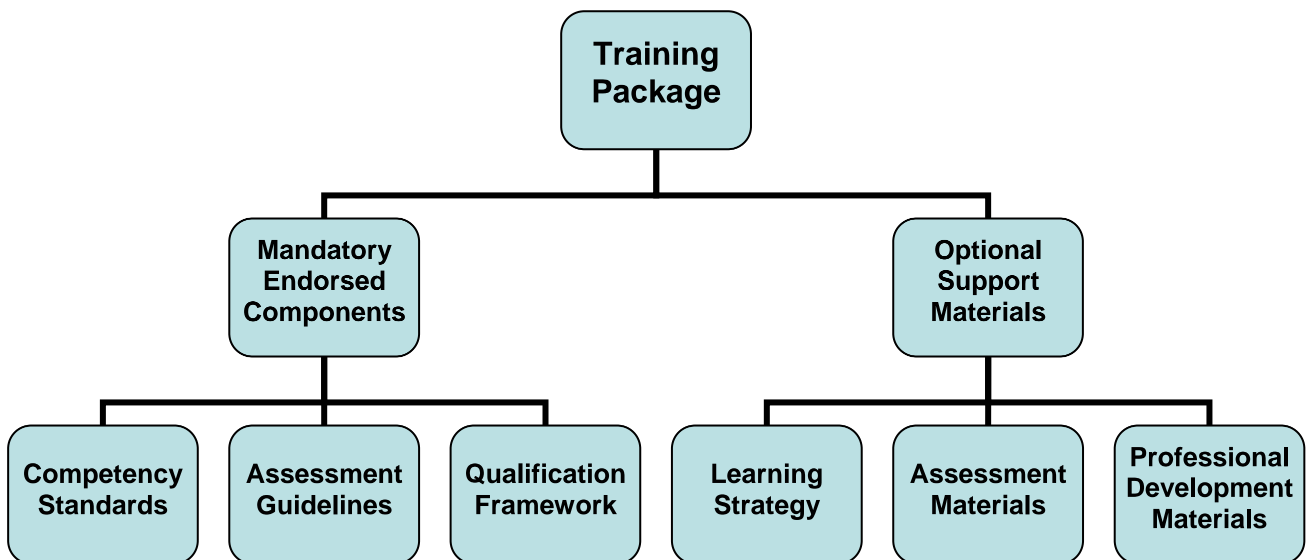
The CS&HISC will also lead the brokering for allocation of new VET places for health and community services (CS&HISC 2008a). A list of identified health training courses and skill sets for inclusion in the PPP is provided in Appendix 2 (CS&HISC 2008b)

Further information on the *Skilling Australia for the Future Initiative* and PPP allocation and application processes is available on the DEEWR productivity places program website http://www.productivityplaces.deewr.gov.au/home.htm and the CS&HISC website http://www.cshisc.com.au

## Training Packages

Training packages contain "an integrated set of nationally endorsed competency standards, assessment guidelines and Australian Qualification Framework (AQF) qualifications for a specific industry" (HLT07 Health Training Package vol 1 2007). Training packages are endorsed by the National Quality Council and fit within the National Training Framework. The delivery of training and assessment through endorsed training packages can only be conducted by a qualified Registered Training Organisation (RTO). Training packages are made up of mandatory endorsed components and optional support materials. Figure 3 shows this structure.

**Figure 3: Components of Training Packages**




Health training packages are developed by the Community Services & Health Industry Skills Council (CS&H ISC) through extensive environmental scans and health industry stakeholder engagement on skills supply and demand (HLT07 Health Training Package vol 1 2007). The HLT07 Health Training Package containing qualifications such as the Certificate III and IV in Allied Health Assistance received national endorsement in 2007 and can be viewed on the National Training Information Service (NTIS) website: http://www.ntis.gov.au/

## Articulation Between VET and Higher Education Sectors

The Australian Qualifications Framework (AQF) details the spectrum of education qualifications across the school, VET and higher education sectors (Figure 4). Articulation between sectors or cross-sector qualification linkages enable individuals to access further learning pathways and move from one qualification to another via credit transfer arrangements (AQF 2007).

**Figure 4: AQF Qualifications across school, VET and higher education sectors**

**Australian Qualifications Framework**

| Schools Sector Accreditation | Vocational Education and Training Sector Accreditation | Higher Education Sector Accreditation |
|---|---|---|
| | | Doctoral Degree |
| | | Masters Degree |
| | Vocational Graduate Diploma | Graduate Diploma |
| | Vocational Graduate Certificate | Graduate Certificate |
| | | Bachelor Degree |
| | Advanced Diploma | Associate Degree, Advanced Diploma |
| | Diploma | Diploma |
| | Certificate IV | |
| | Certificate III | |
| Senior Secondary Certificate of Education | Certificate II | |
| | Certificate I | |

(Department of Education, Employment and Workplace Relations website 2008)

The Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) has endorsed a series of initiatives to improve credit transfer and articulation from VET to higher education. These initiatives can be viewed on the MCEETYA website: http://www.mceetya.edu.au/mceetya/. In accordance with the MCEETYA endorsed initiatives, the AQF *National Guidelines on Cross-Sector Qualification Linkages* in the *AQF Implementation Handbook* (2007) detail specific objectives, general principles and operational advice on articulation between sectors. These national guidelines and implementation handbook are available on the AQF website: http://www.aqf.edu.au/

The cross sector pathways from VET to higher education qualifications are very limited for allied health assistants wishing to further their learning. There are currently no pathways linking the Certificate IV in Allied Health Assistance to a Bachelors Degree in any allied health profession. In contrast, for welfare assistants / officers the Certificate IV in Community Services Work, Diploma of Community Services Management and Diploma of Community Welfare Work provide possible pathways to a Social Work degree (TAFEWA website 2008). WA Health will look at mapping cross sector pathways into the future with an initial focus on Aboriginal Health training pathways.

## Allied Health Assistant Training

From the WA Health Assistants in Allied Health and Health Science Workforce Profile conducted by the CHPO in July 2008, it was evident that on the job training was the main type of vocational training for the majority of allied health assistant respondents. Few assistants had formal qualifications such as a certificate III or certificate IV relevant to their current work. Furthermore, many assistants reported that they had not been offered the opportunity of undertaking a certificate III or IV qualification, and several assistants indicated they were interested in achieving higher qualifications, particularly a certificate IV (CHPO 2008)

### Assistant Training Structures Within WA Health

As mentioned, from the assistants workforce profile survey report, the majority of allied health assistant training was on the job training. This training may be delivered in various ways from completing formal work-based training competencies or modules to less formal experiential based learning. To undertake a formal qualification such as a certificate III or IV, most allied health assistants working across WA Health would currently need to study part time or take leave from work to complete their training.

Limited opportunities exist for VET work-based traineeship type models of training for allied health assistants in WA Health. This may be related to the following factors:

- Widespread limited understanding of the VET sector by health services
- Lack of training structures and partnerships between RTOs and employers
- Lack of suitable assessment and supervision structures for training of allied health assistants that are feasible for both RTOs and employers
- Accessibility issues with regard to geographical location of assistants especially for assistants working in the country health services.
- Difficulties accessing clinical placements and adequate supervision for students completing training courses especially in country areas
- Lack of RTOs providing training courses in Allied Health Assistance
- Lack of funded allied health assistant positions within WA Health

The WA Country Health Service (WACHS) and the South Metropolitan Area Health Service (SMAHS) Rehabilitation in the Home (RITH) programs have developed their own in house competency modules, training and assessment strategies for allied health assistant training.

### Recommended Level of Training for Assistants from Professions

Allied health assistants are currently not required to have any qualifications to work as assistants in health care settings. However, several professional bodies have recommendations on the advised level of training for assistants for their profession.

The Australian Physiotherapy Council (APC) states “the recommended education and training for physiotherapy assistants must be a Certificate IV level or equivalent training in the VET sector” and “the recommended education and training of physiotherapy aides should be at Certificate III level in the VET sector, or equivalent qualifications and workplace experience” (APC 2007). However, the APC concedes that until the Certificate IV program is available nationally, it is acceptable for assistants to have completed equivalent qualifications and workplace experience as recognised by their employer. The Australian Physiotherapy Association (APA) holds a similar view.

