ACT Government | Canberra Health Services

Allied Health Assistant Classification Review

Allied Health Assistant Classification Structure Review

ACT Government

March 2021

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Allied Health Assistant Classification Review

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Background

The review of the Allied Health Assistant (AHA) classification was initiated from the negotiation process related to the Support Services Enterprise Agreement 2018-2021 (SSEA) and is outlined in Clause Q13.

The SSEA requires that the Health Services Officer (HSO) and AHA classifications be reviewed to determine the suitability and currency of work value assessments underpinning the current classification structures and the pay relativities for HSOs and AHAs, in particular:

- Review the suitability and currency of work value assessments underpinning the classifications in this Agreement.
- Evaluate the internal and external relativities of each classification structure to determine whether applicable rates are appropriate for the work performed in comparison to work performed by other classifications in the ACT public sector.
- Consider all relevant information including data in other jurisdictions relevant to the occupations under review.

Through the review process undertaken in February 2020, it was determined that the HSO component of the review would be considered as part of the ACTPS service-wide review conducted by the Chief Minister, Treasury and Economic Development Directorate (CMTEDD). The AHA review was determined to be better aligned to the Health Professional (HP) review and therefore the governance of the review would sit with the HP Review Joint Working Party.

The AHA review has been undertaken in two phases and has been informed by a review of literature, relevant ACT classification structures and AHA classification structures in other states and territories. As well as consultation through the AHA Reference Group and AHA workforce (Including Canberra Health Services (CHS), and Calvary Public Hospital.

The AHA Reference Group comprised of AHA workforce from various disciplines as well as HPs that work with AHAs on a daily basis. The Reference Group was established to inform the review process of the key issues and opportunities for the AHA workforce.

Phase one produced the combined *Report 1 & 2: Health Service Officer and Allied Health Assistants Classification Review*, which outlines the background and issues with the current Allied Health Assistant (AHA) classifications[1]. The report addressed the criteria of *'Consider all relevant information including data in other jurisdictions relevant to the occupations under Review'* through the review of classification structures in other states and territories and through comparison of the applicable pay rates. It also addressed the criteria of *'Evaluate the internal and external relativities of each classification structure to determine whether applicable rates are appropriate for the work performed in comparison to work performed by other classifications in the ACT public sector'* with the

1 AHA and HSO Milestone report - https://www.health.act.gov.au/sites/default/files/2020-08/Report%20-%20AHA%20Progress%20discussion%20paper%201%2020200803.pdf

review of other relevant ACT classification structures that cover other similar level roles based on the Certificate III and IV qualification requirement, as referenced in table 2.1 – Comparison of AHA rates of pay with other AFQ4 occupations[2].

Phase two included the survey of AHA workforce and collaboration with the AHA Reference Group to understand the current issues with the classification structure. The review gathered qualitative and quantitative data through the internal survey processes and access to information from shared services payroll and the Calvary Public Hospital Human Resource team, the review aimed to address '*Review the suitability and currency of work value assessments underpinning the classifications in this Agreement.'* Information was presented to the AHA/HP Joint Working Party (JWP) to consider and make informed decisions about the Allied Health Classification structure.

This report should be read in conjunction with Milestone Report 1 & 2 *Health Service Officer and Allied Health Assistants Classification Review.* Attachment A

Executive Summary

Through the review process it is evident that the ACT Government's AHA classification structure is in line with the majority of other jurisdictions with the 3-level classification structure apart from South Australia which has a 4-level classification structure to provide for supervisory and educator responsibilities. ACT is also competitive from an employee remuneration perspective for AHA roles.

The review of feedback from the AHA Reference Group and the staff survey results found that the majority of the issues raised are what can be deemed as workforce planning issues as opposed to classification structural issues and therefore fall outside the scope of this project. The issues raised will be addressed through an Allied Health Workforce Strategy.

There are however AHA classification structure refinements that may contribute to improving the current classification structure that will better support this growing and developing Allied Health workforce in an evolving health system.

