

# Training to support the supervision of Victorian allied health assistants

## Summary and key messages

### Background

In February 2012 the Victorian Department of Health (the department) released the *Supervision and delegation framework for allied health assistants*<sup>1</sup> (the framework). The framework seeks to actively improve the sector's understanding of the allied health assistant (AHA) role and will support the increased uptake and utilisation of the role across Victoria.

In April – June 2014 the department, in partnership with Wodonga Institute of TAFE<sup>2</sup>, developed and delivered 19 interactive workshops based on the framework. These workshops provided allied health professionals (AHPs) from across Victoria with a sound knowledge of the AHA role and practical clinical supervision and delegation skills. Contextualised workshops were also developed for Grade 3 AHAs.

The workshop series was well attended; with 77 AHAs and 219 AHPs from across Victoria participating in the training. Feedback indicated that the workshops equipped participants with practical skills in determining appropriate tasks for delegation, confidently delegating a specific task and effectively supervising the delegated task. It also formed an excellent platform for the facilitation of valuable conversations between practitioners from different health services, leading to the sharing of information and the cross-fertilisation of ideas.

### Training: key messages

A number of key themes emerged from the training which suggests that the development of a document outlining key messages would be useful. This document should be read in conjunction with the framework and underpin any future training to support the supervision of AHAs working in Victoria.

- The framework was developed through extensive consultation with Victorian allied health staff, unions, professional associations and training providers. It is underpinned by the *Victorian public health sector (health professionals, health and allied services, managers and administrative officers) enterprise agreement 2011-2015* and explicitly and implicitly outlines aspects of the AHA role, including scope of practice and education levels, throughout the document. Employers and employees are required to comply with those aspects of the framework that relate to the relevant Victorian public health sector enterprise agreement and all AHAs must operate within the requirements of that agreement.
- While some aspects of the framework act as a guide for supervisors, this information has been included based on a robust consultation process as best practice. Therefore, it is strongly recommended that the framework, in its entirety, is utilised by allied health staff.
- The framework clearly stipulates that AHAs must always work under the overarching auspice and clinical oversight of an AHP. AHPs have responsibility for all diagnoses and clinical decisions regarding patient care, including developing care plans. It is never appropriate to delegate these responsibilities. However, delivery of care plans may involve various members of the team.
- Within Victoria, the scope of an AHA role is defined by the current classification descriptors. Figure 3.1 (page 12) of the framework details the duties of Grade 1, 2 and 3 AHA roles, the level of supervision required and educational levels for each Grade. It illustrates the differences in roles and summarises the AHA career structure. AHAs support and assist the work of an AHP by undertaking a range of less

<sup>1</sup> Victorian Department of Health, 2012, Supervision and delegation framework for allied health assistants, available at: <http://docs.health.vic.gov.au/docs/doc/Supervision-and-delegation-framework-for-allied-health-assistants>

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complex tasks, (both clinical and non-clinical) enabling the AHP to focus on more complex clinical work (that cannot be undertaken by others) and provide care to a greater number of patients.

- While AHAs work within clearly defined parameters, the role is often very flexible, involving a mixture of direct patient care and indirect support as detailed in Table 3.1 of the framework. However, it is up to each organisation to determine the scope of AHA roles, based on local governance structures and types of services and programs delivered by the allied health team.
- The recruitment process is a key element in achieving an appropriate match between the competencies an AHA possesses and the requirements for the role. The position description provides a key governance structure, outlining the regular duties of the AHA and areas that will be delegated by an AHP.
- It is important for an AHP supervising an AHA to be aware of the training programs that AHAs are participating in, or the training they have received, so that the AHP can facilitate the use of their knowledge and skills in a clinical context to meet local need. In addition to formal training programs, AHAs may need worksite, role-specific training to be competent and confident in particular work tasks. This should be determined at a local level.

Further information about the department's other AHA related programs and resources is available on the department's health workforce website at: <http://www.health.vic.gov.au/workforce/reform/assistant.htm>