Advanced allied health assistants: an emerging workforce

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Abstract

Objective. Nationally and internationally there is work underway to continue to advance the scope of practice of allied health assistants (AHA). The advanced role requires additional training and competency development, as well as significant clinical experience. To build on the evidence relating to advanced scope AHAs, ACT Health undertook a project to explore the potential for the development of the local AHA workforce. This paper provides an overview of the project.

Methods. The potential for advanced AHAs in the Australian Capital Territory (ACT) was assessed using literature reviews, consultation with other services working with advanced AHAs and interviews with local allied health managers and assistants.

Results. A role for advanced AHAs within the ACT workforce was recommended, along with the need to further develop the AHA governance structure and AHA training packages and to undertake more research into the AHA workforce.

Conclusion. AHAs make a positive contribution to the delivery of effective, responsive, consumer-focused healthcare. The advanced AHA role provides further opportunities to enhance the flexibility of allied health services while also providing a career structure for this growing workforce.

Received 17 December 2014, accepted 18 April 2015, published online 9 June 2015

Introduction

The role of the allied health assistant (AHA) is well established within healthcare services both in Australia and internationally. There is descriptive evidence to show that AHAs make a valuable contribution to consumer care. This includes increasing consumer satisfaction, freeing up allied health professionals to undertake more complex care and contributing to improved clinical outcomes.¹ An increase in the use of the assistant workforce is just one component of the response to a shortage of health professionals, but one that is not yet being fully utilised.²³

As the assistant workforce grows, there is the opportunity to explore advanced practice roles. Advanced scope of practice refers to:

...a role that is within the currently recognised scope of practice for that profession, but that through custom and practice has been performed by other professions. The advanced role would require additional training, competency development, as well as significant clinical experience and formal peer recognition.⁴

Nationally and internationally, work is underway to continue to advance the scope of practice of AHAs. There has been qualitative evaluation of advanced roles that has concluded that advanced AHAs can contribute positively to healthcare services by decreasing waiting times, increasing throughput and providing more therapy time for individual consumers. Evaluation of client satisfaction identifies that the AHA input is a positive experience.⁵⁶ The drivers for advanced role development are a combination of local need, the skill of the post holder and the willingness of the supervising allied health professional to delegate.⁷

Local context: the Australian Capital Territory

The Australian Capital Territory (ACT) has a population of 386 000,⁸ with community and hospital-based services provided by ACT Health. Although a small jurisdiction, ACT Health has undertaken several projects⁹–¹¹ to evaluate the potential application of AHAs as a workforce solution to address problems such as recruitment and retention of health professionals, an aging population and changes in service delivery due to the increasing prevalence of chronic disease. This has included the development of the Certificate IV in Allied Health Assistance provided through the Canberra Institute of Technology and the up-skilling of assistants linked to specific professions through on-the-job training. As a result, this workforce is well embedded in the service delivery of several professions in the ACT, including...
physiotherapy, occupational therapy, podiatry, nutrition, speech pathology and exercise physiology. As part of the work being undertaken to explore evolving models of care, a project was undertaken in 2013 to explore the potential for an advanced AHA role.

Methods

ACT Health’s Advanced Allied Health Assistants: an Emerging Workforce project aimed to scope the role of the advanced AHA in its potential to contribute to the delivery of quality allied health service and to outline an education pathway that provides skills escalation and career development to a diploma or equivalent qualification. The literature review involved a systematic search of key databases using a comprehensive list of search terms (see Stanhope and Pearce7 for further details). The project officer (CP) also undertook an informal consultation via telephone and email with a selection of services in other states that are working with the advanced role, as identified by the National Allied Health Assistant Working Group, a subgroup of the National Allied Health Advisory Committee. All AHAs employed by ACT Health, Therapy ACT and Calvary Healthcare ACT in the professions of physiotherapy, occupational therapy, podiatry, nutrition, speech pathology and exercise physiology were invited to participate in focus groups. Eight focus groups were conducted with 36 of a possible 48 AHAs (75%) employed at the time of the project. Thirty-one of the local AHAs (65%) completed an on-line survey, developed by the project officer (CP), which included a mix of open and closed questions. A total of 22 face-to-face semistructured interviews was undertaken with the assistants’ managers. One manager provided information via email. This represents 100% of managers of the AHAs employed at the time of the project. All the information was then appraised in order to describe the advanced role and to identify the potential benefits of the role, along with the barriers to implementation.