The main themes recommended for adoption include:

- Review and refinement of the current work level standards to remove the reference to non-relevant qualifications – such as the Diploma qualification. A Diploma qualification is only available in Mental Health, Physiotherapy, and Exercise Physiology.
- Extending the classification structure based on the South Australian AHA classification structure to include a level 4 role.
- Provision for competency-based progression based on service provision requirements between a level 2 and level 3.

2 Appendix A - table 2.1 – Comparison of AHA rates of pay with other AFQ4 occupations (Report 1 & 2: Health Service Officer and Allied Health Assistants Classification review)

Options for Consideration

1. Extended classification structure with competency-based progression between a level 2 and level 3 based on business need requirements to support service delivery with an advanced scope of practice AHA role. Note: it must be explicitly noted that the intent for competency-based progression is proposed as a vehicle to support a business need initiative and is **not** a vehicle for individual upgrade. The individual must be suitably assessed against the competency framework to progress based on business need.

2. Extended classification structure with additional provisions for an AHA level 4 to take on supervisory and educational responsibilities.

3. No change to the current level 2 & 3 within the AHA classification structure. However, undertake work to refine the work level standards and develop a standardised competency framework for AHA workers to provide clear role expectations and development pathways.

    a. A review of the work level standards should look to provide operational examples of the difference between a level 2 and level 3. That includes more specifically defining the scope of practice differentiation between the two levels. This includes removing the reference to the Diploma qualification or equivalent at level 3 as the Diploma qualification is not applicable across all AHA roles. Based on the feedback from the Reference Group, there are discrepancies in the application of the competencies between a level 2 and level 3. The work level standards review should unpack the difference in complexity of the role between a level 2 and a level 3 AHAs role.

    b. The development of a standardised competency-based framework to determine the competencies, skills and knowledge requirements of each level of AHA is recommended, including the training requirements for each level.

4. AHAs to be considered and included in an Allied Health Workforce Strategy.

5. The peer recovery workforce is included in the AHA classification structure, however, is unique in that the role has a mandatory requirement of a lived experience of mental illness and recovery, with its understanding of what people using mental health services and their families and carers experience[3]. At the time of the AHA review, there is not enough information available to provide sound recommendations with regards to the peer recovery workforce and how the specific peer recovery workforce is to be addressed within the scope of the AHA classification structure. It is recommended that should the peer recovery workforce look to grow and expand its workforce, that it is done through a separate business case process. There is considerable work being undertaken across the country into the value and role of lived experienced workforces. Should the ACT choose to expand this workforce in the future, the introduction of the AHA level 4 role could provide the opportunity for career progression. This would need to be fully scoped and evaluated

3 Peer Work hub - https://peerworkhub.com.au/what-is-peer-work/#:~:text=When%20we%20talk%20about%20peer,their%20families%20and%20carers%20experience

against service delivery requirements. As evidenced in various literature[4] on lived experience workforces, it is recommended that support strategies for the lived experience workforce be considered. This may include well-planned recruitment, ongoing and appropriate supervision, reasonable adjustments/flexible work arrangements and self-care.[5]

Recommendations

The review proposes the following recommendations:

Recommendation 1. The AHA Work Level Standards be revised through the formation of a workforce committee. There is limited refinement required of the Work Level Standards, however it is recommended that there is clarity provided to the difference between a level 2 AHA and level 3 and how the levels may be operationalised as well as the qualification requirements.

It is specifically recommended that the current qualification requirement of a Diploma qualification (or higher or demonstrated competencies) for AHA 3.2 and above positions be removed. There is not currently a Diploma qualification for all AHA's. The only relevant Diploma qualification is a Diploma in Mental Health and a Diploma of Fitness which may be deemed suitable for AHA roles in mental health, physiotherapy and exercise physiology, however these AHA qualifications are not relevant to the core functions of all AHA roles.

Recommendation 2. A standardised competency framework is to be developed in line with the Work Level Standards. There are number of benefits to developing a competency-based framework for the AHA workforce. Including:

R2.1 clarity for the Allied Health Professionals and managers of AHAs on the scope of practice of the AHA role, what level of complexity, accountability and responsibility relates to the different levels, and how this better supports the holistic allied health service provision in a changing health environment.

R2.2 Expectations for AHA's on the scope of their role and clear guidance on career progression opportunities.

