

Allied Health Assistant Framework

Document Number GL2013_005

Publication date 05-Aug-2013

Functional Sub group Personnel/Workforce - Workforce planning
Personnel/Workforce - Recruitment and selection

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

Author Branch Workforce Planning and Development

Branch contact Danijela Radovanovic 9391 9983

Applies to Local Health Districts, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Community Health Centres, NSW Ambulance Service, Public Hospitals

Audience AH Professionals, AH Managers, AH Directors, Workforce Planners, Healthcare Assistant Coordinators

Distributed to Public Health System, Health Associations Unions, NSW Ambulance Service, Ministry of Health, Private Hospitals and Day Procedure Centres, Tertiary Education Institutes

Review date 05-Aug-2018

Policy Manual Not applicable

File No. H13/70513

Status Active

ALLIED HEALTH ASSISTANT FRAMEWORK

PURPOSE

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

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

KEY PRINCIPLES

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

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

The eight components are as follows:

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

USE OF THE GUIDELINE

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

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

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

REVISION HISTORY

Version	Approved by	Amendment notes
July 2013 GL2013_005	Deputy Director General, Governance Workforce and Corporate	New Guideline.

ATTACHMENTS

1. Allied Health Assistant Framework.

Allied Health Assistant Framework



NSW MINISTRY OF HEALTH

73 Miller Street

NORTH SYDNEY NSW 2060

Tel. (02) 9391 9000

Fax. (02) 9391 9101

TTY. (02) 9391 9900

www.health.nsw.gov.au

This work is copyright. It may be reproduced in whole or in part for study or training purposes subject to the inclusion of an acknowledgement of the source.

It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the NSW Ministry of Health.

© NSW Ministry of Health 2013

GL2013_005 – August 2013

SHPN (WPD) 130163

ISBN 978-1-74187-879-0

Further copies of this document can be downloaded from the
NSW Health website www.health.nsw.gov.au

Contents

Abbreviations	3
Executive Summary	4
Introduction	5
How to use this Framework.....	10
The Eight Components of Employing AHAs.....	12
Component 1 – Scope of Practice	14
Component 2 – Skills and Competencies.....	22
Component 3 – Position Description	27
Component 4 – Education Pathway.....	28
Component 5 – Clinical Supervision Guidelines.....	29
Component 6 – Delegation Guidelines	34
Component 7 – Integrating AHAs into AH teams.....	38
Component 8 – Professional Development	39
Appendix A – Position Description Template	40
Bibliography.....	42
References.....	44

List of Tables and Figures

List of Tables

Table 1:	Task/Activity List for AHA Scope of Practice.....	18
Table 2:	List of relevant qualifications for AHAs by therapy group.....	23
Table 3:	Certificate IV in Allied Health Assistance – Course Details.....	24

List of Figures

Figure 1:	Steps to consider when establishing a new AHA position.....	10
Figure 2:	Questions to ask for existing AHA positions	11
Figure 3:	Diagrammatic Structure of Certificate IV in Allied Health Assistance	24
Figure 4:	Delegation Flow Chart.....	36

Abbreviations

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

Executive Summary

The health workforce is experiencing increasing pressures to deliver health services to an evolving population.¹ Increased use of an assistant level workforce with new models of care is one strategy to respond to this challenge; this includes developing the Allied Health Assistant (AHA) workforce.

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

This Framework will:

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

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

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

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

These eight components are:

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

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

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

¹ *Health Professionals Workforce Plan 2012-2022*, NSW Ministry of Health <http://www0.health.nsw.gov.au/pubs/2012/pdf/hprofworkforceplan201222.pdf>

Introduction

Context

The allied health workforce is an essential component of the health workforce, and the demand for allied health services will further increase with the ageing of the population, the growing burden of chronic disease and an increasing emphasis on the delivery of multidisciplinary care.² One strategy in response to this challenge is to develop new models of care which include increased use of an assistant level workforce with well defined roles.

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

- In the Final Report of the *Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals (2008)* Commissioner Garling recommended that the NSW Health workforce be realigned so that patient centred care is provided by a multidisciplinary team and components of that care are performed by a team member utilising the best mix of skills, qualifications and experience to deliver quality healthcare. Enabling the assistant workforce to expand their roles and take on new tasks will allow health professionals to focus on more complex service delivery tasks and develop extended scope of practice roles to further support health care demands.
- *Health Professionals Workforce Plan 2012 – 2022* provides a high level overview of the strategies that need to be implemented to ensure that NSW can train, recruit and retain doctors, nurses, midwives, oral health practitioners and allied health professionals in order to continue to provide a quality health service to the people of NSW. Strategy 7.8 is to “grow the Allied Health workforce in line with forecast health service demand and delivery requirements”, within this is the development of an evidence based Allied Health Care Assistant Framework.

Role of Allied Health Assistants in Australia and Overseas

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

- Western Australia Health has published a variety of useful resources for employing and managing AHAs. These are available at www.wacountry.health.wa.gov.au/index.php?id=637
- The Department of Health in Victoria developed an approach to implementing an assistant workforce that was largely focused on the trialling and implementation of AHA roles. This resulted in the publication of a variety of resources, available at: www.health.vic.gov.au/workforce/reform/assistant.htm
- Queensland Health has worked to increase the number of trained AHAs in the workforce and has published an evaluation report, available at: <http://www.health.qld.gov.au/clinedq/Documents/ClinEdQahaer.pdf>

² *Health Professionals Workforce Plan 2012-2022*, NSW Ministry of Health <http://www0.health.nsw.gov.au/pubs/2012/pdf/hprofworkforceplan201222.pdf>

- The South Australian Government has developed an informative website on the role of AHAs and the future direction of AHAs in SA, available at:
<http://www.aha-sa.asn.au/topic.aspx?section=1>

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

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

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

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

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

Benefits of working with AHAs

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

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

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

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

⁶ Evaluation – Rural Allied Health Assistant (RAHA) Project – Interim Reports 1 (Dec 2010) & 2 (Nov 2011), Rural Division, Health Education & Training Institute

Barriers to introduction of AHAs

There are some barriers to introducing AHAs in healthcare settings. These include ongoing uncertainty regarding the scope of AHA roles and responsibilities, protectionism of AHPs and feelings of inadequacy by AHAs themselves.⁷ Clear role delineation should therefore address the issue of professional status and security, which can lead to adequate and appropriate utilisation of AHA services, and ultimately safe and high quality healthcare.

