
Delegated clinical roles of Allied Health Assistants

Is the Certificate IV in Allied
Health Assistance
associated with enhanced
clinical practice in rural
NSW?

Angela Firth
Allied Health Projects Coordinator
Allied Health Directorate
Western NSW Local Health District
Ph: 6339 5504
Mob: 0409 830 071



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List of Abbreviations

AHA	Allied Health Assistant
AHP	Allied Health Professional
CHC	Community Health Centre
CS&HISC	Community Services and Health Industry Skills Council
HREC	Human Research Ethics Committee
LHD	Local Health District
MPS	Multipurpose Service
NCP	Nominated Contact Person
PIS	Participant Information Sheet
RTO	Registered Training Organisation
TACP	Transitional Aged Care Program
VET	Vocational Education and Training

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Abstract

Aim: This research aimed to determine whether completion of the Certificate IV in Allied Health Assistance was associated with an enhanced scope of practice for Allied Health Assistants in rural NSW who hold this qualification in contrast with those who do not, by exploring the following questions:

- Is there a significant difference in the duties undertaken by staff who hold the Certificate IV in Allied Health Assistance, when compared to those who do not?
- Is there a significant difference in the proportion of available time used in the provision of clinical care, between those who hold the Certificate IV in Allied Health Assistance and those who do not?, and
- Do staff who hold the Certificate IV in Allied Health Assistance report a change in their clinical duties as a result of completion?

Methods: A cross sectional study was conducted using a questionnaire. Allied Health Assistants employed in Physiotherapy, Occupational Therapy, Dietetics, Speech Pathology, Podiatry, or multidisciplinary roles combining these disciplines in six rural Local Health Districts were invited to participate.

Results: Sixty seven of 153 questionnaires were returned from six Local Health Districts, generating a response rate of 44%. Results indicate that the difference in the number of clinical duties between those holding the Certificate IV in Allied Health Assistance (Group One: mean 16.45, sd 4.89) and those not (Group Two: mean 13.41, sd 5.74) is statistically significant ($t(65) = 2.3338, p = 0.002$) with those certified performing more clinical duties than those not certified. The difference in the proportion of available time spent providing delegated clinical care between Group One and Group Two ($\chi^2(3) = 37.653, p < 0.0001$) is statistically significant with those holding the qualification spending a greater proportion of their time delivering clinical care when compared with those who do not. Perceptions of the impact of the Certificate IV in Allied Health Assistance on clinical roles varies, however emergent themes indicate that the majority of those certified believe that role change has not occurred following completion.

Implications: While qualified Allied Health Assistants are undertaking a greater range of clinical activities and spending more time in clinical care, impediments may exist to completion of the Certificate IV in Allied Health Assistance amongst currently non-qualified staff, and to transition to an enhanced scope of clinical practice for those who have completed the qualification.

Key words

Allied Health Assistant, vocational education and training, clinical duties, Certificate IV

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What did the study set out to do?

Allied Health Assistants support and enhance the work of Allied Health Professionals by undertaking duties within Allied Health practice that facilitate care (for example, administrative or support tasks related to the patient or client) and delivering components of clinical care that are necessary to the treatment episode but do not entail clinical reasoning skills.

Traditionally trained in the workplace, the development in 2007 of the Certificate IV in Allied Health Assistance, has enabled those working in or seeking to work in Allied Health Assistant roles the opportunity to obtain a nationally recognised qualification. This qualification contains both generic competency units and those specific to the Physiotherapy, Occupational Therapy, Dietetics, Speech Pathology and Podiatry disciplines and enables attainment of a generic qualification or specialisation in a discipline area.

Since 2008, the NSW Ministry of Health has increasingly focussed on the assistant workforce as part of a range of strategies to facilitate use of the most appropriate mix of skills, qualifications and experience in the delivery of health care. This strategy has included encouragement of Allied Health Assistant staff employed in publicly funded health facilities to undertake and complete the Certificate IV in Allied Health Assistance.