R2.3 Standardised practice of all AHAs across the various services they work in and therefore providing clarity to the HP workforce on the scope of practise of the AHA workforce. This in turn will benefit the consumer experience with consumers understanding the role of people providing support to their recovery.

Recommendation 3. It is recommended that competency-based progression provisions be introduced from a level 2 to a level 3 based on service delivery requirements, which leads to a demand for greater flexibility for extension of practice/ increasing complexity and responsibility in the scope of the role. Currently there is a hard barrier between a level 2 and level 3 position that

4 HWA Mental Health Peer Workforce Study - https://www.mhcsa.org.au/wp-content/uploads/2018/12/HWA-Mental-health-Peer-Workforce-Study.pdf

5 https://www.mhcsa.org.au/wp-content/uploads/2018/12/Management-Perspective-on-value-of-peer-work-0418.pdf

requires a full standard recruitment process. Where a service area requires the skills, knowledge, and expertise of an advanced scope of practice AHA (level 3) the competency-based framework (to be developed) in the Work Level Standards will provide clear guidance on the competencies required at each level and therefore provide a process to assess an AHA level 2 competent at the level 3 advanced scope of practice. In practical terms for example, it may be defined through a business review that a service could operate more efficiently through the use of the advanced scope AHA (level 3) to free up the health professional workforce and therefore there may be the need for a level 2 competency-based upgrade (this scenario is a high-level example only).

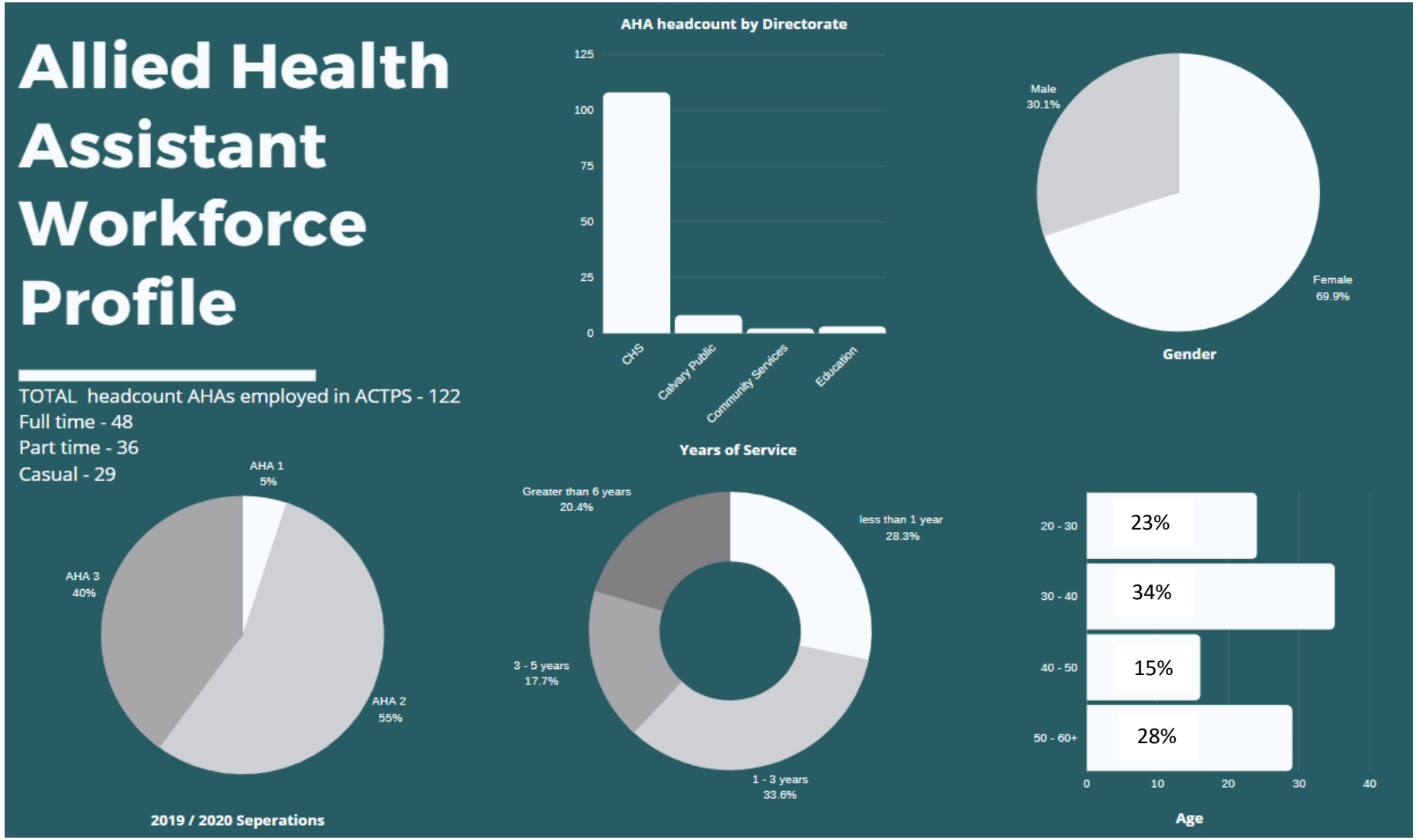
Recommendation 4. Implementation of an extended classification structure to include an AHA level 4 role. This will provide a mechanism for a future fit AHA workforce to lead the development of standardised competency-based training and development across the allied health workforce. The provision for the role of the level 4 AHA would provide a mechanism for a higher-level role within the AHA workforce should the need for be identified as part of the Allied Health Workforce Strategy work to be undertaken in 2021.The level 4 role Work Level Standards are recommended to include training and supervisory responsibilities. The role should also act as the conjugate between tertiary education providers and CHS to develop talent pipelines.

