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| Progress measurement tool for health, aged care and disability organisations |
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# Introduction

Workplaces in health, aged care and disability sectors can use this tool to measure their progress against the *Victorian allied health assistant workforce recommendations*. It can also help workplaces engage with, develop and make best use of allied health assistants (AHAs).

This tool can be completed by one person or many people, depending on their role and knowledge of the service.

It is recommended that there is leadership involvement in completing this tool due to the overall workplace knowledge needed to effectively score the indicators of progress.

Complete this tool every year to ensure you regularly track progress and identify ongoing gaps. You can use the ‘Review at’ column of each recommendation or the action plan to set a date for the next review. You can also schedule reviews more frequently if you want to review progress in specific areas more regularly.

## Instructions

This tool can be completed electronically or printed and filled in by hand.

Questions have been divided by recommendation. Rate your organisation against the current state and progress indicators using the scoring options outlined in **Table 1**. If completing electronically, you can simply mark the appropriate table cell with an X.

To help you, examples of how to meet the indicator are included in **Sector based examples**.

Table : Scoring options

| Score | Meaning |
| --- | --- |
| Yes | Established. Great work! The workplace is completing many activities that contribute to making best use of AHAs and continues to promote this practice. |
| Partial | Partially implemented. Good progress. The workplace is partially or on the way to completing one or more activities that contribute to making best use of AHAs. Consider how you can increase or further implement these activities with case examples and practice points from the workforce plan. |
| No | The workplace does not meet this. To start planning for change at your workplace, read the recommendation, considerations for the sector and indicators of progress. |
| NA | Recommendation or indicator of progress is not relevant to the workplace |

# Progress measurement

## Assessor’s details

| Question | Response |
| --- | --- |
| Name |  |
| Role |  |

## Recommendation 1

The national skills service organisation (SSO) and local registered training organisations (RTOs) regularly review the Allied Health Assistance training packages in consultation with the health, disability and aged care sectors.

### Current state

| Question | NA | No | Partial | Yes | Review date |
| --- | --- | --- | --- | --- | --- |
| Does your workplace take part in a yearly industry panel with the VET sector? |  |  |  |  |  |

### Progress indicators

| Indicator of progress | NA | No | Partially | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| Partnerships with RTOs offering Certificates III and IV in Allied Health Assistance |  |  |  |  |  |
| Active participation in VET sector consultation on Certificates III and IV in Allied Health Assistance training |  |  |  |  |  |
| Workplaces can inform course content |  |  |  |  |  |
| Workplaces can inform course delivery |  |  |  |  |  |
| Workplaces can inform placement parameters (such as setting or duration) |  |  |  |  |  |
| Workplaces can inform definition of skills readiness for course graduates |  |  |  |  |  |

## Recommendation 3

The VET sector should work collaboratively with relevant organisations to ensure the Certificate in Allied Health Assistance course curriculum is consistent across providers.

### Current state

| Question | NA | No | Partially | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| Does your workplace support Certificate in Allied Health Assistance training delivery? |  |  |  |  |  |

### Progress indicators

| Indicator of progress | NA | No | Partially | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| Teaching pipeline through the Certificate IV in Training and Education |  |  |  |  |  |
| Teaching resources are offered to RTO partners to support course consistency  |  |  |  |  |  |

## Recommendation 4

The VET sector should increase clinical exposure and placement experience in pre-employment training for students of allied health assistance courses.

### Current state

| Question | NA | No | Partial | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| Does your workplace offer enough allied health assistant (AHA) student placement opportunities to meet RTO clinical placement hours? |  |  |  |  |  |

### Progress indicators

| Indicator of progress | NA | No | Partially | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| AHA Certificate students are offered placement hours through workplace partnerships with local RTOs |  |  |  |  |  |
| Meaningful early clinical exposure for AHA Certificate students is supported |  |  |  |  |  |
| Structures are in place to maximise AHA student placement opportunities of 200 hours |  |  |  |  |  |

## Recommendation 6

Across all sectors, encourage people considering a career as an AHA to complete Certificates III and IV in Allied Health Assistance.

### Current state

| Question | NA | No | Partial | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| Does your workplace employ AHAs with Certificate IV in Allied Health Assistance or equivalent? |  |  |  |  |  |

### Progress indicators

| Indicator of progress | NA | No | Partially | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| Workplace proactively offers structured opportunities for AHAs to complete Certificate III or IV in Allied Health Assistance as part of a training plan, in line with recognised traineeship pathways[[1]](#footnote-1) |  |  |  |  |  |
| Workplace offers appropriate placement location and duration (to meet 200 hours) |  |  |  |  |  |
| Where necessary, a quota is set for recruiting Certificate and equivalently qualified AHAs  |  |  |  |  |  |
| Equivalents to AHA Certificate training are listed and used in recruitment processes |  |  |  |  |  |

## Recommendation 7

Workplaces should undertake robust workforce planning and redesign processes to increase and make best use of the allied health assistant workforce.

### Current state

| Question | NA | No | Partial | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| Does your workplace complete AHA-specific workforce planning? |  |  |  |  |  |

### Progress indicators

| Indicator of progress | NA | No | Partially | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| Existing tools and frameworks are used in workforce planning |  |  |  |  |  |
| A nominated role exists with responsibility to provide and monitor AHA professional governance and advocacy |  |  |  |  |  |
| Regular reviews of allied health workloads and tasks that can be delegated are completed to inform workforce planning |  |  |  |  |  |
| New or redesigned models of care include provision for AHAs |  |  |  |  |  |
| AHAs are involved and represented in workforce planning |  |  |  |  |  |
| Cost-benefit analysis of the AHA role is used as a tool in workforce planning |  |  |  |  |  |

## Recommendation 8

Workplace governance structures should define AHA roles and delegation practices to ensure safe, effective and evidence-based therapy and supports.

### Current state

| Question | NA | No | Partial | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| Does your workplace clearly define AHA roles and scope of practice? |  |  |  |  |  |

### Progress indicators

| Indicator of progress | NA | No | Partially | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| Tailored standard AHA position descriptions are used |  |  |  |  |  |
| AHA role gradings are established based on role description and availability of supervisors, in line with enterprise agreements |  |  |  |  |  |
| Definition of and difference between allied health professional (AHP) and AHA scope of practice is clear |  |  |  |  |  |
| 8.4 Difference between AHAs and other delegate workforces (such as disability support workers, personal care assistants, lifestyle and leisure assistants) is clear |  |  |  |  |  |
| AHPs in your workplace liaise with relevant allied health peak bodies on how to work effectively with AHAs |  |  |  |  |  |

## Recommendation 9

Training, supervision and delegation between allied health professionals (AHPs) and AHAs should be informed by existing frameworks to work together effectively.

### Current state

| Question | NA | No | Partial | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| Does your workplace have clear supervision and delegation procedures for working with AHAs? |  |  |  |  |  |

### Progress indicators

| Indicator of progress | NA | No | Partially | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| Delegation procedure, training and tools are given to AHAs and AHPs |  |  |  |  |  |
| Supervision procedure, training and tools are given to AHAs and AHPs |  |  |  |  |  |
| Delegation is given in writing and verbally, allowing for two-way communication  |  |  |  |  |  |
| Your workplace regularly audits AHP and AHA practice against clinical supervision and delegation procedures and training requirements |  |  |  |  |  |

## Recommendation 10

Workplaces should establish and maintain a culture of mutual respect, equal worth and collaboration to promote the value of the AHA role.

