NSW Health

Allied Health Assistant

Horizon Scanning and Scenario Generation Report

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The NSW Ministry for Health acknowledges the traditional custodians of the lands across NSW. We acknowledge that we live and work on Aboriginal lands. We pay our respects to Elders past and present and to all Aboriginal people.

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The purpose of this document is to outline the themes raised in the literature and by Allied Health Assistant stakeholders to inform Workforce Planning for NSW Health. It should be noted that the views expressed in the report are not necessarily those of the NSW Ministry of Health.

Contents

Executive Summary

The NSW Health Allied Health Assistant (AHA) workforce works throughout the NSW Health system under the supervision of Allied Health Professionals (AHPs) to perform clinical and non-clinical duties. AHAs assist in the delivery of services across different clinical settings and Allied Health disciplines. AHAs can support a single discipline or work across multiple disciplines (cross-disciplinary AHAs); with opportunities existing for AHAs to undertake formalised discipline specific training.

The key demand drivers for AHAs reflect the benefits the AHA workforce are able to contribute to the NSW Health system and wider health workforce. Models of Care (MoC) that include AHAs create time and space for AHPs and other health professionals to work to the top of their scope. The downstream impact of increasing top of scope work for AHAs and AHPs, is increased Allied Health service capacity. Increased Allied Health capacity unlocks a number of benefits within the health system including: increased face-to-face time for patients, increased positive patient experience, and improved outcomes for patients.

The benefits of the AHA workforce are realised across NSWs geography. For example, MoC leveraging the remote supervision of AHAs by AHPs based at a central hub are increasingly being employed in rural and remote NSW. This hub and spoke model is also being employed effectively in aged care and in some inpatient wards. AHAs are supporting patients in-person and virtually with adherence to programs prescribed by AHPs and providing improved patient experience as a result of increased face-to-face support and time. The AHA workforce is in a unique position to improve capacity and quality in the system. This value is being proven across the state. Development of this workforce will amplify the impact AHAs are able to have for the NSW Health workforce and patients.

The factors driving demand for the AHA workforce are further detailed in the body of this report. The drivers identified by stakeholders as influencing the supply of AHAs to the workforce include: gender and age, awareness of the AHA career path, availability of placements and the cost of training. Opportunities identified to improve the supply of AHAs to the workforce focus on: education pathways, increasing placement opportunities and improving the diversity of the AHA workforce. Other opportunities include training for AHPs in working with and supervision of AHAs and investing in retention strategies.

Various levers that influence the AHA workforce are further detailed in this report to provide meaningful context as opportunities for developing the workforce are crafted. Qualifications and entry pathways provide direction for the different ways AHAs can enter the workforce. Scope of practice focuses on the opportunities to ensure that AHAs work to the top of their scope and in doing so create the capacity and quality in the system. Professional development and career pathways were raised repeatedly as an opportunity for retention and enrichment of AHA careers. Each of the aforementioned topic areas highlights a number of tangible activities for achieving these ends.

Taking into consideration these demand and supply drivers, and other levers influencing the AHA workforce, fourteen opportunities for developing the AHA workforce have been identified in consultation with AHAs and workforce stakeholders. These opportunities focus on increasing the impact the AHA workforce is able to have, improving the experience of being an AHA, increasing the supply of AHAs to the workforce, and ensuring the AHA workforce is diverse and reflective of the population they care for.

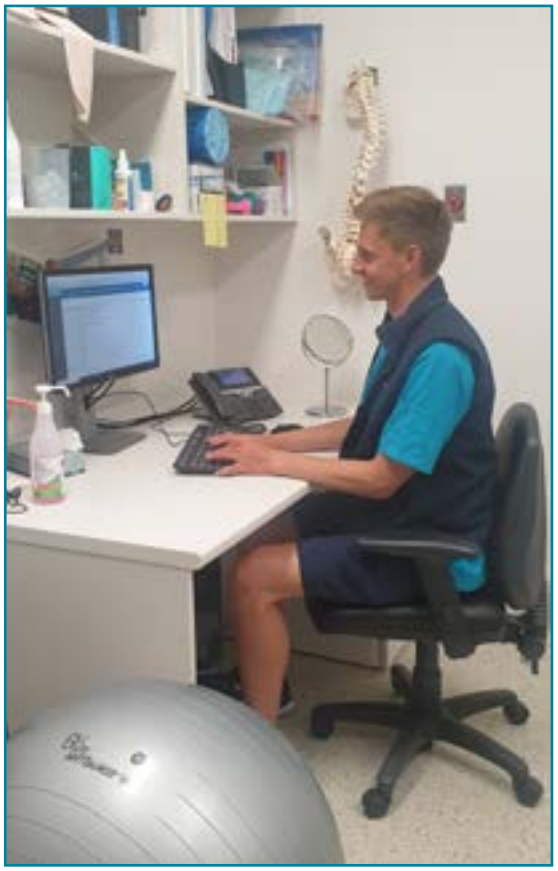
The fourteen opportunities identified are as follows:

1. Include AHAs in MoC and service plans
2. Facilitate increased cross-boundary collaboration between LHD/SHNs
3. Demonstrate and promote the value of AHAs within LHD/SHNs
4. Develop training and change management supports to promote awareness of the AHA workforce specifically amongst AHPs, to increase use of AHAs, appropriate supervision by AHPs, and top of scope opportunities for AHAs
5. Support the development and coordination of cross-disciplinary AHAs

6. Embed AHAs across more disciplines
7. Support top of scope AHA practice
8. Support, enable and promote AHAs to undertake professional development relevant to their roles
9. Design and implement career pathways for AHAs
10. Increase the prevalence and impact of AHAs who identify as Aboriginal to support the provision of culturally safe care
11. Promote the AHA workforce in rural and regional LHDs
12. Increase the diversity of the AHA workforce, to improve workforce sustainability and to enable the workforce to provide increasingly inclusive and culturally safe care
13. Increase the availability of placement supervision and opportunities within all LHD/SHNs
14. Increase awareness of the AHA career path to increase the supply of AHAs to the industry and develop pathways into AHP training in partnerships with the education sector.

Each opportunity is supported by a number of tactical measures developed collaboratively with stakeholders, which are pragmatic, implementable, and targeted to realise the benefits they are intended to achieve.

This report will inform workforce planning for the NSW Health AHA workforce and will inform policy and decision making on future NSW Health initiatives and programs.



Purpose and Background of the AHA Horizon Scanning and Scenario Generation Report

The purpose of the project was to establish the supply and demand drivers impacting upon the workforce and to engage key stakeholders in discussion to identify future opportunities and influence that the workforce may have in supporting delivery of health services into the future.

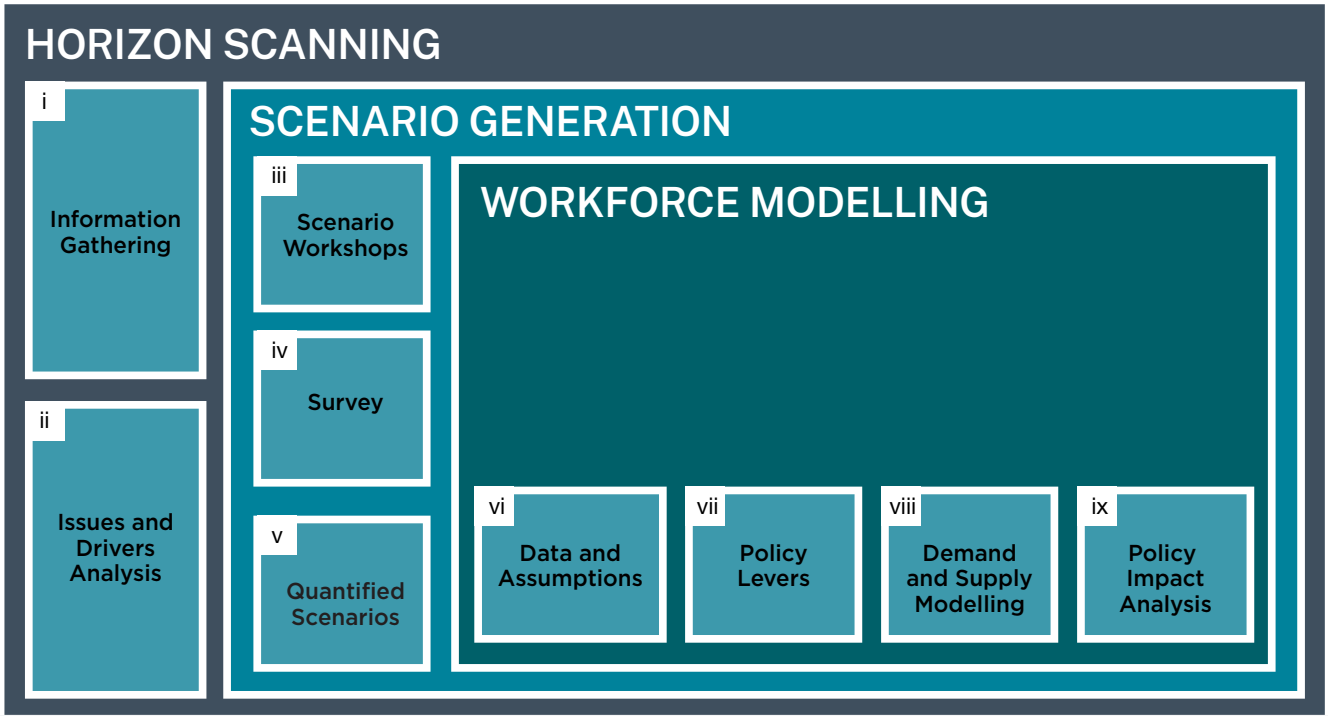
In the year of writing this Horizon Scanning and Scenario Generation report, the NSW Health, Health Workforce Plan 2022-2032 superseded the Health Professionals Workforce Plan 2012-2022. The strategies in the 2012-2022 Plan were the impetus for this project, and the 2022-2032 Plan provides support and strategic direction for the AHA workforce into the future.

The NSW Workforce Planning Methodology, illustrated in Figure 1, underpins all NSW Health Allied Health workforce planning projects. This project included the Horizon Scanning and Scenario Generation components of the methodology. These two components help to inform subsequent workforce modelling activities.

The Health Professionals Workforce Plan 2012-2022 was the strategic driver for commencing this project. Strategy 7.8 required the growth of the Allied Health workforce in line with forecast health service demand and delivery requirements, and specifically recognised the requirement for increased AHA capacity (NSW Ministry of Health (MoH), 2015).

The recently released NSW Health, Health Workforce Plan 2022-2032 continues to support the strategic importance of developing and planning for the Allied Health workforce. The strategic priorities in the 2022-2032 Plan that are particularly relevant to the AHA workforce include: diversity in workforce and decision making, empowerment of staff to work to their full potential, and creating an agile and responsive workforce (see Strategic Priorities 2, 3 (3.1 and 3.2), and 4). The implications of the AHA Framework (NSW MoH, 2020) and the NSW Health Virtual Care Strategy for the AHA workforce were also considered throughout this project.

Figure 1: NSW Health Workforce Planning Methodology



Approach

The Horizon Scanning and Scenario Generation project was undertaken to identify and detail supply and demand drivers as well as strategic opportunities for the Allied Health Assistant workforce. The project consisted of six key activities, detailed below, in alignment with the Ministry of Health's Horizon Scanning and Scenario generation process. This process enabled engagement with AHAs and workforce stakeholders to identify opportunities for the AHA workforce into the future.

Literature Review

A literature review was conducted to collect available published information on the AHA workforce. The review included published academic journals, as well as grey literature sourced from reputable professional associations and government websites. The review summarises available information on the AHA workforce, demand and supply factors, scope of practice and challenges and potential opportunities for innovation for AHAs. The literature review forms a significant part of this final report and is included in Appendix A.

Consultation

Ten individual interviews were conducted to capture and analyse individual perspectives on topics of significance to the project, ensuring that the themes and issues identified during the Horizon Scanning phase, were aligned with expert and lived experience. Interviewed were stakeholders from education providers including NSW Technical and Further Education (TAFE) and Health Education and Training Institute (HETI), peak bodies including Indigenous Allied Health Australia (IAHA), AHA Coordinators, and other key leaders. A list of stakeholders involved in consultation is included in the Acknowledgements section of this Horizon Scanning and Scenario Generation report.

Horizon Scanning Workshop

A Horizon Scanning process was facilitated as part of a half-day workshop, held virtually in September 2021. The workshop hosted 55 participants, to validate and discuss the themes identified from the literature review and consultation in more detail. The Horizon Scanning workshop also set the foundation for the Scenario Generation workshop, capturing areas for development and opportunities to be expanded upon. The participants ranged across AHAs, AHA Coordinators, education providers (including NSW TAFE and HETI), IAHA, Services for Rural and Remote Allied Health (SARRAH), Rural Doctors Network, NSW Allied Health Advisory representatives and other NSW Health contributors. A list of stakeholders who attended the workshop is included in the Acknowledgements section of this Horizon Scanning and Scenario Generation report. The AHA representatives covered a range of tenure, experience, disciplines, and LHD/SHNs.

Survey

An online survey was developed and disseminated to all NSW Health AHAs to collect additional data to understand the AHA workforce demographic, support Horizon Scanning findings, and inform the supply and demand driver model. The survey was conducted using Survey Monkey, posed 32 questions, and was available to NSW Health AHAs from 19th August to 26th October 2021. A total of 285 individual responses were received. These responses represented 17 of 18 LHD/SHNs. This was a response rate of approximately 33% for the NSW Health AHA workforce.

Scenario Generation Workshop

A Scenario Generation process was facilitated in October 2021 and was, delivered using a half-day virtual workshop format. The workshop hosted 40 participants, to collaboratively design practical actions aligned with key AHA workforce opportunities identified during the Horizon Scanning process. Key focus areas for the workshop were opportunities for AHAs to work to the top of scope, prioritisation of professional development opportunities and identifying practical actions to realise strategic opportunities. This workshop leveraged the foundations set by Horizon Scanning and encouraged participants to apply a future-focused lens to optimise the AHA workforce into the future.

Summaries of both the Horizon Scanning and Scenario Generation workshops are included in Appendix B.

Allied Health Assistant Workforce Planning Report

This Horizon Scanning and Scenario Generation report is the culmination of the stages of work described above. The content of this report will be utilised by NSW Health and LHD/SHNs to inform future workforce planning. This Horizon Scanning and Scenario Generation report may also be used to inform policy and decision making for future NSW Health initiatives and programs.

Allied Health Assistant Definition

The Allied Health Assistant Role

The Workforce Planning and Talent Development branch authored the revised AHA Framework in 2020 (NSW MoH, 2020). This framework document provides the following definition for the AHA role:

> "The Allied Health workforce in Australia is comprised of professionals, technicians and assistants (Allied Health Professions Australia, 2017). Allied Health Assistants work under the supervision and direction of AHPs to perform clinical and non-clinical duties (Community Services and Health Industry Skills Council, 2015)."