The Australian Association of Occupational Therapists (AAOT) believes “that occupational therapy assistants (OTA) need to have a minimum level of education and training in order to fulfil their duties without compromising their clients’ safety” and “recommends prospective OTAs to obtain a minimum of Certificate III or equivalent education and training”(AAOT 2005).

Speech Pathology Australia (SPA) acknowledges that there is currently no mandatory training for speech pathology support staff, and has contributed to the development of the Speech Pathology stream competency modules for the Certificate IV in Allied Health Assistance course. On the job training for support workers may be provided by speech pathologists through "carefully planned teaching activities and competency assessment tasks" (SPA 2007).

The Dietitians Association of Australia (DAA) recommends "the completion of nationally recognised training by all staff working in positions providing support to nutrition services" and states "on-the-job training and other training that does not include the assessment of core competencies is not considered by DAA as adequate training for these positions" (DAA 2007)

### Certificate III in Allied Health Assistance

The Certificate III in Allied Health Assistance (AHA) was recently developed by the Community Services and Health Industry Skills Council (CS&HISC) and is part of the nationally endorsed HLT07 Health Training Package. It replaces the Certificate III in Heath Service Assistance (Allied Health Assistance) in the HLT02 Health Training Package. According to the health training package guidelines, assistants at this level require direct supervision and do not conduct programs or therapeutic interventions (HLT07 Health Training Package vol 2 2007)

<u>Occupational Titles</u>

Individuals who complete the Certificate III in AHA may work in the following positions:

- Therapy assistants
- Physiotherapy assistants
- Occupational therapy assistants
- Podiatry assistants
- Speech pathology assistants
- Allied health assistants.

<u>Unit Structure</u>

The Certificate III in AHA has 15 competency units. These are separated into 10 compulsory units and 5 elective units. Elective units may be selected from the units available in this qualification or other relevant training package units at certificate III level or higher (Health Training Package vol 2 2007). A list of units offered in the Certificate III in AHA can be viewed in Appendix 3.

### Certificate IV in Allied Health Assistance

The Certificate IV in AHA is a new qualification that was developed by the CS&HISC and is also part of the HLT07 Health Training Package. It is considered by some professions as the recommended qualification for allied health assistants. According to the health training package guidelines, individuals with a Certificate IV in AHA may be supervised at direct, indirect or remote levels within organisational requirements.

<u>Occupational Titles</u>

The various allied health assistant titles that may be accommodated by the Certificate IV in AHA include:

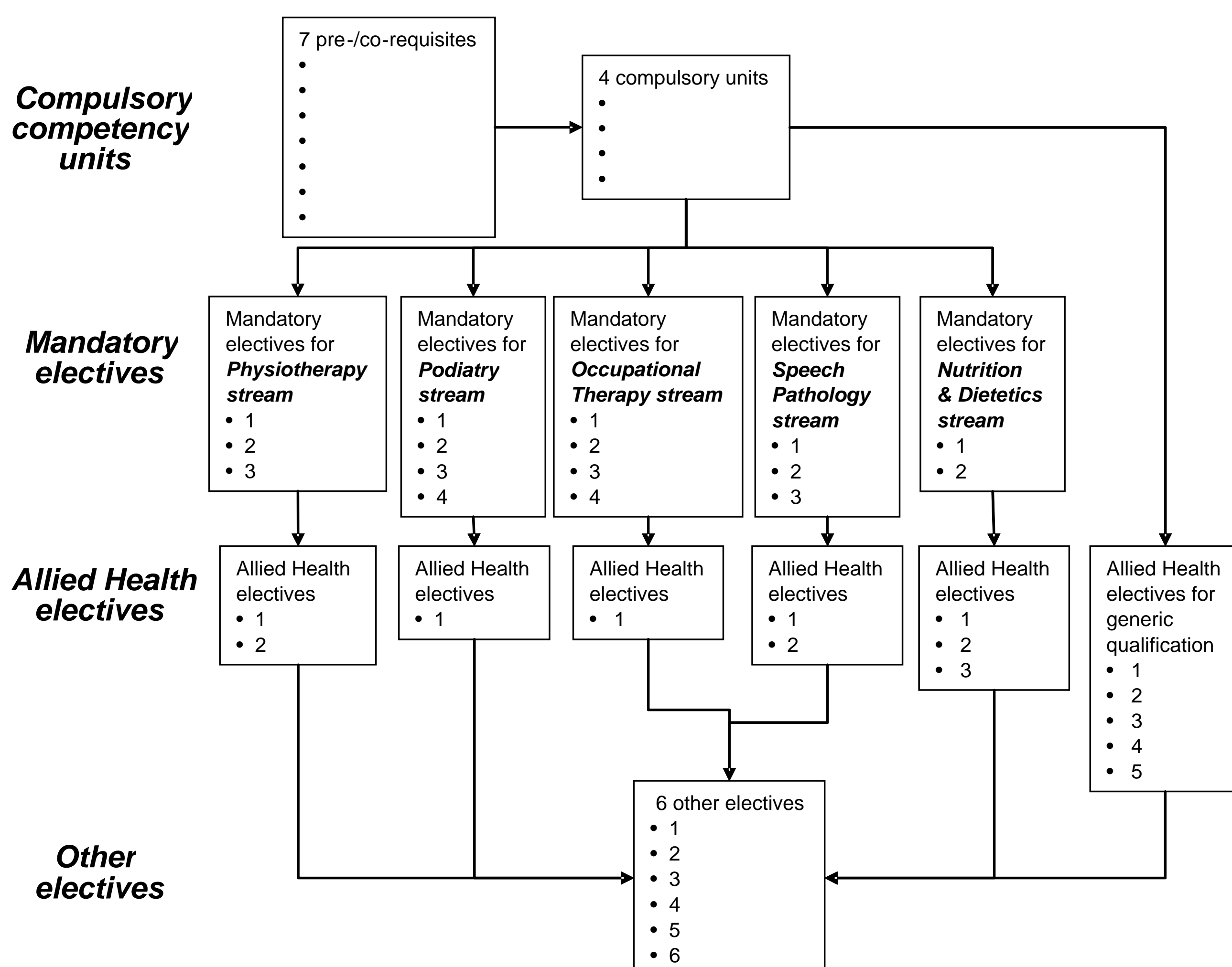
- Therapy assistant
- Physiotherapy assistant
- Occupational therapy assistant
- Podiatry assistant
- Speech pathology assistant
- Allied health assistant
- Nutrition assistant
- Dietetic assistant

Unit Structure

There are 7 competency units that are pre / co-requisite requirements for the Certificate IV in AHA. These units are covered in the Certificate III in Allied Health Assistance course.

There are 15 competency units to complete to achieve the Certificate IV in AHA qualification. These units are broken down into 4 compulsory units and 11 elective units. Elective units can be packaged for a specific profession stream or a generic allied health qualification. For specific profession streams there are mandatory electives that need to be completed for the selected profession. Figure 5 below demonstrates the structure of units for the Certificate IV in AHA.

**Figure 5: Diagrammatic Structure of Certificate IV in Allied Health Assistance**




(HLT07 Health Training Package vol 2 2007)

The list of units offered in the Certificate IV in AHA can be viewed in Appendix 4.

Delivery of Training

Within each competency unit of the Certificate III and IV in AHA there are specific and detailed criteria that need to be achieved to attain competence. There is flexibility in the strategies that can be applied to achieve these outcomes. To achieve best fit of these arrangements for your institution, a process of collaboration with the chosen RTO is essential (Cruickshank, M, *Personal Communication*, WA Department of Health Workforce Education and Training Branch, 19 November 2008).

In addition, competency units may be substituted from other training packages such as the Community Services Training Package if these units are more relevant to the job role. However, training package rules need to be met including the completion of pre-requisite and compulsory units for specific qualifications.