### Current state

| Question | NA | No | Partial | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| Does your workplace have an inclusive workplace culture that values AHAs as equal contributors to the allied health team? |  |  |  |  |  |

### Progress indicators

| Indicator of progress | NA | No | Partially | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| AHAs are empowered and supported to describe their competence and find appropriate learning opportunities |  |  |  |  |  |
| AHA input is valued when setting goals with consumers |  |  |  |  |  |
| AHAs take part in or lead quality improvement or research activities |  |  |  |  |  |
| AHAs are included in leadership activities and meetings |  |  |  |  |  |
| Workplace culture and inclusivity is regularly evaluated |  |  |  |  |  |

## Recommendation 11

Consumers should be given information about the role of the AHA in the treating team and the benefits of having an AHA involved with their therapy and supports.

### Current state

| Question | NA | No | Partial | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| Does your workplace offer information and resources about the role and benefits of AHAs? |  |  |  |  |  |

### Progress indicators

| Indicator of progress | NA | No | Partially | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| Consumers are placed in the centre of decision making about their therapy and supports |  |  |  |  |  |
| Consumers can observe AHA and AHP working relationships |  |  |  |  |  |
| Consumer information is available that explains the role and the value of the AHA |  |  |  |  |  |
| Consumer feedback is used to inform ongoing service delivery, including AHA input |  |  |  |  |  |
| Consumers are involved in workforce planning and treating team selection, where feasible |  |  |  |  |  |

## Recommendation 12

When recruiting AHAs, the interview process should include behavioural scenarios to evaluate the candidate’s aptitude and capability to provide safe and effective consumer care.

### Current state

| Question | NA | No | Partial | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| Does your workplace use behavioural-based interview questions to assess a candidate’s aptitude and capability for the role? |  |  |  |  |  |

### Progress indicators

| Indicator of progress | NA | No | Partially | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| The candidate’s reading and writing capabilities are considered when reviewing interview results |  |  |  |  |  |
| Clinical scenario are included in AHA interviews, with a focus on behavioural skills |  |  |  |  |  |
| Senior AHAs are involved in recruitment processes |  |  |  |  |  |

## Recommendation 13

Workplace orientation should make clear the roles and responsibilities of AHAs and other professional staff to support a mutually respectful culture.

### Current state

| Question | NA | No | Partial | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| Does your workplace have a structured and supportive orientation program for AHAs and AHPs to promote clear understanding of roles? |  |  |  |  |  |

### Progress indicators

| Indicator of progress | NA | No | Partially | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| There is a specific orientation procedure for AHAs |  |  |  |  |  |
| AHAs are given documented clinical supervision from an appropriately credentialed supervisor |  |  |  |  |  |
| New AHAs have access to more supervision |  |  |  |  |  |
| AHPs complete orientation on AHA role and delegation processes  |  |  |  |  |  |
| Where applicable, AHAs can take part in an early graduate program |  |  |  |  |  |

## Recommendation 14

All workplace competency-based training development should align with the *Allied health: credentialing, competency and capability framework*.

### Current state

| Question | NA | No | Partial | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| Does your workplace use documented competency-based training and assessment programs? |  |  |  |  |  |

### Progress indicators

| Indicator of progress | NA | No | Partially | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| The need for competency-based training and assessment is determined based on risk level of tasks |  |  |  |  |  |
| The department’s allied health assistant core competencies are used as the basis for competency standards and training for AHAs |  |  |  |  |  |
| Competency-based training resources are shared between your workplace and others |  |  |  |  |  |
| A reference group is used to develop competencies |  |  |  |  |  |
| Post-graduate units of competency or skill sets are run through partnerships with the VET sector |  |  |  |  |  |

## Recommendation 15

Find opportunities for AHAs to work side-by-side with AHPs to develop trusted working relationships, create shared knowledge of roles and to complement workplace competency-based training.

### Progress indicators

| Indicator of progress | NA | No | Partially | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| Opportunities created for AHAs to work side-by-side with AHAs  |  |  |  |  |  |

## Recommendation 16

Workplace competency-based training and assessment should be undertaken by supervisors who meet relevant requirements.

### Progress indicators

| Indicator of progress | NA | No | Partially | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| Appropriate supervisors complete workplace competency-based training and assessment |  |  |  |  |  |

## Recommendation 17

Keep competency attainment records for transferability between roles and settings.

### Current state

| Question | NA | No | Partial | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| Are attainments of competency recorded at your workplace? |  |  |  |  |  |

### Progress indicators

| Indicator of progress | NA | No | Partially | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| A central register exists for recording competency attainment |  |  |  |  |  |
| AHAs are supported to document performance evidence to improve transferability of their skills |  |  |  |  |  |
| Audits are completed to ensure AHAs are working within their defined scope of practice |  |  |  |  |  |
| A skills recognition process is used when AHAs move roles |  |  |  |  |  |

## Recommendation 18

AHAs’ learning needs should be formally identified and addressed to foster life-long learning, maintain performance standards and support career development.

### Current state

| Question | NA | No | Partial | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| Are AHA-specific learning needs identified and addressed at your workplace? |  |  |  |  |  |

### Progress indicators

| Indicator of progress | NA | No | Partially | Yes | Review at |
| --- | --- | --- | --- | --- | --- |
| Processes exist for AHAs to describe and identify their learning needs yearly |  |  |  |  |  |
| Learning needs are reviewed to determine if they are being met |  |  |  |  |  |
| AHAs are included in existing training where relevant to learning needs |  |  |  |  |  |
| AHAs are given opportunities to attend internal and external professional development |  |  |  |  |  |
| AHAs are supported to keep a record of their professional development |  |  |  |  |  |
| AHA prior learning and experience is recognised by the workplace |  |  |  |  |  |
| Targeted AHA learning and development is evaluated |  |  |  |  |  |

# Action plan

Based on your ratings, summarise your workplace’s strengths and areas for further development.

Then outline an action plan with specific activities or changes to be made.

You can add more than 3 areas to the plan. To add a new row, go to the last table cell and select the **Tab** key.

## Strengths and opportunities

| Areas of strength | Areas for further development |
| --- | --- |
|  |  |

## Plan

| Prioritised area for action | Method for change | Person responsible | Timeframe |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### Next review

**Date of next review**:

# Sector based examples

## Recommendation 1 examples

| Examples for health, disability and aged care |
| --- |
| * Documented and contracted partnerships are made with local or selected RTOs
* Taking part in skills services organisation (SSO) industry panels
* Taking part in RTO industry panels
* Reviewing course materials
* Reviewing elective unit choice
* Commenting on suitability of elective choice to health sector
* Reviewing teaching skills needed for course content
* Reviewing assessor skills needed for course content
* Commenting on placement duration and location suitability
* Commenting on skills readiness statements for AHA graduates for relevant sector
 |

## Recommendation 3 examples

| Examples for health, disability and aged care |
| --- |
| * Study leave for AHAs and AHPs completing Certificate IV training
* Casual and part-time roles to allow AHAs and AHPs to take part in teaching
* AHAs who have completed the Certificate IV in Training and Education give guest speaker presentations at partner RTOs for AHA students
* Scholarships to complete Certificate IV in Training and Education training for AHAs and AHPs
* Share delegation documents and procedures with partner RTOs
* Share position description documents with partner RTOs
* Share case studies of good practice between AHAs and AHPs with partner RTOs
* Share third party evidence of skills readiness assessment with RTOs
 |