The allied health areas where AHAs are currently used in NSW Health include:

- Dietetics
- Diversional Therapy
- Exercise Physiology
- Mental Health
- Occupational Therapy
- Orthotics / Prosthetics
- Podiatry
- Physiotherapy
- Radiography
- Social Work
- Speech Pathology.

The above disciplines do not represent an exclusive list and does not preclude other Allied Health disciplines from engaging AHAs. This is provided that the additional classification for which the Union has constitutional coverage may be added to this list by agreement between the Union and the employer (NSW MoH, 2020).

AHAs in Australia are not represented by a specific peak body. Instead, AHAs are eligible to be members of a small number of AHP peak bodies. This includes (but is not limited to) Services for Australian Rural and Remote Allied Health (SARRAH), IAHA, Australian Podiatry Association and Australian Physiotherapy Association.

This project has adhered to the AHA Framework definition and found it to be validated by the project findings.

Allied Health Assistant Workforce Profile

Figure 2: Allied Health Assistant Workforce Profile

Demographic Profile

Gender

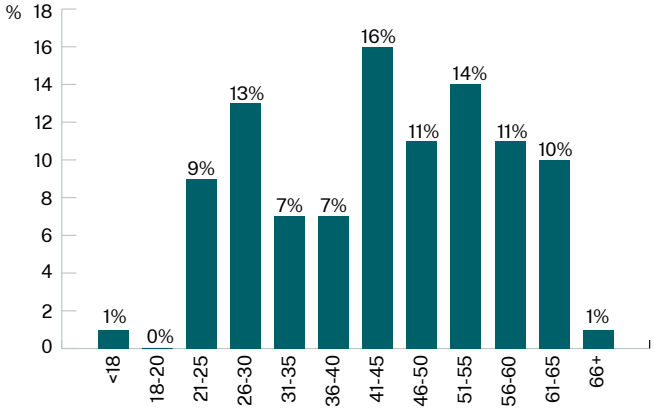
The NSW AHA workforce is predominantly female. 79% of the workforce are female, 20% are male, and 1% preferred not to say.

Aboriginal-identified workforce

The majority of NSW Health AHAs do not identify as either Aboriginal or Torres Strait Islander. Almost 2% of respondents identified as Aboriginal, and less than 1% identified as Torres Strait Islander.

Age

16% of AHAs are aged between 41 and 45 years, and 64% of the workforce are aged over 41 years, with a relatively even distribution across the five-year age brackets above 41.



Utilisation Profile

Disciplines

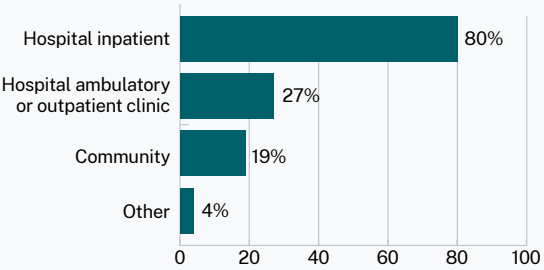
The survey identified Physiotherapy, Occupational Therapy, Nutrition and Dietetics, and Speech Pathology as the most commonly supported disciplines, aligning with what stakeholders shared in consultation.

Locations

The majority of responding NSW Health AHAs indicated that they primarily worked in metropolitan LHD/SHNs (47.83%). 20.55% of the workforce is based in mixed, rural, regional and metropolitan LHDs, and 26.09% are based in rural and regional LHDs. The remaining 5.53% work in SHNs.

Clinical Settings

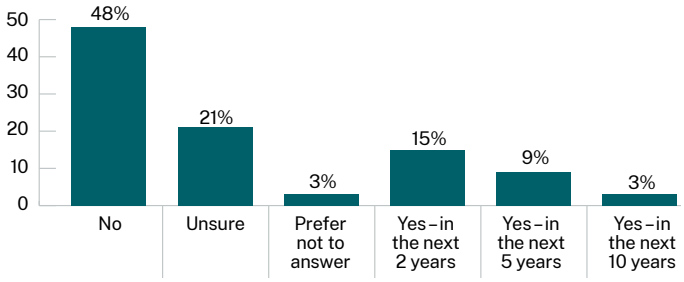
In the AHA survey conducted to inform this report, the majority (80%) of AHA respondents indicated that they work in a hospital inpatient setting, with 46% of the workforce working across community and hospital ambulatory or outpatient clinics.



Tenure Profile

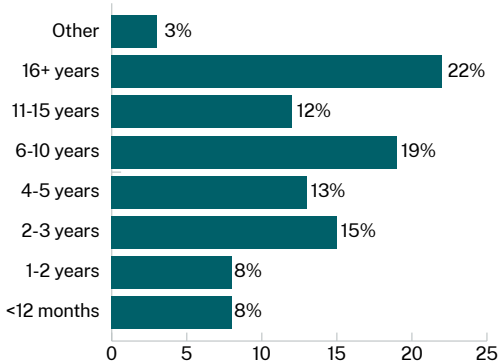
Intention to Change Careers

Almost a quarter of respondents are intending to change careers within the next five years. The survey captured sentiments around drivers for career change, these are summarised in Appendix B.



Tenure

More than two-thirds of survey respondents had worked as an AHA for more than four years, and over 22% had worked as an AHA for over 16 years.



Note: All supporting figures, tables, survey details and questions, and associated analysis are included in Appendix C.

Demand and Supply Drivers

Demand Drivers

Demand drivers are defined as the factors that shape and influence demand for the AHA workforce. Demand drivers discussed in this section have been identified by both the literature review and stakeholder consultation as the most significant factors influencing demand for the AHA workforce in NSW.

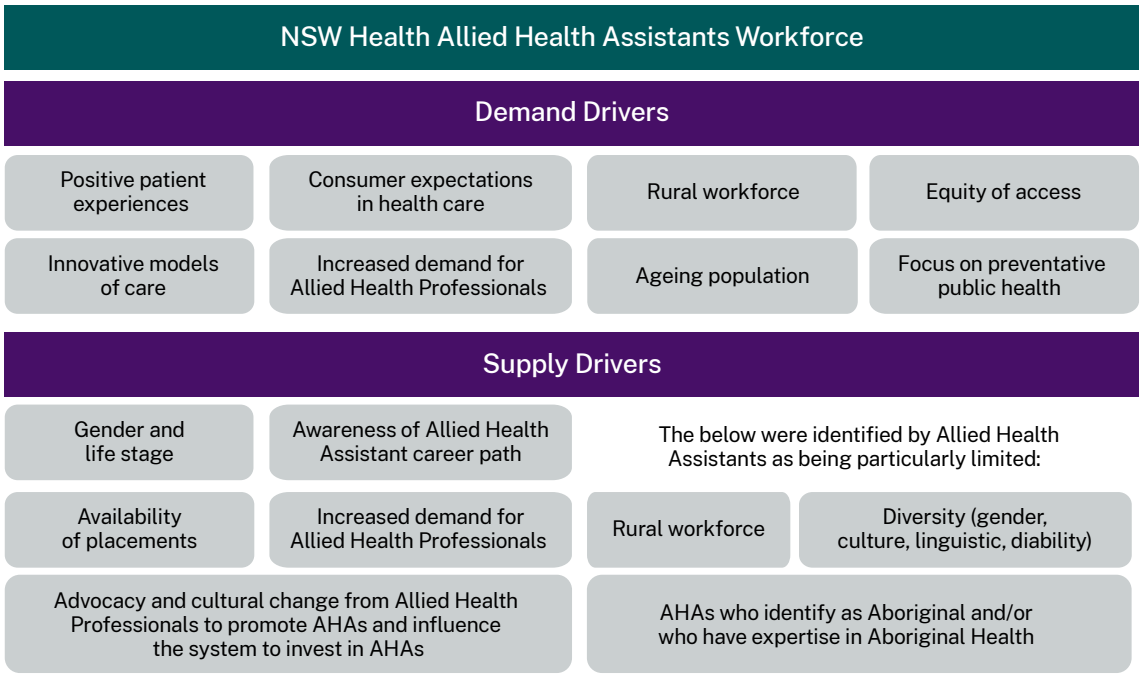
1. Ageing Population

In the 20 year period between 2000 and 2020, the proportion of Australia's population aged over 65 years increased from 12.4% to 16.3% (Australian Bureau of Statistics (ABS), 2020a). It is predicted that the number of Australians aged 65 and over will increase more rapidly over the next decade (ABS, 2020a). As a result of Australia's ageing population and the resulting increased burden of disease, pressure is placed on Allied Health services. AHAs are a lever for increasing capacity to meet this demand.

2. Focus on Preventative Public Health

Australia is increasingly adopting a preventative model for healthcare. Preventative healthcare aims to prevent illness and detect and treat disease early, whilst encouraging the promotion and maintenance of good health (RACGP, 2020). Allied Health teams play an integral role in preventative health through health promotion and effective disease treatment and management (Allied Health Priority Areas, 2017). The increased adoption of a preventative model is driving demand for Allied Health services, and AHAs are in demand as a lever for increasing system capacity.

Figure 3. NSW Health AHA workforce demand and supply drivers



3. Equity of Access

The need to improve equity of access to Allied Health services is a significant demand driver for the AHA workforce. Due to multi-factorial reasons there are vacancies in Allied Health services, impacting access in particular for Aboriginal communities, people living with mental illness, and rural and remote communities (Department of Health (DOH), 2021a). Strategies employed to improve the equity of health services include increasing access to Allied Health services, in turn driving demand for AHAs.

Stakeholders suggest that in practice, this may look like a Physiotherapist seeing a patient once a month and in between this period an AHA supports the patient with their prescribed exercises. In addition, AHAs who identify as Aboriginal may support the delivery of culturally safe care for Aboriginal communities.

The Healthy Deadly Feet initiative provides a tangible example of AHAs supporting increased equity of access.

NSW Health: Healthy Deadly Feet

Healthy Deadly Feet (HDF) aims to increase the NSW Health Aboriginal workforce who work in foot care and podiatry, with the objective of improving Diabetes Related Foot Disease (DRFD) outcomes for Aboriginal people living in NSW (NSW Government, n.d).

The project works with and provides training and education to NSW based Aboriginal AHAs (under AHP supervision), Aboriginal Health Workers and Aboriginal Practitioners to create a strong HDF workforce (NSW Government, n.d.).

The HDF workforce will be qualified to provide care for DRFD across three domains:

1. *Culturally safe care*
2. *Health promotion and education*
3. *Screening and early intervention*

The HDF team will work alongside Aboriginal people and communities with the aim of raising awareness of diabetes and DRFD risk factors, strategies for prevention, increase screening rates, and provide Aboriginal communities access to culturally safe care and treatment options (NSW Government, n.d.; Kadous, 2019).

Consequently, there will be a reduction in DRFD and complications, more positive patient experiences and outcomes, and an improvement in the health of Aboriginal people and communities.

4. Innovative Models of Care

Increasingly innovative MoC are being developed and implemented across Australia and around the world. The drivers for this include the need to meet increasing demand with the same or fewer resources, increasing adoption of multidisciplinary care, and the rise of virtual care as an increasingly accepted method of healthcare delivery.

These innovative MoC drive demand for the workforce. As a member of the multidisciplinary team an AHA is perfectly positioned to support teams and create workforce capacity to better meet increased demand and complexity. It is important to note that AHAs require AHP supervision to deliver services, and that they augment and support the Allied Health workforce to provide more effective services.

Innovative models leveraging virtual care, including hub and spoke models, also drive demand for AHAs. The Virtual Care Workforce report (NSW MoH, 2021) calls for the utilisation of the existing workforce, such as AHAs, to support connections to specialists to the 'spoke' sites under suitable supervision and delegation. Virtual care is covered further in sections reflecting rural and remote opportunities and in Appendix D in this Horizon Scanning and Scenario Generation report.

5. Consumer Expectations in Healthcare

Consumer expectations for immediate, hands on, and people centred healthcare has increased in the last decade (Taylor & Hill, 2014). This is driven by the rise of customer-centred services across other industries, locally and globally. When AHPs appropriately delegate tasks to AHAs, the inclusion of AHAs in care teams can contribute to reduced patient wait times, increased face-to-face patient care time, and person centred and culturally safe care (Lizarondo, Kumar, Hyde and Skidmore, 2010). The role and the benefits that AHAs contribute is the reason for increased demand for this workforce in the face of rising consumer expectations.

6. Increased Demand for Allied Health Professionals

Demand for Allied Health services is expected to increase over the decade, particularly in rural and remote Australia (DOH, 2021a). In order to meet this projected increase in demand for Allied Health services, there must be an increase in Allied Health service capacity. The AHA workforce was introduced in recognition of the opportunity for AHPs to delegate and substitute some tasks that exist within their scope of practice, specifically those that do not require clinical decision making (The Services for Australia Rural and Remote Allied Health (SARRAH), 2013). The support of AHAs increases the capacity of Allied Health services, by allowing AHPs to work to the top of their scope more frequently. Demand for AHAs is driven by this ability to effectively support AHPs to focus on more complex service delivery tasks (Occupational Therapy Australia, 2020).

7. Positive Patient Experiences

In clinical and non-clinical settings where AHAs are working to the top of scope, the delegation of tasks to AHAs has been reported to increase positive patient experiences, reduce the risk of patient mortality, and reduce the length of hospital admissions (Snowdon, Storr, Davis, Taylor, & Williams, 2020). Studies have revealed that patients have reported a higher quality of care when AHAs have been involved as part of the multidisciplinary team due to providing increased patient interaction and face-to-face therapy (Nancarrow & Mackey, 2005; Conti, LaMartina, Petre & Vitthuhn, 2007; Pearce & Pagett, 2015). Literature further supports that the inclusion of AHAs in care teams has improved patient outcomes, including decreased length of hospital admissions, and decreased risk of mortality following hip fractures (Snowdown et al., 2020, Conti 2007; Pearce & Pagett 2015). The positive influence of AHAs on patient experiences creates a demand for this workforce and demonstrates the benefits they are able to contribute.

8. Rural Health

The demand for an increased Allied Health workforce in rural Australia has long been recognised. On average, rural Australians experience poorer health outcomes, higher rates of chronic disease and lower life expectancies, and as a result there is increased demand for Allied Health services in rural and regional settings (Phillips, 2018). The rise of virtual care has increased opportunities for AHAs to work under the supervision of a distant AHP, particularly using a hub and spoke model (DOH, 2015; NSW Health, 2021). The hub and spoke model enables AHPs located at larger sites (hubs) to provide virtual supervision and delegation to AHAs and patients at smaller sites (spokes). The use of qualified AHAs in rural and regional LHDs alleviates demand pressures and consequently improves rural patient access, outcomes and experience.

Supply Drivers

Supply drivers encompass the factors likely to influence the supply of AHAs to the workforce. The supply drivers in this section have been identified in the literature, validated in the survey, and prioritised by stakeholders in consultation and workshops.