Further detailed information regarding the Certificate III and IV in Allied Health Assistance qualifications can be found in the Qualifications Framework of the HLT07 Health Training Package available on the National Training Information Service (NTIS) website at the following link:

http://www.ntis.gov.au/Default.aspx?/trainingpackage/HLT07/qualification/HLT42507/rules

## Draft Community Rehabilitation Competency Units

The CS&HISC in conjunction with the Queensland Health Community Rehabilitation Workforce Project are developing competency units for support workers in community rehabilitation. Once developed, these competency units may be incorporated as a Community Rehabilitation skill set into the Certificate IV in Allied Health Assistance in the HLT07 Health Training Package, and potentially included as part of a separate Community Rehabilitation training course within the CHC02 Community Services Training Package (CS&HISC 2007).

The competency units currently under development include:

- HLTCR401A: Work effectively in community rehabilitation
- HLTCR402A: Support daily living requirements in a community rehabilitation context
- HLTCR403A: Support community access and participation

These draft units are available for review under *Community Rehabilitation Assistant Competency Development Project* on the CS&HISC website: http://www.cshisc.com.au

Questions:

12. Is there a need for an essential formal qualification structure for assistants?

13. *a).* Is there a need for a Certificate III or Certificate IV in Allied Health Assistance training program in WA Health?

    *b).* What training model would be most effective for WA Health?

14. Are there currently sufficient numbers of assistant positions within WA Health to take advantage of the additional VET sector training places or are more assistant positions required?

# Skills Recognition

Skills recognition refers to the various ways that individuals can attain formal recognition for current competencies. This may be achieved through a number of assessment processes including:

- Recognition of Prior Learning (RPL)
- Recognition of Current Competencies (RCC)
- Credit Transfer or Advanced Standing

For the purpose of this paper, skills recognition will focus mainly on RPL.

## Definitions

The following definitions have been taken from the Australian Qualifications Framework (AQF) and the WA Department of Education and Training (DET).

- **Recognition of Prior Learning**

RPL involves the assessment of previously unrecognised skills and knowledge an individual has achieved outside the formal education and training system. RPL is an assessment process that assesses the individual's non-formal and informal learning to determine the extent to which that individual has achieved the required learning outcomes or competency standards (DET 2008a, AQF 2007).

- **Recognition of Current Competency**

Recognition of current competency applies if a client has previously successfully completed the requirements for a unit of competency or module and is now required to be reassessed to ensure that the competence is being maintained. In this case no extra skill or competencies are nationally recognised (DET 2008a).

- **Credit Transfer**

Credit Transfer assesses the requirements of an initial course or subject that the individual is using to claim access to, or the award of credit in, the destination course. The assessment is used to determine the extent to which the achievement of the previous qualification is equivalent to the required learning outcomes, competency outcomes, or standards in another qualification. This may include credit transfer based on formal learning that is outside the AQF framework. (AQF 2007, DET 2008a)

## Recognition of Prior Learning Principles

In alignment with AQF national principles and guidelines, the WA DET has provided some general principles to guide WA Registered Training Organisations (RTO) in the implementation of good quality RPL processes. These principles are listed below:

1. Information about RPL should be actively promoted, and accessible to a diverse audience of candidates
2. RPL should recognise learning acquired in any context
3. RPL assessment should be conducted according to the principles of assessment and in conformity with the rules of evidence
4. There is no one RPL model that is suitable for all qualifications and all situations
5. RPL processes should be timely, fair and transparent
6. RPL assessment processes should be quality assured to the same level as training based assessment
7. RPL policies, procedures and processes should be explicitly included in quality assurance procedures within institutions

8. RPL decisions should be accountable, transparent, and subject to appeal and review
9. RPL assessment should be structured to minimise cost to the individual
10. Institutions and providers should develop advice and information about RPL for employers of candidates/potential candidates to promote RPL among employers
11. Institutions and providers should include RPL in access strategies for disadvantaged groups
12. Funding models should not impede the implementation of RPL

(DET 2008a)

### Recognition of Prior Learning Processes

The WA DET promotes a task-based model for RPL that involves holistic, task-based assessment and focuses on relating assessment activities to actual job tasks. This task based model encourages the following stages:

Stage 1: Information provision on assessment process to candidate and preparation of supporting evidence

Stage 2: Self assessment completed by candidate

Stage 3: Interview with assessor

Stage 4: Demonstration / observation of tasks

Stage 5: Provision of further supporting evidence (DET 2008a)

Supporting evidence may take a variety of forms and might include:

- Performance appraisals / reviews
- Photographs / video clips of work undertaken
- CV or work history
- Certificates / results of assessments
- Work diaries / work books / log books
- Pay slips
- Training records
- Workplace assessments of skills and knowledge
- Membership of relevant professional associations
- Industry awards
- References / letters / third party verification reports from employers
- Testimonials from clients
- Relevant unpaid or volunteer experience / hobbies / interests

According to the HLT07 Health Training Package *Overview and Assessment Guidelines* (vol 1 2007), assessment may follow a learning and assessment pathway, an assessment only or recognition pathway, or a combination of both pathways.

## Recognition of Prior Learning Fees

All publicly funded RTOs such as TAFE colleges are bound by the State Government VET fees and charges policy which outlines the set fee structures for vocational training. According to the WA DET *VET Fees and Charges Policy* (2008b), the cost of skills recognition or RPL assessment is the same as the standard tuition fee charged for the vocational award course or qualification. Concessional rates and funding initiatives may be available to eligible applicants.

Further information on skills recognition / RPL can be obtained from resources available on the following websites or by contacting the WA DET.

WA Department of Education and Training (DET)
http://www.det.wa.edu.au/training/training/content-skills-main.asp

Vet InfoNet: Publications
https://vetinfonet-staging.det.wa.edu.au/progDev/resources.aspx?menu=4&menuItem=4

Australian Qualifications Framework
http://www.aqf.edu.au/rplnatprin.htm

VET Fees and Charges Policy
http://policies.det.wa.edu.au/Members/sianb/policy.2007-11-27.0474123464/Orig_2008-08-20.0085861713.pdf

Skills Recognition Funding Policy
http://policies.det.wa.edu.au/Members/mullas/policy.2006-03-27.2938331540/Skills_Recognition.pdf

Questions:

15. *a).* Is there a need for a skills recognition process for allied health assistants within WA Health?

    *b).* How could this process work within WA Health?

# Allied Health Assistant Workforce Models / Projects

There are various allied health assistant workforce models or projects currently in operation or undergoing research. The following discussion highlights the allied health assistant or support worker models / projects that are being undertaken in WA, other Australian states and territories, and internationally.

## WESTERN AUSTRALIA

As demonstrated by the WA Health Assistants in Allied Health and Health Science Workforce Profile (2008), there are a number of areas across WA Health that employ allied health assistants. The main areas across WA Health that are currently involved with allied health assistant programs or projects include the WA Country Health Service (WACHS) and the Rehabilitation in the Home (RITH) programs.

### WA Country Health Service

The WA Country Health Service (WACHS) has been utilising allied health assistants for some time to enhance allied health services to local communities and support provision of services across vast geographical areas. WACHS has adopted a 'grow your own' strategy, focussing on utilising local community capacity to undertake roles of allied health assistants.

WACHS has an Allied Health Assistant Program with a dedicated program coordinator to develop the role of allied health assistants in rural and remote areas. The current assistant program consists of the following components:

- 18 training modules for assistants covering generic and clinical competencies. Modules are provided on DVD and presented via videoconference.
- Delivery of a training module for allied health professionals working with allied health assistants
- Development of policy and framework guidelines around assistant roles including scope of practice, roles and responsibilities and delegation guidelines
- Standardisation of templates and resources such as job description forms

WACHS are planning to implement additional training modules for both assistants and allied health professionals working with assistants. The current focus is on establishing specific allied health assistant service delivery models of care with relevant assistant competencies for each model. Progress on the country health services Allied Health Assistant Program is available on the WACHS intranet site for WA Health intranet users.