## Recommendation 4 examples

| Health examples | Disability and aged care examples |
| --- | --- |
| * Certificate III placements offered – more than 2 students for each AHA staff member each year
* Certificate IV placements offered – more than 5 students for each full-time AHA staff member each year
* Traineeship (Grade 1) supported for Certificate IV students – more than 2 each year
* Partner with VET sector to host placements for Certificate III and IV AHA students, in line with the department’s student placement agreement[[2]](#footnote-2) and clinical placement fee schedule in public health services[[3]](#footnote-3)
* Observation opportunities offered face to face or remotely online
* Guest lecture by an AHA from the health sector presenting a ‘a day in the life’ in the first 6 weeks of the course
* Patient perspectives offered in person or through video footage in first 6 weeks of the course
* Involve students in suitable appointments, clinics, therapy groups, community services and bed-based capacity
* Allocation and roster for AHAs and AHA students developed to maximise placement opportunity
* AHA staff offered in-house training to support student supervision
* AHA-specific student coordinator role to support placement hours
 | * Traineeship supported for Certificate IV students as part of a workforce development model
* Certificates III and IV placements offered where feasible with therapy assistant (TA) staff member numbers
* Partner with VET sector to host placements for Certificate III and IV AHA students, in line with the department’s student placement agreement
* Observation opportunities offered face to face or remotely online
* Guest lecture by an AHA from the disability sector presenting a ‘a day in the life’ in the first 6 weeks of the course
* Participant perspectives offered in person or through video footage in first 6 weeks of the course
* Consider suitable aspects of participant care plans for student opportunities (such as clinical appointments, telehealth or remote appointments, care planning, administrative tasks)
* AHA and AHP staff offered training to support student supervision
* Student coordinator role across the workplace to support placement hours, where possible
 |

## Recommendation 6 examples

| Health examples | Disability examples | Aged care examples |
| --- | --- | --- |
| * AHAs with Certificate III or IV in Allied Health Assistance are appropriately classified, in line with current enterprise agreements and organisational position descriptions
* Grade 2 and 3 AHA roles are recruited based on organisational need and expected responsibility
* Placement opportunities offered to Certificate in Allied Health Assistance students
* Quotas for both certificate qualified and equivalent AHAs (such as AHP students) are set when needed due to workforce shortages
* Workplace has a list of accepted equivalent qualifications, in line with relevant enterprise agreements (like other similar certificate training, AHP students, overseas AHPs, suitable health degrees, undergrad health sciences students)
* Dedicated AHA advisor or team lead role to support resources on equivalents
* Position description and job advertisement includes accepted equivalent qualifications in the qualification section
* Recruitment process in shortlisting and appointing candidates accepts listed equivalents
* Grade 1 (unqualified) AHAs are employed as part of a traineeship where certificate training is completed within 2 years
* Workplaces support a bridging program to completing Certificate IV qualifications
* Seek partnerships with regional, aged care or disability providers (such as private‑public arrangements, contracted care)
 | * AHAs with Certificate III or IV in Allied Health Assistance are appropriately classified as therapy assistants (TAs)
* Placement opportunities offered to Certificate in Allied Health Assistance students
* Quotas for both certificate qualified and equivalent AHAs (such as AHP students) are set to meet participant goals or support provider waitlists when needed for workforce shortages
* Team discussion about qualifications in local community appropriate for role
* Workplace has a list of accepted equivalent qualifications, in line with relevant enterprise agreements (like other similar certificate training, AHP students, overseas AHPs, suitable health degrees, undergrad health sciences students)
* Position description and job advertisement includes accepted equivalent qualifications in the qualification section
* Recruitment process in shortlisting and appointing candidates accepts listed equivalents
* Unqualified TAs are employed as part of a traineeship where certificate training is completed within 2 years
* Workplaces support a bridging program to completing Certificate IV qualifications
* Seek partnerships with regional providers
 | * AHAs with a Certificate III or IV in Allied Health Assistance are appropriately classified, in line with current enterprise agreements and organisational position descriptions
* Grade 2 and 3 AHA roles are recruited based on organisational need and expected responsibility
* Placement opportunities offered to Certificate in Allied Health Assistance students
* Quotas for both certificate qualified and equivalent AHAs (such as AHP students) are set when needed due to workforce shortages
* Team discussion about qualifications in local community appropriate for role
* Workplace has a list of accepted equivalent qualifications, in line with relevant enterprise agreements (like other similar certificate training, AHP students, overseas AHPs, suitable health degrees, undergrad health sciences students)
* Position description and job advertisement includes accepted equivalent qualifications in the qualification section
* Recruitment process in shortlisting and appointing candidates accepts listed equivalents
* Unqualified AHAs are employed as part of a traineeship where certificate training is completed within 2 years
* Workplaces support a bridging program to completing Certificate IV qualifications
* Seek partnerships with regional providers (like contracted care)
 |