1. Gender and Life Stage

In 2017, an Australian study found that most AHPs who took maternity leave returned to work part-time, with 92% returning part-time and remaining part-time for extended periods (Hulcombe, Capra, & Whitehouse, 2020). There is no equivalent data for AHAs, however this Horizon Scanning and Scenario Scanning Generation report estimates that the statistics could be similar. In 2017, nearly 40% of mothers in the workforce worked part time with almost 45% of those working flexibly (Australia Institute of Family Studies, 2016). As the AHA workforce is predominantly female, with 79% of AHAs identifying as female in the survey[1], it is anticipated that childcare and family responsibilities will have a significant impact on the supply of AHAs over time, and potentially increase the demand for flexible work practices, temporary and contract roles within the workforce.

1 The survey asked; “What gender do you identify with?” This question had 273 respondents, of which 216 (79%) identified as female, 55 (20%) identified as male, and 2 (1%) preferred not to say.

2. Awareness of Allied Health Assistant Career Path

In the Horizon Scanning workshop, stakeholders were asked to rank the supply drivers identified in the literature and through consultation, in their perceived order of significance. Awareness of AHA as a potential career was ranked highest by a significant proportion of participants. This was further explored in the Scenario Generation workshop which validated that limited awareness of the AHA career path will significantly impact on the supply of this workforce.

3. Cost of Training

In October 2021, a point in time review of the NSW Health jobs portal[2] highlighted that for the majority of AHA positions, it was essential for candidates to hold, be currently undertaking, or have ambitions to complete a Certificate III or Certificate IV in Allied Health Assistance.[3] This was supported by the literature which highlighted variances in the level of education required to work as an AHA, with some LHDs requiring candidates to have obtained their Certificate III or IV, and other LHD/SHNs listing this as a 'preferred' requirement (Stanhope & Pearce, 2013). The average course fees for courses run by Registered Training Organisations is $3,950 for a Certificate III and $7,890 for a Certificate IV (MySkills, 2021). While schemes such as JobTrainer and the Smart and Skilled program exist, no data was identified regarding the uptake of these specific schemes for the Certificate III and Certificate IV in Allied Health Assistance. It is important to recognise the barrier that this cost may pose to individuals considering studying a Certificate III or Certificate IV to become an AHA.

4. Availability of Placements

Certificate III and Certificate IV require candidates to complete 80-120 hours of work experience, which includes clinical supervision in healthcare settings (Training, 2021; TAFE, 2021a; TAFE, 2021b). In the workplace, the scope of practice for AHAs includes the completion of tasks under the supervision of competent and trained supervisors (Pearce & Pagett, 2015). Consultation indicated that accessing placements was a barrier for Certificate III and IV students, with LHD/SHNs having limited capacity to supervise. This limitation impacts availability of supply as students are unable to achieve their certificate without clinical placement.

5. Rural Workforce

Across Australia there are Allied Health workforce shortages in rural and regional settings (DOH, 2021). It is well established that there are attraction and retention problems for Allied Health teams outside of metropolitan regions, particularly as distance from metropolitan areas increases (Stagnitti, Schoo, Dunbar, & Reid, 2006). Stakeholders reported that the AHA workforce is not immune from these difficulties, and recruitment and retention of AHAs in rural and remote areas is a supply challenge for the workforce. Consultation and a point in time review of the NSW Job Portal indicated that a strategy currently in place for rural and remote LHD/SHNs, is to hire AHAs who have not yet completed or enrolled in their Certificate III or IV (a detailed point in time review analysis is located in Appendix E).

6. Allied Health Assistants Identifying as Aboriginal or with Expertise in Aboriginal Health

A significant supply driver was the limited representation of people who identify as Aboriginal within the workforce. Respondents to the survey ranked the relative supply of AHAs who identified as Aboriginal or Torres Strait Islander as an average score of 17.8 out of 100, indicating significant undersupply. It is noted that AHAs hold a position where they are able to support the delivery of culturally safe care and support navigation of health systems, and therefore the opportunity for increasing Aboriginal representation in this workforce is discussed later in this Horizon Scanning and Scenario Generation report.

2 Point in time review completed on 27th October 2021
3 Data from point in time review, percentage of jobs requiring Certificate III/IV

7. Diversity

Diversity of the NSW Health AHA workforce has been identified as limited across factors beyond ethnicity. The AHA workforce is 79% female and the risks to supply associated with this are discussed in the AHA workforce profile included in Appendix C. NSW AHAs also identified disability as a key area of limited diversity within the workforce, with an average score of 17.9 out of 100 indicating that this is an area of undersupply across the workforce.

8. Retention

Retention of AHAs influences ongoing supply for this workforce, both remuneration and career pathways have been found to contribute to AHA attrition, thereby reducing supply.

a) Remuneration

Consistent with the literature, AHA stakeholders consulted in the project perceived that remuneration would be a significant influence on the supply of AHAs and a possible deterrent from entering this profession (Keane, Lincoln, Rolfe, & Smith, 2013). Through consultation with stakeholders, remuneration was considered as a factor that may contribute to the turnover rate of AHAs.

b) Career Pathways

Consultation findings indicated that the potential lack of career pathways for AHAs results in feelings of inadequacy across the workforce. Survey findings corroborated a desire from AHAs for access to career pathways and opportunities for progression. 24% of the NSW Health AHAs who are planning to leave the AHA workforce in the coming five years are leaving because of a perceived lack of career pathway (see Appendix G for this qualitative analysis).[4]

4 This survey question asked; “Are you intending to change careers?”. This question had 258 respondents and of these, 124 (48.06%) selected ‘No’, 39 (15.12%) selected ‘Yes - in the next 2 years’, 23 (8.91%) selected ‘Yes - in the next 5 years’, 9 (3.49%) selected ‘Yes - in the next 10 years’, 54 (20.93%) selected ‘Unsure’, and 9 (3.49%) preferred not to answer.

Qualifications and Entry Pathways

Certificate III or Certificate IV are the primary qualifications for AHAs and can be supplemented with additional discipline specific training. Table 1 below summarises different pathways for entering the AHA workforce.

Table 1. Entry Pathways to Allied Health Assistance

Entry Pathway/Funding Name	Eligibility Requirements	Qualification and Key Features
Direct Entry Opportunities exist for applicants to enter the AHA workforce without any formal qualifications	No requirements	See Appendix E for detailed analysis of direct entry opportunities and associated requirements
School-based Apprenticeship or Traineeship NSW high school students have the opportunity to complete the Certificate III and gain credit towards their High School Certificate (NSW Department of Education, n.d)	High school	Certificate III in Allied Health Assistance Available in some high schools to Year 10, 11 and 12 students in NSW. Must complete 100 days of paid employment
Job Trainer Program (when available) Aims to support the NSW economy by providing eligible citizens free or low-fee access to Certificate III or Certificate IV, with the intent to support NSW businesses by developing skilled workforces (NSW Government, 2021a)	The Job Trainer Program is subject to availability and a range of eligibility criteria and these may change over time	Certificate III or Certificate IV in Allied Health Assistance
Smart and Skilled Assists eligible applicants to find employment and advance their careers through vocational education and training (NSW Government, 2021b)	15 years or older, not attending high school, living and working in NSW, Australian citizen, permanent resident, humanitarian visa holder or New Zealand citizen	Certificate III or Certificate IV in Allied Health Assistance Eligible Smart and Skilled applicants receive government-subsidised training for Cert III and government funding for Cert IV
HETI – AHA Scholarship Program (when available) Aims to provide access to education in areas where there is significant workforce demand (HETI, 2021)	Eligible NSW Health employees	Certificate IV in Allied Health Assistance or Hospital/Health Services Pharmacy Support One-off funding for eligible NSW Health AHAs or Pharmacy Assistants and Technicians to enrol in these VET programs

Scope of Practice

The NSW Health AHA Framework (2020) defines the scope of practice for AHAs as:

> "A profession's scope of practice is the full spectrum of roles, functions, responsibilities, activities and decision-making capacity. Professionals are educated, competent and authorised to perform within the scope of practice."

High level scope of practice for AHAs can also be derived from the NSW Health Service AHAs (State) Award 2021. AHAs work in a range of settings across a variety of Allied Health disciplines. This makes defining a single scope of practice for the AHA role complex. A clear scope of practice is important as it provides the structure that ensures safe and effective practice. The AHA framework outlines:

- The disciplines that currently utilise AHAs, see Appendix C for further disciplines identified in this project
- A scope of practice for AHAs in NSW by exclusion, outlining those tasks which may never be practiced by an AHA
- A high-level general scope of practice, outlining the foundational tasks and activities AHAs can undertake, spanning disciplines and clinical settings
- The allocated tasks by discipline and clinical setting, as well as delegation guidelines that more fully frame the AHA scope of practice.

Western NSW LHD: AHAs in a Rural Drought Psychology Program

WNSWLHD have recently appointed an AHA in the psychology service. This is a new role and the first AHA role in this service.

The intended role for this AHA is to provide clinical support to program psychologists, helping them to provide quality telehealth psychology services across the rural and remote regions that WNSWLHD services.

To support this AHA role, WNSWLHD have developed a *role-specific scope of practice* outlining a 'priority workload schedule' for the psychology assistant.

The role-specific scope of practice outlines specific tasks under the following headings: essential, important, required but not urgent, and if time allows. This supports the AHA and the psychology team to clearly understand the AHA scope of practice in this role.

Hunter New England LHD: AHAs in Medical Imaging

HNELHD is exploring the opportunity to broaden the role responsibilities of AHAs to better support the Radiography department.

HNELHD has ambitions to increase and more clearly define the scope of practice for AHAs, modifying existing position descriptions to reflect these changes. The changes are intended to increase the efficiency of the Radiography department, ensuring the entire department is working to the top scope of practice with resources and capabilities being effectively utilised.

The HNELHD Radiology department is working to develop a validated and detailed *role-specific scope of practice*, including specific tasks that are able to be undertaken by AHAs. HNELHD is consulting with stakeholders as they develop this view of how to include AHAs in the imaging MoC.

In order to provide specialised scope of practice, role-specific scopes of practice are often used. This process ensures each scope of practice is relevant to the needs of the service and reflects any specific allocated task additions required for the role. This scope of practice must be documented, meet local requirements and recognise risk management (NSW MoH, 2020).

Top of Scope Allied Health Assistant Practice

These examples are summarised below and reflect the opportunities reported by AHA's and other relevant stakeholders. These examples are not exclusive:

Cross Disciplinary

Cross Disciplinary AHAs:
Applying base AHA skills and competencies across different disciplines

Multidisciplinary Teams:
Coordinating multidisciplinary teams and supporting patient communication with specialists

Explicit Protocols

Screening:
Screening patients using existing screening tools and gathering data, not the subsequent clinical decision making

Standardised Programs:
Supporting patients with undertaking repeatable programs that have been prescribed by an AHP

Education

Peer Education:
Experienced AHAs mentoring, coaching and/or training other AHAs

Patient Education:
Educating clients (Occupational Therapy), e.g. how to use pressure care cushions

Administration

Bookings:
Contacting patients and booking follow-up appointments

Phone Follow-ups:
Running through a follow up checklist over the phone, and identifying flags for AHPs

Emerging Roles

The emerging opportunities for top of scope work for AHAs can be split into two distinct areas. The first is new and emerging discipline opportunities, and the second is a broader consideration of how and where AHAs may work.

The disciplines of practice section highlighted the more common disciplines in which AHAs may be involved. The following have been identified in this project as newer or emerging disciplines.

Fracture Clinics:
Removing casts and stitches (AHA must be certified*)

Hydrotherapy:
Implementing hydrotherapy sessions prescribed by AHP (AHA must have hydrotherapy training)

Podiatry:
Cutting nails to help low risk patients avoid longer wait times for a podiatrist to perform the same task

Enabling Different Ways of Working

The scope of practice outputs from the workshop highlighted that there are opportunities for AHAs to work to the top of scope through *shifting traditional ways of working*.

Rural and Remote:
Conducting therapy in the home or in a community clinic with supervision from an AHP from a distance

Virtual Care:
Supporting patients during virtual care appointments when an AHP is undertaking the assessment remotely.

**Competencies may exist to enable top of scope practice for the tasks or activities listed above*

Limiting Factors to Top of Scope Allied Health Assistant Practice

The literature review, survey, consultation, and workshop themes were consistent with regard to the factors that might limit AHA opportunities to operate at the top of scope, and the following section explores the dominant themes.

AHA Scope of Practice

Stakeholders observe that the AHA scope of practice is sometimes ambiguous from the perspective of AHAs themselves, AHPs and wider management. Stakeholders reported that this ambiguity impacts the following:

- Optimal utilisation of AHAs by AHPs in their practice
- Incorporation of AHAs into service plans or wider strategic decisions by management
- AHA awareness and confidence in their own scope of practice.

Allied Health Professional's Ability and Willingness to Delegate and Allocate Tasks

Analysis throughout this project found that attitudes of AHPs towards AHAs vary greatly across NSW Health. Stakeholders suggested that there are AHPs who do not wish to concede scope to an AHA, and there are also AHPs who are working productively alongside AHAs on a daily basis.

AHPs are reportedly not explicitly trained to supervise AHAs in their professional tertiary qualification. This lack of training may be a significant contributor to the limited ability and willingness to delegate and allocate tasks.

In response to this need for AHP delegation training, HETI has developed an online module to provide professional development for AHPs to assist them to have increased knowledge, skills and confidence to delegate effectively to AHAs. It includes being able to identify tasks that are appropriate to be delegated to an AHA and the systems and processes needed to support delegation.

In order for AHAs to work to the top of their scope and for there to be a productive working relationship between AHAs and AHPs, willing and effective supervision from AHPs is crucial.

Stakeholders indicate that rural and remote AHAs, in general, experience significantly higher autonomy and are supported by supervision that enables top of scope work. It is inferred that this is potentially due to necessity as AHPs rely on AHAs to engage with patients and clients when they are providing care from a distance.

Other themes identified throughout the project that limit top of scope practice:

- Communication between AHAs and AHPs
- Consistency between AHAs, AHA roles, sites and expectations
- Inclusion of AHAs in MoC and service plans
- Attitudes and relationships between AHAs and AHPs.

Opportunities to Support Top of Scope Allied Health Assistant Practice

In the Scenario Generation workshop and across the earlier consultation, this project captured the opportunities that may enable top of scope practice for AHAs. The opportunities identified in the workshops were as follows:

Enable Allied Health Assistants to train and mentor other Allied Health Assistants

Expand educator roles to include AHA educator roles	Incorporate training and mentoring of AHAs into the Position Descriptions of AHAs and AHPs	Enable AHAs to train and mentor student AHAs supported by specific training in supervision (Note: it was stated this would also increase placement availability)	Review existing training structures to include AHAs as trainers

Enable Allied Health Assistants to expand into new disciplines

Increase awareness of the benefits of AHAs across disciplines that do not currently utilise AHAs	Ensure AHAs are allowed the time and budget to upskill in new disciplines when required	Develop new units of competency for disciplines that are not currently represented	

Increase the use of protocols to enable more top of scope practice for Allied Health Assistants

Encourage the development of specific protocols at a service level that define AHA scope	Develop protocols at departmental planning days or similar events	Enable sharing of protocols developed across the state to stop duplication of work by services	Ensure AHP and AHA buy-in, understanding and implementation of protocols

Leverage rural and remote Allied Health Assistant successes in metropolitan areas

Create opportunities for secondments and / or site visits between LHD/SHNs with a focus on rural-remote and metropolitan exchange	Create a partnership for AHAs, pair a rural and remote AHA with a metropolitan AHA to share learnings	IAHA mentorships to include an outcome to build capability across all rural and remote and metropolitan LHD/SHNs	

Utilise virtual ways of working to enable Allied Health Assistants to work to top of scope

Empower AHAs to deliver planned care programs via virtual means, e.g speech pathology, exercise program compliance	Continue to enable rural and remote AHAs to support patients under the supervision of an AHP from distance	Encourage AHAs to step up into the role of virtual care champion in their service or site	Utilise virtual care methods to educate peer AHAs as part of professional development

These opportunities are intended to enable AHAs to work more often to the top of scope, and not to expand the existing scope of AHAs.

