Allied Health Education and Training Governance Guidelines

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Executive Summary

The Health Education and Training Institute (HETI) is pleased to present the Allied Health Education and Training Governance Guidelines ("The Guidelines"). Governance has a critical role in embedding education and training into organisational systems. These 2022 Guidelines provide support to local systems of governance for allied health education and training within Local Health Districts and Specialty Networks in NSW.

The Guidelines have been developed by the HETI Allied Health Unit in collaboration with the NSW Allied Health Directors Advisory Network and are made up of five key elements. The key elements: Patient driven, Clinician focussed, Leadership, Organisational factors and Resources are based on evidence that promotes best practice, human-centred care and building workforce capability.

Allied health education and training is multifaceted and needs to be fully integrated into the workplace at three levels: individual, departmental and organisational.

Three online self-assessments target the three levels to evaluate their progress against the Guidelines. Completion of the self-assessment tool will generate an action plan.

The interactive web-based Guidelines includes:

- About the guidelines
- Self-assessment checklists
- Implementing the guidelines

The Guidelines support the allied health workforce to self-assess, evaluate and determine an action plan based on each key element. It is hoped that by applying these Guidelines, health services can support the development of allied health capabilities in the delivery of human-centred care and promote a culture of lifelong learning and development of its staff. This will ensure that health professionals have the necessary up-to-date skills and knowledge to provide high quality and safe care to the people of NSW.

About the Guidelines

This document details the background, guideline development, underpinning evidence and mapping to relevant standards of the Allied Health Education and Training Governance Guidelines.

Introduction

The Allied Health Education and Training Governance Guidelines supports the establishment, access and management of local systems of governance for allied health education and training within Local Health Districts and Specialty Networks in NSW.

The Guidelines are made up of five key elements:

- Patient driven
- Clinician focussed
- Leadership
- Organisational factors
- Resources

Governance is a core function in health system frameworks and critical to improving health outcomes (Barbazza & Tello, 2014; Fryatt et al, 2017). Education and training is a critical component of the overall system of clinical and corporate governance of health care organisations (Braithwaite & Travaglia, 2008).

The Allied Health Education and Training Governance Guidelines ("The Guidelines") will support health services to develop systems of governance to grow allied health capabilities in the delivery of human-centred care and promote a culture of lifelong learning.

Health service organisations have a responsibility to the community to ensure there is continuous improvement and services are safe, effective and human-centred. This is achieved through good governance. Governance has been described by the NSQHS as a "… set of relationships and responsibilities established by a health service organisation between its department of health (for the public sector), governing body, executive, workforce, patients and consumers, and other stakeholders to deliver safe and high-quality health care. It ensures that the community and health service organisations can be confident that systems are in place to deliver safe and high-quality health care, and continuously improve services" (NSQHS).

TABLE 1: SUMMARY OF EDUCATION AND TRAINING KEY ELEMENTS AND GUIDELINES

NO.	KEY ELEMENTS	GUIDELINES
1	Patient driven	Patient and clinical service needs and benefits are an overarching principle of workforce education and training.
2	Clinician focussed	Learning and development planning, responsibility and evaluation is essential to embedding new skills and knowledge into practice.
3	Leadership	Effective leadership encourages and facilitates education & training opportunities to build capability and empower allied health
4	Organisational factors	Health services have organisational structures that value and promote education and training embedded as core business
5	Resources	Facilitating access to education and training is supported by allocation of human and financial resources

Governance in education and training is critical to meeting patient needs

Governance in education and training has a critical role in embedding professional development into organisational systems. A focus on education and training helps achieve and develop the right mix of skills and capabilities in health professionals to deliver safe, appropriate care, and respond to changing and evolving needs of patients and the community. This aligns with the health strategic objective of the right people with the right skills in the right place. By ensuring that allied health professionals are supported to engage in lifelong learning and continuing professional development, health care organisations can be increasingly confident that they are employing a workforce capable of delivering human-centred care and contributing towards enhancing care outcomes.

Allied health deliver interprofessional human-centred care

Allied health professionals deliver specialised, coordinated care, making a difference across the patient journey in the health care system. Patient care is enhanced when delivered by a team of health professionals. There are 23 allied health professions employed by NSW Health (see Table 2) making up a workforce of over 13,000 highly skilled staff. These professionals deliver care that improves patient outcomes (e.g., stroke outcomes, quality of life), reduces readmission rates, reduces risks (e.g., falls, malnutrition, pneumonia), maximises safety (e.g., safe discharge home, social supports) and can be preventative (e.g., reduce the need for surgical intervention). Allied health staff work collaboratively with doctors, nurses and other staff within hospitals and community settings to meet population needs. They lead and/or support many and varied specialty clinics, such as eating disorders, diabetes, fracture, voice disorders, and high-risk foot disease making a difference to the delivery of holistic patient care. The customised care delivered by specialty clinics draws heavily from the skill and training of many allied health professionals including dietitians, physiotherapists, speech pathologists, occupational therapists and pharmacists. It is important that the professional development of allied health professionals is maintained, developed and promoted to provide best value, leading and advanced care.