## Recommendation 7 examples

| Health examples | Disability examples | Aged care examples |
| --- | --- | --- |
| **Existing tools and frameworks*** Using existing health case examples or case studies to support role development
* Including allocations for AHAs in workforce equivalent full-time (EFT) calculations
* Using the department’s *Guidelines to scope and introduce new allied health assistant roles*
* Completing benchmarking activities for AHP-AHA ratios across different models of care
* Using performance data and activity targets to support planning activities
* AHPs and AHAs take part in workforce planning
* Victorian assistant workforce model (VAWM) resources used partially
* VAWM resources used fully
 | **Existing tools and frameworks*** Using existing disability case examples or case studies to support role development
* Including allocations for AHAs in workforce EFT calculations.
* Applying relevant lessons from the department’s *Guidelines to scope and introduce new allied health assistant roles*
* Completing benchmarking activities for AHP-AHA ratios across different care and therapy teams
* Using performance data and activity targets to support planning activities
* AHPs and AHAs take part in workforce planning
 | **Existing tools and frameworks*** Using existing aged care case examples or case studies to support role development
* Including allocations for AHAs in workforce EFT calculation.
* Applying relevant lessons from the department’s *Guidelines to scope and introduce new allied health assistant roles*
* Completing benchmarking activities for AHP-AHA ratios across different models of care
* Using performance data and activity targets to support planning activities
* AHPs and AHAs take part in workforce planning
 |
| **Role to provide and monitor AHA professional governance and advocacy*** AHA team leader role
* AHP providing an AHA team leader or portfolio holder role
* AHA workforce advisor role
 | **Role to provide and monitor AHA professional governance and advocacy*** Senior TA in leadership role
* AHP providing an AHA team leader or coordinator role
 | **Role to provide and monitor AHA professional governance and advocacy*** AHA team leader role
* AHP providing an AHA team leader or portfolio holder role
* AHA workforce advisor role
 |
| **Review workloads and delegable tasks*** Audit tasks delegated to AHAs
* Review allied health team workloads to consider new tasks to delegate
* AHAs asked to identify new tasks to delegate through clinical supervision, team meetings and so on
* AHPs receive training to identify opportunities for tasks to delegate
* AHPs have a key performance indicator around the percentage of their workload they delegate to AHAs
* AHA workloads are reviewed in workshops, surveys or other activities to identify use and productivity
* AHA workloads are reviewed using statistical analysis to assess productivity and identify opportunities
* AHPs and AHAs have joint workshops, surveys or other activities to identify possible tasks to delegate
* The supervision and delegation framework is used to decide if a task is suitable for delegation
 | **Review workloads and delegable tasks*** Audit tasks delegated to TAs
* Team leader or coordinator review allied health professional workloads to consider new tasks to delegate
* Team leader, coordinator or TA review travel distances and locations to consider new tasks to delegate
* Team leaders or coordinator review of care plans to consider existing and new delegable tasks
* TAs are asked to identify new delegable tasks through clinical supervision, team meetings etc.
* AHPs receive training to identify opportunities for delegable tasks
* AHPs have a key performance indicator around the percentage of their workload they delegate to TAs
* Using data sources available to analyse productivity and opportunities
* AHPs and TAs complete surveys or other activities to identify possible tasks to delegate
* The supervision and delegation framework for AHAs in disability is used to decide if a task is suitable for delegation
 | **Review workloads and delegable tasks*** Audit tasks delegated to AHAs
* Review allied health team workloads to consider new tasks to delegate
* AHAs asked to identify new tasks to delegate through clinical supervision, team meetings and so on
* AHPs receive training to identify opportunities for delegable tasks
* AHPs have key performance indicators as to the percentage of their workload they delegate to AHAs
* AHA workloads are reviewed in workshops, surveys or other activities to identify use and productivity
* AHA workloads are reviewed using statistical analysis to assess productivity and identify opportunities
* AHPs and AHAs have joint workshops, surveys or other activities to identify possible tasks to delegate
* The supervision and delegation framework is used to decide if a task is suitable for delegation
 |
| **New or redesigned models of care*** Use workforce planning resources from larger workplaces
* Consider single or shared discipline AHAs in model of care
* New workforce planning is closely linked with AHP and AHA planning
* Audit information on activity measures is used to support AHA planning
* Specific AHA allocation included in EFT planning.
* AHA EFT included in templates or workforce planning models
* Dedicated staffing resources to complete allied health workforce planning
 | **New or redesigned models of care*** Use larger provider’s or shared resources for workforce planning resources or templates
* Consider single or shared discipline TA model of care pending local service needs
* Growing participant volume or need is closely linked with AHP and TA care planning, including TA hours
* Audit information on activity measures used to support TA planning
* A planned or desired EFT of TA role is incorporated into workforce planning models
* Dedicated staffing resources to complete Allied health workforce planning
 | **New or redesigned models of care*** Use workforce planning resources from larger workplaces.
* Consider single or shared discipline AHAs in model of care
* New workforce planning is closely linked with AHP and AHA planning
* Audit information on activity measures used to support AHA planning
* Specific AHA allocation included in EFT planning
* AHA EFT included in templates or workforce planning models
* Dedicated staffing resources to complete allied health workforce planning
 |
| **AHA representation in workforce planning*** AHA workforce consulted in workforce planning
* AHP workforce consulted in AHA workforce planning
* Recruitment and retention data used to review previous AHA recruitment practices
* AHA team member involved in planning
* AHA leadership role or committee in place
* AHA workforce advisor role in place
 | **AHA representation in workforce planning*** TA workforce consulted in workforce planning
* AHP workforce consulted in TA workforce planning
* Recruitment and retention data used to review previous TA recruitment practices
* TA team member involved in planning
* TA leadership or coordinator role in place
 | **AHA representation in workforce planning*** AHA workforce consulted in workforce planning
* AHP workforce consulted in AHA workforce planning
* Recruitment and retention data used to review previous AHA recruitment practices
* AHA team member involved in planning
* AHA leadership role or committee in place
* AHA workforce advisor role in place
 |
| **Cost benefit analysis*** Consider how AHAs can help use resources wisely
* Work with accountant or bookkeeper
* Work with Chief Finance Officer
* Role decision matrices
* Human Resources support
 | **Cost benefit analysis*** TA roles are considered around wait list management
* Work with accountant or bookkeeper
* Work with Chief Finance Officer
* Role decision matrices
* Human Resources support
 | **Cost benefit analysis*** Consider how AHAs can help use resources wisely
* Work with accountant or bookkeeper
* Work with Chief Finance Officer
* Role decision matrices
* Human Resources support
 |

## Recommendation 8 examples

| Health examples | Disability examples | Aged care examples |
| --- | --- | --- |
| * Using consistent AHA position descriptions
* Existing AHA position descriptions are tailored for local needs
* AHA scope of practice for different grades is well understood
* New roles are graded based on AHA scope of practice and experience needed
* AHA scope of practice is consistent across the workplace
* AHA roles are described with clinical titles
* AHA roles are separated from AHPs through different supervision structures, roles and responsibilities
* AHA and other delegable workforce roles are separated by different capability and credentialing requirements
* Roles and responsibilities are described in delegation training
* Partner with other local providers to share governance resources
* Seeking advice from allied health peak bodies on how to work effectively with AHAs
 | * Using consistent TA position descriptions
* Existing AHA or TA position descriptions are tailored for local needs
* TA scope of practice for different levels is well understood
* New roles are graded based on TA scope of practice and experience needed
* New roles are graded based on planned participant needs
* TA scope of practice is consistent across the workplace
* TA and other delegable workforce roles are separated by differences in care plan activities
* TA and other delegable workforces roles (like disability support workers) are separated by different pricing schedule
* Roles and responsibilities are described in delegation or orientation training
* Partner with larger providers to share governance resources
* Seeking advice from disability peak bodies on how to work effectively with TAs
 | * Using consistent AHA position descriptions
* Existing AHA position descriptions are tailored for local needs
* AHA scope of practice for different grading is well understood
* New roles are graded based on AHA scope of practice and experience required
* AHA scope of practice is consistent across the workplace/provider
* AHA roles are delineated by clinical titles
* AHA roles are delineated from AHPs by difference in supervision structures and roles and responsibilities
* AHA and other delegable workforce roles, such as lifestyle assistants, are delineated by differences in capability/credentialing requirements
* Roles and responsibilities are delineated in delegation training
* Partnering with larger providers or alliance to access shared governance resources
* Seeking advice from aged care and allied health peak bodies on how to work effectively with AHAs
 |