(Bell, K, *email correspondence: WA Country Health Service Allied Health Assistant Program*, 13 November 2008)

### Rehabilitation in the Home (RITH)

The South Metropolitan Area Health Service (SMAHS) Rehabilitation in the Home (RITH) team provides a hospital substitution, multidisciplinary allied health service in the home for patients discharged early from hospital. RITH utilises therapy assistants to assist with the provision of allied health services to meet the growing demand for ambulatory care services.

RITH have set up a working party to review and refine training and competency levels of assistants. Work completed by the working party includes:

- Investigated current options for assistant training
- Development of a training course of core clinical competencies for therapy assistants in conjunction with the Fremantle Hospital staff development service
- Investigated options for running a Certificate IV in Allied Health Assistance through the staff development service at Fremantle Hospital

- Identified the need to develop scope of practice for therapy assistant positions within RITH
- Implemented a specific monthly training program for RITH therapy assistant

RITH are currently developing or in the process of implementing the following:

- Refining therapy assistant competencies into a usable document
- A therapy assistant training and reference DVD for exercise therapy

(Newton, N, e*mail correspondence re: RITH allied health assistants,* 23 July & 10 November 2008)

## OTHER STATES AND TERRITORIES

The development of allied health assistant roles is currently in progress across Australia. At an Allied Health Assistant (AHA) Network Meeting in Queensland in August 2008, updates on allied health assistant projects from the various states were discussed and recommendations made. The recommendations were as follows:

- A position paper is developed which summarises current issues nationally with regard to Allied Health Assistants (AHA), Therapy Assistants, Community Rehab Assistants (or the like).
- That a mechanism for interstate/national collaboration regarding AHA projects be established to facilitate information exchange and networking. More discussion is needed regarding what form that could take, and who should lead this.
- It was widely agreed that it would be desirable to establish a forum by which AHAs can network. What kind of forum would be most useful and relevant for assistants? State-wide? National? Discipline/topic specific? (For example: podiatry/physio/early childhood intervention?). More discussion is needed to clarify this.
- AHA project officers are able to contribute feedback to the Services for Australian Rural and Remote Allied Health (SARRAH) and the National Health Workforce Taskforce (NHWT). (Minutes AHA Network Meeting 2008)

The allied health assistant projects from various states across Australia have been summarised below. There may also be concurrent work from other areas not captured here.

### Australian Capital Territory (ACT)

In 2004 recommendations were made from the outcomes of a feasibility study conducted by ACT Health and Therapy ACT to develop a formal allied health assistant training program. The Canberra Institute of Technology was employed to develop a Certificate IV program in 2005 and the training program was offered for the first time in 2006.

ACT Health has a dedicated Allied Health Assistant Clinical Development Coordinator who provides leadership, coordination and monitoring of the training program. The Certificate IV in Allied Health Assistance is currently offered as a 2 year part time course with mandatory elective skill sets of Physiotherapy and Occupational Therapy Assistance or Speech Pathology and Occupational Therapy Assistance. Separate Podiatry and Nutrition streams for the Certificate IV have also been developed. Student placements are offered mainly in the public system across the acute hospital, rehabilitation, community, disability and aged care settings.

Future directions in the ACT will involve introducing more allied health assistant roles or expanding existing roles across ACT Health in areas of need, and reviewing classification / remuneration levels for allied health assistants
(Lawrence, L, *email correspondence: Allied Health Assistant Project update (ACT)*, ACT Health, 10 November 2008).

### New South Wales (NSW)

In NSW, enhancing the skills of the assistant workforce and broader workforce redesign of roles will be encompassed in the implementation of a capability framework state-wide. This approach fosters a client-centric focus to care and promotes closer synergies between workforce planning and education and training requirements to better meet health outcomes.

The capability framework will maximise integration of client and service needs and job roles and skills sets required. It will promote not only alignment of skill enhancement but also skill escalation across the health workforce.

This strategic approach in the development of workforce capability will be utilised in the development of an assistant/support workforce using the 2007 Health Training Package and Productivity Places Program as a driver for workforce reform. A state-level project officer will be appointed to scope literature and examples of allied health assistant workforce strategies, projects or programs and provide coordination across NSW Health Area Health Services.

This said, there is already activity occurring at the Area Health Service level around the implementation of training in the Certificate qualifications in allied health assistance. (McLeod, B, *Using a Capability Framework to support Allied Health Workforce Development*, project proposal and overview, NSW Dept of Health, July 2008)

These include:

1) Rural Allied Health Assistant (RAHA) Project has been undertaken to address rural allied health professional shortages and assist with sustaining rural allied health services.

A collaborative partnership was formed between the NSW Institute of Rural Clinical Services and Teaching (IRCST) and four rural area health services, NSW TAFE, NSW Department of Education and Training, Charles Sturt University, NSW Community Services and Health ITAB and the NSW CS&HISC. The focus for the RAHA project was to:

- Define and develop new roles for rural allied health assistants
- Develop a sustainable rural allied health workforce through the creation of local jobs and new career pathways
- Develop and implement a consistent training framework appropriate for rural NSW in strong partnership with the VET, university and public health sectors

A rural NSW framework for rural allied health assistants has been developed as part of the project. This framework provides guidelines on allied health assistant roles, qualification levels, training models, supervision structures and industrial considerations. Within this framework NSW Health recognises that in rural areas the Certificate IV in Allied Health Assistance is the minimum qualification that allows a qualified assistant to take responsibility for significant clinical support roles. The Certificate III in Allied Health Assistance is regarded as a “transition” qualification in rural NSW in recognition that the Certificate IV qualification is required to perform significant clinical tasks in the rural environment.

Overall NSW rural allied health assistant achievements include:

- Development of a management framework to support the overall governance of the RAHA project
- Development of a draft rural allied health assistant position statement
- Development of rurally appropriate resources for consistent delivery of the Certificate III and IV in Allied Health Assistance led by the NSW Great Southern Area Health Service(GSAHS)
- Pilot trial approved for VET in Schools Certificate III in Rural Allied Health Assistance at GSAHS

- Rural allied health career pathways created with articulation from the Rural Allied Health Certificate IV to higher education professional courses
- A consistent training framework appropriate for rural NSW developed and implemented in partnership with the VET, university and public health sectors

(NSW Health IRCST 2008; Stead, D, *email correspondence: role of rural allied health assistants in NSW*, NSW Health, 7 October 2008)

2) Royal Rehabilitation Centre Sydney has formalised its training functions as an RTO as Royal Rehabilitation College (RRC). The RRC uses a partnership approach to deliver the Certificate IV with a strong emphasis on workplace training and assessment. The model allows for on the job training to occur in the workplace to ensure relevance and tutorials are conducted with clinicians from that workplace with support materials provided by RRC. Some examples of the RRC projects being undertaken include:

- **Royal Rehabilitation Centre Sydney – 2008** Certificate IV training and assessment of seven internal assistants with physiotherapy, occupational therapy and general qualifications. Funded by Commonwealth traineeship funding with support from the Centre. All people currently employed in existing positions
- **Lourdes hospital Dubbo - 2008/09** Certificate IV training and assessment of six assistants with physiotherapy, occupational therapy and speech therapy qualifications. Industry partnership: training occurring at Dubbo using local clinicians, with support from Royal Rehab. Funded by Commonwealth traineeships, cost neutral to the organisation. A mix of funded and unfunded assistants. All people currently employed in existing positions
- **Northern Sydney Central Coast - 2008/09** Certificate IV training and assessment of eight assistants with physiotherapy, occupational therapy and general qualifications. RTO partnership with NSCC training 10 units and Royal Rehab training 18 units. Five assistants completing part of the qualification via recognition of existing skills and knowledge. Funded by commonwealth traineeship funding. Only assistants eligible for funding included. All people currently employed in existing positions
- **Westmead Hospital Geriatric Medicine Department – 2009** Certificate IV training and assessment of ten assistants with physiotherapy and general/community qualifications. Industry partnership: all training and assessment occurring at Westmead using local clinicians who hold the Training & Assessment (TAA) qualification, with support from Royal Rehab. Funded by Commonwealth traineeships, cost neutral to the organisation. A mix of funded and unfunded assistants. All people currently employed in existing positions

(Steele-Smith, S, extract from *Royal Rehabilitation College Project Update Report* to B McLeod, Chief Allied Health Officer, emailed 20 November 2008)

## Northern Territory (NT)

The Allied Health Professional Reference Group, NT Department of Health and Families (DHF) is currently developing an Allied Health Strategic Plan which has key objectives that address the development of allied health assistant roles. The development of allied health assistant roles will occur within the context of department service and workforce reform initiatives including the establishment of aboriginal community workers as part of remote primary health care service enhancements.

