

AUSTRALIAN ALLIED HEALTH LEADERSHIP ALLIANCE

Position Statement 2023: Allied Health Assistants

Background

This paper outlines the Australian Allied Health Leadership Alliance's position on the allied health assistant workforce, and the opportunities for investment and uptake of allied health assistants to help improve access to allied health services in response to challenges such as workforce shortages and maldistribution in Australia. Allied health assistants are valued members of the multidisciplinary team and work under the supervision and delegation of allied health professionals to assist with therapeutic and program related activities. Delegation is a defining feature and fundamental to the definition of an allied health assistant role and patient safety.

Key Messages

- Opportunity exists for allied health assistants to be better utilised and embedded within communities, to support the delivery of allied health services in various settings, including primary care, aged care, and disability services.
- In addition to being an important workforce, allied health assistance provides an important pathway into education, training, and employment in health, particularly in regional and remote Australia.
- Greater understanding and consistency of design for allied health assistant roles will support the workforce to operate safely and effectively, increase workforce mobility and support public safety.
- Strategies to develop the allied health workforce should take a collective view, and include investment in systemic reform as well as education, training and inclusion strategies to support collaborative ways of working.
- Allied health assistants are not autonomous practitioners and are not a substitute workforce for allied health professionals.

Introduction

Comprising more than 25 per cent of Australia's health workforce, the allied health workforce makes significant contributions to improving health and wellbeing outcomes of all Australians, working across a wide range of settings and sectors. Evidence highlights their critical value in an integrated health care system and the vital role the allied health workforce plays in delivering high value diagnostic, technical, therapeutic, and other health and wellbeing services, often as a first point of contact within the health system and related sectors.

Despite this, there are shortages across the allied health workforce, underutilisation in key sectors, and maldistribution challenges in rural and remote Australia, which effect equitable access to care. AAHLA

acknowledges that the allied health assistant workforce represents a significant and underutilised resource to help address challenges facing Australia’s health system today, especially the ongoing health impacts of long COVID-19, and as we respond to demand and reform in sectors such as aged care and disability services.

AHILA recognise the benefit of optimal utilisation of allied health assistants is a key enabler to improve the reach, effectiveness, and impact of the allied health workforce. In addition, the allied health assistant workforce provides valuable opportunities to create accessible and localised training, education and employment pathways for Aboriginal and Torres Strait Islander people and in rural and remote communities, with successful examples including the Indigenous Allied Health Australia National Aboriginal and Torres Strait Islander Health Academy, and the inclusion of allied health assistant positions within the Building the Rural and Remote Allied Health Assistant Workforce (BRAHAW) Strategy, led by Services for Australian Rural and Remote Allied Health.

Opportunities and challenges

The emergence of the allied health assistant workforce has been promoted by the need to optimise the effectiveness, productivity, and capacity of the allied health workforce; reduce unmet demand for patient care; and increase time for advanced practice by allied health professionals (for example complex treatment)^{1,2}.

Despite this, evidence suggests that allied health assistants are currently underutilised due, in part, to:

- A lack of understanding and recognition of the current and future capabilities of the allied health assistant workforce as an emerging workforce, including the therapeutic value of services delivered by allied health assistants, effective utilisation and scope of work, and career development.
- Experiences of cultural safety and responsiveness, respect and inclusion of allied health assistants within the workforce,
- Lack of support for allied health professionals in working effectively with allied health assistants, particularly for those professions with less experience working assistant roles.
- Inexperience of services in designing and employing to allied health assistant positions, including ensuring appropriate clinical oversight and delegation, particularly outside the public sector.
- Funding challenges which influence the viability of employment of allied health assistants, particularly within primary care settings.
- Insufficient identification of and investment in the allied health assistant workforce as a strategy to increase therapeutic care, alongside the personal care support workforce.

Robust and coordinated workforce planning and governance – which is inclusive of allied health assistants and cognisant of these challenges and opportunities – will not only see allied health service capacity grow

¹ <https://www.tandfonline.com/doi/abs/10.1080/0312407X.2013.830754>.