It is assumed that successful completion of the Certificate IV in Allied Health Assistance leads to an expanded scope of practice for the Allied Health Assistant, however there is little evidence to either support or counter this supposition. Therefore the aim of this study was to determine if whether an association exists between completion of the Certificate IV in Allied Health Assistance and enhanced clinical practice in Allied Health Assistant staff in rural NSW.

What did the study find?

The study's findings are summarised in Table 1. The study found that:

- When a comparison is made between those study participants with the Certificate IV in Allied Health Assistance and those without, there is no significant difference in the number of generic Allied Health Assistant duties (for example, collecting observational data, assisting with therapy programs) undertaken between those qualified and unqualified
- When a comparison is made between those study participants with the Certificate IV in Allied Health Assistance and those without, combining the number of generic and discipline specific duties undertaken, the results are statistically significant with

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those holding the Certificate IV in Allied Health Assistance undertaking a greater number of clinical duties than those without

- Allied Health Assistants holding a Certificate IV in Allied Health Assistance spend a greater proportion of their time providing clinical care than those who do not.

Table 1: Results of statistical analyses

	Group One Completed Certificate IV in Allied Health Assistance n = 38	Group Two NOT completed Certificate IV in Allied Health Assistance n = 29	P value
Number of clinical duties (generic only)	mean = 10.68 sd = 2.26	mean = 9.21 sd = 3.79	p = 0.0697
Number of clinical duties (generic and discipline specific)	mean = 16.45 sd = 4.89	mean = 13.41 sd = 5.74	p = 0.002*
Difference in available time spent in provision of clinical care	Chi square test (excluding non – responses n = 2) $\chi^2 (3) = 37.653$		p < 0.0001*

*indicates significant difference between Groups One and Two.

The majority of respondents who have completed the Certificate IV in Allied Health Assistance report that their role has not altered post completion. While this study does not provide a definitive explanation for this situation, possible reasons may be attributed to the current structure of the Certificate IV in Allied Health Assistance and the scope of delivery of individual Registered Training Organisations delivering the course, and the models of care and workplace cultures in which Allied Health Assistant staff are operating.

How was the study conducted?

A cross sectional study was conducted using a custom designed questionnaire to examine the facility type and clinical setting in which Allied Health Assistant's practice, their qualification status and duties performed. Saturation sampling was used to invite all Allied Health Assistants employed in Physiotherapy, Occupational Therapy, Dietetics, Speech Pathology, Podiatry or multidisciplinary roles combining these disciplines in participating Local Health Districts that provide services to non-metropolitan NSW to join the study.

Distribution of the questionnaire occurred via a nominated contact person in each Local Health District, with return of the questionnaires directly to the researcher. Provision of a stamped addressed envelope, and reminder letter with a further copy of the questionnaire and stamped addressed enveloped facilitated return of the questionnaires.

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Data analysis was conducted at the completion of the data collection period.

What can we conclude and what are the implications?

It is encouraging that results of the study indicate that attainment of the qualification is associated with an enhanced scope of practice for Allied Health Assistants in rural NSW. This endorses the current strategy of the NSW Ministry of Health to encourage staff working in these roles to gain the qualification, and further suggests value in continuation of the current practice of rural Local Health Districts to assist staff in gaining this qualification.

This study additionally demonstrates varying perceptions of change resulting from completion of the qualification. This variation may be categorised into:

- Barriers to Allied Health Assistant staff to undertaking and completion of the qualification
- Impediments to role enrichment following successful attainment of the Certificate IV in Allied Health Assistance.

Further exploration of these barriers and strategies to overcome them is necessary to ensure that staff are acquiring skills and qualifications necessary to support safe and effective delivery of health care, and that these skills are used in the most efficient way possible.

Introduction

Enhanced utilisation of support worker or assistant roles has been internationally and nationally recognised as integral to achieving workforce sustainability and enabling the health system to meet community needs into the future¹. In NSW, staff employed in Allied Health Assistant (AHA) roles in public and privately run, publicly funded health facilities have been encouraged to complete the Certificate IV in Allied Health Assistance since its instigation in 2007. This qualification enables specialisation in a single allied health discipline or completion of competency units across a range of discipline areas (Appendix 1). It is assumed that successful completion leads to an expanded scope of practice for the AHA, however there is little evidence in the literature to either support or refute this assumption.