TABLE 2. THE 23 ALLIED HEALTH PROFESSIONALS EMPLOYED BY NSW HEALTH

Audiology	Nuclear Medicine Technology	Psychology
Art Therapy	Occupational Therapy	Radiation Therapy
Counselling	Orthoptics	Radiography
Dietetics & Nutrition	Orthotics & Prosthetics	Sexual Assault
Diversional Therapy	Pharmacy	Social Work
Exercise Physiology	Physiotherapy	Speech Pathology
Genetic Counselling	Child Life Therapy	Welfare
Music Therapy	Podiatry	

Background

In 2011, the Health Education and Training Institute (HETI) allied health team in collaboration with the Allied Health Directors Network, commissioned a project to develop a best practice governance framework for allied health education, published as 'Best Practice Governance Framework for Allied Health Education and Training (Governance Guide)'. The Governance Guide has been revised with updated content based on current evidence. The document is now available as the renamed, interactive 'Allied Health Education and Training Governance Guidelines' on the HETI website.

The Five Guidelines

Allied health education and training is a multifaceted activity, which needs to be fully integrated into the workplace at organisational, departmental, and individual levels for it to result in high quality service delivery and patient care. These guidelines support individuals, managers and organisations to self-assess, evaluate and determine an action plan across the five key guidelines in the context of education and training.

Guideline 1

Patient driven: *Patient and clinical service needs and benefits are an overarching principle of workforce education and training.*

Allied health play an important role to support, promote and maintain health care for people across communities, services and hospital settings. Education and training must align with population health needs, geography and service provision to provide high quality and safe human-centred care.

Human-centred approach

A human-centred approach to service provision, including health professional education and training, is supported by the Australian Charter of Healthcare Rights, the Australian Safety and Quality Framework for Health Care, and National Safety and Quality Health Service (NSQHS) Standards. International approaches to health workforce development also prioritise patient needs and benefits as an overarching principle of workforce education and training (Skills for Health, 2019; Broughton & Harris, 2019). Delivering education and training may focus on maintaining skills and/or building on existing skills in the workforce (to advance and/or develop extended scope of practice) to meet the needs of the population (New Zealand Institute of Economic Research, 2021).

Reflect diversity of the population

Allied health education and training should reflect the diversity of the population and foster a culture of inclusivity. Diversity includes all the differences that people bring including culture (e.g., cultural and linguistic diversity, Aboriginal and/or Torres Strait Islander culture), demographic, socio-economic factors, experiences and values. Education and training is an enabler for embracing diversity and cultural inclusivity. Consumer engagement should therefore form part of education and training approaches. It is essential in health care that Aboriginal cultural awareness, safety and responsiveness education and training is undertaken for the development of the necessary knowledge, skills and attitudes that will enable the delivery of culturally safe and responsive care (National Rural Health Commissioner Report, 2020). Building cultural awareness and safety are identified as key strategies for reducing inequalities in healthcare access and improving the quality and effectiveness of care for Aboriginal people and is articulated in the NSQHS Standards - User Guide for Aboriginal and Torres Strait Islander Health. (NSQHS).

Lifelong learning

Health systems and population needs are in a continual state of change. To keep up with these changes, allied health professionals must engage in lifelong learning and draw from practice-based experience and current evidence.

Guideline 2

Clinician focussed: *Learning and development planning, responsibility and evaluation is essential to embedding new skills and knowledge into practice.*

Focusing on clinician learning, teaching and continuing professional development (CPD) supports health care professionals to maintain, improve and broaden their knowledge, expertise and capability. This requires an active approach to enable access to education and training and to support evaluation and implementation of new knowledge and skills. Lifelong learning is considered a shared responsibility between individuals, managers and organisations.

Professional development mandated

Ongoing professional development for clinicians may also be mandated by professional organisations or required by codes of conduct and/or ethics. Allied health professions are either registered or self-regulated (Table 3). Registered professionals must comply with CPD requirements from the Australian Health Practitioner Regulation Agency (AHPRA) and fall under Health Practitioner Regulation National Law. The National Law requires allied health boards to develop and maintain registration standards about the CPD requirements for registered health practitioners. Self-regulated health professions are unregistered and their practice must comply with the Public Health Act 2010 and the Public Health Regulation 2012. Minimum CPD requirements are mandated for registered professions by each professional board. Guidelines for self-regulated professions are provided through their professional associations to support and promote rigorous participation in CPD.

Professional development opportunities

CPD covers a range of professional development activities including formal learning opportunities such as courses offered by universities or other education and training organisations, eLearning, conferences and workshops. Informal learning opportunities may include on-the-job learning such as mentoring, case-based learning, simulated learning, communities of practice and online forums.

Participation in education and training activities and networking with colleagues enables staff to maintain currency in their knowledge and clinical skills, build confidence and keep pace with the current standards and evidenced based practice. The importance of CPD should not be underestimated – it is a career-long obligation for practising professionals.

TABLE 3: ALLIED HEALTH REGISTERED AND SELF-REGULATED PROFESSIONS

Registered	Self-Regulated	
Nuclear Medicine Technology	Art Therapy	Music Therapy
Occupational Therapy	Audiologist	Orthoptics
Pharmacy	Child Life Therapy	Orthotics and Prosthetics
Physiotherapy	Counselling	Sexual Assault Workers
Podiatry	Diversional Therapy	Social Work
Psychology	Exercise Physiology	Speech Pathology
Radiation Therapy	Genetic Counselling	Welfare Officer
Radiography	Nutrition & Dietetics	

Guideline 3

Leadership: *Effective leadership encourages and facilitates education and training opportunities to build capability and empower allied health.*

Allied health leading and advocating for education and training in health organisations contributes to high quality learning and development. Aligning operational and strategic leadership with education and training are considered system enablers. Managers at all levels have a vital role in enabling allied health professionals to access professional development.

