Victorian Assistant Workforce Model (allied health)

Background

The allied health workforce is an essential component of the health workforce, and the demand for allied health services will continue to increase with the ageing of the population, the growing burden of chronic disease and an increasing emphasis on the delivery of multidisciplinary care. In responding to this challenge, we must consider new service models that use our allied health workforce to the best effect, and acknowledge the important role these service models will play in meeting evolving and increasing service demands.

While the allied health assistant (AHA) workforce has operated in Victoria for many years, the sector is now recognising the enormous benefits these roles can bring to the delivery of allied health services across a broad range of disciplines, settings and program areas. Improved utilisation of the AHA workforce will help to alleviate some of the increasing demand on allied health services, provide improved access and continuity of service to clients, and in turn, support more advanced practice opportunities for allied health professionals (AHPs), all of which will have a positive impact on the retention, capacity and productivity of AHPs.

Program scope

The Department of Health (the department) is currently funding the AHA Implementation Program (the Program), which builds on an extensive body of work undertaken by the department since 2005 to increase the uptake and utilisation of the AHA workforce in Victoria. The Program uses the ‘Victorian Assistant Workforce Model (allied health)’ (the Model) (see figure 1) and aims to assist health and community services to strategically position themselves to build their AHA and allied health workforce capacity for the future in a sustainable way.

The Program is underpinned by the Supervision and delegation framework for allied health assistants1 and is being rolled out across Victoria via a staged approach.

Stage one - rural-regional

In 2012-13, stage one of the Program was conducted across 16 sub-regional clusters; involving over 1000 allied health and community service staff from 86 organisations across rural-regional Victoria.

A stage one report has been developed that outlines the Program rationale and drivers, as well as the overarching outcomes and findings of stage one and is available at www.health.vic.gov.au/workforce/reform/implementation-program

Stage two - metropolitan health services

Stage two of the Program, from 2013-14, was conducted in 11 major metropolitan health services consisting of 31 sites and almost 2000 allied health staff.

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As part of stage two of the Program, the department also supported the Victorian level three specialist maternal health services to collaboratively implement the Model.

Presentations from the stage two forum that highlight the overarching results and key themes from this stage are available at [www.health.vic.gov.au/workforce/reform/implementation-program](http://www.health.vic.gov.au/workforce/reform/implementation-program).

A full report on stages one and two will be released later in 2014.

**Stage three – metropolitan community health and ambulatory services**

Stage three of the Program is currently being delivered in metropolitan community health and ambulatory services to improve access to and continuity of care.

There are 25 organisations participating in this stage across eight metropolitan sub-regional hubs.

Each hub has recruited project staff who will deliver the program locally from May 2014 to April 2015.

The Alfred Health and Monash Health program teams, on behalf of the department, will coordinate and monitor the program, train project staff in implementing the Model and provide ongoing mentoring and support to participating organisations.

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The Model is founded on a robust data collection and analysis methodology developed and piloted by Alfred Health in 2009–2011 and is designed to increase participating AHPs’ understanding of the AHA role and the benefits that AHAs can bring to the delivery of allied health services.

**Figure 1: Victorian Assistant Workforce Model (allied health)**

Central to the Model are 3 overarching principles: change management; organisational priorities; and consultation.
Overarching Principles

<table>
<thead>
<tr>
<th>Change Management –</th>
<th>Consultation –</th>
<th>Organisational Priorities –</th>
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<td>Understanding the drivers for change and the importance of strong leadership, key stakeholder engagement, and allied health staff consultation is essential to the Program’s success and an integral part of the process to develop a sustainable workforce solution and shared vision for the future.</td>
<td>Identifying organisational governance structures and consulting and communicating with key stakeholders, including allied health staff, through formal and informal opportunities throughout the program is vital to the project management process and crucial to the success of the Program and change management process.</td>
<td>Developing a clear understanding of organisational priorities is required to ensure that the Program is contextualised and relevant to your local organisation. This is an important link throughout the Program consultation and quantification process and will inform planning to successfully integrate the AHA workforce to support and meet service demands.</td>
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Elements

The Model consists of six key elements (see figure 2) – project initiation, staff engagement, data collection, data analysis, strategic planning and finalising the project and next steps. Each element has been incorporated into three integrated phases that form the foundation of the model; inform and engage, investigate and analyse and strategic and future planning. Local project staff will attend 6 training days at the department of health, covering each element, as part of the stage three Program.

The key to successful implementation of the Program is the engagement and participation of AHP staff and AHAs in the Program activities including forums, focus groups and data collection surveys. Stage three will build on the demonstrated success and learning’s of stages one and two; with project teams developing evidence based strategic plans for sustainably integrating the AHA workforce for each participating organisation.

Figure 2: Victorian Assistant Workforce Model Elements

Further information

The Program resources from all three stages will be packaged and made freely available for health and community services interested in implementing the Model at the completion of stage three of the Program.