Professional Development and Career Pathways

Participants indicated that AHAs desire further professional development and enhanced career pathways. This section outlines the current state and future opportunities for AHA professional development and career pathways.

Professional Development

The literature indicates that AHAs have limited access to professional development opportunities relative to their AHP colleagues (Huglin et al., 2021). This literature found that AHAs articulated ...

> "... a desire for training and targeted professional development programs to broaden experience, maintain interest, boost leadership capabilities and accelerate entry into vocational teaching and AHP training programs."

Consultation findings corroborated this, with interviewees often not able to provide examples of professional development available to AHAs beyond Certificate III or IV.

The following spotlights highlight two of the professional development examples identified in consultation:

Western Sydney LHD: AHA Workforce

WSLHD was identified as having an established model for single discipline AHAs.

There is an AHA Workforce Officer role which is aligned with an AHA Coordinator role. This staff member attends AHA Coordinator Network meetings and is responsible for directing and guiding AHA managers and enabling professional development.

This includes coordination of support networks enabling AHAs to support each other and reduce feelings of isolation across sites. This was recorded as the most important opportunity to AHAs through the survey (see Figure 17).

Central Coast LHD: Cross-disciplinary AHAs

CCLHD has an established cross-disciplinary AHA program. All the cross-disciplinary AHAs undertook discipline-specific units funded by HETI in a structured, formal upskilling program. Most Assistants undertook Physiotherapy, Occupational Therapy, Social Work, Speech Pathology, Nutrition and Dietetics, and some have completed Podiatry units.

After this training was complete, training is reportedly more "ad hoc". However, AHPs continue to make time to undertake 1:1 training with the Assistants on wards as the team rotates every six months, taking their knowledge across disciplines and going where the demand is.

Feedback has been positive and the team feels they are the *right people delivering the right care at the right time.* The next steps include broadening the team's skillset to encapsulate supervision and mentoring skills, as they host placements and train new AHAs.

Opportunities for Professional Development

In the Horizon Scanning workshop, opportunities that may exist for professional development for AHAs were identified. The opportunities are as follows:

Formal learning opportunities

Specialist units of competency	HETI courses, e.g. Mentoring	Community-run training, e.g. falls prevention program	Learning and development planning process

Informal learning opportunities

On the job training from other AHAs and AHPs	Informal meetings to share experience and knowledge		

Cross-disciplinary opportunities

Rotation opportunities across disciplines	Clear competencies for different disciplines		

General opportunities

Training in discipline specific equipment and screening tools	Patient engagement training, e.g. motivational interviewing and goal setting	Networking, access to conferences and mentoring across NSW Health, e.g. ACI	Clearly defined opportunities for career progression

In the Scenario Generation workshop, AHAs and relevant stakeholders were asked to prioritise areas for professional development based on importance for AHAs. Those highlighted above are the two highest priorities as voted by the workshop cohort.

Career Pathways

The literature indicates that AHAs have limited access to opportunities for career progression relative to their AHP colleagues (Huglin et al., 2021). This was corroborated by the consultation findings.

The Horizon Scanning workshop identified the development of career pathways as a priority opportunity for the AHA workforce and this finding is also in alignment with the survey data (see Appendix F: AHA Perspective on Professional Development and Career Pathways, Appendix G: AHA Survey Sentiment Informing Career Change, and Appendix H: AHA Survey Indications of Possible Opportunities for Career Progression).[5]

Opportunities for Career Pathways

Survey results showed that AHAs believe supervising placements, providing education within the LHD/SHN and leading a team of AHAs were 'definitely' possible career progression opportunities (see Appendix H).[6] Fewer AHAs felt that providing education through TAFE or other RTO's or taking up a Project Officer role were appropriate career pathways. The literature supports these as opportunities for AHA career pathways, including entry into AHP training programs (Huglin et al., 2021).

The survey respondents support a career move into studying to become an AHP as a desirable pathway, and provides evidence that NSW AHAs are already doing this. 24% of respondents indicated they intend to change career within the next 5 years,[7] and of these, 31% were already studying an AHP degree and a further 26% intended to start.[8]

Across the consultation and both Horizon Scanning and Scenario Generation workshops, the opportunities that may exist to develop career pathways for AHAs were captured. The key opportunities identified are as follows:

Leadership and education of AHA teams	Support Allied Health Assistant student placements	Quality improvement activities, e.g. project work	Progression onto AHP training

5 The survey question asked: "Please indicate below how important these opportunities are to support the future growth and sustainability of the NSW AHA/Technician workforce." This question had 255 respondents.

6 The survey question asked; "In your opinion, which opportunities do you think could be a part of AHA/Technician career progression?". This question had 259 responses.

7 Responding to the question, "Are you intending to change careers?" with options; Yes - in the next 10 years, Yes - in the next 5 years, Yes - in the next 2 years, No, Unsure, Prefer not to answer.

8 This additional survey data was drawn from qualitative analysis of a subsequent free text field question asking, "If you are intending to change careers, why and what are your considerations".

Strategic Opportunities

Fourteen strategic opportunities for change are outlined in this section and include those detailed in the scope of practice, professional development and career pathways sections. The following diagram (Figure 5) outlines the fourteen opportunities across four overarching themes:

	Enablers: Make structural and cultural change to enable the AHA workforce These opportunities focus on actions intended to make structural and cultural change to empower and enable the AHA workforce to operate most effectively
	Enhancements: Enhance the AHA role and AHA workforce experience These are opportunities to enhance the AHA role and AHA workforce experience
	Workforce: Increase the diversity of the AHA workforce These opportunities focus on demographic representation within the AHA workforce and representation of the workforce across differing geographies
	Education: Leverage education as a means to improve supply This theme focuses on the opportunities within education to specifically improve supply

Figure 4: Strategic opportunities

Strategic Opportunities
1. Models of Care
2. Cross-Boundary Collaboration
3. Allied Health Assistant Value
4. Allied Health Professional Engagement
5. Cross-disciplinary Allied Health Assistants
6. Emerging Disciplines
7. Scope of Practice
8. Professional Development, Traineeships & Scholarships
9. Career Pathways
10. Aboriginal Workforce
11. Rural and Remote Workforce
12. Diverse and Inclusive Workforce
13. Placement Opportunities
14. Allied Health Assistant Pathway Awareness

The following section includes the **strategic opportunities** in bold, supported by bulleted tactical measures developed to enable the practical realisation of these opportunities. The following section also recognises the collaborators likely required to realise these strategic opportunities: these are highlighted as appropriate for each opportunity and a key is included below.

These strategic opportunities were discussed in detail with stakeholders at the Scenario Generation workshop and the opportunities developed in the workshop account for nine of the strategic opportunities included in this section. The remaining six have been developed based on the literature, consultation, survey data, and other workshop discussions. The source of the opportunity is noted next to the proposed collaborators.

Enablers for Allied Health Assistants

1. Models of Care	Identified via Scenario Generation workshop	NSW Health	LHD/ SHNs	Education sector

Include AHAs in MoC and Service Plans

Tactical measures:

- Encourage LHD/SHNs to include AHAs in all future local and operational workforce planning
- Provide guidance for LHD/SHNs to include AHAs in workforce planning for priority disciplines
  Priority disciplines may include small but critical workforces

2. Cross-Boundary Collaboration	Identified via Scenario Generation workshop	NSW Health	LHD/ SHNs	Education sector

Facilitate increased cross-boundary collaboration between LHD/SHNs

Tactical measures:

- Leverage virtual means to host forum-style sharing of AHA approaches and successes between LHD/SHNs
- Develop, over time, a state-level evidence base* (contributed to by LHD/SHNs, via forums above) that illustrates the effectiveness of AHAs

* A state-level evidence base may include anecdotal evidence from senior clinicians regarding the impact AHAs have had in their teams and with their patients, direct patient feedback attributing positive experience and/or outcomes to the presence of an AHA in their care team, or any other influential evidence that highlights the impact of AHAs.

3. Allied Health Assistant Value	Identified via Scenario Generation workshop	NSW Health	LHD/ SHNs	Education sector

Demonstrate and promote the value of AHAs within LHD/SHNs

Tactical measures:

- Define impact measures* for AHAs and capture data at an LHD/SHN level
- Share this with AHPs, management and any other relevant parties

For example, CCLHD successfully applied this approach with a six month cross-disciplinary AHA pilot. The pilot captured outcome measures against specific AHA impact indicators, proving the value of the cross-disciplinary AHA team.

* Impact measures may include: patient reported outcomes and/or experience trends as they align with the presence of an AHA in their care team, or face-to-face time measured over inpatient stays comparing wards with AHA support and those without, or any other measures influenced by the presence of an AHA.

4. Allied Health Professional Engagement	Identified via Scenario Generation workshop	NSW Health	LHD/ SHNs	Education sector

Develop training and change management supports to promote awareness of the AHA workforce specifically amongst AHPs, to increase use of AHAs, appropriate supervision by AHPs, and top of scope opportunities for AHAs

Tactical measures:

- Support AHPs with information and resources that illustrate the value and varied roles of AHAs in model of care redesign
- Advocate for AHA supervision and delegation training in AHP tertiary curriculums
- Create and distribute discipline specific scope of practices and capabilities for AHAs

Enhancements for Allied Health Assistants

5. Cross-disciplinary Allied Health Assistants	Identified via Scenario Generation workshop	NSW Health	LHD/ SHNs	Education sector

Support the development and coordination of cross-disciplinary AHAs

Tactical measures:

- Enable regular secondments of AHAs into AHA roles with other Allied Health disciplines
- Support AHAs by providing on the job opportunities to complete further professional development for new discipline specific skill sets
- Showcase through research the benefits that LHD/SHNs utilising cross-disciplinary AHAs have realised

6. Emerging Disciplines	Identified via Scenario Generation workshop	NSW Health	LHD/ SHNs	Education sector

Embed AHAs across more disciplines

Tactical measures:

- Improve access to specialisation discipline/skill focus modules for AHAs
- Support LHD/SHNs to identify additional opportunities and disciplines where AHAs may support effective care delivery

For example, HNELHD is currently undertaking analysis and consultation regarding the inclusion of AHAs in the radiology department as an emerging MoC.

7. Scope of Practice	Identified via Scenario Generation workshop	NSW Health	LHD/ SHNs	Education sector

Support top of scope AHA practice

Tactical measures:

- Enable AHAs to support peer AHAs to work to full scope
- Increase the use of protocols to enable more top of scope practice for AHAs

Further tactical measures associated with this opportunity are covered in the Scope of Practice section.

8. Professional Development, Traineeships and Scholarships	Identified via Wider Project Analysis	NSW Health	LHD/ SHNs	Education sector

Support, enable and promote AHAs to undertake professional development relevant to their roles

Tactical measures:

- Support the development of sustainable professional development models
- Increase opportunities for, and accessibility of, specialist units of competency
- Increase opportunities for on-the-job training from other AHAs and AHPs
- Encourage AHAs to undertake further study or discipline specific training
- Promote and fund existing scholarships and traineeships within the AHA workforce

Further tactical measures associated with this opportunity are covered in the Professional Development section.

9. Career Pathways	Identified via Wider Project Analysis	NSW Health	LHD/ SHNs	Education sector

Design and implement career pathways for AHAs

Tactical measures:

- Increase the opportunities for AHAs to use their qualification and experience to progress onto AHP training
- Provide the opportunity for AHAs to work on quality improvement activities, e.g. project work

Further tactical measures associated with this opportunity are covered in the Career Pathways section.

Workforce Opportunities

10. Aboriginal Workforce	Identified via Scenario Generation workshop	NSW Health	LHD/ SHNs	Education sector

Increase the prevalence and impact of AHAs who identify as Aboriginal to support the provision of culturally safe care

Tactical measures:

- Improve access to AHA education for Aboriginal students
- Design, implement and promote by-Aboriginal-for-Aboriginal MoC that incorporate AHAs
- Encourage NSW Health staff who identify as Aboriginal to apply for HETI scholarships (when available) so that they can be a part of the NSW Health cohort through their training and have opportunity to network, with and receive support from, others in the cohort

For example, IAHA's National Aboriginal and Torres Strait Islander Health Academy promotes Allied Health as a pathway for Aboriginal and Torres Strait Islanders in Years 7-10, encouraging consideration of Years 11 and 12 and a pathway into Allied Health disciplines.

For example, AHAs in Dubbo (WNSWLHD) who identify as Aboriginal are acting in a connecting capacity, supporting Aboriginal people to navigate the health system in a culturally safe manner.

11. Rural and Remote Workforce	Identified via Wider Project Analysis	NSW Health	LHD/ SHNs	Education sector

Promote the AHA workforce in rural and regional LHDs

Tactical measures:

- Support the continued increase of remote supervision of AHAs, particularly using a hub and spoke model where AHPs are able to deliver top of scope care at a distance to multiple sites supported by an AHA
- Strengthen the recognition of the AHA role as a stable and valued career opportunity for rural Australians
- Create and implement education and on the job training opportunities in rural and regional LHDs
- Increase professional and career development opportunities for AHAs in rural and regional Australia to support the longevity of the workforce

For example, HNELHD recognises the opportunity to increase the scope of practice and capabilities of AHAs to independently complete tasks in rural and regional community settings. This model aims to ensure resources and capabilities are being utilised where most required.

12. Diverse and Inclusive Workforce	Identified via Wider Project Analysis	NSW Health	LHD/ SHNs	Education sector

Increase the diversity of the AHA workforce, to improve workforce sustainability and to enable the workforce to provide increasingly inclusive and culturally safe care

Tactical measures:

- Endeavour to recruit more men, more culturally and linguistically diverse individuals, and more individuals with disabilities into AHA roles
- Promote AHA as a career opportunity in ways which will capture the attention of an increasingly diverse cohort

For example, Promotion via Youth and Resource Centres, LGBTQIA+ communities, Refugee support organisations, Migrant Resource Centres, Community and Family Centres, Cultural Support Services, Local community organisations.