Allied health advocacy

Allied health educator positions play a key role in education and training leadership. There have been calls for education and training to be more expertly planned, needs assessed, and for educational leaders to have a stronger voice on organisational committees (Golder et al, 2016; Lloyd et al, 2014). Allied health representation on education committees within organisations is recommended. A review of the contribution of allied health to decision making found that allied health was under-represented on decision making bodies within Australian public health systems, relative to other disciplines and that "Allied health needs a stronger focus on leaders, leadership and leading" (Boyce et al, 2016, p. 9). Allied Health Directors in NSW highlighted the importance of system leadership to workforce development and service innovation, including education and training, in Principle 7 of its Consensus Statement – Governance (NSW Health, 2013).

Academic leadership and collaboration

Academic leadership in health education and training is important for fostering a research culture within health organisations to advance knowledge of best practice and to promote translation of research into practice. Academic leaders teach, question, investigate, research, innovate and build cultures of evidence-based practice to accelerate improvements in clinical care. (Westwood et al, 2013). In Australia some health services have taken an academic leadership role. For example, in NSW, the Western Sydney LHD Allied Health Research Unit aims to support a culture of research and increase the capacity of allied health professionals to undertake research (WSLHD, 2019); while in Victoria, the Allied Health Clinical Research Office works in partnership with La Trobe University to strengthen the evidence base of allied health practice through undertaking, mentoring and facilitating clinical research projects, and promoting a research culture within allied health at Eastern Health (Eastern Health, 2019).

Interprofessional education

Interprofessional education and collaboration in education and practice improve health outcomes (WHO, 2010). Integrated and quality care is enhanced by interprofessional practice and enables a more responsive workforce to meet population health care needs (CAIPE, 2017; 2021). Leadership is essential to develop and coordinate training for interprofessional education opportunities. Leadership is also required to ensure there are integrated health and education policies to promote effective interprofessional education and collaborative practice. Interprofessional education occurs during pre- and post-qualifying education in a variety of clinical settings and has been associated with many benefits such as teamwork, reduced service duplication, patient centred care, elevated levels of workforce satisfaction and wellbeing (WHO, 2010).

Guideline 4

Organisational factors: *Health services have organisational structures that value and promote education and training embedded as core business.*

Health systems must support allied health professionals to engage in lifelong learning by embedding education and training as core business. Organisational factors can support learning across clinical, cultural, leadership and research areas. This impacts all learners across their career and/or roles including students, new graduates transitioning into practice, early career and managers, researchers and those who deliver allied health education training (teachers and coordinators). Processes, monitoring and reporting systems to support education and training are required.

Accountabilities

At each level of the organisation, accountabilities should be outlined, documented and communicated. This may include relevant policies and procedures, targets, Key Performance Indicators (KPIs) and approaches to recording and managing education and training data. For example, AHPRA recommends that Australian health professionals complete 20-30 hours of CPD, per year (AHPRA, 2015). It is critical that structures are in place to support staff to achieve and measure how much time is spent in professional development, mandatory education and training, clinical supervision (appropriate to their qualifications and level of experience), and for the development and maintenance of advanced and/or extended scope of practice. This may include ensuring learning and development plans are in place and monitored, there is protected or allocated CPD time is available, and that relevant leave and backfill arrangements are explored.

Clinical supervision

Clinical supervision has an integral role in learning and is considered a vital part of modern, effective health care systems (Milne 2007). Supervision should be available and is recommended for all allied health professionals. It supports CPD and facilitates safe and high-quality patient care (Fitzpatrick et. al., 2012; Snowden et. al. 2020). The NSW Health Clinical Supervision Framework (2015) provides overarching guidance to health care services. The HETI Superguide: a handbook for supervising allied health (2012) is a useful resource that supports the implementation of supervision for supervisees and clinical supervisors. There are eLearning modules available on the NSW Health Learning Management System known as 'My Health Learning'.

Allied health encompasses a broad range of disciplines with varying clinical skills, qualifications and registration requirements. Some registration boards require accredited skills and formal maintenance of supervisory skills e.g., psychology. All supervision activity should comply with any national and state mandatory requirements for registration.

There are specific skills and attributes required to provide high quality supervision (HETI, 2012). All allied health professionals require training in supervision to support supervision practice. There is also a need to develop supervision skills and training for allied health professionals that supervise technicians and allied health assistants. Organisations can support supervision by providing and promoting training for both supervisees and supervisors to develop skills and build capability.

Organisational clinical supervision policies and guidelines have an integral role in the governance and quality of allied health supervision. Clear guidelines on the manner of clinical supervision (e.g., duration, frequency, roles) can assist to ensure that this occurs regularly and promotes a positive culture of supervision. Key performance indicators should be used to measure supervision

activity, be monitored and reviewed. Snowden et al (2020) described that Allied health professionals reported that clinical supervision was most effective when it facilitated their professional development.

Clinical supervision should be inclusive and adopt an integrated approach for allied health staff from diverse cultural backgrounds including those staff who identify as Aboriginal and/or Torres Strait Islander peoples (SESLHD, Supervision guideline, 2017). In addition to clinical supervision, professional development and ongoing learning can be supported by mentoring and coaching. Mentoring is a valuable tool that can promote reflection and nurture cultural strengths e.g., cross-cultural or Aboriginal cultural mentoring. Aboriginal cultural mentoring can play a key role in supporting and guiding Aboriginal allied health trainees, cadets, graduates, technicians, professionals and assistants in NSW Health.