(Moore, R, *personal communication: allied health assistant project*, DHF, Northern Territory, 26 November 2008)

## Queensland (QLD)

Queensland Health recently completed a Community Rehabilitation Workforce Project that aimed to "optimise the capability of the current and future workforce to develop, implement and evaluate community rehabilitation programs to meet the current and emerging health needs of the Queensland community" (QLD Health 2008a).

Part of this project involved developing the community rehabilitation assistant workforce. The role of an advanced community rehabilitation assistant (ACRA) was evaluated across 6 pilot sites. The scope of the roles was developed through service mapping and a needs analysis process. The ACRA roles were multidisciplinary and involved working mainly with allied health professionals. All selected assistants were sponsored to undertake the Certificate IV in Allied Health Assistance including specific community rehabilitation electives.

The pilots were evaluated using the following tools:

- A pre and post community rehabilitation competencies questionnaire completed by the assistants
- Semi structured interviews with assistants, health professional and clients
- Daily diary entries completed by the assistants
- Workload statistics on activity levels

From the perspective of the assistants, health professionals and clients, the ACRA role was proven to be a valuable resource in the provision of community rehabilitation services (QLD Health 2008b). Most of the pilot sites received recurrent funding to continue the piloted ACRA roles.

Queensland Health also identified that there was a gap in the HLT07 Health Training Package with respect to competencies for allied health assistants working in the community. In conjunction with the CS&HISC and national stakeholder engagement, the project also developed three draft new community rehabilitation competency units, as mentioned above, to add to the HLT07 as a skill set and elective units (QLD Health 2008a).

Further details on the QLD Community Rehabilitation Workforce Project and final report can be accessed via the following website:
http://www.health.qld.gov.au/qhcrwp/workforce.asp

In addition to the Community Rehabilitation Workforce Project, Queensland Health is supporting a state-wide project to explicate the roles and scope of practice of allied health assistants. The Allied Health Assistant Project stems from the industrial negotiations for Operational Stream employees and aims to deliver:

1. Defined roles and scope of practice for allied health assistants at trainee, full and advanced scope of practice levels that have been agreed upon, tested, evaluated and embedded into the workforce.
2. A framework for the education and training needs of allied health assistants that facilitates the introduction of traineeships, provides training pathways for new and existing assistants, includes a training structure for health professionals around supervision and delegation, and advises on requisite qualifications for full and advanced scope roles.
3. Optimal utilisation of assistants by supporting full scope of practice, ensuring appropriate governance and facilitating alignment of service demands and skills mix within teams.
4. Enhanced career pathways for assistants through defining advanced scope of practice roles.

5. Positive changes in the value and profile of allied health assistants supported through mentoring and networking, and workforce education as part of a change management package.

Major project activities and strategies will include a Delphi survey to gain consensus on the roles and scope of practice, projects to trial and evaluate the roles at different levels and settings across the state, education and training initiatives, and resources provided as part of a toolkit to facilitate and embed the deliverables (Stute 2008a, Stute 2008b).

## South Australia (SA)

In South Australia (SA), the Department of Health Allied Health Unit has undertaken an Allied Health Assistants Project to optimise allied health services available by promoting greater and more effective use of assistants across the public health sector in acute and primary care settings.

The main aims of the SA Health Allied Health Assistants Project are as follows:

- Define allied health assistant roles to maximise skill and competency levels and promote workforce flexibility
- Integrate allied health assistant roles into existing allied health structures in a consistent way across SA
- Promote linkages between vocational training and the Certificate III and IV Allied Health Assistance
- Promote ongoing learning and demonstrated career pathways for people working as, or aspiring to become, an allied health assistant

This project has also been undertaken as one strategy to address the predicted allied health professional workforce shortages and the growing demand for health care services.

The key stages in the project implementation include:

1. Undertake preliminary research and consultation
2. Develop the project plan
3. Develop the allied health assistant model representing different forms of allied health assistants at OPS-1, OPS-2 and OPS-3 classification levels
4. Integrate allied health assistant roles into existing allied health structures
5. Promote vocational training for new and existing allied health assistants
6. Demonstrate career pathways within allied health relevant to people working as, or aspiring to become an allied health assistant
7. Promote the allied health assistant role as an integral part of the allied health team.

(Huff, L, *email correspondence: Fact Sheet: Allied Health Assistants Project*, SA Health, 22 September 2008)

## Tasmania (TAS)

The Principal Allied Health Adviser at the Department of Health and Human Services (DHHS) in Tasmania established two working groups in August 2008. One working group will investigate the development of allied health assistant roles whilst the other group will review advanced and extended scope of practice roles for health professionals.

The allied health assistant working group is currently mapping the existing allied health assistant workforce in DHHS to obtain information on the demographics, roles, qualifications, training and supervision structures for this section of the workforce. The Allied Health Assistant Working Group will report on training needs for existing allied health assistant staff, workforce issues including service models and supervision, and make recommendations for future progress to the DHHS.

A Steering Group has commenced discussion with TAFE Tasmania on establishing articulated training pathways from the Certificate III in Health Services Assistance to the Certificate IV in Allied Health Assistance.

(McGovern, L, *personal communication: allied health assistant project*, DHHS, Tasmania, 26 November 2008)

## Victoria (VIC)

The Victorian Government Department of Human Services' (DHS) *Better Skills, Best Care (BSBC)* strategy utilises workforce redesign principles to develop new and redesigned work roles that will provide better outcomes for patients, promote greater work satisfaction for staff and contribute to more efficient and sustainable health services. As part of Stage 1 of the BSBC strategy DHS funded 36 role specific projects in 2005-06 to examine locally based opportunities for workforce innovation. 11 of these pilot projects involved trials of allied health assistant and support roles in a variety of health and community settings. (DHS 2007)

The allied health assistant / support worker pilot projects included:

- Allied Health Assistant – Austin Health (Acute Medical Ward)
- Allied Health Assistant – Ballarat Base Hospital (Acute Orthopaedic Pre-admission)
- Allied Health Assistant – Monash Medical Centre (Acute Medical Care Unit)
- Allied Health Assistant – Bendigo Hospital (Rehabilitation)
- Allied Health Assistant – Panch Health Service (Community Paediatrics)
- Allied Health Assistant – Gardenview House (Long-term Acquired Brain Injury Rehabilitation)
- Allied Health Assistant – Lorne Community Hospital (Community Aged Care)
- Allied Health Assistant – Werribee Mercy Hospital (GEM/Rehabilitation)
- Dietetic Support Worker – Latrobe Regional Hospital (Aged Care Ward)
- Podiatry Assistant – Caulfield Community Health Service (Podiatry Unit)

(DHS 2007)

Many if these redesigned roles could be considered as advanced scope of practice roles for assistants. Assistants undertaking these roles required higher level training including a minimum Certificate IV in Allied Health Assistance (Cert IV in AHA) qualification as well as additional on the job training. They also performed more complex tasks with higher levels of responsibility.

The DHS *Better Skills, Best Care Stage 1 Final Report 2007* provides a description of these innovative roles and evaluates their impact on health care outcomes. Some of the key impacts achieved by this stage of the project included:

- Reduced waiting times
- Increased quality and safety
- Increased clinical contact time available to clinicians
- Increased levels of patient and staff satisfaction (DHS 2007)

The next phase of BSBC Stage 1 sought to embed these piloted support roles in health and community services across Victoria. However a number of barriers were identified that could potentially impact on the ability of Registered Training Organisations (RTOs) to deliver the Cert IV in AHA and for health services themselves to release staff to undertake this training.