Education Opportunities

13. Placement Opportunities	Identified via Wider Project Analysis	NSW Health	LHD/ SHNs	Education sector

Increase awareness and platform that allows increased availability of placement supervision and opportunities within all LHD/SHNs

Tactical measures:

- Encourage cross-district collaboration to strengthen placement opportunities and outcomes
- Increase placement opportunities in both rural and metropolitan areas
- Raising awareness of the ClinConnect process across the system so that AHPs know how to indicate availability as a placement supervisor

In addition, there may be opportunities to consider the role of AHAs in supervising AHA students on clinical placement. This would need consideration of industrial risks and possible union consultation.

14. Allied Health Assistant Pathway and career development opportunities	Identified via Wider Project Analysis	NSW Health	LHD/ SHNs	Education sector

Increase awareness of the AHA career path to increase the supply of AHAs to the industry and develop pathways into AHPs in partnerships with education sector.

Tactical measures:

- Engage schools and career counsellors to educate students about AHA career opportunities
- Collaborate with high schools to increase awareness of the VET in Schools program and School-Based Traineeships to promote entry into the Certificate III and Certificate IV Allied Health Assistance study and career pathway
- Identify opportunities to market the AHA career path to career seekers who are not currently in the school system
- Work with education sector to create AHA pathways into AHPs with recognition of relevant prior learning and experiences

Conclusion

AHAs are valuable members of the NSW Health workforce. MoC that include AHAs create time and capacity for AHPs to work to the top of their scope. Increased top of scope activity improves capability and quality in the health system, and this is a key benefit that the AHA workforce enables. Value based MoC that include AHAs realise this benefit through increased positive patient experiences, and improved outcomes for patients.

Factors that influence AHA supply are: gender and lifestage, awareness of the AHA career path, the availability of placements for students, and retention in NSW Health.

Demand for AHAs is driven by the benefits that the AHA workforce produces. This includes positive patient experiences, increased service delivery and the support that AHAs provide to AHPs particularly during periods of increasing demand. The ageing population, an increasing focus on preventative health and rising consumer expectations also drive demand for the AHA workforce.

The four opportunity areas for the AHA workforce into the future are: awareness of AHA impact on outcomes, improving the experience of being an AHA, increasing the supply of AHAs for system benefit, and ensuring the AHA workforce is diverse and reflective of the population they care for. A range of strategic, tactical and operational measures, covered in this report, will enable the full realisation of the AHA workforce.

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Appendix A:
Allied Health Assistant Summary Literature Review

This literature review found widespread acknowledgement of the capacity challenges facing the Allied Health sector and the support AHAs can provide. The educational pathways to become a qualified AHA are clearly defined but designing career pathways to enable ongoing professional growth is identified as a barrier.

The literature indicates that AHAs are commonly uni-disciplinary, particularly in Physiotherapy, Occupational Therapy, and Speech Pathology, but the prevalence of cross-disciplinary AHAs is increasing across the sector. The development of detailed task substitution initiatives or delegation models presents as an area of strategic opportunity.

There are innovative applications of the AHA workforce happening across Australia identifiable in the literature. Applications include: screening, increasing autonomy, cross-disciplinary AHAs, and rural and remote hubs where the Allied Health workforce is thinnest.

Topic	Key findings
Methods used in this literature review	• This literature review includes published, peer reviewed and grey literature: including policies, strategies, frameworks, websites, and articles • A total of 29 documents were found and reviewed • This literature review excludes literature published before 2010 • This review examines literature exploring the education and scope of practice of AHAs • This review also considers the strategic alignment and significance of AHAs in differing disciplines and other jurisdictions • A view of the demand and supply drivers of the AHA workforce as informed by the literature is included • The review also analyses areas of innovation and strategic opportunities in the broader health sector
Strategic alignment and significance of the AHA workforce	• Greater utilisation of the AHA workforce has been widely identified as a key strategy to support workforce sustainability and meet the health needs of communities (National Allied Health Assistant Working Group, 2010) • AHAs can enable more effective and efficient use of Allied Health workforce skills, improve patient outcomes, and assist in managing the demands on Allied Health services (Department of Health, 2015) • AHAs provide improved clinical outcomes, increase patient satisfaction, higher-level services and enable workforce priorities for AHPs (Lizarondo et al., 2010) • Workforce shortages and limitations in care provision for rural and remote areas of Australia has created a strategic imperative for the application of the AHA workforce to meet this need (National Disability Services, 2018; O'Brien, Byrne, Mitchell, and Ferguson, 2013).
Supply drivers	• Employing AHAs provides a strategic approach to overcoming the current and projected shortages in the Allied Health workforce (Lizarondo et al., 2010) • The advent of virtual care has increased access to AHA services for rural and remote communities • Assistant healthcare positions are typically supported by relatively secure employment, especially in rural settings • Relatively low and often stagnant remuneration influences supply as a deterrent from the profession to begin with, and an influence on attrition in practicing AHAs (Keane, Lincoln, Rolfe, and Smith, 2013; Podiatry Board AHPRA, 2010).
Demographic profile	• 35% of all AHAs are employed in NSW, with TAS having the lowest percentage of AHAs (0.8%) (Open Colleges, 2020) • AHA is a female-dominated industry, with 77.2% being female and 22.9% male (Open Colleges, 2020) • The most popular age bracket for AHAs is 45-54 years old, making up 36.8% whereas 25–34-year-olds make up 12.4% of the workforce (Open Colleges, 2020) • The majority of AHAs have a post graduate/graduate diploma or graduate certificate qualification (35.8%). 92% have a Certificate III or higher (Open Colleges, 2020) • Approximately 80% of AHAs have had a previous professional career (Victoria State Government, 2019)

Topic	Key findings
Demand drivers	• An aging and growing population, along with the increasing burden of disease and emphasis on delivering multidisciplinary care increases the demand for AHA services (NSW MoH, 2020) • Higher consumer expectations, rising costs, advances in technology and an increasing focus on prevention and rehabilitation across the population is changing patient care and driving the need for assistant support workforce models that increases the capacity for health and community services (WA Department of Health, 2015) • Evidence suggests that AHAs improve the likelihood of patients discharging home and reduce the length of stay in acute hospital settings. Preliminary evidence suggests that AHAs reduced the risk of patient mortality. This evidence and increasing cultural acceptance of this, drives demand for AHA support in acute hospital settings (Snowdon, Storr, Davis, Taylor, and Williams, 2020) • Increasing clinical capacity for AHPs through task substitution and delegation models is a key driver for the introduction of AHAs (Department of Health, 2015) • The use of qualified AHAs has the potential to extend rural Allied Health workforce capacity, alleviating workload pressures, and improving patient experience and outcomes (Keane, Lincoln, Rolfe, and Smith, 2013; Newman, Cornwell, Young, Ward, and Mcerlain, 2017).
Professional associations	• Indigenous Allied Health Australia (IAHA) is a national member-based Aboriginal and Torres Strait Islander allied health organisation that leads sector workforce development and support, to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples (IAHA, 2021b) • The Australian Physiotherapy Association (APA) allows Physiotherapy Assistants to be members of the APA, assuming they have completed the Certificate III or IV in Allied Health Assistance (Victoria Department of Health, 2013) • Podiatry assistants are eligible to be members of the Australian Podiatry Association (Victoria Department of Health, 2013) • Services for Australian Rural and Remote Allied Health (SARRAH) allows AHAs working in rural and remote Australia to join their peak body across all disciplines (SARRAH, 2011)
Educational pathways	• The Certificate III and Certificate IV in AHA are the two most appropriate qualifications for AHAs (NSW MoH, 2020) • AHAs with a Certificate III in AHA primarily complete administrative support duties, whereas a Certificate IV qualification is wholly or substantially engaged in assisting AHPs (NSW MoH, 2013) • Employers are encouraged to support existing AHAs that do not hold a formal qualification to undertake Recognition of Prior Learning (RPL) and/or further training to meet relevant qualifications (NSW MoH, 2020) • Higher complexity tasks requiring advanced or additional skills that may not be covered under the core competencies of the Certificate IV Allied Health Assistance Certificate would need to be addressed through an organisation-based competency training package and subsequent credentialing (Dietitians Association of Australia, 2016)
Scope of practice	• AHAs work in a diverse range of settings and Allied Health disciplines, with their scope of practice encompassing both allocated and delegated tasks influenced by their qualifications and level of experience (NSW MoH, 2020) • AHAs complete both clinical and non-clinical duties delegated by an AHP but their scope of practice is largely influenced by their education, knowledge, skills, experience and the type of services provided by the facility they work in (NSW MoH, 2013) • While AHAs work under a delegated framework, a degree of flexibility is often required as they may be engaged to work in a discipline specific area or assist in the delivery of Allied Health services across a multidisciplinary team (NSW MoH, 2020) • Some AHAs are cross-disciplinary, working broadly with a range of AHPs across different disciplines, settings and services, however, they have the greatest engagement and overlap with Physiotherapists (Victorian Department of Health, 2016)
Innovation case studies	• Victoria has recognised the vast benefits AHAs can bring to the delivery of Allied Health services, with the Victorian Department of Health highlighting eight different case studies where health and community services have benefited from the utilisation of AHAs (Victoria Department of Health, 2012) • Autism Spectrum Australia developed the AHA workforce development project in 2018 to deliver regular and culturally competent therapy services to participants in their local community (Autism Spectrum Australia, 2021) • The Western Australian Country Health Service (WACHS) in partnership with the Office of Aboriginal Health, Disability Services Commission and the Combined Universities Centre for rural Health have developed an Aboriginal AHA (AAHA) service model to enhance and support the delivery of Allied Health and therapy services to Aboriginal people living in rural and remote communities (Department of Health, 2015)

Topic	Key findings
Strategic opportunities	• The development of new MoC which include increasing the use of an assistant level workforce with well-defined roles is a strategy to overcome the demand challenges faced by the Allied Health industry (NSW MoH, 2020) • Improving the knowledge and skills of AHPs as relates to supervision of and delegation to AHAs is an opportunity to increase the utility of the AHA workforce (Brown, Fitzpatrick, and Hockings, 2020; Schmidt, 2013; Sarigiovannis, Jowett, Saunders, Corp, and Bishop, 2021) • Crafting discipline specific guides for delegated and allocated AHA tasks has been proven to increase the utility of AHAs as this clarity of role allows AHAs to work to the top of their scope more frequently as AHPs have a clear framework to refer to (Somerville, Davis, Milne, Terrill, and Philip, 2017; Sarigiovannis, Jowett, Saunders, Corp, and Bishop, 2021) • Advanced practice or extended scope roles are two aspects of workforce redesign that can better utilise AHA resources to meet the needs of the population (Stanhope and Pearce, 2013; Pearce and Pagett, 2015; The International Centre for Allied Health Evidence, 2013) • The development of task substitution initiatives or delegation models that create a better match between the skills of workers and the skills required to undertake a task are required to positively challenge the traditional and established role boundaries and entrenched professional hierarchies (Department of Health, 2015) • Significant opportunities exist in expanding the scope of AHAs in different health disciplines, including aged care, disability, mental health and multidisciplinary Allied Health teams delivering new and innovative MoC in response to community demand (Victoria Department of Health, 2013) • AHAs have no formal career pathways beyond a grade 3, the available transition from an AHA to AHP is a potential area of future exploration (Victoria Department of Health, 2016)
Challenges impacting the AHA workforce	• Poor delineation and a lack of understanding of the AHA role has impacted the ability and willingness for AHPs to allow AHAs to work to their full scope of practice (National Allied Health Assistant Working Group, 2010; National Disability Services, 2017; Stute, Hurwood, Hulcombe, and Kuipers, 2014) • Limited dedicated AHP training in delegation and supervision results in underutilised AHAs (Brown, Fitzpatrick, and Hockings, 2020; Schmidt, 2013; Stute, Hurwood, Hulcombe, and Kuipers, 2014; Sarigiovannis, Jowett, Saunders, Corp, and Bishop, 2021) • Ongoing uncertainty regarding the scope of practice for AHA roles creates a barrier to AHAs being introduced in more healthcare settings (NSW MoH, 2020; Stute, Hurwood, Hulcombe, and Kuipers, 2014) • Time management is a challenge for AHAs as they often have to report to and communicate with a range of supervisors (Stanhope and Pearce, 2013) • Many AHAs desire to receive further training however significant barriers exist including: cost, distance from training providers, family and work commitments (Department of Health, 2015).

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Appendix B:
Horizon Scanning and Scenario Generation Workshop Summaries

Allied Health Assistant Horizon Scanning Workshop Summary – 02 September 2021

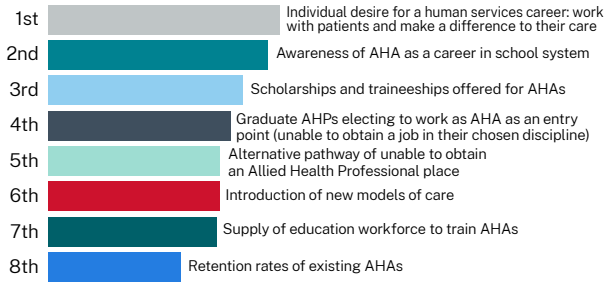
Purpose

This project aims to identify the roles of the Allied Health Assistant, as well as the challenges and drivers that are expected to influence the role of the workforce into the future.

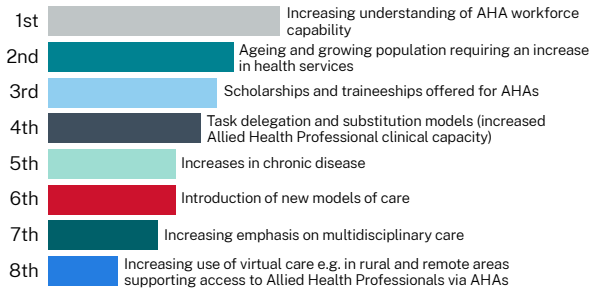
In the first workshop, **55+** participants came together to validate and discuss the themes identified from the literature review and consultation in more detail and set the foundation for the Scenario Generation workshop where we will further explore what the future of the AHA workforce might look like.

Activity 1: Supply and Demand Drivers

What are the most significant **SUPPLY** drivers impacting on the Allied Health Assistant workforce?



What are the most significant **DEMAND** drivers impacting on the Allied Health Assistant workforce?



Activity 2: Professional Development

We discussed professional development for AHAs from three different focus areas. The top insights for each focus area are captured below.

Formal vs informal learning opportunities	• Formal learning opportunities: undergraduate training, workplace experience and on-the-job training • Informal learning opportunities: reflective practice, focused on the job training and informal meetings
Professional development needs for cross disciplinary vs single profession AHAs	• Cross disciplinary AHAs: prioritisation training, rotational experience across all disciplines • Single profession AHAs: discipline specific screening and equipment training • Both groups: training in goal setting, patient rapport, mental health and motivational interviewing
Areas of opportunity for professional development	• Professional association/peak body • Support for further career progression • Networking and mentoring

Activity 3: Scope of Practice

We discussed the scope of practice for AHAs from three different focus areas. The top insights for each focus area are captured below.