Partnerships

Partnerships with education providers can support education and training for organisations. These can be informal collaborative opportunities or formal arrangements such as conjoint appointments, agreements or Memorandum of Understandings (MOUs) between health care and education providers. Formal agreements or MOUs may lead to joint research initiatives, opportunities for CPD or staff training in research and other skills. Service agreements are also required for the provision of student placements in health care services.

Structures

Key organisational structures can support education and training. Structures can include data management systems, and quality and safety improvement programs. Data captured through information technology programs can inform education and training needs by capturing patient trends, delivered patient care, outcomes and data from critical incidents. Valuable information generated from Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) can also be used to inform education and training needs.

Alignment with priorities and directions

Organisations can further support allied health by aligning education and training with local priorities and strategic directions, state-wide plans/strategies and where appropriate national approaches. It is essential that value-based health care underpins education and training. Planning and implementing strategies around education and training also requires monitoring, evaluation and reporting. The importance of monitoring and evaluating the quality and impact of education and training cannot be underestimated. Allied health professionals are motivated to implement new knowledge and skills and make a difference to our patients and the workplace, and this should be measured and evaluated. There is much literature on measuring training effectiveness, and this includes satisfaction, learning, application, impact and may also include return on investment.

Guideline 5

Resources: *Facilitating access to education and training is supported by allocation of human and financial resources.*

Allied health professionals need access to high-quality, flexible and cost-effective education to continuously respond to the changes of an evolving healthcare system. Education and training should be appropriately supported, funded and given time by organisations in order to promote learning, career development and prevent professional attrition (Haywood et al, 2012). Allied health professionals will require allocated time away from clinical duties to spend on education and training.

Workplace based learning

Workplace based learning activities offer an economical approach to education and training. Lloyd et al (2014) highlighted in their study that this approach provides a greater return on investment as greater numbers of clinicians can access the training with fewer funds. Workplace learning activities can cut across geographical boundaries by bringing the learning to the workplace, whether rural or metropolitan enabling more equitable access to education and training. With teams/groups learning together, there is greater potential for the translation of new knowledge into change of practice, compared with individuals accessing external training and attempting to drive change of practice on their own. This also supports the application of effective adult learning principles.

Allied health educator roles

Allied health educator roles are an integral resource for staff and their organisations. Allied health educators coordinate and facilitate ongoing education, training and clinical support. These roles may be discipline specific (e.g. pharmacy specific, radiation therapy specific) or support all allied health professionals on site, across multiple sites, services or across a health care district or network. Allied health expertise applied to design, and delivery of education programs results in greater access to high quality education and training opportunities. Establishing and advocating for allied health professional educator roles is an important way that organisations can support education and training amongst the allied health workforce.

Rural and remote access

Access to education and training for rural and remote allied health professionals requires prioritisation and a structured approach.

Allied health staff based in rural and remote areas deliver care across geographically dispersed locations, culturally diverse populations, often with limited resources which requires an extensive skills base to meet these challenges. Education and training plays a significant role in the development of the rural generalist skill set. The need for training and CPD can be greater in rural and remote areas where clinicians may need to treat patients that have not been part of their practice experience in an environment where there are limited support structures (Berndt et al, 2017). Professional development opportunities, education, training, supervision, and opportunity for career progression have also been reported in the literature as factors affecting health worker motivation, recruitment and retention in rural areas (WHO, 2010; Henderson & Tulloch, 2008).

Technology

A range of education and training programs should be available, sufficiently flexible and varied, yet matched to need for allied health professionals. Technology can improve and support access to education and training. The technological infrastructure requirements should be assessed and provided.

Funding

Garling (2008) recommended funding support for allied health professionals to attend external education and training courses relevant to their specialty. Systems to allocate funds and/or support access to education and training need to be in place to meet this recommendation. Attendance at external courses and conferences can also be enriched by valuing and seeking out experiences that occur within the workplace (Lloyd et al, 2014).

How do the Education and Training Governance Guidelines link to key policies and standards?

These guidelines align with current supporting literature and link to existing policies and accreditation guidelines. The following tables map the five guidelines to a range of key policies and standards.

The guidelines mapped to key policies and standards

Patient driven

Patient and clinical service needs and benefits are an overarching principle of workforce education and training.

- The needs of patient/client groups are identified and used to inform organisational planning and educational strategy

- Data management systems are in place to capture patient trends throughout the care continuum (inpatient, outpatient and community), enabling managers to plan education services that target patient/client needs

- Planning of team/department/service education and training activities is based on local population needs and individual learning and development plans

- Aboriginal cultural awareness, safety and responsiveness training relevant to the location of the LHD/SHN

Supporting document	Reference/details
Australian Commission on Safety and Quality in Health Care, 2017 *NSQHS standards*	*Standard 1* 1.1 The governing body: a Provides leadership to ensure partnering with patients, carers and consumers 1.2 The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people 1.21 The health service organization has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients
Australian Council on Healthcare Standards, 2013 *EQuiP National*	11.5 The organisation meets the needs of consumers/patients and carers with diverse needs and from diverse backgrounds 13.1 Workforce planning supports the organisation's current and future ability to address needs
Australian Commission on Safety and Quality in Health Care, 2017 *NSQHS Standards – User Guide for Aboriginal and Torres Strait Islander Health*	Action 1.21. Improve cultural competency Key tasks: • Use the national Cultural Respect Framework 2016–2026 for Aboriginal and Torres Strait Islander Health to develop, implement and evaluate cultural that is tailored to the needs of the local Aboriginal and Torres Strait Islander community • Evaluate the effectiveness of the cultural awareness and cultural competency strategies • Develop and maintain mechanisms to partner with Aboriginal and Torres Strait Islander communities to gain feedback on, and improve, cultural competency
AHPRA, The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2015	Strategy 2 Ensure consistency for Aboriginal and Torres Strait Islander health and cultural safety in education and training standards and accreditation guidelines
	Strategy 6 Develop a Continuous Professional Development (CPD) and upskilling strategy for the registered health workforce