Results

The advanced role

A review of the literature7 and the role descriptors of several advanced roles implemented in other Australian states highlighted that it is not simply the undertaking of specific tasks that necessarily makes a role advanced. Rather, it is a menu of skills and attributes developed through experience and training. An advanced assistant is able to work more autonomously, including communicating directly with a range of stakeholders, undertake some independent decision making and take on a leadership role while still working within the core scope of assisting or providing support to the work of a qualified allied health professional. Examples of tasks within these broad skill sets could include undertaking risk assessments, developing and leading therapeutic groups, making recommendations to other agencies regarding client care needs, supervising junior AHAs and undertaking clinical screens that have some element of clinical decision making involved.7 The AHAs surveyed for this project were asked what they considered to be advanced skills or roles. Their responses are summarised in Table 1.

The AHA managers identified similar tasks as being advanced scope for AHAs.

The AHAs and their managers were asked whether they thought any of the current ACT AHA roles could be classified as ‘advanced’. Several were identified that were either currently being used within an advanced scope or had the potential to be developed into an advanced role to better meet service need.

<table>
<thead>
<tr>
<th>Table 1. Australian Capital Territory allied health assistants’ perception of advanced skills and roles</th>
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<tbody>
<tr>
<td>AHA, allied health assistant</td>
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<tr>
<td>1. Treatment</td>
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<tr>
<td>• Running specific programs that involve an increased skill level (for the AHA), such as a joint-replacement program where they are required to measure joints</td>
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<tr>
<td>• progressing exercises with clients</td>
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<tr>
<td>• Developing a treatment program based on diagnosis or goals set by allied health professionals</td>
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<td>• Grading activities</td>
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<td>• Education to low-risk clients</td>
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<tr>
<td>• Undertaking clinical screens (depending on complexity)</td>
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<tr>
<td>• Taking on skills that require credentialing</td>
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<tr>
<td>• Leading on community access (e.g. for clients with low confidence)</td>
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<td>• Installing and/or prescribing equipment and/or aids</td>
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<tr>
<td>• Communicating independently with other services</td>
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<tr>
<td>• Setting goals within prescribed treatment programs</td>
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<tr>
<td>2. Group work</td>
</tr>
<tr>
<td>• Leading groups, specifically those with a therapeutic focus</td>
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<tr>
<td>• Designing groups</td>
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<tr>
<td>3. Management skills</td>
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<tr>
<td>• Team leadership or supervisory roles for other AHAs</td>
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<tr>
<td>• Supervision of AHA students, new graduates and allied health professional students</td>
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<tr>
<td>• Independent decision making</td>
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<tr>
<td>4. Quality improvement</td>
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<tr>
<td>• Gathering information for the department that has an element of decision making</td>
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<tr>
<td>• Recognising a need to improve the service processes and initiating a quality improvement project</td>
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<tr>
<td>5. Knowledge</td>
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<tr>
<td>• Broader knowledge of things outside ‘traditional’ areas</td>
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<tr>
<td>• Deeper understanding of normal development and impairment</td>
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<tr>
<td>• Specific knowledge on the disease processes affecting core client group</td>
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<tr>
<td>• Sound knowledge of other health professionals’ roles</td>
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<tr>
<td>• Knowledge of services outside of health</td>
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roles identified will need to undergo a formal work level assessment against the new AHA classification recently introduced within the ACT\(^\text{13}\), which was not within the scope of the project. The case study in Box 1 outlines a typical client seen by one AHA who may be undertaking an advanced role.

**Assistant career path**

One advantage of developing advanced or extended scope roles is that it provides clinical career progression.\(^\text{13}\) The feedback from the assistants surveyed for this report was that the motivation for them working in the role was primarily the therapeutic relationship they develop with consumers and the assistance they give clients to help them to achieve their health and social goals. The AHAs also value being part of a multidisciplinary team. Although they acknowledge that the administrative elements of their role are a vital part of client care, they see the opportunity to take on more complex and varied therapeutic tasks and to work more autonomously with clients as the path to achieve career progression as an assistant. A small proportion of assistants interviewed did want to use their experience to progress to allied health training. However, without a defined link between AHA qualifications and university entry to allied health professional courses, this is not currently a seamless pathway and therefore the development of advanced roles may provide an alternative healthcare career pathway.

**Qualifications**

For the safety of the worker and the consumer, the expansion of any healthcare worker’s role should be combined with the establishment of appropriate educational and training programs.\(^\text{13}\) The baseline qualification for AHAs entering the workforce in the ACT is the Certificate IV in Allied Health Assistance. Both the AHAs and the allied health managers interviewed for this project agreed that to develop advanced roles assistants may need access to formal education beyond the Certificate IV level. However, it is important to recognise that due to the diversity of assistant roles, on-the-job training and experience are both essential components of an assistant’s training and ongoing development. One possibility to formalise the development of skills to an advanced level may be a system of skill recognition, such as a logbook of competencies to link workplace training and experience with formal education.

Another potential option is the development of a diploma in allied health assistance. The Australian Qualifications Framework 2013\(^\text{13}\) describes the purpose of a diploma as qualifying individuals to undertake advanced skilled work by integrating technical and theoretical concepts. Graduates demonstrate a range of skills, including the ability to organise the work of self and others, and show initiative and judgement while still working within well-defined parameters. These descriptors sit well with the advanced AHA role.