This study aims to supplement current knowledge on the association between completion of the Certificate IV in Allied Health Assistance and the clinical duties undertaken by AHA staff in rural NSW and, in doing so, provide useful information for Allied Health clinicians (professional and assistant), managers of these staff, registered training providers and education and health policy makers.

Background

Health systems have traditionally focussed on the institutions, particularly hospitals, that deliver services rather than on the populations to which they provide services². In the current environment there are a number of challenges to the customary approach to delivery of health care. These include:

- The rising incidence and prevalence of chronic disease³
- Imminent workforce shortages⁴, ageing of the population^{2,5} and of the health workforce⁶
- Geographic maldistribution of the health workforce², and
- Increasing costs in the provision of health care^{2,7}.

These issues adversely affect the sustainability of the health system in its current form^{2,8} and as a consequence, adaptation and innovation are needed to meet the health needs of Australia's population into the future. This has led all jurisdictions across Australia to look to workforce redesign initiatives to enable their human resources to be more effectively utilised^{9,10}. Solutions have been identified that encompass role delegation or substitution, the introduction of new roles¹¹, and the expansion of existing scopes of practice^{9,12}. Accordingly, this applies to the Allied Health domain with the need to develop workforce models that enable practitioners to provide clinical care at a level commensurate with their education and skills. At a policy level, it is acknowledged that new workforce models need to be developed that are underpinned by research evidence, and are based on principles of

safety, effectiveness, timeliness, efficiency and equity¹³. Policy makers also recognise that traditional role boundaries should not unnecessarily impede service provision, particularly in rural areas where access to a wide range of health professionals and services may be limited¹⁴.

One solution that has been explored in the medical and nursing professions^{12,15}, and more recently within Allied Health^{13,16,17}, has been the development and introduction of support worker roles. These roles have sought to address chronic shortages of clinicians and reduce workloads of existing health professionals¹⁸ by taking on tasks at the “less cognitively complex end of the task hierarchy”^{19 (p10)}.

Support worker roles in Allied Health have historically emerged as a result of specific local clinical or workforce needs, and roles have arisen that were dependent on the person employed in the position and the availability of professional staff to provide training and supervision^{13,20}. Traditionally, support workers in Allied Health were thought of as untrained or unskilled workers who were primarily trained on the job over a number of years. The more recent conception of support workers in Allied Health as skilled workers with foundational training and the ability to perform complex tasks¹³ has evolved as these workers become increasingly recognised at a policy level across Australia “as a key component of strategies to support workforce sustainability and improve the health system’s capacity to meet the community’s health needs into the future”^{1(p1)}.

Allied Health Assistant roles are disparate in terms of the disciplines and settings in which they work, tasks undertaken and titles used¹⁰. Many titles are used in describing this workforce, for example, Therapy Aide, Assistant, and Technical Assistant. For the purposes of this study the term AHA will be used to encompass all support worker roles in the Allied Health sphere. Roles are regularly described in a task based framework - in terms of what they do and do not do²⁰. While this diversity presents challenges in defining the role of the AHA and subsequently delineating supervision, delegation, professional development, and education and training requirements, it is generally accepted that AHAs:

- May work within one or multiple Allied Health disciplines^{20,21,22}
- May work in a variety of clinical settings and facility types⁸
- Undertake a range of clinical and non – clinical activities that support the role of the Allied Health Professional (AHP)^{18,20}, and
- Work under the delegation and supervision of AHP staff^{18,22,23 and 24}.

The AHA workforce typically supports and enhances the capacity of the AHP workforce by undertaking duties that are within the scope of Allied Health practice but require less technical skill. These duties are those which support clinical care (for example, administrative or support tasks related to the patient or client), and components of clinical care that are necessary to the treatment episode but do not require the clinical reasoning skills which are core to the Allied Health professions^{25,26}.