WHO, 2013b *Transforming and scaling up health professionals' education and training: World Health Organization Guidelines*	*Recommendation 1.* Health professionals' education and training institutions should consider designing and implementing continuing professional development programmes for faculty and teaching staff relevant to the evolving health-care needs of their communities
Braithwaite and Travaglia, 2008	Data management systems are in place to capture patient trends throughout the care continuum (inpatient, outpatient and community), enabling managers to plan education services that target patient/client needs
National Rural Health Commissioner report – June 2020	*Recommendation 2:* Two strategies recommended are: further expansion of the National Aboriginal and Torres Strait Islander Health Academy model to all Australian jurisdictions; and the creation of a Leaders in Indigenous Allied Health Training and Education Network. Once established, these strategies will increase pathways for Aboriginal and Torres Strait Islander people to enter the allied health workforce and will improve the cultural safety of rural and remote allied health services and training for all Australians.

Clinician focused

Learning and development planning, responsibility and evaluation is essential to embedding new skills and knowledge into practice.

- Education and training of Allied Health staff is actively supported

- Education and training responsibilities of individuals are clearly outlined in position descriptions

- Learning and development plans are incorporated into the local performance and development review system

- Evidence based practice is implemented at a system/service level

- Allocated time is prioritised for education and training activities within core clinical and non-clinical responsibilities

Supporting document	Reference/details

Australian Commission on Safety and Quality in Health Care, 2017 *NSQHS standards*	*Standard 1*
	
	1.20 The health service organisation uses its training systems to:
	    a. Assess the competency and training needs of its workforce
	    b. Implement a mandatory training program to meet its requirements arising from these standards
	    c. Provide access to training to meet its safety and quality training needs
	    d. Monitor the workforce's participation in training
	
	1.22. The health service organisation has valid and reliable performance review processes that:
	    b. Identify needs for training and development in safety and quality
	    c. Incorporate information on training requirements into the organisation's training system
	
	1.27. The health service organisation has processes that:
	    a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice
	    b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care
	
	Standard 5
	
	5.5 The health service organisation has processes to:
	    a. Support multidisciplinary collaboration and teamwork
	    b. Define the roles and responsibilities of each clinician working in a team
	
	5.6 Clinicians work collaboratively to plan and deliver comprehensive care

AHPRA Standards, 2015	Minimum CPD requirements are stated in the Registration Standards of the allied health boards: • Medical Radiation Practice Board of Australia (60 hours every 3-year cycle, min 10 hours per year) • Occupational Therapy Board of Australia (20 hours per year) • Pharmacy Board of Australia (40 CPD credits per year, internal sub-requirements) • Physiotherapy Board of Australia (20 hours per year) • Podiatry Board of Australia (20 Hours per year) • Psychology Board of Australia (30 hours per year, incl. 10 hours peer consultation)
WHO, 2013 *Transforming and scaling up health professionals' education and training: World Health Organization Guidelines*	*Recommendation 5.* Health professionals' education and training institutions should use simulation methods (high fidelity methods in settings with appropriate resources and lower fidelity methods in resource limited settings) in the education of health professionals *Recommendation 9*. Health professionals' education and training institutions should consider implementing Inter-professional education (IPE) in both undergraduate and postgraduate programmes *Recommendation 11*. Health professionals' education and training institutions should implement continuous professional development and in-service training of health professionals relevant to the evolving health-care needs of their communities
NSW Health, 2013 *Consensus Statement: Principles Underpinning Allied Health Governance in Local Health Districts/Specialty Networks*	*Principle 7 (excerpt)*. [Training] opportunities include: • Clinical education provided in-house • Externally provided clinical education for the development of specialist skills • Conference leave and funding • Partnerships or links with universities for clinical placements, ongoing staff education and research.

Leadership

Effective healthcare leadership encourages and facilitates education and training opportunities to build capability and empower allied health.

- Staff are supported to devote a minimum of 20-30 hours per year (for a FTE staff member), to CPD (excluding mandatory training) which supports clinician capability in delivering person-centred care (AHPRA, 2015)
- Staff are encouraged to explore opportunities to enhance education and training activities

- Formal partnerships exist with key stakeholders to support education and training of allied health professionals both internally and externally
- There is representative membership of allied health professionals on education and other peak committees
- Interprofessional learning opportunities are identified and supported within the organisation

Supporting document	Reference/details
AHPRA Standards 2015	Minimum CPD requirements are stated in the Registration Standards of the AHPRA allied health boards: • Medical Radiation Practice Board of Australia (60 hours every 3 year cycle, min 10 hours per year) • Occupational Therapy Board of Australia (20 hours per year) • Pharmacy Board of Australia (40 CPD credits per year, internal sub-requirements) • Physiotherapy Board of Australia (20 hours per year) • Podiatry Board of Australia (20 Hours per year) • Psychology Board of Australia (30 hours per year, incl. 10 hours peer consultation)
NSW Health, 2013 *Consensus Statement: Principles Underpinning Allied Health Governance in Local Health Districts/Specialty Networks*	*Principle 7 (excerpt).* In order to enhance the recruitment and retention of allied health employees, it is imperative that appropriate clinical support and training are offered. This includes access to professional support and supervision as well as continuing professional development opportunities. The budget for such endeavours should be prioritised as a key to strengthening workforce development...Leadership across allied health professions is critical to the implementation of workforce redesign and in ensuring responsiveness to clinical service innovation