## Recommendation 9 examples

| Health examples | Disability examples | Aged care examples |
| --- | --- | --- |
| * Workplace has delegation procedures in line with supervision and delegation framework for AHAs
* Delegation forms or templates included in workplace documentation
* Delegation training is offered in-house or external equivalent supported
* Online delegation modules or workplace equivalent is required training for AHPs annually
* AHAs have a clinical supervisor based on local supervision procedure
* Supervisors are at least Grade 2 senior AHPs where possible
* Supervision training is offered via Department of Health modules,[[4]](#footnote-4) internal resources or external attendance supported
* Work with other services to run supervision and delegation training when unable to do it internally
* Mandatory one-off or yearly training
* Audit of delegation training requirements
* Audits of supervision training requirements
* Audits of practice against supervision and delegation requirements
 | * Workplace has delegation procedures in line with supervision and delegation framework for AHAs in disability
* Delegation forms or templates included in workplace documentation
* Online delegation for disability module or workplace equivalent is required training for AHPs yearly
* Delegation training is offered inhouse or from larger disability providers or alliances
* TAs have a clinical supervisor based on local supervision procedure, included in service delivery agreement where necessary
* Supervisors are at least Grade 2 senior AHPs where possible
* Supervision training is offered via Department of Health modules, internal resources or external attendance supported
* Work withother services to run supervision and delegation training when unable to do it internally
* Mandatory one-off or yearly training
* Audit supervision training requirements
* Audit delegation training requirements
* Audit practice against supervision and delegation requirements
 | * Workplace has delegation procedures in line with supervision and delegation framework for AHAs
* Delegation forms or templates included in workplace documentation
* Delegation training is offered in-house or external equivalent supported
* Online delegation module or workplace equivalent is required training for AHPs yearly
* AHAs have a clinical supervisor based on local supervision procedure
* Supervisors are at least Grade 2 senior AHPs where possible
* Supervision training is offered via Department of Health modules, internal resources or external attendance supported
* Work with other services to run supervision and delegation training when unable to do it internally
* Mandatory one-off or yearly training
* Audits of supervision training requirements
* Audit of delegation training requirements
* Audits of practice against supervision and delegation requirements
 |

## Recommendation 10 examples

| Health examples | Disability examples | Aged care examples |
| --- | --- | --- |
| **Competence and learning needs*** Learning needs assessments include AHAs
* Supervision is used to explore learning opportunities available for AHAs
 | **Competence and learning needs*** Learning needs assessments include TAs
* Supervision is used to explore learning opportunities available for TAs
 | **Competence and learning needs*** Learning needs assessments include AHAs
* Supervision is used to explore learning opportunities available for AHAs
 |
| **Valued input when setting goals*** AHAs are included in patient care planning, case conference, multidisciplinary team and handovers
* AHAs document their practice in patient records
 | **Valued input when setting goals*** TAs are included in care planning and reviewing therapy plans
* TAs document their practice in participant records
 | **Valued input when setting goals*** AHAs are included in client care planning
* AHAs document their practice in client records
 |
| **Quality improvement and research*** AHAs take part in quality initiatives
* AHAs take part in research activities
 | **Quality improvement and research*** TAs take part in quality initiatives
* TAs take part in research activities
 | **Quality improvement and research*** AHAs take part in quality initiatives
* AHAs take part in research activities
 |
| **Leadership activities*** AHA representative at team meetings
* AHA representative at local leadership meetings
* Regular meetings or forums between AHA and management to ensure AHA input is valued
* AHAs take part in National Safety and Quality Health Services Standards committees
* AHAs or AHA leaders take part in communities of practice for AHA workforce leaders
* AHAs included in workplace credentialing and scope of practice policy for allied health
* AHAs hold leadership roles in workload management
* Workplace has an AHA leadership group
 | **Leadership activities*** TA representative at team meetings
* TA representative at local leadership meetings
* Regular meetings or forums between TAs and management to ensure input is valued
* TAs take part in committees or activities on National Standards for Disability Services
* AHAs or AHA leaders take part in communities of practice for AHA workforce leaders
* TAs represented in leadership groups
 | **Leadership activities*** AHA representative at team meetings
* AHA representative at local leadership meetings
* Regular meetings or forums between AHA and management to ensure AHA input is valued
* AHAs take part in committees or activities on Aged Care Quality Standards
* AHAs included in workplace credentialing and scope of practice policy for allied health
* AHAs or AHA leaders take part in communities of practice for AHA workforce leaders
 |

## Recommendation 11 examples

| Health examples | Disability examples | Aged care examples |
| --- | --- | --- |
| * Consumers have choice in who provides their care, where applicable
* Consumers are part of the supervision and delegation process, where applicable
* Consumers know how to escalate issues if service is not meeting goals or expectations
* Consumers can observe AHP-AHA relationships through co-treats, doubles or joint sessions
* Consumers are told the benefits of using AHAs in their care team
* Consumers are given information on the different roles in their care team
* Family or carer given information about the different care team roles
* Workplaces educate consumers on the AHP role and the linked AHA role
* Service agreements describe AHP and AHA roles and value in care, including billing details
* Partnering with larger workplaces for marketing and promotion about the AHP and AHA role
* Promote and showcase AHA role in workplace through activities like AHA events, days, news articles and newsletters
* Consumer feedback is used to evaluate services
* Victorian Healthcare Experience Survey data is used to evaluate services
* Consumers or patient experience teams are part of AHA service delivery revisions
 | * Participants are supported to make choices on who provides their care
* Consumers are part of the supervision and delegation process. This provision is included in service agreements
* Consumers know how to escalate issues if service is not meeting goals or expectations
* Participants can observe AHP-TA relationship during joint sessions billed as Level 1 TA
* Participants are told the benefits of using TAs in their care team
* Participants are given information on the different roles in their care team
* Family or carer given information about the different care team roles
* Case coordinators initially educate participants on the AHP role and linked TA role
* Service agreements describe AHP and TA roles and value in providing care and therapy, including billing details
* Providers partnering with larger workplaces or alliances for marketing and promotion about the AHP and TA role
* Providers promote and showcase TA role to participants and therapists
* Participant feedback is used to evaluate choice and control in services
* Participants are part of TA service delivery development
 | * Consumers have choice in who provides their care, where applicable
* Consumers are part of the supervision and delegation process. This provision is included in service agreements
* Consumers know how to escalate issues if service is not meeting goals or expectations
* Consumers can observe AHP-AHA relationships through co-treats, doubles or joint sessions
* Consumers are told the benefits of using AHAs in their care team
* Consumers are given information on the different roles in their care team, including in facility and home-based settings
* Family or carer given information about the different care team roles
* Workplaces educate consumers on the AHP role and linked AHA role
* Service agreements describe AHP and AHA roles and value in providing care and therapy, including billing details
* Partner with larger workplaces to market and promote AHP and AHA roles
* Promote and showcase AHA role in workplace through activities like AHA events, days, news articles and newsletters
* Consumer, family and carer feedback is used to evaluate services
* Consumers part of AHA service delivery revisions
 |

## Recommendation 12 examples

| Health examples | Disability examples | Aged care examples |
| --- | --- | --- |
| * Interview includes example of written documentation (such as clinical progress note)
* Interview includes example of responding to written prompt
* Interview includes relevant clinical scenarios
* Interview used values-based recruitment principles
* Literacy assessed during phases of recruitment process (such as cover letter, resume, phone call for interview offer, interview, referee checks)
* Senior (Grade 3) AHAs involved in shortlisting candidates
* Senior (Grade 3) AHAs on interview panels
* Casual roles are offered to allow for extended preliminary supervision and orientation
* AHA workforce advisors on interview panels for AHA staff
 | * Interview includes example of written documentation (like documenting in care plan)
* Interview includes example of responding to written prompt
* Interview uses scenarios relevant to participant need or advertised position
* Interview used values-based recruitment principles
* Literacy assessed during phases of recruitment process (such as cover letter, resume, phone call for interview offer, interview, referee checks)
* Senior TAs involved in shortlisting candidates
* Senior TAs AHAs on interview panels
* Casual roles are offered to allow for extended preliminary supervision and orientation
* TA professional leads or coordinators on interview panels
 | * Interview includes example of written documentation (like documenting in care plan)
* Interview includes example of responding to written prompt
* Interview includes relevant scenarios
* Interview used values-based recruitment principles
* Literacy assessed during phases of recruitment process (such as cover letter, resume, phone call for interview offer, interview, referee checks)
* Senior AHAs involved in shortlisting candidates
* Senior AHAs on interview panels
* Casual roles are offered to allow for extended preliminary supervision and orientation
* AHA professional leads or coordinators on interview panels
 |