How this Framework was developed

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

The Framework development was based on:

1. A literature search which included:

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

2. A state-wide AHA survey

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

3. Consultation Forums

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

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

Purpose of the Framework

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

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

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

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

Scope of the Framework

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

This Framework can be utilised:

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

Who are AHAs and what do they do?

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

An AHA has been defined as:

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

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

AHP disciplines that currently utilise AHAs in NSW Health are:

- Physiotherapists
- Occupational Therapists
- Diversional Therapists

⁸ Allied Health Professionals Australia

⁹ Community Services and Health Industry Skills Council – HLT42512 Certificate IV in Allied Health Assistance

- Dieticians
- Radiographers
- Pharmacists
- Speech Pathologists
- Orthotists
- Prosthetists
- Podiatrists
- Audiologists
- Child Life Therapists

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

How to use this Framework

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

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

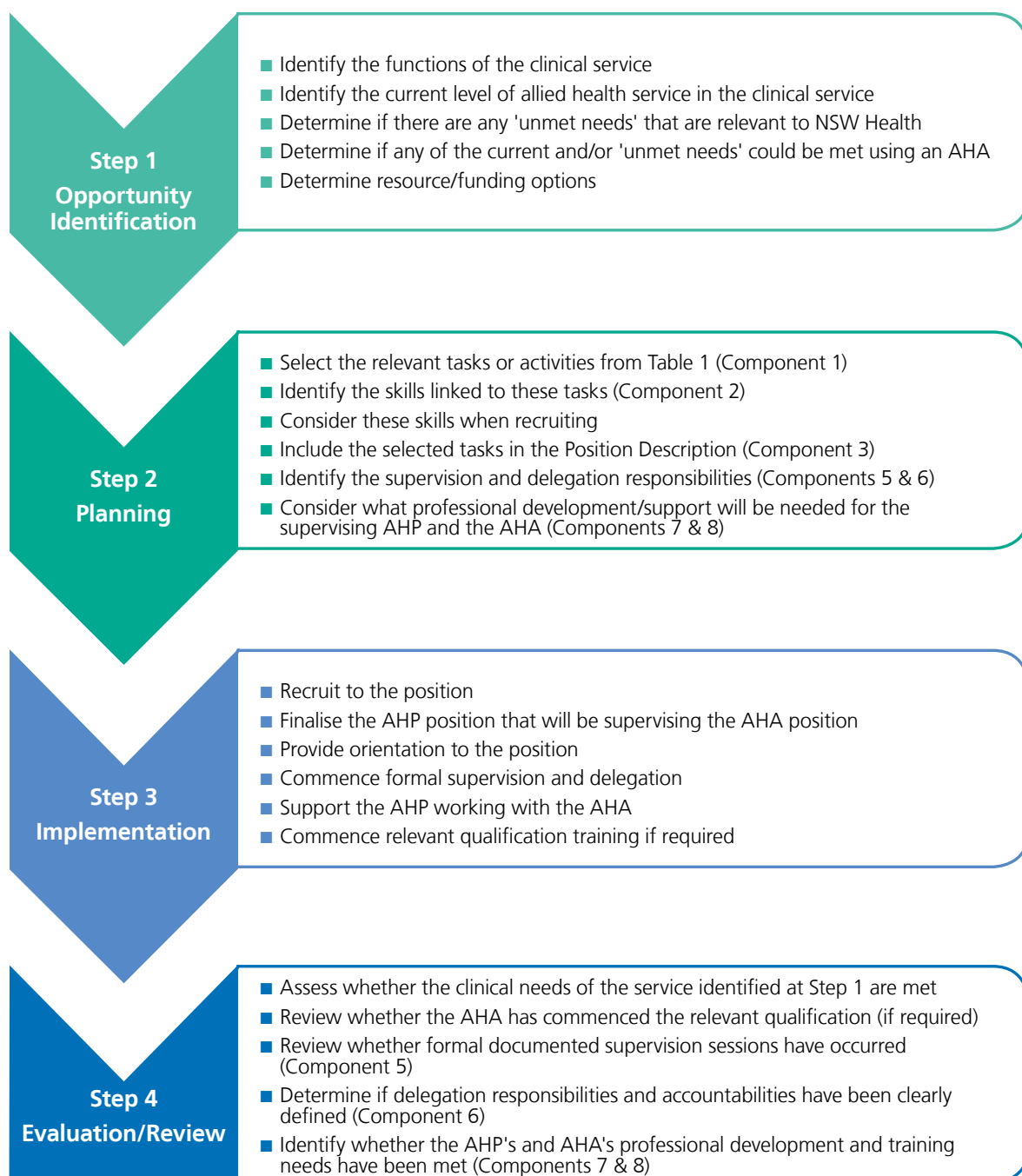
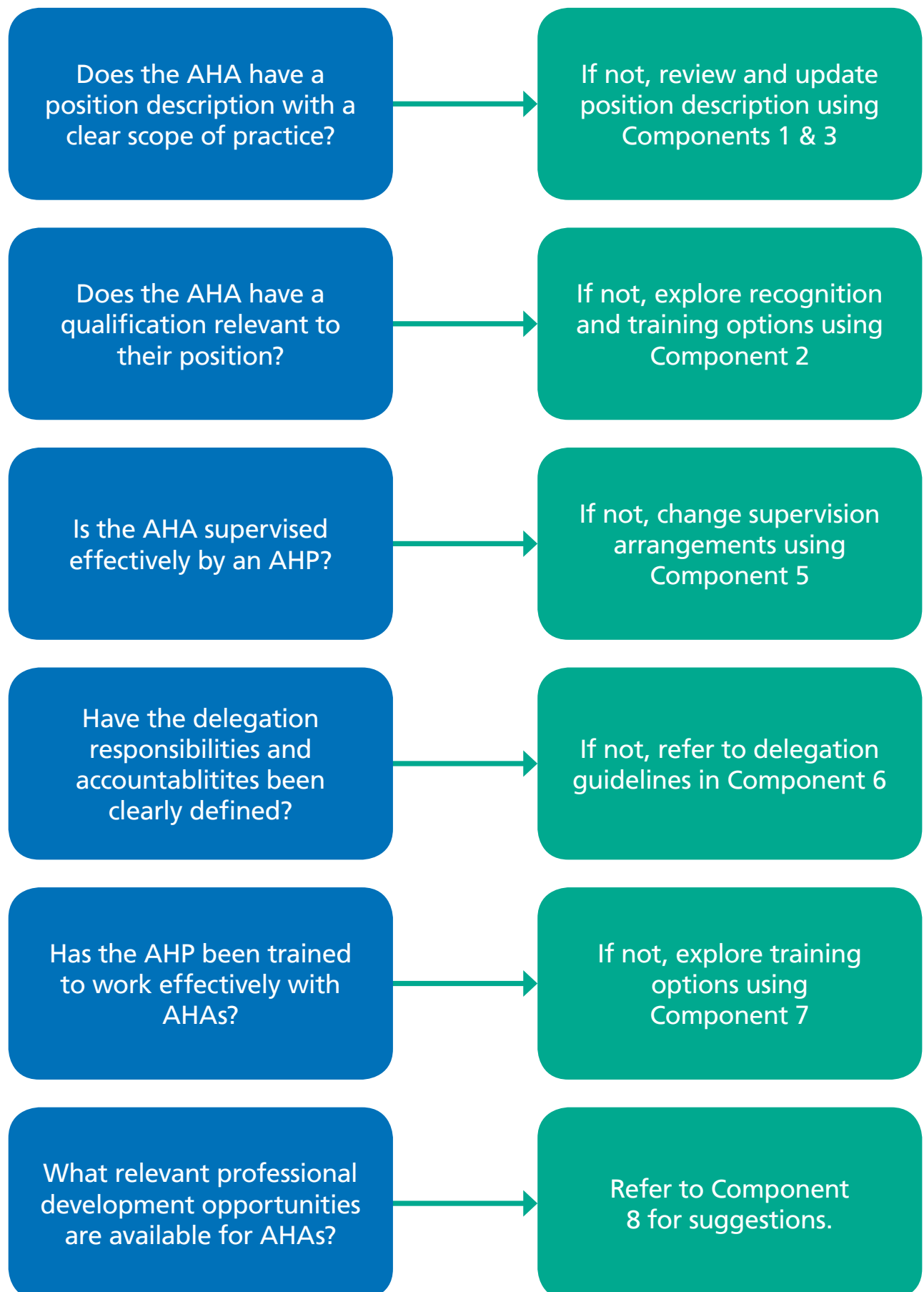