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Broadly speaking, AHA scope of practice sits within AHP scope of practice²⁵ as represented in Figure 1:

The literature describes a range of benefits to both providers and consumers of health services resulting from the utilisation of AHAs. These include:

- Improved access to allied health services, particularly in rural communities receiving visiting allied health services^{1,21,25,27}.

This occurs primarily when the AHA remains on site between visits by AHP services and provides ongoing care, thus enhancing the continuity of allied health service provision^{1,21,28,29}

- Increased intensity of clinical care²⁶ leading to improved patient outcomes. In critical care for example, the introduction of a physical therapy assistant was found to lead to reduced skin breakdown rates, fewer ventilator days per patient, a decreased ventilator pneumonia rate and less complications overall³⁰
- A greater range in service delivery options available to providers of health care¹, including an opportunity for AHPs to both manage care, by delegating appropriate tasks to the AHA, and provide care, rather than maintaining a sole focus on providing care^{25,31}
- The ability for AHP to fulfil their scope of practice and focus on more complex client needs^{17,25,27,32}
- The opportunity to not only increase the quantity of allied health services provided, but to extend and expand those services into areas not previously possible due to resourcing constraints^{25,33}
- Increased patient satisfaction^{10,26}
- A positive impact on the quality of life for clients, particularly those with lower level needs^{28,34}, such as in rehabilitation settings where utilisation of assistants has led to improved coordination and integration of rehabilitation services^{35,36}, and
- Development of a broader knowledge and skill base in the health workforce¹ and in addition, the opportunity to build skills within the community^{29,37}.

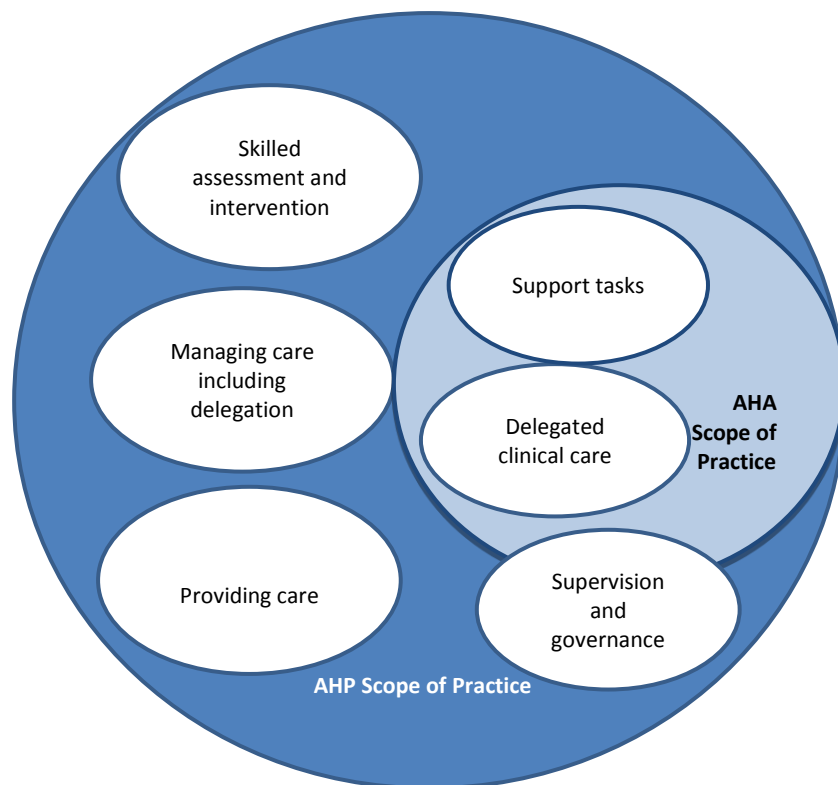


Figure1: AHA scope of practice

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Individual Allied Health disciplines have also noted positive outcomes resulting from implementation of skill mix initiatives involving the use of assistant or support worker positions. Review of the available literature indicates that the professions of Dietetics, Occupational Therapy and Physiotherapy have experienced the following benefits when assistants are included in their teams:

- An improved skill mix of the team notably the practical skills brought to the team by the AHA¹⁶,
- Improved patient care including more time spent with individual patients in the provision of clinical care¹³ and enriched continuity of care¹⁶,
- Improved accessibility and affordability of services³⁸, and
- Creation of an environment in which the AHP is able to concentrate on more complex areas of service provision^{16,17,38, and 39}.