Any new qualification would need to be developed in consultation with service providers to ensure the course content met local need and the model of delivery made the course accessible to the workforce. For example, a combination of on-line learning and work-based assessments with some face-to-face components may provide the right balance for the target group, who are likely to be already working in assistant positions. As with other professional groups, the acquisition of a higher qualification would not guarantee someone automatic access to a higher grade, but would open up opportunities for them to apply for advanced positions. Further work needs to be undertaken to explore the advantages of expanding the remit of the current Certificate IV to include advanced skills versus formalising on-the-job training or developing a Diploma of Allied Health Assistance.

**Barriers to implementation**

There are several issues reported in the literature regarding how advanced AHA roles may fit traditional healthcare models.\(^\text{7}\) Uncertainty about the scope of practice of advanced AHAs, concerns among allied health professionals regarding how they should be best used, as well as concerns around responsibility and accountability, may all be potential barriers to implementation. The importance of implementing a well-defined supervision framework within healthcare, supported by competent, trained supervisors has been well established.\(^\text{15}\) However, the training required for allied health professionals supervising advanced AHAs has not been clearly described. Some services have found that high levels of supervision were initially required for new advanced roles.\(^\text{16}\) Uncertainty around the appropriate level of ongoing supervision has also been reported.\(^\text{7}\) Literature reviews

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**Box 1: Case study**

The discharge support allied health assistant (AHA) is based on an aged care ward but works primarily in patients’ homes. The role supports people at home for up to 4 weeks following discharge to ensure the discharge plan set by the in-patient multidisciplinary team is completed.

Dorothy is an 86-year-old woman who was admitted to hospital with an injured shoulder after a fall. Dorothy lives with her husband, Jack, with support from one of her daughters. The AHA helped Dorothy once she was discharged by:

- reviewing Dorothy’s equipment needs and making changes to equipment so that it was better suited to Dorothy’s home environment
- following up the delivery of dietary supplements
- liaising with the dietitian to change the meals service because the original was not to Dorothy’s taste
- providing information to Dorothy’s daughter on how to organise a community Aged Care Assessment and community transport
- working with Dorothy and Jack to organise attendance at social and exercise groups to reduce social isolation.

There are several elements to the AHA intervention that may be classified as advanced scope:

- reviewing the multidisciplinary team discharge plan with the patient and her family in her own home
- liaising directly with services to ensure discharge recommendations are put in place and are suitable
- modifying equipment based on issues within the home environment
- identifying issues not apparent in hospital (e.g. social isolation) and making appropriate referrals
- providing support to the family as they made the transition from hospital.
looking generally at the AHA role have found that, in some instances, the implementation of AHA roles can lead to a perceived loss of job satisfaction among allied health professionals who feel they lose part of their role or that they are being replaced by a cheaper workforce.1,17

Discussion
Strong support was identified across a range of ACT allied health services for the introduction of advanced AHA roles. As with the development of any new or expanded role, it would be important to determine how the role would fit within the service’s governance structure and for a work level assessment to be completed. This process should include consulting with the affected allied health professions to address any concerns regarding how a new role may impact on them professionally and personally, and to ensure that there is training available to support appropriate supervision and delegation.

What is well evidenced in the literature is the need for healthcare services to be responsive to a global shift in population, specifically the aging population and an increasing incidence of chronic disease.1,15 A shift from acute-based individual care to more community-focused, population-based approaches to care has resulted in the need for health professions to expand their skill set to include supporting self-management through collaborative care planning with consumers as well as an increased focus on health promotion.19 To adapt to these changing population needs, it is not enough to simply do more of the same in terms of service delivery. Instead, consideration should be given to expanding the skills of existing groups of workers so they can take on a greater breadth of skill and responsibility within new models of healthcare delivery. This model of ‘role enhancement’ is not designed for one group to simply take on the existing roles of other professions, but instead aims to assist in the delivery of new or modified services. The development of an advanced AHA role could not only benefit consumers, but also lead to increased satisfaction and motivation across the allied health and assistant workforce, with consequent positive effects on recruitment and retention.

Conclusion
Advanced AHA roles are being established in Australia and internationally. These roles are diverse and welcomed by consumers, and there is evidence that they are effective in terms of process and health outcomes.3 An education pathway for the advanced scope role requires mapping and development. Further research in the area should aim to better understand the roles, as well as conducting higher-level studies to determine their effectiveness, particularly in terms of health and cost outcomes.7

Competing interests
None declared.

Acknowledgements
The authors thank Karen Murphy, Chief Allied Health Officer, ACT Health, for supporting this project and the ongoing development of the allied health assistant workforce in the ACT.

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