Figure 2 – Questions to ask for existing AHA positions



The Eight Components of Employing AHAs

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

Component 1 – Scope of Practice

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

Component 2 – Skills and Competencies

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

Component 3 – Position Description

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

Component 4 – Education Pathway

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

Component 5 – Clinical Supervision Guidelines

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

Component 6 – Delegation Guidelines

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

Component 7 – Integrating AHAs into AH teams

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

Component 8 – Professional Development

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

Scope of Practice

Guidelines

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

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

Scope of practice of a profession

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

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

Scope of practice of an individual

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

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

This section describes the scope of practice for the AH groups broadly as determined by the AHP groups and the relevant qualifications.

Scope of practice of an Allied Health Assistant

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

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

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

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

These include:

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

Who assesses competency?

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

¹⁰Guidelines for AHA Scope of practice, Delegation and Supervision; Western NSW LHD

Responsibility for the assessment of competency for the purpose of issuing a qualification rests with the Registered Training Organisation (RTO). The RTO will work with the AHP in determining competence in the workplace.

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

Determining scope of practice

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

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

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

Adding tasks to scope of practice

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

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

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

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

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

How to use Table 1

Table 1 provides examples of tasks that can be included in the scope of practice for AHAs. This task list was extracted from the units of competency from the Certificate IV in Allied Health Assistance. Tasks are listed against both clinical setting and professional groups. The codes in the last column can be used to locate the relevant units of competency within the Certificate III and IV in Allied Health Assistance found in Table 3 (See pages 24-25).

Matching the units of competency within Table 3 from a task in Table 1 gives an indication of the type of education and training required to perform a particular task and therefore may assist with both recruitment and position descriptions, for both single discipline and cross-disciplinary AHAs.

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

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

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

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

The tasks listed in this table will need to be reviewed and expanded to reflect workplace changes and the clinical needs of the service.

Table 1 – Task/Activity List for AHA Scope of Practice

Task/Activity	Code
Delegated Patient Care – general options for AHAs	
Prepare patients/clients for treatment.	L2
Assist in patient/client treatment, therapeutic activities, retraining programs according to the specific care plan that has been prescribed by an AHP, being aware of background diagnosis and precautions.	L2 B
Assist with routine evaluations by AHP, collect observational data as required, and report any changes in patient/client behaviour or performance.	B
Supervise activities and exercises of patients/clients individually or in groups under direction of the AHP.	L2 B
Check posture and positioning and report on performance, problems or need for change.	B1
Provide assistance in therapy where two or more people are required for safety; assist with patient/client positioning/manual handling.	L2 B2 B3
Report any change in behaviour or performance of patients/clients.	L2 B2 B3
Assist with the organisation of groups, prepare and conduct or co-facilitate group activities.	D3
Act as escort to patients/clients requiring supervision/assistance in the healthcare facility environment or on home visits, (for Mental Health facilities and settings please refer to local policies in relation to the escorting of patients).	L2
Document in patient/client medical record as appropriate to role.	Many
Clinical Support – general options for AHAs	
Assist with patient/client intake – collect referrals, enter data.	L2
Prepare treatment space/room for next patient/client.	L2
Prepare or make aids/devices for therapy under the supervision of the AHP.	L2
Update/maintain resources.	L2
Participate in quality activities, assist with the compilation and/or evaluation of data on projects, satisfaction surveys etc.	L6
Maintain learning, for example, participation in departmental and LHD education, orientation and mandatory training programs.	L6
Assist with cleaning of therapy aids and equipment; ensure all equipment is safe and functional.	Many
Assist with administration of equipment loan pool and other services as deemed necessary by the AH manager.	D4
Deliver equipment and adjust in home according to specifications from AHP.	D4
Assist in development of patient/client handouts/developing resources for community education.	D3
Participate in supervision processes.	Many
Administrative Support – general options for AHAs	
Book appointments.	L2
Collect data for monitoring quality improvement or statistical purposes.	L2
Assist with ordering and/or purchasing of supplies and materials including stationary, stock and non-stock items.	L2
Administrative duties – word processing, telephone duties, photocopying, monitor resource usage, laminating, scheduling and rescheduling appointments.	L2
Assist in the sourcing and ordering of equipment and resources as delegated by the AHP.	D4
Participate in LHD performance management processes, for example, performance appraisal.	L6