Working to top scope of practice	• Implementation of protocolised care • Providing supervision or training to other AHAs
Interplay between AHPs and AHAs	• Strengths: improved patient outcomes • Hindrance: limited knowledge of AHA scope of practice • To change: availability of a discipline specific skill bank
Differences between metro/rural/remote AHA roles	• Increase autonomy and working to top scope of practice in rural and remote settings • Metro AHAs often more specialised with expertise in a smaller range of skills • Stereotypical perceptions of metro vs rural not always reality

Activity 4: Strategic Opportunities

We explored the question: **what do you think are the biggest strategic opportunities for the AHA workforce,** from four different perspectives. A snapshot of insights from each perspective are captured below.

NSW Health perspective

- Support multidisciplinary coordination
- Expanding scope of practice
- Embedding AHAs into all professions
- Accelerate AHA models of care

Education sector perspective

- Educating AHPs on AHAs scope of practice
- Advancing AHA education beyond Cert IV
- Increased traineeship/scholarship opportunities
- Fit for purpose training for AHAs

District and network perspective

- Increased cross-boundary collaboration
- Enhanced AHA service provision
- Increase consumer access to services
- Demonstrating value and promotion of AHAs

The AHA workforce itself

- Expanding into other allied health professions
- Increasing scope of practice
- Enhanced career progression
- Promoting networking opportunities

Next Steps

Participants will next come together for the Scenario Generation workshop (07 October) to leverage the outputs from the Horizon Scanning workshop and engage in a co-design discission on what the future AHA workforce might look like.

Allied Health Assistant Horizon Scanning Workshop Summary – 07 October 2021

Purpose

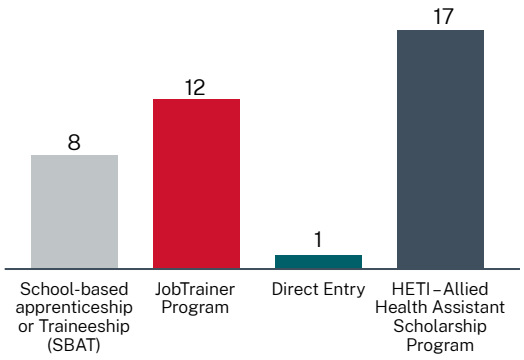
In the first workshop, **40+** participants came together to co-design an ideal future state for the NSW Health AHA workforce.

The purpose of this workshop was to collaboratively design practical actions aligned with key AHA workforce opportunities.

Four group exercises were completed that leveraged the outputs of the Horizon Scanning workshop (02/09), enabling the development of practical next steps, which will be key inputs for the final report for this project.

Activity 1: Educational Pathways

If you had the opportunity to invest in improving ONE of these educational pathways, which would you consider the most important?



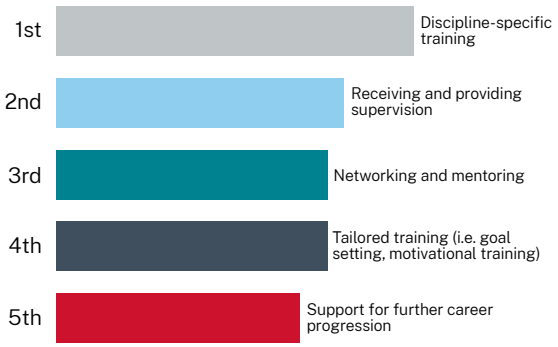
Activity 2: Scope of Practice

We explored the scope of practice for AHAs from three different focus areas. The top insights for each focus area are captured below.

New and emerging roles	**What could be done to provide opportunities to train/mentor other AHAs?** • Expand educator roles to include AHAs; increase access to training and mentoring courses **What could be done to expand AHAs into other disciplines?** • Allow time and space for different disciplines or clinics to expand their scope of practice; increase promotion of the benefits of AHAs
Implementing care using protocols	**What could be done to enable and increase care delivered by AHAs specifically using protocols?** • Development of clear governance and statewide guidelines; increased communication and knowledge sharing **What might the barriers be to enabling protocolised care, and what could be done to overcome them?** • Protocols don't currently exist, therefore they need to be developed with clear delineation and purpose • Challenges with AHP delegation, therefore further support and training in delegation for AHPs is required
Rural & remote workforce	**What could be done to leverage the different successes across regional and metro AHAs?** • Opportunities for peer supervision and networking across LHDs/SHNs; implementing a broad statewide approach **How can we use telehealth to increase AHAs working to the top of their scope?** • Conducting virtual testing, screening and information gathering; peer education via telehealth

Activity 3: Professional development

From your experience, what are the priority areas for professional development?



Activity 4: Strategic Opportunities

We explored key strategic opportunities for AHAs across three different perspectives. The top insights for each perspective are captured below.

NSW Health perspective	Districts & Networks	Education Sector
Support multi-disciplinary AHA development and coordination Increase AHA inclusion in the statewide Allied Health Plan; opportunity for LHD/SHNs to apply for funding for cross disciplinary AHAs	**Increase cross-boundary collaboration** Development of evidence based research to support effectiveness; creation and support of an AHA community of practice to promote networking and professional development	**Educate AHPs on AHA scope of practice** Undergraduate training for AHPs on AHA scope of practice and how to effectively supervise and delegate to AHAs
Support top of scope AHA practice Enhance workforce planning to align with AHA role; support the development of an AHA Community of Practice	**Utilise AHAs to improve consumer access to services** Increase consumer engagement to define community need; identify disciplines, roles and can be used to provide: consumer education, consumer follow-up and telehealth sessions	**Increase traineeship/scholarship opportunities** Leverage existing funding sources; increase awareness; greater engagement with RTOs
Support the embedding of AHAs across new professions, and into MoC Adapt MoC to include AHAs in LHD/SHN Workforce planning	**Demonstrate and promote the value of AHAs** Promote the benefits of AHAs for AHPs, specifically how AHAs support and enable AHPs to practice at top of scope	**Enhance fit-for-purpose training for AHAs** Design flexible and emerging models to suit the workplace; training modules for emerging AHA specialisations (e.g. audiology, social work, etc)

Next Steps

To conclude the project, a comprehensive report will be developed. This report will collate the outputs from the literature review, stakeholder consultations,and two workshops. It will reflect all project findings and outline practical recommendations to model and support the future of the AHA workforce across NSW Health.

Note: The purpose of this workshop summary is to inform on the key themes and discussion from stakeholders who participated in the AHA Scenario Generation workshop(07/10). It should be noted that the views expressed in this summary are not necessarily those of the NSW Ministry of Health.

Appendix C:
Additional Allied Health Assistants Workforce Profile

This section analyses the profile of the NSW Health AHA workforce based on the representative sample who responded to the project survey. The data included in this section was collected through the Horizon Scanning and Scenario Generation project survey.

Demographic Profile

The following sections analyse the demographics of the NSW Health AHA workforce survey respondents.

Gender

A significant feature of the NSW AHA workforce is that it is predominantly female. Figure 5 represents 100 NSW Health AHAs, where 79 are female, 20 are male, and 1 preferred not to say.[9]

With significant female representation across this workforce, it is important to plan for career breaks and part-time working arrangements. Opportunities remain for individuals to act in maternity leave positions, expanding the skill set of and potentially growing the AHA Workforce if maternity leave contractors remain working as AHAs.

Figure 5. Representation of AHAs who identify as female, male, or preferred not to disclose (n=273)

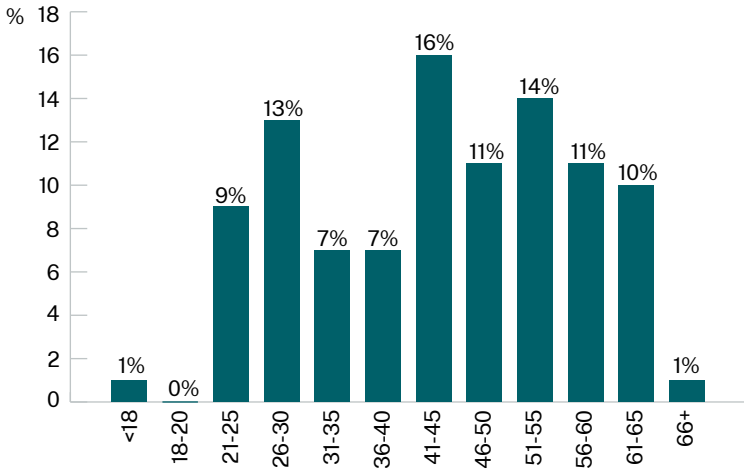
Age

16% of AHAs are aged between 41 and 45 years, and 64% of the workforce are aged over 41 years, with a relatively even distribution across the five-year age brackets above 41, as demonstrated by Figure 6.

This older workforce has significant implications for employee retention and tenure. In 2020, 55% of Australian residents over 55 were retired and the average retirement age was 55.4 years (ABS, 2020b). 47% of the NSW Health AHA workforce is aged 46 or older, which has significant implications for retirement across the workforce over the next decade.

In order to ensure the sustainability of this workforce given the average age of NSW AHAs and the average Australian retirement age, it is important to implement strategies that promote employment more evenly across age brackets.

Figure 6. Breakdown of the age range of NSW Health Allied Health Assistance workforce respondents from <18 years to >66 years, represented in 5 year age brackets (n=269)



9 The survey question asked, "What gender do you identify with?". This question had 273 respondents, of these 216 (79%) identified as female, 55 (20%) identified as male, and 2 (1%) preferred not to say.

Aboriginal-identified Workforce

The majority of NSW Health AHAs do not identify as either Aboriginal or Torres Strait Islander. As represented by Figure 7, almost 2% of respondents indicated that they identified as Aboriginal and less than 1% identified as Torres Strait Islander. Less than 1% of respondents indicated that they would prefer not to disclose.[10] Increasing Aboriginal representation in the AHA workforce is a key consideration as AHAs are in a position to support the delivery of culturally safe care and positive patient experience.

Figure 7. Representation of Allied Health Assistants who identify as Aboriginal, Torres Strait Islander, neither or preferred not to disclose (n=261)

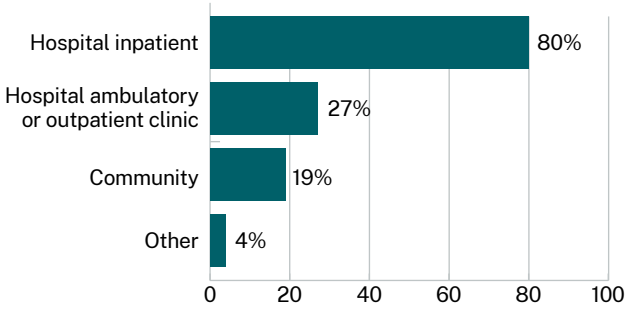
Utilisation Profile

The next sections analyse the settings, disciplines, and locations that AHAs operate in across NSW.

Clinical Settings

In the AHA survey conducted to inform this report, the majority (80%) of AHA respondents indicated that they work in a hospital inpatient setting, with 46% of the workforce working across community and hospital ambulatory or outpatient clinics (Figure 8).[11]

Figure 8. Percentage of Allied Health Assistants engaged in community settings, hospital inpatient, hospital ambulatory or outpatient clinics or other settings (n=255, note: respondents could include more than one setting, thus a 130% total)



Of the 255 respondents to this question 11 (4%) responded with 'Other'. These responses included: pharmacy duties, residential aged care, clinical trials, virtual care delivery and orthotic technicians (who have minimal patient contact).

In the survey, respondents were able to indicate more than one setting, and 60 of the 255 respondents (23.5%) indicated that they worked regularly in more than one clinical setting.

10 The survey question asked, "Do you identify as Aboriginal or Torres Strait Islander?". This question had 261 respondents, of these 5 (1.92%) identified as Aboriginal, 1 (0.38%) identified as Torres Strait Islander, 251 (96.17%) identified as Neither and 4 (1.53%) preferred not to say.

11 The survey question asked; "Please indicate the average amount of time that you currently spend engaged in clinical work across the various settings (as an employee of NSW Health)?" This question had 246 respondents and allowed multiple responses, capturing 332 total responses, of these 69 (27%) selected 'Hospital ambulatory or outpatient clinic', 204 (80%) selected 'hospital inpatient', and 11 (4%) selected 'other'.

Disciplines

Table 2 highlights the Allied Health disciplines supported by the NSW Health AHA workforce.[12] The survey identified Physiotherapy, Occupational Therapy, Nutrition and Dietetics, and Speech Pathology as the most commonly supported disciplines, and this aligns with what stakeholders shared in consultation. There is an opportunity to look at new workforce MoC and increase the use of AHAs, particularly for those disciplines who less frequently, or currently do not, employ AHAs.

This question asked respondents (n=262) to indicate the discipline(s) they work with. AHAs who work across multiple disciplines were able to indicate more than one discipline (total responses to question=512). 35% of respondents indicated that they work across more than one discipline (Table 3).

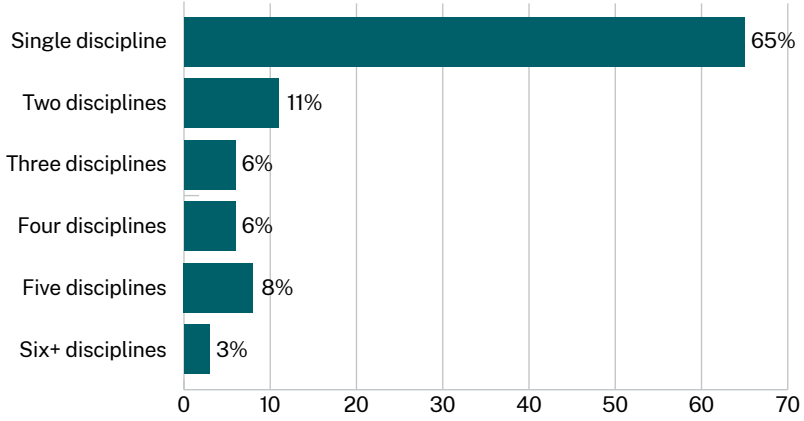
Table 3. Disciplines supported by AHAs in NSW. Organised chronologically from most supported disciplines to disciplines that are not currently supported (n=262)

Discipline	Percentage of all NSW Health Respondents (Respondents = 262 and Total Responses = 512)
Physiotherapy	48.09%
Occupational Therapy	39.69%
Nutrition and Dietetics	33.21%
Speech Pathology	20.61%
Social Work	15.65%
Pharmacy	14.12%
Psychology	5.34%
Other	4.20%
Diversional Therapy	3.82%
Exercise Physiology	3.05%
Podiatry	2.29%
Orthotics and Prosthetics	1.91%
Radiography	1.91%
Art Therapy	1.15%
Audiology	0.38%
Child Life Therapy, Counselling, Music Therapy, Nuclear Medicine Technology, Orthoptics, Radiation Therapy, Sexual Assault, Welfare	0.00%

Cross-disciplinary and Single Profession Allied Health Assistants

AHAs perform duties within single Allied Health disciplines or across multiple disciplines.

Figure 9. The proportion of AHA survey respondents who regularly work across single or multiple disciplines (n=284)



12 The survey question asked; "Which Allied Health profession/s do you work with? Please select multiple professions if a multi/cross discipline assistant". This question had 262 respondents and allowed multiple responses, capturing 512 total responses.