Garling, *2008 Final Report of the Special Commission of Inquiry Acute Care Services in NSW Public Hospitals*	*Recommendation 26*: I recommend that NSW Health address deficiencies in the workforce of and delivery of services by allied health professionals in public hospitals by considering and implementing a program which addresses the following matters: (d) Determining the appropriate means by which allied health professionals should receive adequate ongoing education and providing such education and training *Recommendation 34:* NSW Health should explore the opportunities for and develop programs which attract senior clinicians to become involved in or else increase their involvement in, the teaching and supervision of junior clinical staff, including by developing appropriate positions and career streams for such senior clinicians. *Recommendation 35*: NSW Health should consider the enhancement of the training and education provided for allied health professionals, by, at least: (a) Considering the provision of funding directly, or else indirectly through payment of allowances for attendance at, and participation in external education and training courses relevant to the particular allied health specialty; and (b) Considering whether it would be appropriate and cost effective to create specific positions for the provision of education to the particular allied health specialties

Australian Commission on Safety and Quality in Health Care, 2017 *NSQHS Standards*	*Standard 1*
	
	1.20 The health service organisation uses its training systems to:
	      a. Assess the competency and training needs of its workforce
	      b. Implement a mandatory training program to meet its requirements arising from these standards
	      c. Provide access to training to meet its safety and quality training needs
	      d. Monitor the workforce's participation in training.
	
	1.22 The health service organisation has valid and reliable performance review processes that:
	      b. Identify needs for training and development in safety and quality
	      c. Incorporate information on training requirements into the organisation's training system.
	
	1.27 The health service organisation has processes that:
	      a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice
	      b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care.
	
	Standard 5
	
	5.5 The health service organisation has processes to:
	      a. Support multidisciplinary collaboration and teamwork
	      b. Define the roles and responsibilities of each clinician working in a team.
	
	5.6 Clinicians work collaboratively to plan and deliver comprehensive care

Organisational factors

Health services have organisational structures that value and promote education and training embedded as core business.

- A culture that values education and training within the organisation is fostered

- Education and training activities are aligned with the strategic direction of the organisation and local health needs

- Education and training is planned following the identification of individual, team or discipline learning needs

- The quality and impact (change in workplace/clinical practices) of education and training is evaluated

- An organisation-wide policy or guideline exists to support structured clinical supervision of allied health professionals

- Allied Health educator positions are advocated for

- Key performance indicators surrounding education and training of allied health professionals have been established and are monitored

	Reference/details

Australian Commission on Safety and Quality in Health Care, 2017 *NSQHS standards*	*Standard 1*
	1.1. The governing body:
	    a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists within the organisation
	    c. Sets priorities and strategic directions for safe and high-quality clinical care, and ensures that these are communicated effectively to the workforce and the community
	
	1.24. The health service organisation:
	    b. Conducts processes to ensure that clinicians are credentialed, where relevant
	
	1.26. The health service organisation provides supervision for clinicians to ensure that they can safely fulfil their designated roles, including access to after-hours advice, where appropriate

Australian Council on Healthcare Standards, 2013 *EQuiP National*	13.2. The recruitment, selection and appointment system ensures that the skill mix and competence of staff, and the mix of volunteers, meets the needs of the organisation 13.3. The continuing employment and development system ensures the competence of staff and volunteers 13.4. Employee support systems and workplace relations assist the organisation to achieve its goals
NSW Health, 2013 *Consensus Statement: Principles Underpinning Allied Health Governance in Local Health Districts/Specialty Networks*	*Principle 7 (excerpt).* In order to enhance the recruitment and retention of allied health employees, it is imperative that appropriate clinical support and training are offered. This includes access to professional support and supervision as well as continuing professional development opportunities. The budget for such endeavours should be prioritised as a key to strengthening workforce development...Leadership across allied health professions is critical to the implementation of workforce redesign and in ensuring responsiveness to clinical service innovation

Garling, 2008 *Final Report of the Special Commission of Inquiry Acute Care Services in NSW Public Hospitals*	*Recommendation 26:* I recommend that NSW Health address deficiencies in the workforce of and delivery of services by allied health professionals in public hospitals by considering and implementing a program which addresses the following matters:
	(d) Determining the appropriate means by which allied health professionals should receive adequate ongoing education and providing such education and training
	Recommendation 34: NSW Health should explore the opportunities for and develop programs which attract senior clinicians to become involved in or else increase their involvement in, the teaching and supervision of junior clinical staff, including by developing appropriate positions and career streams for such senior clinicians
	Recommendation 35: NSW Health should consider the enhancement of the training and education provided for allied health professionals, by, at least:
	(c) Considering the provision of funding directly, or else indirectly through payment of allowances for attendance at, and participation in external education and training courses relevant to the particular allied health specialty; and
	(d) Considering whether it would be appropriate and cost effective to create specific positions for the provision of education to the particular allied health specialties
	Recommendation 12: NSW Health should take immediate steps to enhance the supply of a skilled workforce of clinicians to rural areas by ways which include, at least:
	(c) Developing education facilities and programs which ensure that clinicians working in the rural and remote areas of NSW are provided with adequate education and training
AHPRA Standards	Pharmacy Board of Australia requires 1824 hours of supervised practice for general registration
	Psychology Board of Australia requires clinical supervision by a Board approved supervisor
NSW Health Clinical Supervision Framework, 2015	Principle 1 – Clinical supervision is available to all health professionals to optimise patient care and outcomes
	Principle 4 – Clinical supervision contributes to continuous professional learning and practice improvement
Fitzpatrick et al, 2012 *Quality allied health clinical supervision policy in Australia: a literature review*	Identified four key features of effective supervision:
	• Successful supervisory relationships
	• Accessibility
	• Clarity of expectations
	• Focuses on meeting the needs of the supervisee
Greer et al, 2016 *Strengthening Health System Governance: Better Policies, Stronger Performance*	Five key components for good governance in health services: transparency, accountability, participation, integrity and policy capacity