Task/Activity	Code
Occupational Therapy options – Acute and Community (in addition to tasks included in general options for AHAs)	
Assist with Occupational Therapy program as directed by the supervising Occupational Therapist.	L2
Implement self care retraining programs as prescribed by the supervising Occupational Therapist.	D2 B2 D1
Order/provide and demonstrate basic equipment .	D4
Joint home visits for patients/clients where assistance of a second staff member is required.	B2 A4
Follow through positioning and/or splinting regimes as prescribed by the supervising Occupational Therapist.	B2
Energy conservation/falls prevention/hip precautions/personal alarms advice as per Occupational Therapist's recommendations.	B2 D3
Continue therapy programs as per Occupational Therapist's recommendations.	B2 D1
Assist in joint treatment sessions where a second staff member is required.	B2
Complete home modification/Quick Cad drawings as per Occupational Therapist's specifications.	B2
Conduct patient/client activity groups under direction of the Occupational Therapist.	D3
Physiotherapy options – Acute (in addition to tasks included in general options for AHAs)	
Assist with Physiotherapy program as directed by the supervising Physiotherapist.	L2
Apply splints and braces under direction of the supervising Physiotherapist.	D4
Apply and remove casts under direction of the supervising Physiotherapist.	A1
Nutrition and Dietetics options – Acute, Sub-acute and Community (in addition to tasks included in general options for AHAs)	
Assist with Dietetic program as directed by the supervising clinical Dietician.	L2
Participate in risk screening including malnutrition screening and other relevant screening programs.	G1
Identify and report factors that place patients at nutritional and hydration risk.	G1
Facilitate access to food and fluids.	G1
Apply clinical nutrition/therapeutic diet protocols as delegated.	G1
Assist the clinical Dietician with implementation and monitoring of prescribed nutrition care plans, including discharge planning.	G1
Facilitate and monitor orders to patient food services, as required by the local facility system and protocols.	J2
Manage and coordinate the provision of enteral feeds, commercial oral supplements and infant feeding formulas.	A3 J3
Assist with nutritional support for patients with dysphagia.	A3 J3
Communicate with all necessary other health service personnel regarding patient therapeutic diet requirements.	G1
Support the provision of basic nutrition advice/education.	G3

Task/Activity	Code
Speech Pathology options – Acute (in addition to tasks included in general options for AHAs)	
Assist with Speech Pathology program as directed by the supervising Speech Pathologist.	L2
Make AAC (Augmentative/Alternative Communication) equipment as delegated by the supervising Speech Pathologist.	E3
Assist in provision of modified diet items for patients following discharge under the direction of the supervising Speech Pathologist.	E2
Organise equipment and/or food items required for swallowing assessments.	E2 D4
Observe/supervise meals under the direction of the supervising Speech Pathologist.	E2
Assist with prescribed components of care as directed by the supervising Speech Pathologist, for example, oromotor exercises.	E1
Assist in formulation/compilation of resources and/or therapy activities.	E1
Physiotherapy options – Community (in addition to tasks included in general options for AHAs)	
Assist with Physiotherapy program as directed by the supervising Physiotherapist.	L2
Apply and remove casts under direction of the supervising Physiotherapist.	A1
Apply and review use of equipment under direction of the supervising Physiotherapist.	D4
Prepare for hydrotherapy program.	A2
Guide the clients/patients to complete the hydrotherapy program according to prescribed treatment plan.	A2
Assist client/patient after hydrotherapy session.	A2
General monitoring and day to day maintenance of the hydrotherapy pool.	L2
Speech Pathology options – Community (in addition to tasks included in general options for AHAs)	
Assist with Speech Pathology program as directed by the supervising Speech Pathologist.	L2
Make AAC equipment as delegated by supervising Speech Pathologist.	E3
Assist with group service provision as directed by supervising Speech Pathologist.	D3
Prepare materials for home programs as directed by supervising Speech Pathologist.	E1
Assist in formulation/compilation of resources and/or therapy activities.	E1
Assist with oral hygiene procedures as directed by supervising Speech Pathologist.	E1
Occupational Therapy options – Sub-acute (in addition to tasks included in general options for AHAs)	
Assist with Occupational Therapy program as directed by the supervising Occupational Therapist.	L2
Implement self care retraining programs as prescribed by the supervising Occupational Therapist.	D2 B2 D1
Sew and fabricate soft splints.	D4
Order/provide and demonstrate basic equipment.	D4
Joint home visits where assistance of a second staff member is required.	B2
Ensure positioning and/or splinting regimes are adhered to.	B2
Energy conservation/falls prevention/hip precautions/personal alarms advice as per Occupational Therapist's recommendations.	B2 D3
Assist with Occupational Therapy assessment (upper limb, hand, and transfer assessments).	D2 B2 D1

Task/Activity	Code
Physiotherapy options – Sub-acute (in addition to tasks included in general options for AHAs)	
Assist with Physiotherapy program as directed by the supervising Physiotherapist.	L2
Assist with serial casting.	A1
Undertake exercise programs with patients/clients as directed by supervising Physiotherapist.	B
Patient mobilisation as directed by supervising Physiotherapist.	B
Prepare for hydrotherapy program.	A2
Guide the clients to complete the hydrotherapy program according to prescribed treatment plan.	A2
Assist client after hydrotherapy session.	A2
Speech Pathology options – Sub-acute (in addition to tasks included in general options for AHAs)	
Assist with Speech Pathology program as directed by the supervising Speech Pathologist.	L2
Make AAC equipment as delegated by Speech Pathologist.	E3
Assist in provision of modified diet items for patients/clients following discharge under the direction of the supervising Speech Pathologist.	E2
Observe/supervise meals under the direction of the supervising Speech Pathologist.	E2
Assist with prescribed components of care as directed by the supervising Speech Pathologist, for example, oromotor exercises.	E1
Assist with oral hygiene procedures as directed by supervising Speech Pathologist.	E1
Assist in formulation/compilation of resources and/or therapy activities.	E1
Podiatry options (in addition to tasks included in general options for AHAs)	
Assist with Podiatry program as directed by the supervising Podiatrist.	L2
Prepare for and perform basic foot hygiene (excluding scalpel work).	C1
Apply padding and cushioning as prescribed by the supervising Podiatrist.	C1
Prepare for surgical podiatry procedures.	C2
Assist with surgical podiatry procedures.	C2
Assist with templating for manufacture of orthotic devices.	C2
Assist with modification to orthoses and footwear.	C2
Assist with support and advice to clients in the selection of footwear.	C2
Clean and store equipment.	C2
Prepare for the delivery of podiatry exercise program or assessment procedures.	C3
Deliver podiatry exercise or rehabilitation program.	C3
Assist with podiatry assessments.	C3
Note: This table was adapted from Western NSW LHD guidelines	

Skills and Competencies

Guidelines

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

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

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

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

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

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

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

Table 2 lists the relevant qualification for each therapy group and role.