The literature indicates that AHAs remain predominantly uni-disciplinary, particularly in Physiotherapy, Occupational Therapy, and Speech Pathology.

This was supported by the survey results with approximately two thirds (65%) of respondents reporting to work in one discipline and 126 (74%) working in Occupational Therapy, Physiotherapy, Nutrition and Dietetics or Speech Pathology, as shown in Figure 9.[13] Stakeholders suggested that this may be because these disciplines were early adopters of AHAs into the workforce and therefore now have more significant representation in these disciplines. This significant representation of singular disciplinary AHAs does not preclude AHAs in these disciplines from cross-disciplinary practice.

The prevalence of cross-disciplinary AHA's is increasing across the sector. This was supported in survey analysis which found 35% of AHAs working across more than one discipline. The most common cross-disciplinary combination was a mixture of Nutrition and Dietetics, Occupational Therapy, Physiotherapy and Speech Pathology, represented in survey results by 82 (88%) AHAs.

Locations

The majority of NSW Health AHAs indicated that they primarily worked in metropolitan LHD/SHNs (47.83%). 20.55% of the workforce is based in mixed rural, regional and metropolitan LHDs, and 26.09% are based in rural and regional LHDs. The remaining 5.53% work in SHNs.[14] Table 4 shows the locations and percentage of the workforce for each LHD/SHN across NSW.

Table 4. The locations of AHAs across metropolitan LHDs, rural and regional LHDs and Specialty Health Networks (n=261)

Metropolitan Local Health Districts	
South Eastern Sydney Local Health District	10.67%
Central Coast Local Health District	10.28%
Nepean Blue Mountains Local Health District	7.91%
South Western Sydney Local Health District	5.14%
Northern Sydney Local Health District	4.74%
Western Sydney Local Health District	4.74%
Sydney Local Health District	4.35%
Mixed Metro Rural and Regional Local Health Districts	
Hunter New England Local Health District	14.62%
Illawarra Shoalhaven Local Health District	5.93%
Rural and Regional Local Health Districts	
Northern NSW Local Health District	7.91%
Southern NSW Local Health District	5.93%
Western NSW Local Health District	5.53%
Murrumbidgee Local Health District	3.16%
Far West NSW Local Health District	1.98%
Mid North Coast Local Health District	1.58%
Specialty Health Networks	
Sydney Children's Hospital	4.35%
Justice Health and Forensic Mental Health Network	1.19%
St Vincent's Hospital	0.00%

13 The survey question asked; "Which allied health profession/s do you work with? Please select multiple professions if a multi/cross discipline assistant." This question had 262 responses, of these 169 (65%) nominated single discipline, 29 (11%) nominated two disciplines, 22 (8%) nominated five disciplines, 16 (6%) nominated three disciplines, 17 (6%) nominated four disciplines, 9 (3%) nominated six+ disciplines.

14 The survey question asked; "Which Local Health District (LHD) / Health Speciality Network (SHN) or state-wide service are you currently employed by?". This question had 261 respondents.

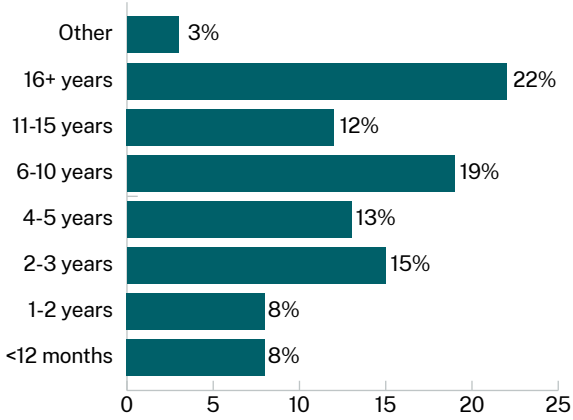
Tenure Profile

The next sections consider tenure and intention to change careers of the NSW Health AHA workforce.

Tenure

More than two-thirds of survey respondents indicated they had worked as an AHA for more than four years (Figure 10).

Figure 10. The total number of years respondents have been working as an AHA at any health service, expressed as a % of the total workforce (n=261)



Extended tenure is highlighted by the 22% of respondents who indicated they have been an AHA for more than 16 years.[15]

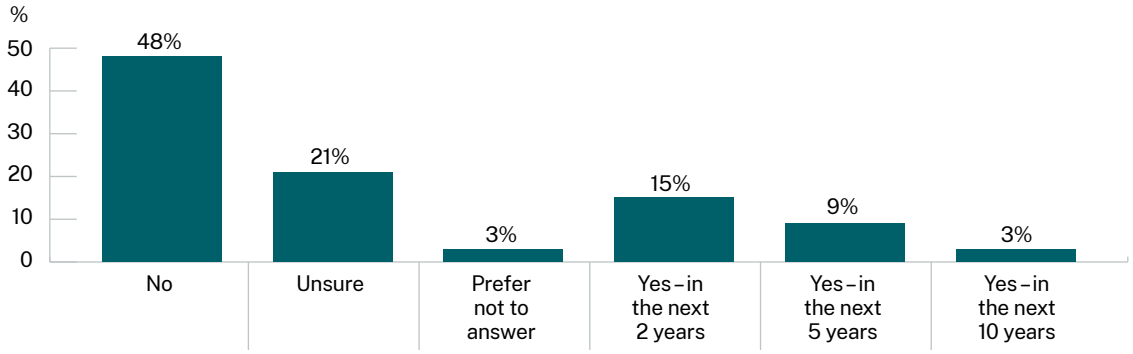
This discussion of tenure refers to respondent's tenure in the AHA profession, not their longevity in a single role or LHD/SHN. These statistics indicate a stable and tenured workforce, where AHAs are likely to remain in the workforce.

Intention to Change Careers

AHAs were asked as part of the survey if they were planning to change careers, and if so, in what timeframe they anticipate to undertake this.

Almost a quarter of respondents are intending to change careers within the next five years, as represented in Figure 11.[16]

Figure 11. Percentage of respondents who intend to change careers in the next 2 years, 5 years, 10 years, do not intend to change careers, unsure, or preferred not to answer (n=258)



This level of anticipated transition has significant implications for workforce planning, particularly for a workforce that is already experiencing undersupply of qualified individuals.

15 This survey question asked; "How many years in total have you been working as an AHA/Technician? (At any health service)". This question had 61 respondents, and of these 20 (7.66%) selected 'Less than 12 months', 21 (8.05%) selected '1-2 years', 40 (15.33%) selected '2-3 years', 33 (12.64%) selected '4-5 years', 50 (19.16%) selected '6-10 years', 31 (11.88%) selected '11-15 years', 57 (21.84% selected '16+ years', and 9 (3.45%) selected 'Other'.

16 This survey question asked; "Are you intending to change careers?". This question had 258 respondents and of these, 124 (48.06%) selected 'No', 39 (15.12%) selected 'Yes - in the next 2 years', 23 (8.91%) selected 'Yes - in the next 5 years', 9 (3.49%) selected 'Yes - in the next 10 years', 54 (20.93%) selected 'Unsure', and 9 (3.49%) preferred not to answer.

Additional Workforce Profile

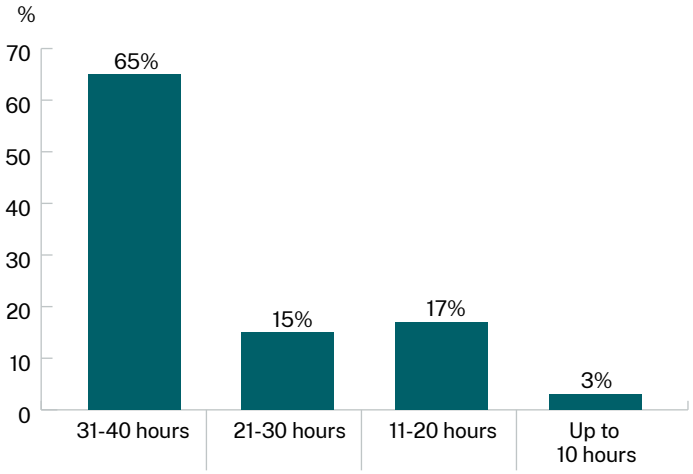
This section provides a view of the survey data not mentioned in the Workforce Profile Summary.

Average Hours Worked

Figure 12[17] illustrates that 65% of NSW Health AHAs who responded to the survey indicated that they were employed full time, with a further 15% working between 21 and 30 hours.

Only 3% of respondents worked less than 10 hours.

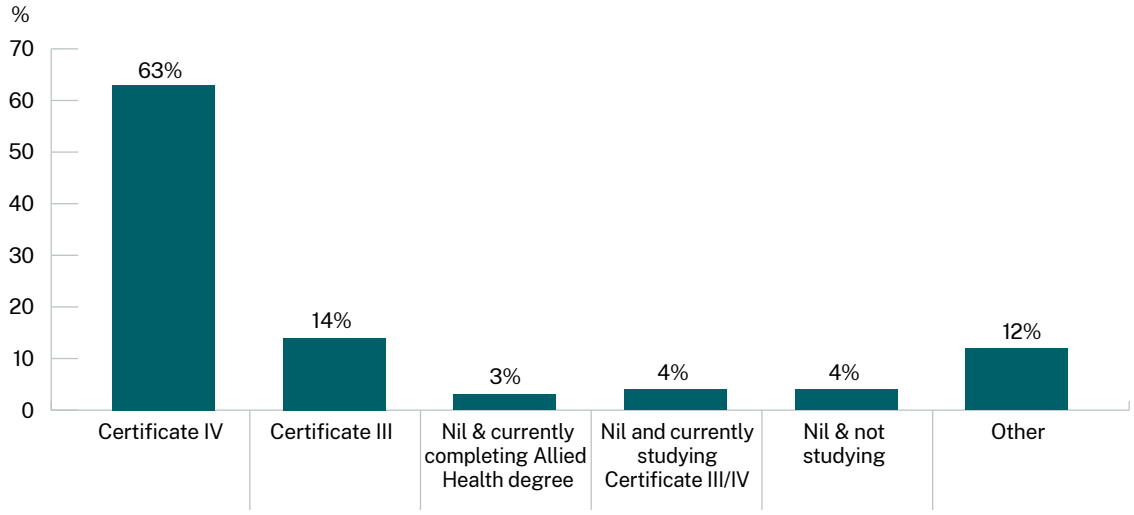
Figure 12. Average hours worked by NSW AHAs (n=261)



Highest Qualification Attained

Figure 13[18] shows that 63% of respondents have achieved a Certificate IV, and a further 14% have achieved a Certificate III.

Figure 13. Highest qualification held (n=276)



The 12% represented by the 'Other' category is largely made up of individuals who hold a combination of:

- Bachelors degree in Allied Health, nursing or other Science discipline
- Diplomas in Allied Health, nursing or other Science discipline
- International qualifications in Allied Health, nursing or other Science discipline

17 The survey question asked "What is the average total number of hours you are currently paid to work per week as an AHA/Technician (as an employee of NSW Health)?" (n=261).

18 The survey question asked; "What qualifications do you currently hold?" (n=276).

Appendix D:
Virtual Care Horizon Scanning and Scenario Generation report, summary as it relates to Allied Health Assistants

The Virtual Care Workforce project sought to develop a comprehensive understanding of the skills, knowledge and workforce models to sustainably integrate virtual care into business as usual for NSW Health. This project adopted the Horizon Scanning and Scenario Generation methodology and was conducted over March – September 2021. A literature review, interviews with 85 stakeholders across LHD/SHNs, Pillars and State-wide services, and co-design workshops with 90 participants across two workshops, informed the findings of the project.

The *Literature Review* recognised the importance of virtual care specifically for Allied Health. The findings are pictured right:

The project developed a blueprint of the capabilities required to deliver effective virtual care across NSW. The report provides a view of the opportunities, challenges, and risks associated with virtual care, and culminates with seven recommendations.

Promoting the benefits of virtual care can support its adoption by Allied Health and other healthcare professionals

Effectiveness of virtual care for allied health

- Effectiveness may depend on several factors, such as severity of health conditions, type of interventions provided, and factors associated with the health care provider (Speyer et al., 2018)

Barriers to intervention delivery

- Individual (e.g. age, knowledge, personal preference); workplace (e.g. support, resource availability and training); community (e.g. infrastructure, therapist perception of clients' acceptance of telehealth intervention) (Speyer et al., 2018)

Promoters of to intervention delivery

- Need for training in appropriate etiquette and to overcome technical isues such as audio problems (O-hara et al., 2018)
- Telehealth services could be supported with internal partners (e.g. assistants) and external parnters (e.g. local medical centres) (Campbell et al., 2018)
- Providers need training to facilitate child participation online and identify alternatives to physical touch. Co-learning opportunities should be used to address low provider and referrer self-efficacy (Campbell et al., 2018)

This project and report are relevant to this AHAs project because virtual care is a key lever that AHAs can utilise to increase their impact and reach. Specifically in hub and spoke models that improve access to specialist services, where the AHA enables at-a-distance care. *Opportunity One* in the Virtual Care report articulates this:

1 Design hub and spoke models across specialties

Hub and spoke models involve specialists from a large tertiary centre (hub) providing virtual consultations to patients at one or more smaller sites (spoke). The tele-stroke model is an example of this type of model.

Practical steps to realise this opportunity

- Work with clinicians and patients to understand needs and requirements
- Utilise existing workforce, such as AHAs (in line with the NSW Health AHA Framework), to support connections to specialists to the 'spoke' sites
- Learn from and leverage successful models operating elsewhere

AHAs are also mentioned specifically by the Virtual Care report in *Recommendation Five*:

> "Analyse opportunities for emerging virtual care roles across the system (e.g. patient concierge, Aboriginal Health virtual care roles, virtual care **Allied Health Assistants**)"

The recognition of the importance of virtual care to Allied Health and the role that AHAs specifically are able to play is key to the future of the AHA workforce, and this is reflected throughout Horizon Scanning and Scenario Generation report.

Literature Review References

Campbell J., Theodoros D., Russell T., Gillespie N., Hartley N.. Client, provider and community referrer perceptions of telehealth for the delivery of rural paediatric allied health services. The Australian Journal of rural Health. 2018; 419-426. DOI: 10.1111/ajr.12519

O-Hara R, Jackson S. Integrating telehealth services into a remote allied health service: A pilot study. The Australian Journal of rural Health. 2018; 25:53-57. doi: 10.1111/ajr.12189.