In response to this, the department implemented a suite of initiatives in 2007-08 which sought to address these barriers and facilitate the uptake of assistant workforce models that maximise the use of the current professional workforce.

These included the:

- **Practical Workforce Solutions - Redesign Roadshow** which presented information on the development of articulated career pathways, the benefits of the Cert IV in AHA qualification and the ability of health services to negotiate training that meets local needs. It also offered practical demonstrations of role redesign and promoted workforce planning and innovation for a support workforce.
- **Partnership Grants** to support the development and delivery of Cert IV in AHA.
- **Training Grants** to facilitate the uptake of this training.
- **Mentoring Grants** to engage BSBC Stage 1 pilot leads to provide mentoring services to other health services interested in implementing similar roles.
- **Allied Health Assistant Scoping Project** which seeks to ascertain the current use and practices of AHA's in a sample of Victorian health and community services. As well as identifying the current supply and future demand of AHA within the sample, the project will also examine barriers to using AHA's and identify ways in which AHA roles could be further supported and enhanced.

DHS also engaged a VET Sector expert to undertake a detailed analysis of Victorian RTOs, both public and private, who are engaged in providing the HTL42507 Cert IV in AHA and to provide ongoing advice regarding any VET sector training issues that may arise through the BSBC Stage 1 rollout.

Work in 2008-09 will be focused on the rollout of the advanced practice professional roles that were piloted through BSBC Stage 1.

(Victorian Department of Human Services, *email correspondence re: allied health assistants in Victoria*, 17 November 2008).

This information was obtained through consultations with the Victorian Department of Human Services (DHS 2008). Further information on the DHS BSBC project work can be obtained from the following website:
http://www.health.vic.gov.au/workforce/skills.htm

## INTERNATIONAL

Allied health assistant or support worker roles exist in several places around the world.

### United States of America (US) and Canada

In the US and Canada, support workers tend to be more profession based and there appears to be at least 2 different levels of support workers – assistants and aides. In the US, physiotherapy and occupational therapy (OT) support workers are titled an "assistant" when they have obtained a formal certificate or associate degree qualification from a university or college, and called an "aide" when they have only on the job training. In the US, qualified OT and physiotherapy assistants are also required to be registered or licensed (US Bureau of Labor 2008).

In Canada, physiotherapy support workers have a similar structure to the US with regard to education and training requirements; however the OT support worker profiles are not as definitively structured (The Alliance 2004, CAOT 2007).

### United Kingdom (UK)

The UK's National Health System (NHS) has national job profiles for the allied health professions. The tiered structure of the job profiles provides several levels of employment from support worker to consultant within professions.

There is a range of 1 to 4 levels of support workers for the different allied health professions with recommended training and qualifications for each level. Table 1 shows the different levels of UK support workers and the recommended level of training.

UK vocational education and training is offered by City and Guilds which is similar to the Australian TAFE colleges. National Vocational Qualifications (NVQ) are statements of performance that describe what competent people in a particular occupation are expected to be able to do based on national occupational standards. NVQs are similar to the Australian VET sector traineeship qualifications and have varying levels of qualifications based on competencies (City and Guilds website 2008).

**Table 1: Levels of support workers for allied health professions and recommended training levels**

| Profession | Title | Qualification / Training Level |
|---|---|---|
| Occupational Therapy | Clinical Support Worker | On the job |
| | Clinical Support Worker Higher Level | NVQ3 |
| | Occupational Therapy Technician | Diploma |
| | | |
| Physiotherapy | Clinical Support Worker | NVQ2 |
| | Clinical Support Worker Higher Level | NVQ3 |
| | | |
| Speech and Language Therapy | Clinical Support Worker | On the job |
| | Clinical Support Worker Higher Level | NVQ3 |
| | Speech and Language Therapy Assistant | Diploma |
| | Speech and Language Therapy Associate Practitioner (Bilingual) | Diploma |
| | | |
| Dietetics | Clinical Support Worker Higher Level | NVQ3 |
| | | |
| Podiatry | Clinical Support Worker | NVQ2 |
| | Clinical Support Worker Higher Level | NVQ3 |
| | Podiatry Technician | Diploma |
| | | |
| AHP Generic Therapy | Therapy Assistant Practitioner | NVQ3 |

The NHS national job profiles can be viewed on the following website: http://www.nhsemployers.org/pay-conditions/pay-conditions-1988.cfm

Questions:

16. How could assistant staff be utilised to assist with predicted professional workforce shortages?
17. What would be required to enable more assistant positions to be created within WA Health?
18. What appropriate reward / recognition processes should there be for assistants who have higher qualifications? eg. Certificate IV
19. *a)*. Is there a need for a tiered scope of practice structure for assistants based on their qualifications, with different position titles, similar to the NHS model?

    *b)*. What might this scope of practice structure consist of?

    *c)*. How could it be implemented within WA Health?
20. What recruitment and retention strategies could be implemented for the assistant workforce?

# Focus Group Discussion

Focus groups will be offered for generic and profession specific allied health groups within WA Health. The profession specific focus groups will be conducted based on Expressions of Interest (EOI) from WA Health profession managers or supervisors of allied health assistants.

Submissions including responses to the focus group questions are welcomed from stakeholders within WA health who have already completed this work on assistants in their area. Submissions are also encouraged from interested stakeholders outside of WA Health who would like to contribute to this project work.

All focus group EOIs and submissions should be forwarded by email to Tanya.Rowling@health.wa.gov.au by the 23rd January 2009. Stakeholders may apply for an extension at the above email address if unable to meet the proposed deadline.

## Focus Group Objectives

- Establish definition(s) of assistant roles and competency requirements for these roles
- Identify scope of practice of assistant roles for various professions and the need for future advanced practice roles
- Review delegation structures / processes for allied health assistants
- Refine definition(s) of supervision for assistant staff
- Identify training requirements for supervisors of allied health assistants
- Review and refine clinical governance and regulations for utilising allied health assistants
- Identify recognition of prior learning requirements for allied health assistants
- Identify organisational requirements for formal assistant qualifications
- Identify optimal training models for formal assistant training / qualifications within WA Health
- Identify reward / recognition processes for assistants with formal qualifications
- Identify recruitment and retention strategies for allied health assistants
- Identify strategies by which to employ assistant staff to address predicted professional workforce shortages within WA Health

## **Focus Group Questions** (also listed at relevant sections within the paper)

### Role of Assistants

1. *a).* How should assistant roles be defined?
   *b).* Are there varying levels of assistant roles? eg. assistant vs. aide; assistant vs. technician
2. Do these definitions relate to qualifications or complexity of tasks etc?
3. *a).* Is there a need for advanced scope of practice assistants in WA Health similar to the assistant pilot roles in Victoria.
   *b).* What would be required for implementation of these roles?

### Delegation and Supervision

4. *a).* How should delegation be defined?
   *b).* Are delegation structures or guidelines required for allied health assistants working within WA Health?
5. *a).* What tasks can and can not be delegated to assistants?
   *b).* Is this dependent on formal qualifications and training or specific regulatory requirements?

6. How should levels of supervision be defined? eg. direct , indirect supervision
7. *a).* Which assistant duties require more supervision and which duties require less supervision?
   *b).* How should these duties be categorised?
8. *a).* What level of knowledge and skills do supervisors require in order to ensure safe delegation of tasks to assistants?
   *b).* Is there a need for a specific training program on delegation and supervision for allied health professionals who manage assistants?
9. How many supervisors should assistants have – what would be the optimum supervisor: assistant ratio?

## Governance / Legislation

10. *a).* Does there need to be more legislation or regulations around the use of assistants and what tasks they can and can not undertake?
    *b).* Does the legislation / regulations need to be changed or expanded to allow for more advanced scope assistant roles?
11. Are more regulations / guidelines needed around who can delegate duties to assistants eg. should it be limited to experienced professional staff?