Table 2 – List of relevant qualifications for AHAs by therapy group

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

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

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

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

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

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

The codes, title and descriptions of this qualification may change as reviews occur. The most recent version of this qualification and units of competency can be found at www.training.gov.au.

Figure 3 – Diagrammatic Structure of Certificate IV in Allied Health Assistance¹¹

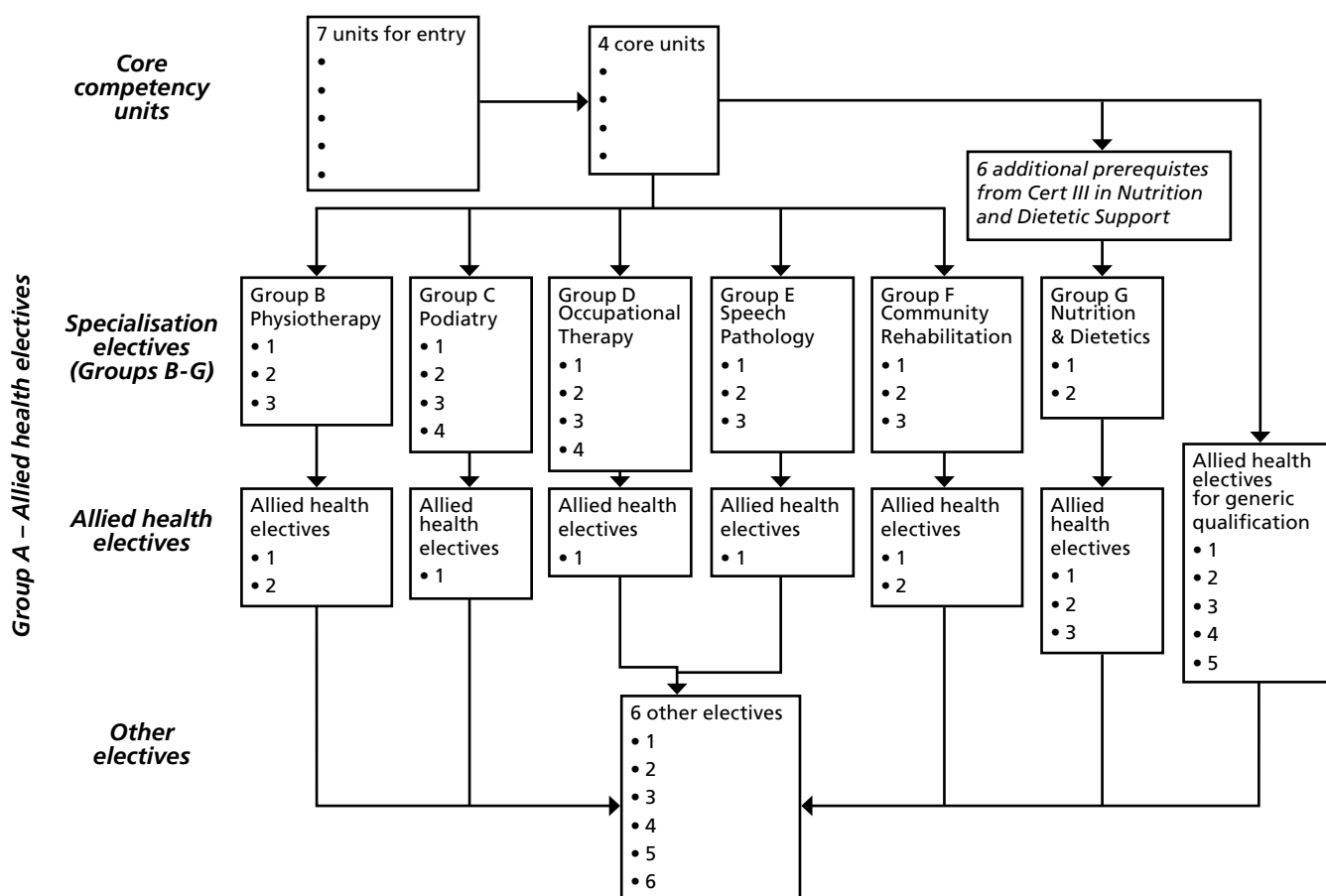


Table 3 – Certificate IV in Allied Health Assistance – Course Details

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

Seven prerequisites from the Cert III in AHA

Code	Course Reference	Course Title
L1	BSBMED301B	Interpret and apply medical terminology appropriately
L2	HLTAH301C	Assist with an allied health program
L3	HLTAP301B	Recognise healthy body systems in a health care context
L4	HLTCS201D	Maintain high standard of client service
L5	HLTCS205D	Assist with client movement
L6	HLTHIR301C	Communicate and work effectively in health
L7	HLTIN301C	Comply with infection control policies and procedures

Four compulsory units

Code	Course Reference	Course Title
1	HLTHIR402D	Contribute to organisational effectiveness in the health industry
2	HLTHIR506C	Implement and monitor compliance with legal and ethical requirements
3	HLTIN403C	Implement and monitor infection control policy and procedures
4	HLTWHS300A	Contribute to WHS processes

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

Allied Health electives

Code	Course Reference	Course Title
A1	HLTAH302D	Assist with the application and removal of a plaster cast
A2	HLTAH413C	Deliver and monitor a hydrotherapy program
A3	HLTAH416B	Support special diet requirements
A4	HLTRAH302C	Undertake home visits

Physiotherapy electives

Code	Course Reference	Course Title
B1	HLTAH401C	Deliver and monitor a client-specific exercise program
B2	HLTAH402C	Assist with physiotherapy treatments and interventions
B3	HLTAH403C	Deliver and monitor exercise program for mobility

Podiatry electives

Code	Course Reference	Course Title
C1	HLTAH404C	Assist with basic foot hygiene
C2	HLTAH405C	Assist with podiatric procedures
C3	HLTAH406C	Assist with podiatry assessment and exercise
C4	HLTIN302C	Process reusable instruments and equipment in health work

Occupational Therapy electives

Code	Course Reference	Course Title
D1	HLTAH407C	Assist with the rehabilitation of clients
D2	HLTAH408C	Assist with the development and maintenance of client functional status
D3	HLTAH409C	Conduct group sessions for individual client outcomes
D4	HLTAH414C	Support the fitting of assistive devices

Speech Pathology Electives

Code	Course Reference	Course Title
E1	HLTAH410C	Support the development of speech and communication skills
E2	HLTAH411C	Provide support in dysphagia management
E3	HLTAH412C	Assist and support the use of augmentative and alternative communication systems