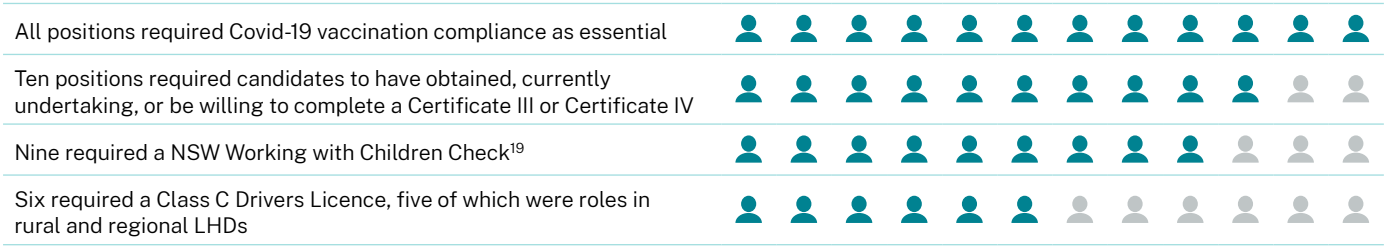
Speyer R, Denman D, Wilkes-Gillian S, Chen Y-W, Bogaardt H, Kim J-H, Heckathorn D-E, Cordier R. Effects of telehealth by allied health professionals and nurses in rural and remote areas: A systematic review and meta-analysis. *J Rehabil Med*. 2018; 50:225-235. doi: 10.2340/16501977-2297.

Appendix E:
Point in time analysis of AHA roles and essential requirements – NSW Health Jobs Portal

In order to quantify existing opportunities for direct entry at the time of this Horizon Scanning and Scenario Generation report, this project undertook a point in time analysis of the AHA jobs advertised. Twelve position advertisements were analysed in October 2021, these were a random sample taken from the NSW Health jobs portal. Six of the advertised positions were based in metropolitan LHDs and six were advertised for rural and regional LHDs, with five advertised for roles within the Murrumbidgee LHD.

Figure 14 illustrates high level findings across the twelve position descriptions analysed:

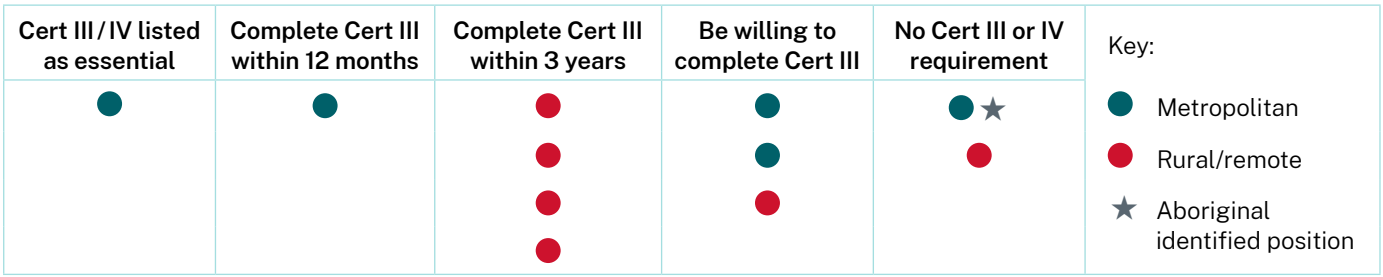
Figure 14. High level findings from a point in time analysis of position descriptions as advertised in October 2021



AHA position descriptions for rural and regional LHDs were advertised similarly to those in metropolitan NSW. All included a variation of the following standard position description essential criteria with relation to the Certificate III and IV: "Certificate III or IV in Allied Health Assistance or relevant equivalent qualification or willingness to complete the required skills and competencies for the role within a x month period."

This analysis found that advertisements in rural and regional LHDs were more likely to give a longer lead time or have no requirement for the completion of a Certificate III or IV; Figure 15 illustrates this. Stakeholders also validated this. Consultation indicated that direct entry and on the job training is more common in rural and regional LHDs, inan attempt to increase supply to the workforce.

Figure 15. Findings regarding the requirement for a Certificate III or IV from a point in time analysis of position descriptions as advertised in October 2021



19 AHAs in NSW are required to have obtained a Working with Children Check, despite this not being specified on all twelve position descriptions.

The complete and detailed analysis of the considered position descriptions is illustrated below:

METROPOLITAN LHDs POSITION DESCRIPTION REQUIREMENTS ANALYSIS	 **Covid-19 Vaccine**	 **WWCC**[20]	 **Drivers Licence**		 **Qualifications**	
Allied Health Assistant - Occupational Therapy & Physiotherapy *Sydney Childrens Hospital Network*				 Cert III/Cert IV **OR**	 12 months experience **OR**	 Studying a Cert III
Allied Health Assistant - Dietary Assistant *Sydney Childrens Hospital Network*				 Cert III/IV (Nutrition & Dietetics) **OR**	 Food/Nutrition Undergraduate Degree **OR**	 Willingness to undertake required skills
Allied Health Assistant - Casual Pool *Northern Sydney Local Health District*				 Cert III **OR**	 Equivalent	
Allied Health Assistant - Casual Pool *Nepean Blue Mountains*				 Cert III/Cert IV **OR**	 Equivalent OR	 Willingness to complete required skills
Allied Health Assistant - Paediatrics *South Western Sydney Local Health District*			 OR willing to obtain within 3 months	 Cert IV **OR**	 Relevant qualification **OR**	 Willingness to complete within 12 months
Aboriginal Allied Health Cadetship *South Western Sydney Local Health District*				 Enrolled and completed 1 year of an undergraduate Allied Health Degree		

20 WWCC: Working With Children Check

RURAL AND REGIONAL LOCAL HEALTH DISTRICTS POSITION DESCRIPTION REQUIREMENTS ANALYSIS	 **Covid-19 Vaccine**	 **WWCC**[21]	 **Drivers Licence**		 **Qualifications**	
Allied Health Assistant – Level 1-2 –Deniliquin *Murrumbidgee Local Health District*				 Cert IV OR	 Commitment to complete within 3 years OR	 Relevant qualification
Allied Health Assistant - Rehabilitation – Level 1-3 – Wagga Wagga *Murrumbidgee Local Health District*	v 			 Cert IV OR	 Commitment to complete within 3 years OR	 Equivalent Relevant qualification
Allied Health Assistant – Podiatry Service (Across 3 levels, as per the AHA State Award) *Hunter New England Local Health District*			*Level 1*	 No experience required		
			*Level 2*	 Cert III OR	 12 months experience as a L1 AHA	
			*Level 3*	 Cert IV		
Allied Health Assistant – Leisure & Lifestyle – Lake Cargelligo *Murrumbidgee Local Health District*				 Cert IV AHA or Cert IV Leisure & Lifestyle OR	 Commitment to complete within 3 years	
Allied Health Assistant – Level 1 – Cootamundra *Murrumbidgee Local Health District*				 Cert IV OR	 Commitment to complete within 3 years	
Allied Health Assistant – Leisure & Lifestyle – Tocumwal *Murrumbidgee Local Health District*				 Cert IV AHA or Cert IV Leisure & Lifestyle	 Commitment to complete within 3 years	

21 WWCC: Working With Children Check

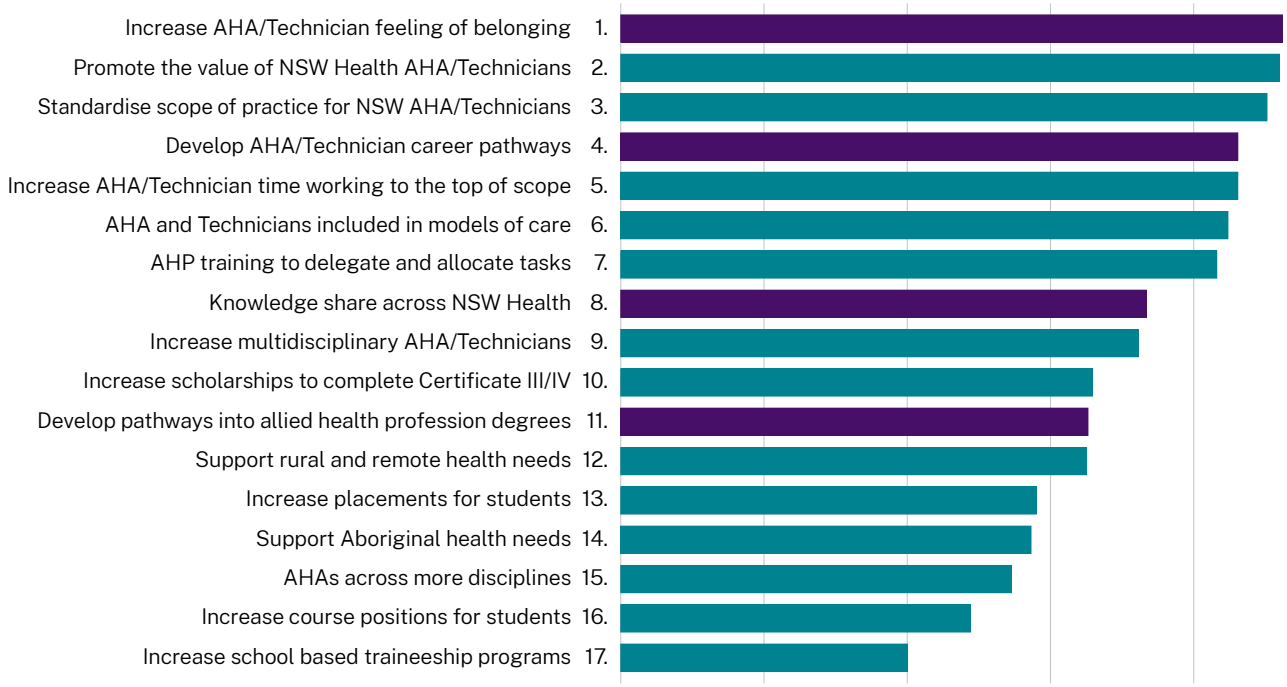
Appendix F:
Allied Health Assistant Perspective on Professional Development and Career Pathways

The survey, consultation and workshops enabled the development of an AHA perspective on professional development and career pathways.

In the survey, AHAs were asked to define the importance of a list of opportunities for the AHA workforce which were identified through the literature review and consultation. Figure 16[22] shows two of the highest ranked opportunities, (1st and 4th out of 17 opportunities), were:

- Awareness and value of AHAs/Technicians: increasing AHA/Technician feeling of belonging within clinical teams
- Awareness and value of AHA/Technicians: crafting a pathway for progression through the AHA/Technician career.

Figure 16. List of opportunities as prioritised by AHAs in the survey, with relative weighting depicted by the line graph (n=254)



Knowledge sharing across NSW and the development of pathways were not prioritised as highly by AHAs in the survey, but were raised in the workshops subsequently and thus included in this section.

It is inferred from the survey data displayed in Figure 16 that professional development and career pathways are important to the NSW Health AHA cohort as both of these priority opportunities are delivered through professional development and career pathways.

22 The survey question asked: "Please indicate below how important these opportunities are to support the future growth and sustainability of the NSW Allied Health Assistant workforce." This question had 255 respondents.

Appendix G:
Allied Health Assistant Survey Sentiment Informing Career Change

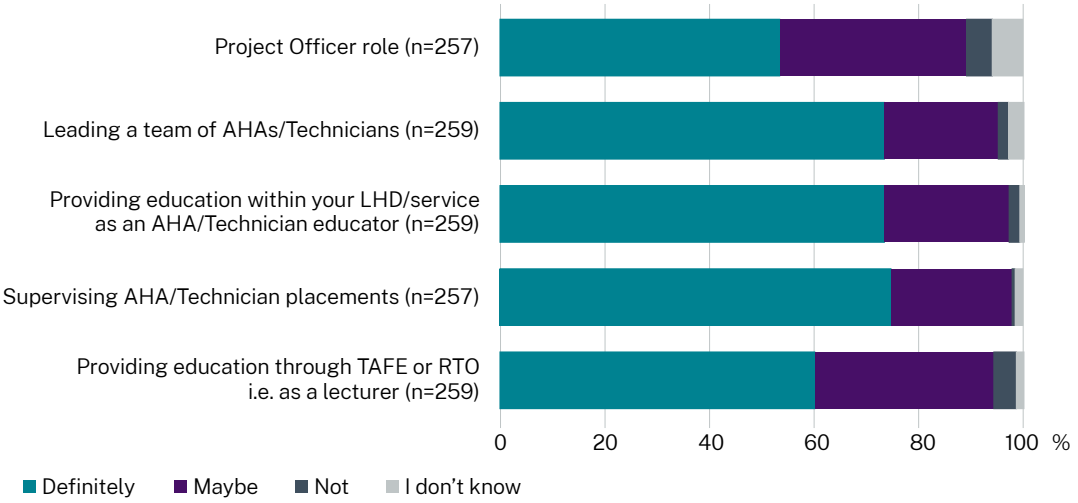
The survey found that limited career pathways are a key reason for AHAs planning a career change. Figure 17 shows quotes from AHAs in the survey, answering the question, "If you are intending to change careers, why and what are your considerations?":

Figure 17. Quotes regarding career pathways from respondents who indicated they intend to change their career in the next five years (n=259)

It is inferred from these findings that AHAs desire opportunities for career progression, and that there is an opportunity to develop strategies to realise enhanced career progression for AHAs.

Appendix H:
Allied Health Assistant Survey Indications of Possible Opportunities for Career Progression

Figure 18. Percentage of respondents that think these options could definitely, maybe or definitely not be a part of the AHA career progression (n=259)



As represented by Figure 18, survey results show AHAs believe that supervising placements, providing education within the LHD/SHN and leading a team of AHAs were 'definitely' possible pathways.[23] Fewer AHAs felt that providing education through TAFE or a RTO and taking up a Project Officer role were 'definitely' appropriate pathways.

23 The survey question asked; "In your opinion, which opportunities do you think could be a part of AHA/Technician career progression?". This question had 259 responses.

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Pat Brown, ISLHD
Tania Brown, IAHA
Wendy Bryan-Clothier, MoH
Julia Buckle, ISLHD
Matthew Buckley, CCLHD
Nicola Clemens, MoH
Katrina Cooper, SCHN
Andrew Davison, MoH
Charles Davison, MoH
Rebecca Day, SLHD
Jenni Devine, SNSWLHD
Claire Douglas, SESLHD
Melanie Dowling, HNELHD
Heather Fairfax, WNSWLHD
Sophie Gaynor, MLHD
Monica Gibian, WSLHD
Sarah Gibson, NBMLHD
Darrin Gray, HNELHD
Allan Groth, SARRAH
Madhurima Hemavathi, WSLHD
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Kate Hogben, WNSWLHD
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Suzanne Kennewell, SLHD
Owen Kerr, NSW TAFE
Lucy Kevin, SCHN
Tiphanie Lloyd, NNSWLHD
Michelle Lofton, SLHD
Sophie Logan, NSLHD
Felicity McLean, HNELHD
Christina Mildren, MLHD
Holly Morrison, NSLHD
Donna Murray, IAHA
Nicola Neale, CCLHD
Brett Nicholas, SCHN/HETI
Belinda Nicholson, SWSLHD
Melissa Parkin, HNELHD
Sophie Price, SCHN
Sarah Smith, CCLHD
Sue Steele-Smith, HETI
Terry Stefanidis, SESLHD
Kylie Stein, MLHD
Catherine Stephens, NSLHD
Nikki Stevens, HNELHD
Sidney Takacs, NBMLHD
Daniel Treacy, SESLHD
Andrea Tyler, NBMLHD
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