SECTION TWO

Allied Health Assistant Workforce Profile

Below is a snapshot of the Allied Health workforce profile.

Table 1 – Allied Health Assistant Workforce Profile - Data from ACT PS Shared Services and CPHB payroll team. Oct 2020[6]



Summary of feedback received

The below provides a summary of the feedback received through the consultation process of the AHA survey and Reference Group.

Issues and opportunities for the AHA workforce

1. Revision of the definition of advanced scope of practice for an AHA is required. Currently there is inconsistency in application of the level 3 AHA across some sites. A review of the Work Level Standards should address this issue.
2. Inconsistent competency-based training for AHAs across different work sites. The lack of a competency framework has led to inconsistent processes and therefore inconsistencies in service provisions of the AHA role with consumers.
3. Inconsistent and variability of AHA skillsets has led to varied relationships between the Allied Health Profession and AHA roles across the services. Defining and educating relevant stakeholders into how the AHA and HP roles can best work together to get the most out of the full scope of practice for each role. The positive relationship between the AHA and the HP is vital. The effectiveness of the relationship can impact time management, allocation of duties and responsibilities and workload. This affects both the workforce and the consumers experience.
4. There is an opportunity to review and define how the AHA workforce and the HP workforce work together through the 2021 AH workforce strategy.
5. Currently the AHA level 1 role is not utilised as the services tend to hire someone that has already completed the AHA certificate as opposed to someone that is currently undertaking the education. The AHA level 1 role is almost redundant as you need a qualification to work as an AHA and there are minimal circumstances where trainees are onboarded.
6. There can be a great opportunity for AHAs to get exposure to allied health if they want to go on to have a career as a health professional. It is however important to note that the skillset requirements for a HP and an AHA are vastly different and there should be investment into creating career pathways within the AHA workforce through the AH Workforce Strategy.
7. Build stronger relationships with local AHA training providers, such as the Canberra Institute of Technology, to build the pipeline of new AHAs entering the workforce.[7]

Workforce Planning Considerations

The intent of the workforce strategy is to look at all allied health roles and make an assessment and recommendations as to how allied health professions holistically operate and determine the priorities for the workforce as a whole.