Community Rehabilitation electives

Code	Course Reference	Course Title
F1	HLTCR401C	Work effectively in community rehabilitation
F2	HLTCR402C	Support client daily living requirements in a community rehabilitation context
F3	HLTCR403B	Support community access and participation

Dietetic electives

Code	Course Reference	Course Title
G1	HLTAH415C	Assist with the screening of dietary requirements and special diets
G2	HLTAH409C	Conduct group sessions for individual client outcomes
G3	HLTAH420C	Support the provision of basic nutrition advice/education

Dietetic prerequisites

Code	Course Reference	Course Title
J1	HLTNA301D	Provide assistance to nutrition and dietetic services
J2	HLTNA302D	Plan and evaluate meals and menus to meet recommended dietary guidelines
J3	HLTNA303D	Plan and modify meals and menus according to nutrition care plans
J4	HLTNA304D	Plan meals and menus to meet cultural and religious needs
J5	HLTNA305D	Support food services in menu and meal order processing
J6	HLTFS207C	Follow basic food safety practices

Equivalent qualifications

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

Equivalent qualifications can include:

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

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

Other qualifications

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

Examples of other qualifications that can be partially relevant include:

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

Qualification pathways

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

Position Description

Guidelines

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

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

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

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

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

A comprehensive position description will include:

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

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

Education Pathway

Guidelines

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

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

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

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

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

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

Stage 2 – Certificate IV in Allied Health Assistance

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

Clinical Supervision Guidelines

Guidelines

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

What is clinical supervision?

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

The purpose of clinical supervision is to ensure:

- Delivery of high quality patient care and treatment through accountable decision making and clinical practice;
- Facilitation of learning and professional development;
- Promotion of staff wellbeing by provision of support.

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

Supervision facilitates:

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

Part One of The Superguide: A handbook for supervising allied health professionals; Health Education and Training Institute (April 2012) (HETI Superguide) provides further information and is available at <http://www.heti.nsw.gov.au/Global/HETI-Resources/allied-health/Superguide-May-2012.pdf>

Clinical supervision of an AHA

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

The type of supervision required for an AHA will be dependent on a number of factors including:

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

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

Modes of clinical supervision applicable to AHAs include:

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

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

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

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

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

Remote supervision may occur in three different situations.

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

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

¹¹ *Guidelines for AHA Scope of Practice, Delegation and Supervision*; Western NSW LHD

¹² *Work effectively with Allied Health Assistants – A manual for Supervisors and Managers* – (2009) Royal Rehabilitation Centre

¹³ *Guidelines for AHA Scope of Practice, Delegation and Supervision*; Western NSW LHD

In all remote clinical supervision scenarios, when the AHA is completing tasks delegated by the supervising AHP, the supervising AHP retains accountability. When the task is modified by the designated on-site person, then the accountability for this task changes to the on-site person.

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

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

Technology based structures such as:

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

Staff based structures:

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

Structures of supervision

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

Designated Clinical Supervisor Position

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

¹⁴ Guidelines for AHA Scope of practice, Delegation and Supervision; Western NSW LHD

At times assistants will need specific clinical input from a range of AHPs, however this input needs to be coordinated by the designated supervisor. The designated supervisor position is most appropriate to be an AHP from the discipline where the assistant spends the majority of their time.

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

Roles and responsibilities for supervision

Allied Health Professional responsibilities:

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

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

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

Allied Health Assistant responsibilities:¹⁵

AHAs have the following responsibilities:

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

Line Manager Responsibilities:

Line managers have the following responsibilities:

- Supporting the participation of the AHA in supervision processes.

Supervision contracts

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

¹⁵ *Guidelines for AHA Scope of practice, Delegation and Supervision*; Western NSW LHD

Items that may be covered in the supervision contract include:

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

The HETI Superguide provides an example of a supervision contract.

Documentation of supervision

Supervision sessions should be documented to provide a record of the discussions that have occurred, and the actions that both the supervisor and supervisee will be undertaking. Supervision records are legal documents and in the context of misconduct or legal proceedings may be used as evidence in a court of law.¹⁶ The HETI Superguide provides examples of a supervision session record form and log sheet.

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

Delegation Guidelines

Guidelines

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

Delegation of clinical tasks

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

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

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

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

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

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

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

Principles of delegation

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

- That delegating the activity is in the best interests of the patient/client;
- That, when delegating to an AHA, only activities within the scope of practice of both the AHA and AHP are delegated;

