

Supervision and delegation framework for allied health assistants

Overview



Context

The role of the allied health assistant (AHA) in Victoria is not new. The creation of a Certificate IV in Allied Health Assistance in 2007, and the introduction in Victoria of Grade 1, 2 and 3 AHAs, has provided new standing and clarity for this workforce. This environment has allowed for the development of more advanced AHA roles that are able to operate under the direct, indirect and remote supervision of an allied health professional (AHP). It also highlights the value and diversity of the AHA workforce in Victoria, and recognises the important roles that AHAs can play in the delivery of high-quality, responsive healthcare as part of a multidisciplinary allied healthcare team.

An AHA scoping project in 2009 recognised the broader benefits when the sector actively improves its understanding of the roles, skills and contribution that AHAs can make to client outcomes and service design. The Supervision and delegation framework for allied health assistants (the framework) achieves this by providing information and guidance to enhance the utilisation and development of the role across health and community services throughout Victoria.

Using the framework

We recommend reading the whole framework initially, as many parts are interrelated. Having done that, the contents page provides a quick reference for finding sections of the framework for you and your staff.

Summary of the framework

For allied health teams to work effectively, it is essential that team members understand their roles, responsibilities and scope of practice.

As service delivery models embrace multidisciplinary and interdisciplinary care, roles for AHAs working across disciplines will increase. In this transition, it will be important that AHAs' workloads have regard to the complexity and need for maintenance of skills across all the disciplines in which they work (see page 18 in the framework).

The framework emphasises the importance of orientating new AHAs and AHPs to the workplace and ensuring appropriate support systems are in place for AHAs working in a rural context.