AHAs are employed across all of ACT government in a variety of Allied Health disciplines. The majority of AHA roles are employed with CHS. A number of issues raised through the reference groups can be categorised as workforce planning issues. A high-level summary of the workforce planning considerations to inform the Allied Health Workforce Strategy work being undertaken in 2021 from the AHA perspective include:

7 Certificate IV Allied Health Assistance - Alumni student survey – analysis of data collection December 2020

- A review of how the role of the AHA works with the Health Professionals to deliver integrated quality services to consumers. There is inconsistency across the various services in the understanding of the skills and capabilities of the AHA role and how the skills of the AHA can be used more effectively to efficiently deliver services. It is recommended that there is work done to increase awareness of the AHA role and how the workforce can be fully utilised consistently across CHS, this may be achieved through 'bringing to life' the Supervision and Delegation Framework Allied Health Assistants for HPs to AHAs.[8]
- Review and consideration of career pathways to create leadership and education opportunities, enhance the AHA scope of practice and support specialisation.
- There are currently inconsistencies across the various services with regards to competency-based training. Based on the feedback some sites are doing well and some sites require improvements. The AHA workforce would benefit from the creation of a standardised competency-based framework for all AHA roles to ensure there are consistent skillsets developed. There may be a need to develop role specific competency requirements additional to the foundational competencies which can be determined by the work site.

Peer Recovery Workforce

"A mental health peer worker is someone employed on the basis of their personal lived experience of mental illness and recovery (peer recovery worker), or their experience of supporting family or friends with mental illness (carer peer recovery worker). This lived experience is an essential qualification for their job, in addition to other skills and experience required for the particular role they undertake."[9]

The peer workforce is an essential workforce to ACT Mental Health Services. The peer workforce come from a diverse range of backgrounds and provide valuable skills, knowledge and experience to the role. They assist in providing a unique person-centred perspective through the lens of lived experience to the multi-disciplinary team they are working in.

Through the employment and support of peer workers, an organisation can show its commitment to recovery-oriented approaches and belief that recovery is possible.[10]

The peer recovery workforce or workforce with lived experience is relatively new when comparing it to other more established health workforces, emerging more prominently in the last 10 years nationwide.

8 Supervision and Delegation Framework Allied Health Assistants - https://healthhub.act.gov.au/sites/default/files/2020-04/Supervision%20and%20Delegation%20Allied%20Health%20Assistant%202nd%20edition%20easy%20to%20use%20guide.pdf

9 https://peerworkhub.com.au/what-is-peer-work/

10 Identifying barriers to change: The lived experience worker as a valued member of the mental health team, Byrne, L., Roennfeldt, H. and O'Shea, P., commissioned by the Queensland Mental Health Commission (QMHC), 2017.

In all other jurisdictions within Australia the peer recovery role sits within the administration (or equivalent) classification structures. Within ACT the role sits within the AHA classification structure and the general feedback is that it is the right place for the workforce to be classified.

However, should the organisation choose to grow and build on the lived experience workforce in the future, there may be a time that the lived experience workforce is reviewed as a separate process to assess the career progression structure is fit for purpose within the current classification structure of AHAs. With the proposal of the level 4 AHA there is enough scope for a possible team leader role for peer recovery workers should the organisation choose to explore the option of centralising the peer recovery worker reporting lines if there is an operational need in the future.

Whilst outside the scope of this project, it should be noted that the peer recovery workforce is a unique workforce that primarily works in mental health services within the ACT. Having a lived experience is mandatory requirement for any peer recovery role and therefore it is essential that the right support strategies are in place to support the workforce.

1. Support considerations may include: Ensuring that the scope of the role is well understood and valued within a multidisciplinary team. This is noted repeatedly in the various literature available and specifical in the WHA Mental Health Peer Workforce study.[11]

   Poorly defined jobs the roles and responsibilities of peer workers are often unclear. Peer workers are sometimes employed with positive intentions, but perhaps insufficient preparation. Job descriptions and associated structures such as supervision may be lacking. Role clarity is important not only for peer workers, but also in order that other staff are clear about the purpose and scope of peer roles.
2. It is important that peer workers have sufficient training, support and ongoing, specialised supervision to explore and navigate boundaries in their work to ensure this is implemented appropriately and that they are able to protect their own mental health and wellbeing.[12]
3. An understanding that the peer recovery workforce is different from other workforces in the sense that it is a requirement for the role for a person to bring their 'whole selves' to work to connect with the people they are assisting. Therefore, this can be taxing on the individual given their own experiences with mental health and can, in some instances result in significant impacts and/or relapses on their own mental health which leads to time out of the workplace to recover. It is therefore recommended that flexible workplaces/reasonable adjustments are considered when recruiting to peer recovery worker roles. The flexible work agreements could include strategies that have been mutually agreed between the employer and employee to respond to relapse in health situations, this may in extenuating circumstances require access to special leave arrangements.