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

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

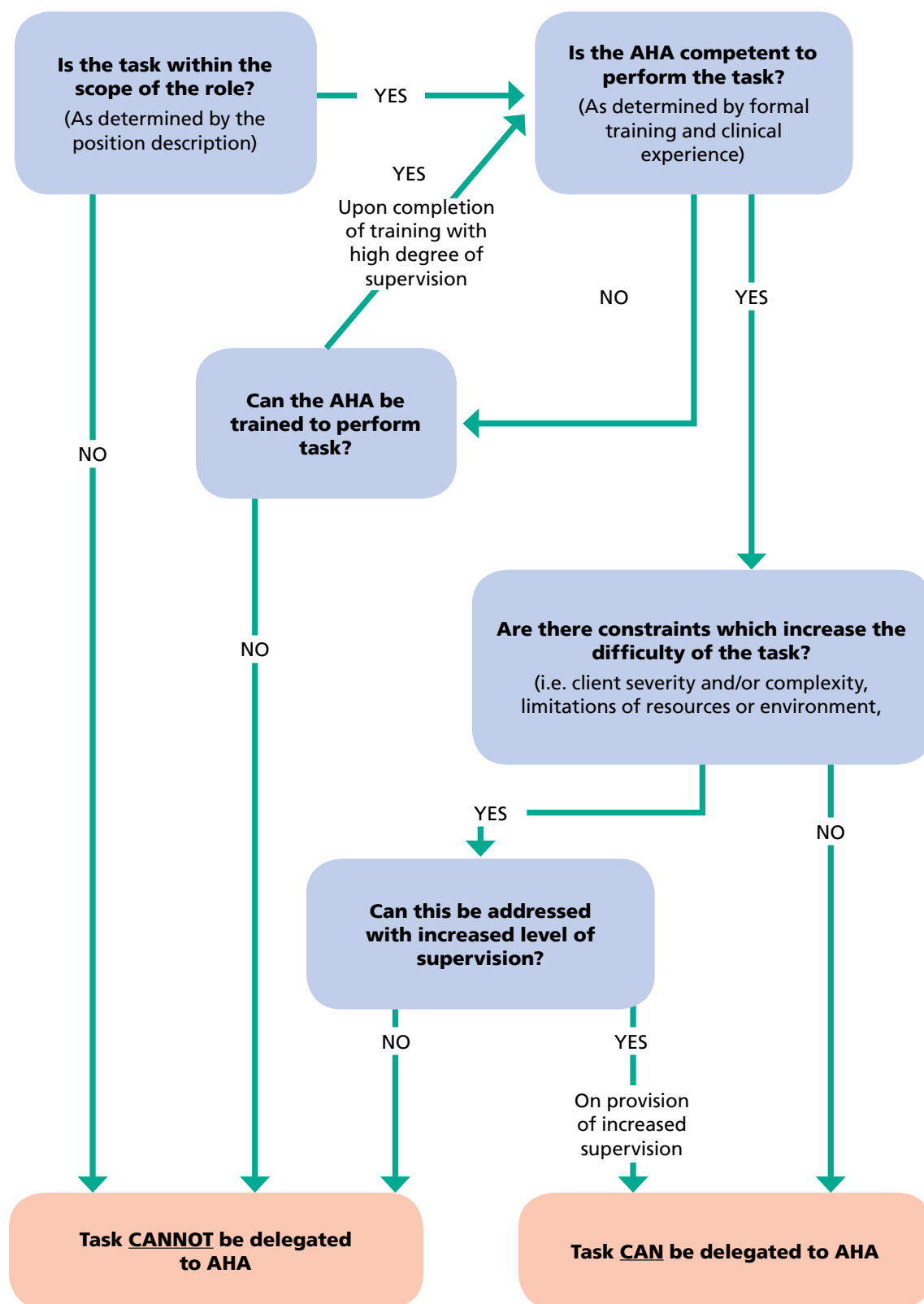
- Whether the task falls within the domains of the role which is ultimately determined by the position or job description of the AHA.
- The nature of the task itself.
- The constraints of the setting or environment in which the task will take place.
- The severity and complexity of the client's condition,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

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

¹⁷ *Work effectively with Allied health Assistants – A manual for Supervisors and Managers – (2009) Royal Rehabilitation Centre*

¹⁸ *Guidelines for AHA Scope of practice, Delegation and Supervision; Western NSW LHD*

Figure 4 – Delegation Flow Chart



The importance of documentation when AHPs are delegating to an AHA

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

Written instructions need to include:

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

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

Examples include:

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

or

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

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

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

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

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

Allocated tasks vs. Delegated tasks

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

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

Integrating AHA into AH teams

Guidelines

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

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

Recommendations for professional development for AHPs

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

The aspects that have been identified in the literature include:

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

Other aspects that are important to include are:

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

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

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

The following options may be relevant for this training:

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

Professional Development

Guidelines

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

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

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

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

Less formal professional development examples include:

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

The Learning Guide: a handbook for allied health professionals facilitating learning in the workplace (April 2012) Health Education & Training Institute provides other options in this area. The guide can be found at: www.heti.nsw.gov.au/Global/HETI-Resources/allied-health/allied-health-learning-guide.pdf

Position Description Template

POSITION DETAILS			
Position Title	Allied Health Assistant		
Award		Classification	Technical Assistant Grade 1
Responsible to for professional supervision	(Insert title of Health Professional)		
Supervision method	(Insert relevant supervision method for this position)		
Responsible to for line management	(Insert title of Health Professional)		
Responsible for (staff)	This position has no staff directly reporting to it.		
PRIMARY PURPOSE OF THE POSITION			
Provide assistance and support to the (insert discipline) team in the delivery of allied health services to patients/clients of the (insert ward/unit/facility), under the supervision of an allied health professional.			
KEY ACCOUNTABILITIES			
<ul style="list-style-type: none"> Provide direct client related activities under the supervision of the delegating Allied Health Professional and in accordance with NSW Health and LHD policies and procedures, to achieve patient/client outcomes. Please see attached (insert specific discipline(s) and setting) delegated patient care task list(s) Provide clinical support tasks under the supervision of the delegating Allied Health Professional. Please see attached (insert specific discipline(s) and setting) clinical support task list(s) Undertake clinical administration tasks under the supervision of the delegating Allied Health Professional. Please see attached (insert specific discipline(s) and setting) administrative support task list(s) Communicate effectively, with cultural sensitivity and confidentiality with clients. Effective reporting of patient related communication to the supervisor and other health care team members, e.g. patient status, session performance, progress and handover. Comply with LHD work health and safety policies and procedures including manual handling, infection control, emergency procedures, and the reporting of identified hazards. Act as an appropriate and effective role model and promote a culture and supporting practices that reflect the organisational values through demonstrated behaviours and interactions with patient/clients and employees. Maintain responsibility for personal and professional development by participating in supervision, training/education activities and performance reviews/appraisals in order to continuously improve the level of service provided to patients/clients. 			
KEY CHALLENGES/PROBLEM SOLVING			
<ul style="list-style-type: none"> A busy workload and competing demands requiring the ability to organise and prioritise workload and time. Diverse activities and key accountabilities requiring the ability to work as a member of a team across a number of allied health professionals. Working around people who may display aggressive, distressed or unpredictable behaviour. Maintaining professional boundaries when responding appropriately to client and family/carer expectations. 			

COMMUNICATION
<ul style="list-style-type: none"> ▪ Communication with supervising and delegating Allied Health Professional and other health care team members regarding patient/client function and status, program implementation, progress, evaluation and future direction. ▪ Communication with patients/clients, carers and relatives, external referring organisations, GPs and suppliers. ▪ Documentation of intervention in accordance with NSW Health and Local Health District policies and guidelines.
DECISION MAKING
<p>The Allied Health Assistant:</p> <ul style="list-style-type: none"> ▪ Does not make clinical assessment or clinical judgment in this role; however they will recognise a change in patient/client function and status and the possible impact on the planned program. ▪ Works under the supervision and direction of the Allied Health Professional and undertakes only those tasks directly allocated and only those tasks the Allied Health Professional determines they are competent to perform. ▪ Practices in accordance with the position description, scope of practice and supervisory contract. ▪ Recognises and takes action in regard to the health and safety of clients and other employees. <p>Staffing: Not applicable</p> <p>Budget: Not applicable</p> <p>Financial Delegation : Not applicable</p>
SELECTION CRITERIA
<ul style="list-style-type: none"> ▪ Certificate IV in Allied Health Assistance/relevant qualification (see framework) or willingness to undertake this training. ▪ Demonstrated effective interpersonal, written and verbal communication skills with the ability to communicate across all levels with internal and external stakeholders. ▪ Demonstrated ability to work as a member of a multidisciplinary team. ▪ Demonstrated ability to prioritise workload, meet deadlines and complete activities (including ability to work within scope of practice and seek assistance when required) as delegated by supervising Allied Health Professional. ▪ Demonstrated computer literacy skills and knowledge of Microsoft Office and email applications. ▪ Knowledge and understanding of Work Health and Safety legislation and principles. ▪ Current licence to drive in NSW. <i>(if applicable to the position)</i>
EMPLOYMENT SCREENING CHECKS:
<ul style="list-style-type: none"> <input type="checkbox"/> National Criminal Record Check <input type="checkbox"/> Working with Children Check <input type="checkbox"/> Immunisation