## Training and Qualifications

12. Is there a need for an essential formal qualification structure for assistants?
13. *a).* Is there a need for a Certificate III or Certificate IV in Allied Health Assistance training program in WA Health?
    *b).* What training model would be most effective for WA Health?
14. Are there currently sufficient numbers of assistant positions within WA Health to take advantage of the additional VET sector training places or are more assistant positions required?

## Skills Recognition

15. *a).* Is there a need for a skills recognition process for allied health assistants within WA Health?
    *b).* How could this process work within WA Health?

## Employment

16. How could assistant staff be utilised to assist with predicted professional workforce shortages?
17. What would be required to enable more assistant positions to be created within WA Health?
18. What appropriate reward / recognition processes should there be for assistants who have higher qualifications? eg. Certificate IV
19. *a)*. Is there a need for a tiered scope of practice structure for assistants based on their qualifications, with different position titles, similar to the NHS model?
    *b)*. What might this scope of practice structure consist of?
    *c)*. How could it be implemented within WA Health?
20. What recruitment and retention strategies could be implemented for the assistant workforce?

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The Alliance – *see* Canadian Alliance of Physiotherapy Regulators

APA – *see* Australian Physiotherapy Association

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AQF – *see* Australian Qualifications Framework

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# Appendix 1: List of Professions Represented by the CHPO

**23 HEALTH PROFESSIONS**

| ALLIED HEALTH | HEALTH SCIENCE |
|---|---|
| Audiologist | Bio Medical Engineer |
| Clinical Psychologist | Clinical Perfusionist |
| Dietitian | Exercise Physiologist |
| Medical Librarian | Medical Imaging Technologist |
| Occupational Therapist | Medical Physicist |
| Orthoptist | Medical Scientist |
| Orthotist & Prosthetist | Nuclear Medicine Technologist |
| Physiotherapist | Pharmacist |
| Podiatrist | Radiation Therapist |
| Social Worker | Respiratory Scientist |
| Speech Pathologist | Sonographer |
| | Sleep Technologist |

# Appendix 2: Priority Health Qualifications for the Productivity Places Program

**Health Qualifications for PPP**

| **Qualifications in order of Prioritisation** | |
|---|---|
| HLT51607 | Diploma of Nursing (Enrolled/Division 2 nursing) |
| HLT61107 | Advanced Diploma of Nursing (Enrolled/Division 2 nursing) |
| HLT32507 | Certificate III in Health Services Assistance |
| HLT43407 | Certificate IV in Nursing (Enrolled/Division 2 nursing) |
| HLT43907 | Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) |
| HLT44007 | Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health (Community Care) |
| HLT42507 | Certificate IV in Allied Health Assistance |
| HLT32207 | Certificate III in Indigenous Environmental Health |
| HLT32407 | Certificate III in Allied Health Assistance |
| CHC41102 | Certificate IV in Mental Health |
| CHC40102 | Certificate IV in Aged Care Work |
| CHC30102 | Certificate III in Aged Care Work |
| HLT21007 | Certificate II in Indigenous Environmental Health |
| CHC5110X) | Diploma of Mental Health - New Community Services Training Package (CSTP |
| HLT33207 | Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care |
| HLT43007 | Certificate IV in Dental Assisting |
| HLT31807 | Certificate III in Dental Assisting |
| HLT44007 | Diploma of Aboriginal &/or Torres Strait Islander Primary Health (Community care) |
| CHC40302 | Certificate IV in Disability Work |
| CHC50507 | Diploma of Dental Technology |
| CHC50102 | Diploma of Disability Work |
| HLT41807 | Certificate IV in Pathology |
| HLT42407 | Certificate IV in Indigenous Environmental Health |
| HLT32607 | Certificate III in Pathology |
| HLT32707 | Certificate III in Dental Laboratory Assisting |
| HLT42307 | Certificate IV in Population Health |
| HLT43707 | Certificate IV in Optical Technology |
| HLT43507 | Certificate IV in Optical Dispensing |
| HLT43307 | Certificate IV in Medical Practice Assisting |

| **Additional Qualifications that have been prioritised** | |
|---|---|
| CHC4XX0X | Certificate IV in Volunteer Work Coordination – New CSTP |
| CHC50302 | Diploma of Children's Services |
| HLT43207 | Certificate IV in Health Administration |
| CHC5090X | Diploma of Community Services (Case Management) – New CSTP |
| CHC20202 | Certificate II in Community Services Work |
| CHC41702 | Certificate IV in Alcohol and Other Drugs Work |
| CHC40302 | Certificate III in Disability Work |
| HLT21207 | Certificate II in Health Support Services |
| HLT32807 | Certificate III in Health Support Services |
| CHC30302 | Certificate III in Disability Work |
| CHC30802 | Certificate III in Community Services Work |

| CHC40902 | Certificate IV in Community Services Work |
|---|---|
| HLT21307 | Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care |
| TAA40104 | Certificate IV in Training and Assessment |
| HLT32107 | Certificate III in Prosthetic/Orthotic Technology |
| CHC40602 | Certificate IV in Youth Work |
| CHC6040X | Advanced Diploma of Community Sector Management – New CSTP |
| CHC6XX0X | Vocational Graduate Diploma of Community Sector Management New CSTP |
| CHC4180X | Certificate IV in Child and Family Intervention (Residential & out of home care) |
| | Certificate IV in Child and Family Intervention (Child Protection) |
| | Certificate IV in Child and Family Intervention (Family Support) –New CSTP |

**Health Skill Sets for PPP**

| Skill Set in order of prioritisation |
|---|
| Enrolled/Division 2 Nursing – Medication endorsement |
| Mentoring/Coaching/Leadership – units of competency from both the Health and Community Services Training Packages to increase workplace productivity through more supportive workplace learning environments |
| Dementia – Current Certificate III and proposed Certificate III and IV units for dealing with clients that present in a health care setting who have dementia |
| Mental Health – competencies from Community Services Training Package |
| Allied Health Assistance skill set for physiotherapy |
| Allied Health Assistance skill set for podiatry |
| Allied Health Assistance skill set for nutrition |
| Allied Health Assistance skill set for occupational therapy |
| Allied Health Assistance skill set for speech pathology |

| Additional Skill Sets that have been prioritised |
|---|
| Aboriginal and Torres Strait Islander Health Worker - Range of specialty skill sets |
| Emphasis on Primary Health Care |
| Disability Services require 1. Nutrition, 2. Medication, 3. Challenging behaviour, 4.Physiotherapy |
| Supervision, Management e.g. Front Line Management |
| Health Language, Literacy and numeracy |
| Communication skills – Extension |
| Foster Care |
| Working with older people |
| Advanced Diploma Skill Sets in Enrolled Nursing |
| Lifestyle Management / Fitness |
| Care Coordination |
| Delegation and Supervision |
| Information Technology |
| Practice /Business Administration |
| Volunteer Coordination |

(Community Services & Health Industry Skills Council 2008b)

# Appendix 3: Competency Units for the Certificate III in Allied Health Assistance

**Compulsory units** (HLT07 Health Training Package 2007)

| | |
|---|---|
| HLTHIR301A | Communicate and work effectively in health |
| HLTIN301A | Comply with infection control policies and procedures in health work |
| HLTOHS200A | Participate in OHS processes |
| BSBFLM303B | Contribute to effective workplace relationships |
| HLTAH301A | Assist with an allied health program |
| HLTCSD201B | Maintain high standard of client service |
| HLTCSD305B | Assist with client movement |
| HLTAP301A | Recognise healthy body systems in a health care context |
| BSBMED201A | Use basic medical terminology |
| BSBCMN305A | Organise workplace information |