11 https://www.mhcsa.org.au/wp-content/uploads/2018/12/HWA-Mental-health-Peer-Workforce-Study.pdf

12 Chappel Deckert & Statz-Hill, 2016 Job satisfaction of peer providers employed in mental health centers: A systematic review, Social Work in Mental Health, 14:5, 564-582

AHA Classification Structures

Current Classification Structure

The current classification structure consists of three levels – entry, full scope of practice and advance scope of practice – with barriers to advancement based on qualification and promotion requirements.

Table 1, below, demonstrates the current structure. The current structure identifies that there is a need for refining the requirements of the qualification and experience required at each level. For example, a new starter with a relevant Certificate IV can enter at AHA 2.2 or AHA 3.1. A person with a relevant Diploma can enter at AHA 2.4, AHA 3.1, AHA 3.2, or AHA 3.3. Access to the highest pay-point at level 3 being AHA 3.3 will only be available to an employee with a relevant Diploma or higher qualification or who has demonstrated equivalent competencies suitable to the role.[13]

Table 1 also demonstrates how the qualification barrier acts to prevent career advancement in the absence of a relevant Diploma or means of identifying equivalency in competencies. There is only a relevant Diploma qualification provided for in mental health. There is no other relevant Diploma qualification available for AHAs.

Table 2: Current Classification Structure

Scope of Practice	Level	Pay rates as of 10/12/2020	Qualification requirement
ENTRY	AHA 1	$42,460	Unqualified employee working towards achieving a Certificate IV
	AHA 2.1	$54,256	Certificate III or equivalent, working to Certificate IV
FULL SCOPE	AHA 2.2	$57,330	Certificate III or equivalent, working to Certificate IV, or Certificate IV entry
	AHA 2.3	$60,406	Certificate III or equivalent, working to Certificate IV, or Certificate IV
	AHA 2.4	$62,203	Certificate IV minimum
ADVANCED	AHA 3.1	$67,158	Certificate IV minimum
	AHA 3.2	$70,454	Certificate IV or Diploma (or higher or demonstrated competencies)
	AHA 3.3	$74,533	Diploma (or higher or demonstrated competencies)

13 ACT AHA Worklevel Standards March 2019.

Proposed Expanded Classification Structure

A qualification and competency/experience-based classification structure should be simple, linear and accommodate multiple entry points based on qualifications, demonstrated competency, and quantify years of experience required.

The classification structure proposed in this report builds on (expands) the nationally consistent three-level structure, based on the level of qualification and the scope of practice standards, used in the ACT.

In particular, the proposed expanded classification structure:

- is linear.
- lifts the base rate of pay for AHA 1 entry level employees to reflect the service needs of requiring a minimum Certificate III trained AHAs.
- provides qualification and competency-based entry point options for new employees.
- removes the promotion barrier between AHA 1, AHA 2 and AHA 3, while retaining qualification and competency barriers.
- introduces AHA level 4, based on achievement of attainment of a relevant Certificate IV, extended scope of practice requirements, extensive relevant experience as well as leadership responsibilities and/or training/education.
- AQF5 Diploma qualification as comprising the AHA 3.4 rate of pay (now AHA 4.1) and adding a pay point at AHA 4.2 (equal to the South Australian Level 4) for leadership / extended practice roles.