Bibliography

National Groups

Community Services and Health Industry Skills Council – HLT42512 Certificate IV in Allied Health Assistance

Consensus Statement of NSW Health Nutrition and Dietetics Advisors Group on the Roles and Tasks Undertaken by Dietitian Assistants; Dietitian Association of Australia May 2010

Guidelines for podiatrists working with podiatric assistants in podiatry practice. Australian Health Professional Registration Agency (AHPRA 2011) www.podiatryboard.gov.au/Policies-Codes-Guidelines.aspx

Guidelines for Registrants Supervising Speech Pathology Support Staff; Speech Pathologists Board of Queensland (2008)

National Allied Health Advisors Committee (NAHAC) position paper – Allied health Assistants - July 2010

Position Statement – Occupational Therapy Assistants, Occupational Therapy Australia Association.

Parameters of practice: guidelines for delegation, collaboration and teamwork in speech pathology practice; Speech Pathology Australia, 2007.

Guidelines for podiatrists working with podiatric assistants in podiatry practice; Podiatry Board of Australia 2010

Position statement: Working with a physiotherapy assistant or other support worker; Australian Physiotherapy Association (2008).

http://www.physiotherapy.asn.au/DocumentsFolder/Advocacy_Position_Physio_Assistant_2008.pdf

Scope of Practice – Support Staff in Nutrition & Dietetic Services, Dietitian Association of Australia, September 2007

SARRAH position paper Allied Health Assistants in Rural and Remote Australia December 2011

Jurisdictional Groups

Allied Health Assistants in SA website:

<http://www.aha-sa.asn.au/topic.aspx?section=1>

Delegation, Monitoring and Evaluation of Allied Health Assistants, Western Australian Country Health Service, 2009, Western Australia. www.wacountry.health.wa.gov.au/index.php?id=637

Discussion paper: Allied health assistants, Department of Health, Western Australia; www.ochpo.health.wa.gov.au/docs/Discussion_paper_allied_health_assistants.pdf

Preliminary Evaluation of the Clinical Education and Training for Allied Health Assistants in Queensland Health Project (July 2011) Queensland Health. www.health.qld.gov.au/clinedq/Documents/ClinEdQahaer.pdf

Occupational Therapists' Supervision of Support Staff – Position Statement and Guidelines (July 2011) Northern Territory Health Practitioner Registration Boards

Supervision and Delegation Framework for Allied Health Assistants; (January 2012) Victoria Department of Health
[http://docs.health.vic.gov.au/docs/doc/87B365A392B0332CCA25799E007F8ACE/\\$FILE/framework-for-web-060612.pdf](http://docs.health.vic.gov.au/docs/doc/87B365A392B0332CCA25799E007F8ACE/$FILE/framework-for-web-060612.pdf)

Allied health Assistant Project Report August 2009; Tasmania Health

Health Education & Training Institute Publications

Best Practice Governance Framework for Allied Health Education & Training: Guidelines to support the development of allied health capabilities in the delivery of person-centred care October 2012 First Edition

www.heti.nsw.gov.au/Global/HETI-Resources/allied-health/HETI-Allied-Health-Best-Practice-Governance-Framework.pdf

Evaluation – Rural Allied Health Assistant (RAHA) Project – Interim Reports 1 (Dec 2010) & 2 (Nov 2011), Rural Division, Health Education & Training Institute

The Learning Guide: a handbook for allied health professionals facilitating learning in the workplace (April 2012)
www.heti.nsw.gov.au/Global/HETI-Resources/allied-health/allied-health-learning-guide.pdf

The Superguide: A handbook for supervising allied health professionals; Health Education and Training Institute (April 2012) available at www.heti.nsw.gov.au/Global/HETI-Resources/allied-health/Superguide-May-2012.pdf

NSW State Awards

Health Employees' (State) award.

Health Employees' Technical (State) award

Local Health District AHA Reports

Allied Health Assistant Survey Report, Nepean Blue Mountains LHD

Allied Health Assistant Project: Interim Report; April 2012; Hunter New England LHD

Allied Health Assistant (AHA) Project Report; April 2012; South Eastern Sydney and Illawarra Shoalhaven LHD

Allied Health Guidelines: Clinical Governance for Allied Health Assistant Roles; August 2011; Murrumbidgee LHD

Guidelines for AHA Scope of practice, Delegation and Supervision; Western NSW LHD

Governance Arrangements for Allied Health Assistants; August 2011, Hunter New England LHD

Position Statement – Role of Allied health Assistants in NSW – final draft from AHA Coordinators group 28/2/12.

References

Chadwick, M., 2007, *The feasibility of the role of the allied health assistant in the rural health delivery model*, New Zealand Institute of Rural Health, Ministry of Health, New Zealand.

Health Professionals Workforce Plan 2012 – 2022, NSW Ministry of Health,
<http://www0.health.nsw.gov.au/pubs/2012/pdf/hprofworkforceplan201222.pdf>

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

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

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

Evaluation – Rural Allied Health Assistant (RAHA) Project – Interim Reports 1 (Dec 2010) & 2 (Nov 2011), Rural Division, Health Education & Training Institute

Egan, I: Chief Radiographer Northern Beaches Medical Imaging Departments Dates

Kilminster, SM & Jolly, BC, 2000, *Effective supervision in clinical practice settings: a literature review*, Medical Education, vol. 34

Guidelines for AHA Scope of practice, Delegation and Supervision; Western NSW LHD

Work effectively with Allied Health Assistants – A manual for Supervisors and Managers – (2009) Royal Rehabilitation Centre

Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals (2008) Commissioner Peter Garling SC

Health Care Records – Documentation and Management Policy Directive PD2012_069