**Elective units**

| **Client support** | |
|---|---|
| HLTCSD304B | Support the care of clients |
| HLTCOM404B | Communicate effectively with clients |
| CHCCS401A | Facilitate cooperative behaviour |
| HLTCSD306B | Respond effectively to difficult or challenging behaviour |
| HLTRAH301B | Undertake visits to remote communities |
| HLTHIR404B | Work effectively with Aboriginal and Torres Strait Islander people |
| HLTHIR403B | Work effectively with culturally diverse clients and co-workers |
| CHCDIS1C | Orientation to disability work |
| CHCMH1B | Orientation to mental health work |
| CHCAC3C | Orientation to aged care work |
| HLTRAH301B | Undertake visits to remote communities |
| HLTAH302B | Assist with the application and removal of a plaster cast |

| **First aid** | |
|---|---|
| HLTCPR201A | Perform CPR |
| HLTFA201A | Provide basic emergency life support |

| **Equipment / Environment support** | |
|---|---|
| HLTIN302A | Process reusable instruments and equipment in health work |
| HLTMS203B | Undertake routine stock maintenance |
| HLTMS204B | Handle and move equipment, goods, mail and furniture |
| HLTTH303B | Identify and move to maintain a sterile field |
| HLTMS206B | Perform general cleaning tasks in a clinical setting |
| HLTMS208B | Handle waste in a health care environment |
| HLTGM305B | Maintain pool environments |

| **Performance** | |
|---|---|
| BSBCMN302A | Organise personal work priorities and development |
| BSBCMN312A | Support innovation and change |
| BSBFLM312A | Contribute to team effectiveness |

| **Administration** | |
|---|---|
| HLTCOM407A | Provide reception services for a practice |
| BSBMED302A | Prepare and process medical accounts |
| BSBMED303A | Maintain patient records |
| BSBCMN205A | Use business technology |

# Appendix 4: Competency Units for the Certificate IV in Allied Health Assistance

## Pre-/co-requisite requirements

| | |
|---|---|
| HLTHIR301A | Communicate and work effectively in health |
| HLTAH301A | Assist with an allied health program |
| HLTIN301A | Comply with infection control policies and procedures in health work |
| HLTCSD201B | Maintain high standard of client service |
| HLTCSD305B | Assist with client movement |
| HLTAP301A | Recognise healthy body systems in a health care context |
| BSBMED201A | Use basic medical terminology |

## Compulsory units

| | |
|---|---|
| HLTHIR402B | Contribute to organisational effectiveness in the health industry |
| HLTHIR506B | Implement and monitor compliance with legal and ethical requirements |
| HLTOHS300A | Contribute to OHS processes |
| HLTIN403B | Implement and monitor infection control policy and procedures |

## Allied Health electives

### *Physiotherapy*

| | |
|---|---|
| HLTAH401A | Deliver and monitor a client-specific exercise program |
| HLTAH402A | Assist with physiotherapy treatments and interventions |
| HLTAH403A | Deliver and monitor exercise program for mobility |

### *Podiatry*

| | |
|---|---|
| HLTAH404A | Assist with basic foot hygiene |
| HLTAH405A | Assist with podiatric procedures |
| HLTAH406A | Assist with podiatry assessment and exercise |
| HLTIN302A | Process reusable instruments and equipment in health work |

### *Occupational therapy*

| | |
|---|---|
| HLTAH407A | Assist with the rehabilitation of clients |
| HLTAH408A | Assist with the development and maintenance of client functional status |
| HLTAH409A | Conduct group sessions for individual client outcomes |
| HLTAH414A | Support the fitting of assistive devices |

### *Speech pathology*

| | |
|---|---|
| HLTAH410A | Support the development of speech and communication skills |
| HLTAH411A | Provide support in dysphagia management |
| HLTAH412A | Assist and support the use of augmentative and alternative communication systems |

***Nutrition and Dietetics***

**Pre-requisite requirements for Nutrition and Dietetics:**

The following competency units (from the Certificate III in Nutrition and Dietetic Support) are pre-requisites for this elective skill set:

| | |
|---|---|
| HLTNA301B | Provide assistance to nutrition and dietetic services |
| HLTNA302B | Plan and evaluate meals and menus to meet recommended dietary guidelines |
| HLTNA303B | Plan and modify meals and menus according to nutrition care plans |
| HLTNA304B | Plan meals and menus to meet cultural and religious needs |
| HLTNA305B | Support food services in menu and meal order processing |
| HLTFS207B | Follow basic food safety practices |

**Mandatory Nutrition and Dietetics electives:**

Two electives must be selected from the following three to address requirements for the Nutrition and Dietetics mandatory elective skill set.

| | |
|---|---|
| HLTAH415A | Assist with the screening of dietary requirements and special diets |
| HLTAH409A | Conduct group sessions for individual client outcomes |
| HLTAH420A | Support the provision of basic nutrition advice/education |

**Other Nutrition and Dietetics elective:**

| | |
|---|---|
| HLTAH416A | Support special diet requirements |

## Additional Allied Health Functions

| | |
|---|---|
| HLTAH413A | Deliver and monitor a hydrotherapy program |
| HLTAH414A | Support the fitting of assistive devices |
| HLTIN302A | Process reusable instruments and equipment in health work |
| HLTAH302B | Assist with the application and removal of a plaster cast |

## Other relevant electives

***Client support***

| | |
|---|---|
| HLTHIR404B | Work effectively with Aboriginal and Torres Strait Islander people |
| HLTHIR403B | Work effectively with culturally diverse clients and co-workers |
| HLTCOM301B | Provide specific information to clients |
| CHCCS401A | Facilitate cooperative behaviour |
| HLTCSD306B | Respond effectively to difficult or challenging behaviour |
| HLTRAH301B | Undertake visits to remote communities |
| HLTAH302B | Assist with the application and removal of a plaster cast |
| CHCCM1C | Undertake case management |

***First aid***

| | |
|---|---|
| HLTCPR201A | Perform CPR |
| HLTFA201A | Provide basic emergency life support |
| HLTFA301B | Apply first aid |
| HLTFA402B | Apply advanced first aid |

***Client care***

| | |
|---|---|
| CHCCN5C | Care for babies |
| CHCIC1C | Interact effectively with children |
| CHCRF1C | Work effectively with families to care for the child |
| CHCAC1C | Provide support to an older person |
| CHCAC15 | Provide care support which is responsive to the specific nature of dementia |
| CHCHC301B | Work effectively in a home and community care environment |
| HLTRAH302A | Undertake home visits |
| CHCDIS1C | Orientation to disability work |
| CHCMH1B | Orientation to mental health work |
| TAADEL401A | Plan and organise group-based delivery |
| TAADEL402A | Facilitate group-based learning |
| SRFFIT004B | Develop basic fitness programs |
| SRFFIT005B | Apply basic exercise science to exercise instruction |
| SRFFIT007B | Undertake relevant exercise planning and programming |
| SRCAQU007B | Respond to an aquatic emergency using advanced water rescue techniques |
| SRCAQU008B | Apply the principles of movement in water to aquatic activities |
| SRCAQU009B | Instruct water familiarisation, buoyancy and mobility skills |
| SRCAQU012B | Foster the motor, cognitive and personal development of infants and toddlers in an aquatic environment |
| SRCAQU014B | Assist participants with a disability during aquatic activities |
| SRCCRO009B | Conduct a recreation program for older persons |
| SRCCRO010B | Conduct a recreational program for people with a disability |
| CHCCS6B | Assess and deliver services to clients with complex needs |

***Performance***

| | |
|---|---|
| BSBFLM403B | Implement effective workplace relationships |
| BSBFLM409B | Implement continuous improvement |
| HLTAMBPD401B | Manage personal stressors in the work environment |
| BSBCMN412A | Promote innovation and change |
| CHCPOL3A | Undertake research activities |
| BSBAUD401A | Prepare for a quality audit |
| BSBAUD402A | Participate in a quality audit |
| BSBFLM512A | Ensure team effectiveness |

***Administration***

| | |
|---|---|
| BSBMED401A | Manage patient record-keeping system |
| HLTCOM405B | Administer a practice |
| HLTCOM407A | Provide reception services for a practice |
| HLTCOM503B | Manage a practice |
| BSBCMN305A | Organise workplace information |

(HLT07 Health Training Package 2007)

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