## Recommendation 13 examples

| Health examples | Disability examples | Aged care examples |
| --- | --- | --- |
| **Orientation procedure*** Workplace has induction process that includes orientation activities
* Orientation checklist including location, administration, systems, safety, personnel and clinical items
* AHA peers and AHPs orientate and induct AHAs to the work setting
* AHAs are introduced to members of the multidisciplinary team
* AHAs have access to resources or people about team member roles and responsibilities
* AHAs are involved in orientating new AHPs to the AHA role
* New AHAs have a 'buddy' AHA or AHP onsite or remotely
* Written orientation resource or duty statement for each role (that an AHA contributes to) referred to during orientation
 | **Orientation procedure*** Workplace has induction process that includes orientation activities
* Orientation checklist including location, administration, systems, safety, personnel and therapy items
* TA peers and AHPs orientate and induct new TAs to the work setting
* TAs introduced to care and therapy-based team
* TAs have access to resources or people about team member roles and responsibilities
* TAs are involved in orientating new AHPs to the TA role
* New TAs have a 'buddy' therapist onsite or remotely
 | **Orientation procedure*** Workplace has induction process that includes orientation activities
* Orientation checklist including location, administration, systems, safety, personnel and clinical items
* AHA peers and AHPs orientate and induct new AHAs to the work setting
* AHAs are introduced to members of the multidisciplinary team
* AHAs have access to resources or people about team member roles and responsibilities
* AHAs are involved in orientating new AHPs to the AHA role
* New AHAs have a 'buddy' AHP or AHA onsite or remotely
 |
| **Provision of clinical supervision*** Clinical supervisor allocated within first 4 weeks
* Clinical supervisors are Grade 2 senior AHPs
* Provisions for supporting junior staff to supervise AHAs are made when Grade 2 or more senior AHPs are unavailable
* Credentialing and defining scope of practice commenced in the first six weeks
 | **Provision of clinical supervision*** Clinical supervisor allocated within first 4 weeks
* Clinical supervisors are therapists with experience in disability (not new graduates)
* Junior staff supported to supervise AHAs when more senior AHPs are unavailable
* Credentialing and defining scope of practice starts in the first 6 weeks
 | **Provision of clinical supervision*** Clinical supervisor allocated within first 4 weeks
* Clinical supervisors are AHPs with experience in aged care ( not new graduates)
* Junior staff supported to supervise AHAs when more senior AHPs are unavailable
* Credentialing and defining scope of practice starts in the first 6 weeks
 |
| **Frequency of supervision*** Alternatives to extra formal supervision, such as scheduled reflective catch ups or peer-based discussions
* New staff supervision increased to fortnightly
 | **Frequency of supervision*** Alternatives to extra formal supervision, such as scheduled reflective catch ups or peer-based discussions
 | **Frequency of supervision*** Alternatives to extra formal supervision, such as scheduled reflective catch ups or peer-based discussions
* New staff supervision increased to fortnightly
 |
| **AHP orientation to AHA role and delegation*** Orientation for new AHPs covers AHA role and responsibilities
* Orientation for new AHPs covers local delegation processes
* AHPs complete local delegation training
* AHPs complete Wodonga TAFE supervision and delegation online training
* AHPs understand and clarify where necessary professional indemnity insurance requirements
 | **AHP orientation to TA role and delegation*** Orientation for new AHPs covers TA roles and responsibilities
* Orientation for new AHPs covers local delegation processes
* AHPs complete local delegation training
* AHPs taught differences between TA level 1 and 2 activities and billing
* AHPs complete Wodonga TAFE supervision and delegation online training for AHAs in disability
* AHPs understand and clarify where necessary professional indemnity insurance requirements
 | **AHP orientation to AHA role and delegation*** Orientation for new AHPs covers AHA roles and responsibilities
* Orientation for new AHPs covers local delegation processes
* AHPs complete local delegation training
* AHPs complete Wodonga TAFE supervision and delegation online training
* AHPs understand and clarify where necessary professional indemnity insurance requirements
 |
| **Graduate programs*** New graduates can access online training
* AHAs can access resources from existing graduate programs
* AHAs can access AHA or combined AHA-AHP graduate program at another workplace
* AHAs can access AHA or combined graduate program at their workplace
 | **Graduate programs*** New graduates can access online training
* AHAs can access resources from existing graduate programs
* AHAs can access AHA or combined AHA-AHP graduate program at another workplace
* AHAs can access AHA or combined graduate program at their workplace
 | **Graduate programs*** New graduates can access online training
* AHAs can access resources from existing graduate programs
* AHAs can access AHA or combined AHA-AHP graduate program at another workplace
* AHAs can access AHA or combined graduate program at their workplace
 |

## Recommendation 14 examples

| Health examples | Disability examples | Aged care examples |
| --- | --- | --- |
| **Assessing tasks*** Access to competencies completed during VET Certificate training
* Expert clinician consensus needed to determine local clinical need and process
* Use flowchart in workforce recommendations (Figure 6) to inform risk control measures
* Use competency standard decision tool in resource kit 2 (competency) of the *Allied health credentialing competency and capability framework*
* Leadership teams or committee make decisions on competency needed for tasks
* Professional practice advisor role
 | **Assessing tasks*** Access to competencies completed during VET Certificate training
* Senior therapist or coordinator consensus needed to determine local need and process
* Use flowchart in workforce recommendations (Figure 6) to inform risk control measures
* Use competency standard decision tool in resource kit 2 (competency) of the *Allied health credentialing competency and capability framework*
* Leadership teams or committee make decisions on competency needed for tasks
* Professional practice advisor role
 | **Assessing tasks*** Access to competencies completed during VET Certificate training
* Senior therapist or coordinator consensus needed to determine local need and process
* Use flowchart in workforce recommendations (Figure 6) to inform risk control measures
* Use competency standard decision tool in resource kit 2 (competency) of the *Allied health credentialing competency and capability framework*
* Leadership teams or committee make decisions on competency needed for tasks
* Professional practice advisor role
 |
| **Developing competency standards*** Use the department’s AHA core competency template
* Use AHA core competency learning packages as basis for new learning packages
* Include a common set of elements and performance criteria
* Use resource kit 2 (competency) of the *Allied health credentialing competency and capability framework*
* Professional practice advisor role
 | **Developing competency standards*** Use the department’s AHA core competency template
* Use AHA core competency learning packages as basis for new learning packages
* Include a common set of elements and performance criteria
* Use resource kit 2 (competency) of the *Allied health credentialing competency and capability framework*
* Professional practice advisor role
 | **Developing competency standards*** Use the department’s AHA core competency template
* Use AHA core competency learning packages as basis for new learning packages
* Include a common set of elements and performance criteria
* Use resource kit 2 (competency) of the *Allied health credentialing competency and capability framework*
* Professional practice advisor role
 |
| **Sharing competency-based training resources*** Resources shared:
	+ by email
	+ in conference presentation
	+ in communities of practice
	+ in a database
	+ during professional development days
	+ through peer networks
* Resources tailored by AHP peak bodies
 | **Sharing competency-based training resources*** Resources shared:
	+ by email
	+ in conference presentation
	+ in disability service provider communities of practice
	+ with disability state or national group
	+ in a database
	+ during professional development days
	+ through peer networks
* Resources tailored by disability peak bodies
 | **Sharing competency-based training resources*** Resources shared:
	+ by email
	+ in conference presentation
	+ in service provider communities of practice
	+ with state or national group
	+ in a database
	+ during professional development days
	+ through peer networks
* Resources tailored by aged care peak bodies
 |
| **Reference groups*** Senior clinicians review and give input on training
* Senior AHAs review and give input on training
* Education advisor or office gives input on training
* Professional practice advisor or office gives input on training
 | **Reference groups*** Senior clinicians and coordinators review and give input on training
* Senior TAs review and give input on training
* Education or professional practice support gives input on training
 | **14.4 Reference groups*** Senior clinicians and coordinators review and give input on training
* Senior AHAs review and give input on training
* Education or professional practice support gives input on training
 |
| **Partnering with VET sector*** AHAs offered discipline-specific competency units
* Written agreements with RTOs for units run
* Co-deliver placement
* Give certificates of attainment for discipline‑specific skills
* Certificate upgrades to Certificate IV
 | **14.5 Partnering with VET sector*** TAs offered discipline-specific competency units
* Written agreements with RTOs for units run
* Co-deliver placement
* Give certificates of attainment for discipline‑specific skills
* Certificate upgrades to Certificate IV
 | **14.5 Partnering with VET sector*** AHAs offered discipline-specific competency units
* Written agreements with RTOs for units run
* Co-deliver placement
* Give certificates of attainment for discipline‑specific skills
* Certificate upgrades to Certificate IV
 |