Qualifications and equivalency

1. Currently, AHAs can, and are required to, attain specific recognised qualifications at AQF3 and AQF4:
    a. HLT33015 - Certificate III in Allied Health Assistance (Release 2)
    b. HLT43015 - Certificate IV in Allied Health Assistance (Release 2).
2. The ACT does not provide any specific guidance on what other qualifications would be considered. The decision to recognise equivalency is left to the hiring manager, as stated in the Work Level Standard.
3. Equivalence to the Certificate IV Allied Health Assistance qualification will be assessed carefully by hiring managers to gauge the relevance to the position. Managers should seek support from Human Resource experts and relevant Profession Lead (where possible). Decisions may be audited to support consistency between services. AHA qualifications will be credentialed (Canberra Hospital and Health Services, 2016) on commencement with CHS, 12 months after commencement and then every three years thereafter, to ensure ongoing skill and professional development (AHA WLS p.5)

The below is not intended to be the revised prescriptive new Work Level Standards, but rather a guide for what is being proposed to be included in the revised WLS should the recommendation of an extended classification structure be accepted.

Level 1. – Entry

1. The AHA 1 is an entry level employee that is intended as a training role. An AHA 1 is an unqualified employee, who undertakes routine tasks under close supervision and is working

towards a Certificate IV. The employee is eligible to advance to AHA 2.1 after 12 months and has achieved the requirements of a relevant Certificate III or equivalent.

2. An entry level employee who achieves a Certificate IV within the first 12 months of employment and is working at the competency standard for this level is eligible to advance to AHA 2.2 at the completion of 12 months at this level.

Level 2 – Full Scope of Practice (FSP)

1. An employee at Level 2.1 is an employee who performs routine tasks at a higher level than Level 1 under routine supervision and has completed the requirements for Certificate III and is working towards achieving a Certificate IV. The employee remains on this pay point until such time the employee has achieved a Certificate IV and is competently working at Full Scope of practice, at which time the employee is eligible to advance to AHA2.2.
2. An AHA 2.2 is a Full scope Practice employee who performs tasks at Full Scope of Practice competency requirements under general onsite supervision and has achieved a Certificate IV. The employee advances to AHA 2.3 after 12 months and is demonstrating Full Scope of Practice (FSP) competency requirements.
3. An entry level employee who holds a relevant Certificate IV and has more than 1 but less than 2 years previous experience at another tertiary level institution demonstrating Full scope of Practice competencies may commence at this level and pay point.
4. An employee at AHA 2.3 is an employee who performs tasks at FSP competency requirements under general supervision and has achieved a Certificate IV.
5. An entry level employee who holds a relevant Certificate IV and has 2 but less than 3 years previous experience at another tertiary level institution demonstrating FSP competencies may commence at Level 2 pay point 3.
6. The employee may advance to AHA 3.1 after being at the highest increment for 24 month and has demonstrated an ability to work at an Advance Scope of Practice (ASP) level. The progression is not an automatic progression. There must be a business need and availability of funds for an advanced scope in practice role.
7. The role will remain classified at a level 2 if the role becomes vacant and there is a need to recruit to the role.

Level 3 – Advanced Scope of Practice (ASP)

1. An ASP employee at AHA 3.1 works under limited supervision and is an employee working towards meeting ASP requirements, which must be achieved within 12 months. An ASP employee advances to AHA 3.2 after 12 months provided the employee demonstrates the required competencies.
2. An entry level employee who holds a relevant Certificate IV and has 3 or more years previous experience at another tertiary level institution demonstrating ASP competencies, or who holds a minimum Certificate IV or equivalent qualification, may commence at this level and pay point. The employee may advance to AHA 3.2 after 12 months, subject to meeting competency requirements. The employee may advance to AHA3.3 after 12 months, subject to meeting competency requirements.

3. An ASP level employee at AHA 3.2 or AHA 3.3 is eligible for entry into the Extended Scope of Practice (ESP) program. The employee will not advance beyond AHA 3.3 until ESP recognition has been achieved and a position is available. Promotion is by merit selection.

Level 4

1. Must hold a minimum certificate IV in Allied Health Assistance or equivalent qualification and > 5 years relevant experience.
2. An AHA 4.1 works under limited supervision.
3. Work under general clinical direction, provide supervision, coordination, training, and leadership to AHA 1 – 3 in small teams.
4. Perform a broad range of tasks that require specialisation or extensive knowledge and/or experience in a particular field of AHA.
5. May design and develop relevant training materials, profession specific development frameworks.
6. Contribute in a specific discipline to recording, consulting and preparing reports and exercise of appropriate delegations.