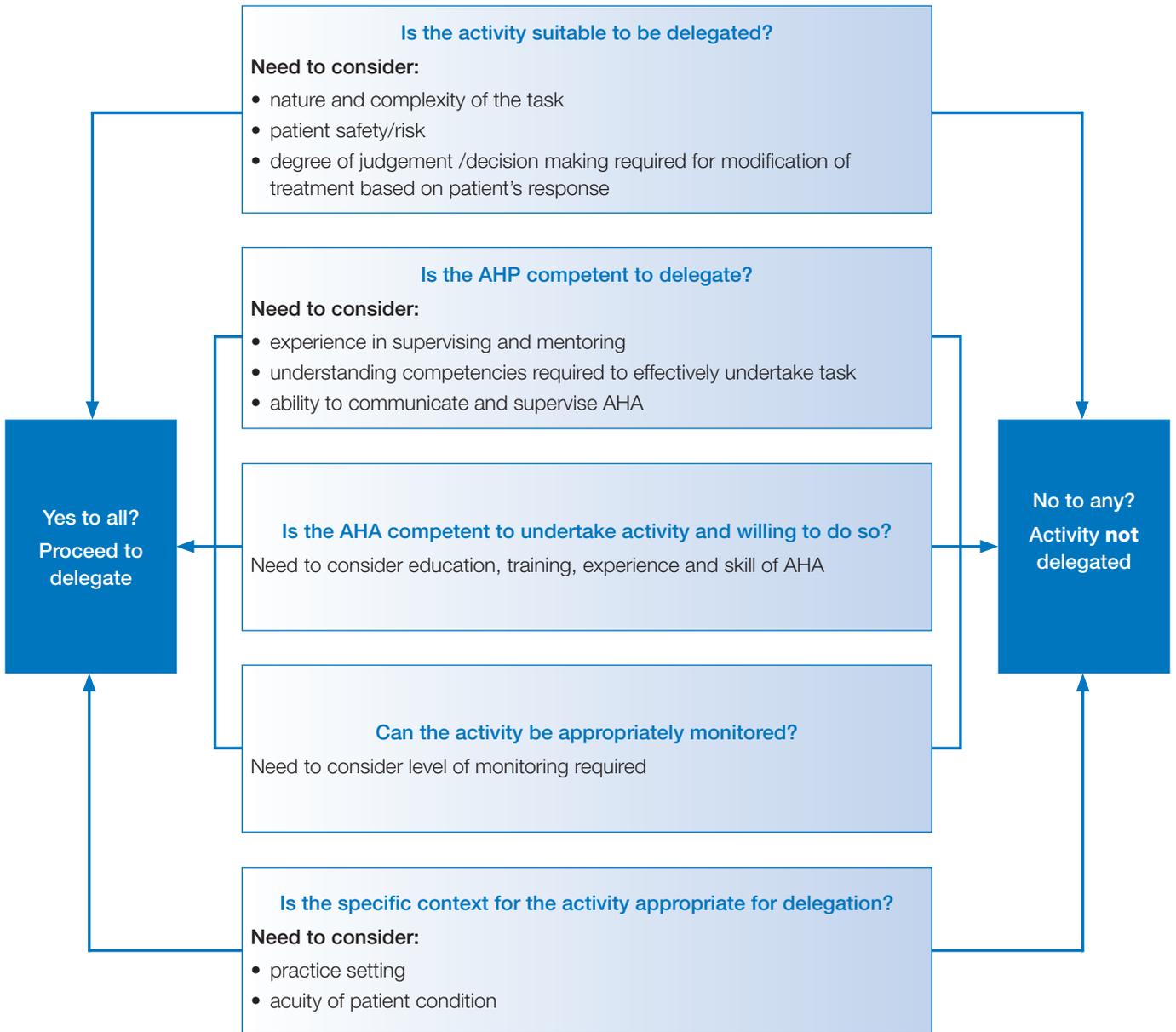
Supporting effective delegation

The framework supports effective delegation by discussing:

- what delegation is and the principles of effective delegation
- when it is appropriate to delegate and/or assign responsibility
- when it is appropriate for an AHA to refuse to accept a delegation
- accountabilities associated with delegating.

Figure 4.1 in the framework provides a delegation tree to support discussion between team members (the AHP and AHA) to determine whether it is appropriate to delegate a particular task (see page 22 in the framework).

Figure 4.1: Delegation decision tree



Note: This figure is based on a diagram developed by the Western Australian Country Health Service titled *Delegation monitoring and evaluation of allied health assistants*, available at: www.wacountry.health.wa.au/uploads/aha%20delegation%20monitoring%20evaluation%20final.pdf

Supporting effective supervision

The framework details:

- the role of the supervisor
- approaches to supervision in a multidisciplinary and interdisciplinary context
- the importance of structural approaches to supporting AHAs in a rural context.

Table 5.2 in the framework supports AHPs in determining the type and frequency of monitoring required related to the complexity of the task delegated and the AHA's experience in undertaking the delegated activity (see page 29 in the framework).

Table 5.2: Types of monitoring and frequency related to complexity of task and experience with the delegated task

| Task complexity/ delegation | Simple, routine task Recurrent delegation | Simple non-routine task New delegation | Complex, routine task Recurrent delegation | Complex, non-routine task New delegation |
|--------------------------------|---|--|---|---|
| Client condition | Stable and simple condition | Stable and more complex condition | Fluctuating and more complex | Highly fluctuating and complex condition |
| Skills and competencies | Advanced competency, recent experience and frequently conducted | Advanced competency, experience and occasionally conducted | Basic competency, experience and occasionally conducted | Basic experience, no experience and never undertaken |
| Impact on service | Minimal | Some impact on quality | Moderate impact on quality | Significant impact on quality |
| Adverse risk | Minimal | Mildly attributable to performance | Moderately attributable to performance | Directly attributable to performance |
| Timeframe | Significant time before impact | Some time before impact | Short time before impact | Immediate impact |
| Frequency of monitoring | <i>Intermittent monitoring</i> | <i>Regular monitoring</i> | <i>Frequent monitoring</i> | <i>Frequent continuous monitoring</i> |
| Type of monitoring | <i>Indirect monitoring</i> | <i>Direct and indirect monitoring and some supervision</i> | <i>Direct and indirect monitoring and some frequent supervision</i> | <i>Direct monitoring and supervision at all times</i> |

Note: this table is drawn from the Western Australian Country Health Service's *Delegation, monitoring and evaluation of AHA* available at: <http://www.wacountry.health.wa.gov.au/alliedhealthassistants>

Specific guidance for professions

Discipline-specific considerations for nutrition and dietetics, occupational therapy, physiotherapy, podiatry and speech pathology can be found in chapter six (pages 37–53) of the framework.

Further information

To access the full version of the framework and for information regarding other initiatives and projects being supported by the Department of Health (the department) please refer to the department's website at www.health.vic.gov.au/workforce.