Resources

Facilitating access to education and training is supported by allocation of human and financial resources.

- Resources are in place that support education and training of allied health professionals both inter-professionally and within specific disciplines and specialty areas
- There is access to resources required to support workplace education and training

- Education and training trends across the organisation are monitored to identify common need areas
- In rural and remote organisations, access to professional development is prioritised

	Reference/details
Garling, 2008 *Final Report of the Special Commission of Inquiry Acute Care Services in NSW Public Hospitals*	*Recommendation 12:* NSW Health should take immediate steps to enhance the supply of a skilled workforce of clinicians to rural areas by ways which include, at least: (c) Developing education facilities and programs which ensure that clinicians working in the rural and remote areas of NSW are provided with adequate education and training *Recommendation 26:* I recommend that NSW Health address deficiencies in the workforce of and delivery of services by allied health professionals in public hospitals by considering and implementing a program which addresses the following matters: (d) Determining the appropriate means by which allied health professionals should receive adequate ongoing education and providing such education and training *Recommendation 34*: NSW Health should explore the opportunities for and develop programs which attract senior clinicians to become involved in or else increase their involvement in, the teaching and supervision of junior clinical staff, including by developing appropriate positions and career streams for such senior clinicians *Recommendation 35:* NSW Health should consider the enhancement of the training and education provided for allied health professionals, by, at least: (e) Considering the provision of funding directly, or else indirectly through payment of allowances for attendance at, and participation in external education and training courses relevant to the particular allied health specialty; and (f) Considering whether it would be appropriate and cost effective to create specific positions for the provision of education to the particular allied health specialties *Recommendation 12:* NSW Health should take immediate steps to enhance the supply of a skilled workforce of clinicians to rural areas by ways which include, at least: (c) Developing education facilities and programs which ensure that clinicians working in the rural and remote areas of NSW are provided with adequate education and training

WHO, 2010. Increasing access to health workers in remote and rural areas through improved retention: global policy recommendations	*Recommendations* A.5. Design continuing education and professional development programmes that meet the needs of rural health workers and that are accessible from where they live and work, so as to support their retention D.4 Develop and support career development programmes and provide senior posts in rural areas so that health workers can move up the career path as a result of experience, education and training, without necessarily leaving rural areas
National Rural Health Commissioner report – June 2020	*Recommendation 1:* Once established, Service and Learning Consortia will improve recruitment and retention of allied health professionals by making rural and remote allied health practice and training more attractive and better supported

Using The Guidelines

How to use and implement the Allied Health
Education and Training Governance Guidelines

Using the guidelines

The Allied Health Education and Training Governance Guidelines consist of 5 elements that outline the processes and structures that embed needs-based allied health education and training to ensure this can and does happen in an accessible manner.

The 5 elements are:

– Patient driven

– Clinician focussed

– Leadership

– Organisational factors

– Resources.

Under each element there is a brief description followed by what is included and some possible examples attached to three specific stakeholder groups:

– Individuals

– Managers

– Organisations.

The Individuals section - outlines the expectations of individual allied health professionals to meet the specific guideline.

The Managers section - outlines the expectations of managers/leaders to support achievement of the guideline.

The Organisations section - outlines the expectations of the Allied Health Directors Chief Executive and Board of the Local Health District (LHD) or Specialty Health Network (SHN) to support achievement of the guideline for allied health education.

Online self-assessment checklists

There are three online self-assessment checklists, one for each stakeholder group.

There are 5 elements in each self-assessment. These are made up of a series of questions from each of these elements.

It is recommended that an action plan is created using the prompts provided with each question. To create this action plan, you are prompted to include:

• A timeframe to complete

• Nomination of who would be responsible

• Describe the evidence for completing this action i.e. how you would know that this was completed? Some examples are provided under the 'I' symbol next to each question

Once you have completed the online self-assessment and accompanying action plan, this will be emailed to you.

Implementing the guidelines

Implementation Strategies

These guidelines include three levels of focus. They can be used by individuals, teams and organisations.

At an individual level they can be used to guide professional development needs and planning as well as to contribute to the performance review process.

At a team level they can be used to inform team/service planning.

At an organisational or team level they can be used to advocate within the LHD/SHN.

Implementation strategies for Individuals

The best way to implement these guidelines as an individual is to complete the Individual online self-assessment form. There are 5 elements in this self-assessment. This is made up of a series of questions from each of these elements.

It is recommended that you create an action plan using the prompts provided with each question and relevant action. To create this action plan, you are prompted to include:

- A timeframe to complete

- Nomination of who would be responsible (in this self-assessment, this is likely to by yourself)

- Describe the evidence for completing this action i.e. how you would know that this was completed? Some examples are provided under the 'I' symbol next to each question.

Once you have completed the self-assessment online form, the action plan you have developed will be emailed to you.