Table 2 – Possible Classification Structure

Classification Level		**Entry, advancement, and promotion criteria**
ENTRY	AHA 1	<12 months, Certificate III or equivalent assessed as capable of achieving Certificate IV This would be a temporary position to support development to progress
		Competency barrier
FULL SCOPE	AHA 2.1	>12months, Certificate III or equivalent, working to Certificate IV
	AHA 2.2	Certificate IV, or Certificate IV entry (1<2yr experience)
	AHA 2.3	Certificate IV, or Certificate IV entry (2<3 years' experience)
		Competency barrier
ADVANCED	AHA 3.1	Certificate IV (>3yrs experience), CertificateIV+3yrs entry
	AHA 3.2	Certificate IV (>4 years' experience)
	AHA 3.3	Certificate IV (>5 years' experience)
		Promotion (Qualification / competency) barrier
EXTENDED	AHA 4.1	Minimum Certificate IV, > than 5 years' experience and highly desirable relevant training and education qualification. May include supervisory responsibility
	AHA 4.2	Minimum Certificate IV, > than 5 years' experience and highly desirable relevant training and education qualification May include supervisory responsibility

Proposed Further Work Required

Below is a list of future recommended projects to be undertaken to support the development of the AHA workforce. Should the extended classification structure be adopted, it could be a series of projects the AHA level 4 could lead.

- Work level standards to be updated in line with endorsed recommendations
- Workforce planning for allied health
- Competency based development program
- Lived Experience workforce

References

Chappel Deckert & Statz-Hill, 2016 Job satisfaction of peer providers employed in mental health centers: A systematic review, Social Work in Mental Health, 14:5, 564-582

Identifying barriers to change: The lived experience worker as a valued member of the mental health team, Byrne, L., Roennfeldt, H. and O'Shea, P., commissioned by the Queensland Mental Health Commission (QMHC), 2017.

ACT Health

Work Level Standards - ACT AHA Work level Standards March 2019.

Milestone Report 1 and 2 – Health Service Officer and Allied Health Assistants classification review.

SA Health

SA Health – AHA guideline for transition
https://www.sahealth.sa.gov.au/wps/wcm/connect/306f7cfb-7a20-4fd3-b1bb3d168e78f682/2018+Guideline+for+Transition+to+AHA+Stream.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-306f7cfb-7a20-4fd3-b1bb-3d168e78f682-niPZCtu

NSW Health

NSW AHA framework
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2020_005.pdf

QLD Health

QLD AHA framework-
https://www.health.qld.gov.au/__data/assets/pdf_file/0017/147500/ahaframework.pdf

VIC Health

Supervision and delegation framework for allied health assistants and the support workforce in disability - file:///C:/Users/Tehlia%20Vinton/Downloads/Allied%20health%20in%20disability%20-%20Supervision%20and%20delegation%20framework.pdf

Appendix

Appendix A

Table 2.1: Comparison of AHA rates of pay with other ACT AQF4 -Certificate IV occupations

Agreement	AQF IV level	Low (12/12/2019)	High (12/12/2019)	Notes
ISEA	Capital Linen Service Band 5 & 6	70,091	84,220	Production Supervisory level
	General Service Officer 6/7	58,784	66,914	GSO5 is the trades level (AQF3)
SSEA	AHA Level 2.2-3.3	56,566	68,590	
	Dental Assistant Level 3	77,712	77,712	
TOPEA	Sterilizing Services HSO 5	56,279	59,074	
TCOEA	Trainer/Assessor allowance	170.48	170.48	fortnightly allowance
Social and Community Services (SCHADS Award)	Level 2 - Certificate III	1 Dec 2020 56,131.40	1 Dec 2020 61,248.50	
Social and Community Services (SCHADS Award)	Level 3 – Diploma	1 Dec 2020 62,742.16	1 Dec 2020 67,269.28	

Attachment

Attachment A - Allied Health Assistants Classification Review – Milestone Report.

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ACKNOWLEDGMENT OF COUNTRY

ACT Health acknowledges the Traditional Custodians of the land, the Ngunnawal people. ACT Health respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. ACT Health also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

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