## Recommendation 15 examples

| Health examples | Disability examples | Aged care examples |
| --- | --- | --- |
| * Joint or 'buddy' shifts for new AHAs with both other AHAs and AHPs
* Co-treats or joint sessions with AHPs and AHAs
* Joint telehealth sessions
* AHA opportunities to shadow or observe AHP
* AHAs have allocated time to give feedback to treating AHPs
* AHAs included in clinical meetings (such as ward handover and team planning meetings)
* AHAs located in AHP offices or workspaces
* AHA opportunities to shadow AHP’s non‑clinical activities within scope of practice
 | * Change management process for participants when TA added to team
* New TAs complete activities with participants with AHPs at first, billed as Level 1 TA
* Participants and TAs can work with delegating AHP through telehealth
* Joint or 'buddy' shifts for new TAs with both experienced TAs and AHPs
* TAs work with AHPs to decide best method for feedback
* TA opportunities to shadow or observe AHP during both therapy and administrative activities
* TAs included in therapy teams, care planning and team planning meetings
* TAs located in AHP offices, workspaces or hubs
 | * Joint or 'buddy' activities for new AHAs with both other AHAs and AHPs
* Co-treats or joint sessions with AHPs and AHAs
* Joint telehealth sessions
* AHAs have quarantined time for giving feedback to treating AHPs
* AHA opportunities to shadow or observe the AHP
* Including AHAs into care planning for residents and people accessing services and supports through My Aged Care
* AHAs located in AHP offices or workspaces
 |

## Recommendation 16 examples

| Health examples | Disability examples | Aged care examples |
| --- | --- | --- |
| * Assessors have knowledge from experience in the assessment area (that is, they may be Grade 3 AHA or at least Grade 2 senior AHP)
* Assessors have recent and broad experience in the area being assessed
* Assessors have working knowledge of the competency standard content
* Assessors have working knowledge of the assessment plans, tools and process
* Assessors are competent in line with the competency standard due to their qualification, training or experience
 | * Assessors have knowledge from experience in the assessment area (that is, they may be at least a Grade 2 senior AHP or senior TA)
* Assessors have recent and broad experience in the area being assessed
* Assessors have working knowledge of the competency standard content
* Assessors have working knowledge of the assessment plans, tools and process
* Assessors are competent in line with the competency standard due to their qualification, training or experience
 | * Assessors have knowledge from experience in the assessment area (that is, they may be Grade 3 AHA or at least Grade 2 senior AHP)
* Assessors have recent and broad experience in the area being assessed
* Assessors have working knowledge of the competency standard content
* Assessors have working knowledge of the assessment plans, tools and process
* Assessors are competent in line with the competency standard due to their qualification, training or experience
 |

## Recommendation 17 examples

| Health examples | Disability examples | Aged care examples |
| --- | --- | --- |
| **Recording*** Personal record log (hard or soft copy)
* AHA supervisors manage records for AHAs
* AHA records attainment using a workplace template
* Added to workplace personnel records
* Recorded in personal 'skills passport'
* Recorded in Microsoft Excel spreadsheet
* Recorded in central IT system or drives
 | **Recording*** Personal record log (hard or soft copy)
* TA supervisors or coordinators manage records for TAs
* TA records attainment using a workplace template
* Added to workplace personnel records
* Recorded in personal 'skills passport'
* Recorded in Microsoft Excel spreadsheet
* Recorded in central IT system or drives
 | **Recording*** Personal record log (hard or soft copy)
* AHA supervisors or coordinators manage records for AHAs
* AHA records attainment using a workplace template
* Added to workplace personnel records
* Recorded in personal 'skills passport'
* Recorded in Microsoft Excel spreadsheet
* Recorded in central IT system or drives
 |
| **Supporting AHAs to document*** Documented and discussed at performance appraisals or improvement sessions
* Documented and discussed during supervision activities
 | **Supporting AHAs to document*** Documented and discussed at performance appraisals or improvement sessions
* Documented and discussed during supervision activities
 | **Supporting AHAs to document*** Documented and discussed at performance appraisals or improvement sessions
* Documented and discussed during supervision activities
 |
| **Auditing*** Audit of individual competency records
* Audit of central record of competency attainment
* Medical record audit of delegated tasks
* Compare audit results to credentialing register
 | **Auditing*** Audit of individual competency records
* Audit of central record of competency attainment
* Participant case files audit of delegated tasks
* Compare audit results to credentialing register
 | **Auditing*** Audit of individual competency records
* Audit of central record of competency attainment
* Participant case files audit of delegated tasks
* Compare audit results to credentialing register
 |
| **Skills recognition*** Letters or references about competency attainment from previous employer
* Statements of attainment of competencies from workplaces or RTOs
* Review AHA’s competency-based training documentation
* Resource kit 2 (competency) of the *Credentialing, competency and capability framework* used for evidence collection and skills recognition
 | **Skills recognition*** Letters or references about competency attainment from previous employer
* Statements of attainment of competencies from workplaces or RTOs
* Review AHA’s competency-based training documentation
* Resource kit 2 (competency) of the *Credentialing, competency and capability framework* used for evidence collection and skills recognition
 | **Skills recognition*** Letters or references about competency attainment from previous employer
* Statements of attainment of competencies from workplaces or RTOs
* Review AHA’s competency-based training documentation
* Resource kit 2 (competency) of the *Credentialing, competency and capability framework* used for evidence collection and skills recognition
 |