² <https://www.aasw.asn.au/document/item/9023>.

and thrive into the future but will help meet growing population demands and health needs. Innovative and contemporary models of care have demonstrated that the optimal utilisation of allied health assistants gives greater access to care for consumers, whilst allowing allied health professionals to manage complex needs in health and related sectors such as disability and aged care³.

Allied health assistants, working within communities under appropriate clinical supervision and delegation, can support increased treatment quality and adherence, greater continuity of care, improved referral of potential concerns and improved experienced and outcomes for people, their families, and the community. This is particularly true in communities currently underserved or receiving allied health care through models such as digital health or visiting services, where assistant roles may be more likely to be filled by local community members, who work locally and stay long term. Given the requirement for allied health professionals to oversee the work of the assistant workforce, growth of this workforce requires concurrent investment in growing the number of allied health professionals and training in delegation practice.

Role clarity and education, training, and employment

While allied health assistant roles are not universal and their application is dependent on the sector, location and nature of the workplace, and the specific skills required, there is immense benefit for policymakers and allied health professionals in better understanding the capacity and scope these roles offer in different contexts. For this to occur roles, expectations, training, and delegations of the allied health assistant workforce must be more clearly defined, communicated, and understood.

As previously noted, the role of allied health assistants is more clearly understood within some settings, and this is supported by some resources including the [Victorian Allied Health Assistant Workforce Project](#). Additional work is required to support understanding and applications in other settings, including the Aboriginal and Torres Strait Islander Community Controlled Health Sector.

From this understanding, educational and career pathways should enable qualified allied health assistants to be well supported in their transition into further education and training, including allied health degree qualifications, with recognition of prior learning where appropriate. By doing so, it may support the further development of career pathways and articulation into tertiary allied health qualifications, growing the allied health workforce in key segments, including the representation of the Aboriginal and Torres Strait Islander and the rural and remote allied health workforces.

An enhanced working relationship is required between the Vocational Education and Training and university sectors - as well as health service providers - to improve the level of understanding and prepare allied health professionals for working within a health team which includes support roles, such as allied health assistants. Collectively, this may provide the basis for systemic change to improve viability for the

³ <https://vicahaworkforceproject.monashhealth.org/wp-content/uploads/2022/04/The-Victorian-Allied-Health-Assistant-Workforce-Recommendations-final-draft-April-2022.pdf>.



employment of allied health assistance, including access to funding for services performed by allied health assistants within effective and safe work environments.

Conclusion

AAHLA believe that allied health assistants contribute significantly to the delivery of quality allied health services and will continue to emerge as an important part of the care landscape. Despite this, allied health assistants should not be viewed as a replacement for qualified allied health professionals and the development of these workforces need to occur in step. The development of the allied health workforce is a key strategy to improve access to safe and effective care, therapy, and support for all Australians, supporting a shift in the health system from an illness and crisis driven framework to a more health enabling, preventative and sustainable model.

About AAHLA

Initially the Australian Allied Health Leadership Forum, the Australian Allied Health Leadership Alliance was established in 2013 as a collaboration between allied health organisations working together on issues of national importance to the allied health workforce and access to allied health services for the Australian public. The Alliance’s membership includes Allied Health Professions Australia, the Australian Council of Deans of Health Sciences, Indigenous Allied Health Australia, Services for Australian Rural and Remote Allied Health and the National Alliance of Self-Regulating Health Professions. NB: National Allied Health Advisors Committee holds observer status with AAHLA.



IAHA Indigenous Allied Health Australia





About Allied Health Assistants

Allied health assistants work with, and under the direction and supervision of, allied health professionals. Allied health assistants work within clearly defined parameters to support people to receive effective care and reach therapy and program goals, as determined by the person with an allied health professional. An allied health assistant is not the same as a disability support worker, personal care attendant, or lifestyle assistant, each of which provide other important supports to individuals and their families, in non-therapeutic capacities.