Implementation Strategies at a department, professional group or organisational level

These guidelines can also be implemented at a department, professional group and organisational level.

The details of the elements relating to both managers and organisations can be found on the home page of this webpage.

Implementation strategies related to these broader groups are included below.

- **Get to know the guidelines**
  Familiarise yourself with the guidelines using the content on the web page.

- **Identify what already exists**
  There are a number of ways to identify what already exists to support allied health education and training in your setting. You could:

  - Identify existing resources – human, financial and physical

  - Identify passionate people "champions" who are strong advocates for education

- Identify existing committees, management groups or structures who could support improvements to education and training

- Set up an allied health working group specifically to focus on this task.

- **Consultation**
  Consultation can increase awareness, knowledge and 'buy in' to the education and training needs of allied health. (See stakeholder analysis guide below for more details). Consultation could be facilitated by:

  - Distributing the education and training governance guidelines web-link to members of your team/unit/service

  - Identifying opportunities to table the guidelines for discussion at meeting agendas

  - Placing education and training as a standing item on all meetings

  - Completing presentations to key stakeholder groups who you require 'buy in' from both at team and organisational level (see page 5: stakeholder analysis guide).

- **Self-assessment**
  Completing the online self-assessment at a team and organisation level can establish baseline activity and performance and create an action plan.

- **Action plan prioritisation**
  Prioritise the resulting action plan by considering:

  - Relevant statewide priorities

  - Current LHD/SHN educational priorities

  - Gaps identified by stakeholders.

- **Establish KPIs and or targets**
  Examples include:

  - Individuals have access to an Allied Health Professional educator in the workplace

  - Policies and procedures exist for staff to request education and training

  - Percentage of staff have completed Aboriginal cultural awareness training and/or cultural safety training

  - Systems are established/in place to promote staff engagement in continuous professional development (CPD)

  - Monitor and report on staff time spent in mandatory education and training

  - Percentage of staff with supervision agreements in place

  - Audits are undertaken of staff participation in supervision

  - Impact of education and training is measured.

- **Action plan implementation**
  Consider the best way to implement the action plan by considering:

- Modification of the action plan from the priorities identified

- Submitting the action plan to senior parties to gain support

- Including the action plan as an agenda item on relevant meetings to monitor progress.

- **Factor in sustainability**
  Ensure sustainability measures are included in strategies by:

  - Ensuring actions are not dependent on one individual

  - Building actions into systems, processes and reporting

  - Including regular reviews to endure material/strategies remain up to date and relevant.

- **Evaluation**
  It is important to plan to evaluate by:

  - Determining how you will know when you have achieved what was intended.

  - Re-doing self-assessment checklists to determine improvements and assess against the baseline.

  - Utilising other existing activities to gather data.

  - Considering what further actions are required to continue improvement.

Stakeholder analysis guide

The aim of this section is to assist with identifying and analysing potential stakeholders. This links to the consultation step (see page 4).

Stakeholder Identification

A stakeholder can be described as a member or a system who affects or can be affected by an organisation's actions.

An understanding of stakeholders who are important to a health service will assist with planning and implementing activities.

To do this, it is important to identify who they are and what their contribution is relating to the health service and delivery of patient care.

The first step in this process is to identify relevant stakeholders. Completing Table 1 below may assist with this process.

TABLE 1. PROCESS FOR IDENTIFICATION OF STAKEHOLDERS

Question	Name	Stakeholder position/ description	Stakeholder interest	How will this be received?
Who has an interest in this guideline implementation? Who is this important to?				
Who has an interest in the results?				
Are there additional people whose support is required for the success of the implementation?				
Who has decision making authority with respect to the implementation?				
Who will be affected by changes resulting from implementation of these guidelines?				

Stakeholder Analysis

The second step in this process is to analyse the stakeholders you have identified.

Use the table below (Table 2) to sort your list of stakeholders into categories.

Not all stakeholders are equal, so not all categories need to be given the same degree of influence over how your implementation will be planned, and acted upon.

Guidelines:

a. Inform: Who really needs to know? Who wants to just be kept in the know?

b. Consult: Who wants to have some input on the implementation? Whose input do you need in order to clarify the implementation priorities?

c. Engage: Who is going to work with you? Who is going to action the implementation plan? Who will be affected by the change? How will you manage people who are not happy with the changes being made?

d. Decision makers: Who is going to use the recommendations to make decisions?

TABLE 2. STAKEHOLDER ANALYSIS

	Self-Assessment	Prioritisation	Action plan development	Action plan implementation	Evaluation
Inform					
Consult					
Engage					
Involve in decision making					

Stakeholder Engagement

The third step in the process is to commence engaging your stakeholders. You may choose to engage stakeholders through a number of options depending on the size of your organisation/service/department and what resources are available to you, including:

• Forums

• Focus groups

• Surveys

• Meetings

• Newsletters.

In selecting the method of stakeholder engagement it is useful to look at what avenues are already available to obtain stakeholder "buy in". For example tabling the self-assessment action plan for discussion at existing meetings at various levels of the organisation as a first step (from department level up to LHD/SHN Board and Executive level). You may be able to complete a short presentation for groups that need to understand the importance of education and training for allied health to get "buy in" from key individuals. Ensure there are a number of people given the responsibility to "spread the word" with a view to then arranging additional events such as strategic planning sessions, forums and focus groups to assist with drilling down the needs of individuals and developing the action plan for implementation.

Adapted from the Internal HETI Evaluation Manual November 2013

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