## Recommendation 18 examples

| Health examples | Disability examples | Aged care examples |
| --- | --- | --- |
| **Describe and identify*** AHAs are asked about their clinical supervision learning needs
* AHAs are surveyed to identify learning needs online or at face-to-face forums
* Goals for future learning and development set during performance appraisals
* AHAs lead and take part in groups or committees about determining and planning AHA education
 | **Describe and identify*** TAs are asked regularly about their learning needs as participant case load or goals change
* TAs are asked about their learning needs during clinical supervision
* Workplaces identify learning needs using online surveys or face-to-face forums
* Goals for future learning and development set during performance appraisals
* TAs or coordinators (or both) plan TA-specific education
 | **Describe and identify*** AHAs are asked about their clinical supervision learning needs
* AHAs are surveyed to identify learning needs online or in face-to-face forums
* Goals for future learning and development set during performance appraisals
* AHAs lead and take part in groups or committees about determining and planning AHA education
 |
| **Reviewing if learning goals are met*** Clinical supervision
* Performance appraisals
* Audit access to and completion of professional development
* Professional development is assessed to see if it meets AHA learning needs
* Allied health educators are supported to target education to AHA learning needs
 | **Reviewing if learning goals are met*** Joint sessions with participant, therapist and TA
* Clinical supervision
* Performance appraisals
* Professional development is assessed to see if it meets TA learning needs
* Educators are supported to target education to TA learning needs
 | **Reviewing if learning goals are met*** Clinical supervision
* Performance appraisals
* Audit access to and completion of professional development
* Professional development is assessed to see if it meets AHA learning needs
* Allied health educators are supported to target education to AHA learning needs
 |
| **Training*** AHAs included in mandatory and relevant workplace training
* AHAs included in relevant discipline-specific training
* Ensure accessibility of training method (such as access to IT, space in meeting or therapy rooms)
* Presenter or facilitator is relevant to AHAs and AHPs
* For AHA-specific training, content is in line with Certificate IV level
 | **Training*** TAs included in mandatory and relevant workplace training
* Ensure accessibility of training method (such as access to IT, space in meeting or therapy rooms)
* Presenter or facilitator is relevant to TAs and AHPs
* For TA-specific training, content is in line with Certificate IV level
 | **Training*** AHAs included in mandatory and relevant workplace training
* AHAs included in relevant discipline-specific training
* Ensure accessibility of training method (such as access to IT, space in meeting or therapy rooms)
* Presenter or facilitator is relevant to AHAs and AHPs
* For AHA-specific training, content is in line with Certificate IV level
 |
| **Accessing internal and external opportunities*** Ensure clinical load can be covered to allow attendance
* Use expression of interest process to attend professional development opportunities
* Use professional development application form
* Support access to both clinical and soft skill‑based training
* Support participation in peer networks and communities of practice
* Professional development aligned with performance appraisals goals
* Work with other local services to offer professional development
* Support AHAs to set up and take part in a community of practice
* AHA-dedicated professional development program supported by AHA educators and driven by AHA workforce
* Certificate IV Training and Education pathway supported and available to AHAs
* Interdisciplinary and single discipline roles and training for AHAs
 | **Accessing internal and external opportunities*** Billable and workplace allowances to support attendance
* Create professional development application form
* Support access to both clinical and soft skill‑based training relevant to participant case load
* Supporting participation in peer network/communities of practice/alliances
* Alignment of professional development with performance appraisals and individual goals
* collaboration with other local providers or alliances in order to provide professional development
* supporting Therapy assistants to develop and participate in a community of practice
 | **Accessing internal and external opportunities*** Billable and workplace allowances to support attendances
* Use expression of interest process to attend professional development opportunities
* Create professional development application form
* Support access to both clinical and soft skill‑based training
* Support participation in peer networks and communities of practice
* Professional development aligned with performance appraisals goals
* Work with other local services to offer professional development
* Support AHAs to set up and take part in a community of practice
* AHA-dedicated professional development program supported by AHA educators and driven by AHA workforce
* Exploring Certificate IV Training and Education pathways to support own workplace training
 |
| **Recording professional development*** Electronic templates (like Word, Excel or online system) used to record professional development
* Hard copy records (like workbooks or journals) used to record professional development
 | **Recording professional development*** Electronic templates (like Word, Excel or online system) used to record professional development
* Hard copy records (like workbooks or journals) used to record professional development
 | **Recording professional development*** Electronic templates (like Word, Excel or online system) used to record professional development
* Hard copy records (like workbooks or journals) used to record professional development
 |
| **Recognising learning*** Prior learning allows for expanding of AHA’s scope of practice
* Single discipline AHA given more discipline roles or changed to multidisciplinary role
* Role classification reviewed during performance appraisal
* Role decision matrix used to review role classification
* Explore whether AHA skill sets can be applied or transferred to other roles in health
* AHA workforce advisor role to support recognition of prior learning processes
 | * Prior learning allows for expanding of AHA’s scope of practice
* Single discipline TA given more discipline roles or changed to multidisciplinary role
* Role classification reviewed during performance appraisal
* Role decision matrix used to review role classification
* Explore whether AHA skill sets can be applied or transferred to other roles in disability
 | **Recognising learning*** Prior learning allows for expanding of AHA’s scope of practice
* Single discipline AHA given more discipline roles or changed to multidisciplinary role
* Role classification reviewed during performance appraisal
* Role decision matrix used to review role classification
* Explore whether AHA skill sets can be applied or transferred to other roles in aged care
 |
| **Evaluating AHA learning and development*** Survey participants to see if session met learning objectives
* Ask for feedback when planning future AHA learning and development sessions
 | **Evaluating AHA learning and development*** Survey participants to see if session met learning objectives
* Ask for feedback when planning future AHA learning and development sessions
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Available at [Victorian Allied Health Assistant Workforce Recommendation and Resources](https://www.health.vic.gov.au/allied-health-workforce/victorian-allied-health-assistant-workforce-recommendations-resources) <https://www.health.vic.gov.au/allied-health-workforce/victorian-allied-health-assistant-workforce-recommendations-resources>

1. See [Victorian Skills Gateway's Apprenticeships and traineeships web page](https://www.skills.vic.gov.au/s/apprenticeships-and-traineeships) <https://www.skills.vic.gov.au/s/apprenticeships-and-traineeships> [↑](#footnote-ref-1)
2. See the [department’s Student placement agreement web page](https://www.health.vic.gov.au/publications/student-placement-agreement) <https://www.health.vic.gov.au/publications/student-placement-agreement> [↑](#footnote-ref-2)
3. See the [department's Fee schedule for clinical placement in public health services web page](https://www.health.vic.gov.au/education-and-training/fee-schedule-for-clinical-placement-in-public-health-services) <https://www.health.vic.gov.au/education-and-training/fee-schedule-for-clinical-placement-in-public-health-services> [↑](#footnote-ref-3)
4. See the [department’s Victorian allied health clinical supervision framework web page](https://www.health.vic.gov.au/allied-health-workforce/victorian-allied-health-clinical-supervision-framework) <https://www.health.vic.gov.au/allied-health-workforce/victorian-allied-health-clinical-supervision-framework> [↑](#footnote-ref-4)