Conversely, there are a number of barriers to the widespread introduction of AHA roles. These issues can be broadly categorised into concerns about:

- The interface between AHP and assistant staff, specifically the roles and responsibilities of each in the provision of client care, delegation and supervision^{10,40,41}. Previous studies^{17,40} indicate that lack of clarity, particularly in regard to the scope of practice of an AHA, has been associated with under-delegation of clinical tasks by AHP staff, and in some cases over-delegation, beyond the scope of the AHA role⁴¹, and
- The competency of AHA staff to undertake a range of clinical duties¹³. The issue of determining competency (in particular, who has responsibility for establishing clinical competence, and how this should occur) has challenged both AHAs and AHPs as the AHA workforce moves from informal work place training to a vocational qualification. Contributing to this situation is a lack of understanding of the Vocational Education and Training (VET) sector by some AHP staff whose exposure to competency based training has been limited¹.

Traditionally trained in the workplace¹⁷, the development in 2007 by the Community Services and Health Industry Skills Council of the Certificate IV in Allied Health Assistance, has enabled those working in or seeking to work in AHA roles the opportunity to obtain a nationally recognised qualification under the Australian Qualifications Framework^{42,43}. This qualification contains competency units specific to the Physiotherapy, Occupational Therapy, Dietetics, Speech Pathology and Podiatry disciplines and allows students to either obtain a generic qualification covering a range of work functions, or to specialise in a particular discipline area. Attainment of this qualification indicates competency in the units completed (Appendix 1).

In regional and rural areas, where there is an increased likelihood that AHA staff work at a distance from their delegating and supervising AHP staff, attainment of the Certificate IV in

Allied Health Assistance is particularly advantageous as successful achievement qualifies holders to work under direct or remote supervision.

It has been noted however, that while there are a number of advantages to vocationally based training programmes, such as enhanced consistency of training²⁰ and reduction of the need for individual AHP staff to make a determination of clinical competence, there is little evidence that AHPs accept and value vocationally based qualifications as a measure of clinical proficiency in the same way that university qualifications are accepted as confirmation of skill and ability^{1,17,20,44}. Possible reasons highlighted in the literature include the lack of experience of many AHPs in working with support staff, specifically supervision of and delegation to AHAs^{1,22}, and a poor understanding of the VET sector and competency based training by an AHP workforce who are qualified within the tertiary sector¹.

Forming part of the response to the *Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals (2008)*²⁶, and a component of the *Health Professionals Workforce Plan 2012-2022*², the NSW Ministry of Health and NSW Local Health Districts (LHDs) have encouraged staff working in AHA roles to complete the Certificate IV in Allied Health Assistance. It is not known however, whether this strategy is leading to an enhanced scope of practice of AHAs, particularly in regard to the clinical duties they undertake.

As a result, this study sought to add to the current body of knowledge and further inform clinicians (AHP and AHA) and their managers about the Certificate IV in Allied Health Assistance and its association with the delegated clinical roles undertaken by staff working in AHA roles in rural NSW, specifically:

1. Is there a significant difference in the duties undertaken by staff who hold the Certificate IV in Allied Health Assistance, when compared with those who do not?
2. Is there a significant difference in the proportion of available time used in the provision of clinical care, between staff who hold the Certificate IV in Allied Health Assistance and those who do not?, and
3. Do staff who hold the Certificate IV in Allied Health Assistance report a change in their clinical duties as a result of completion?

Methods

A cross sectional study design employing a questionnaire was utilised to assess the association between the Certificate IV in Allied Health Assistance and the delegated clinical roles undertaken by AHA staff in rural NSW. Saturation sampling was used to approach all AHA staff in NSW in accordance with the following criteria:

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Table 2: Study inclusion and exclusion criteria

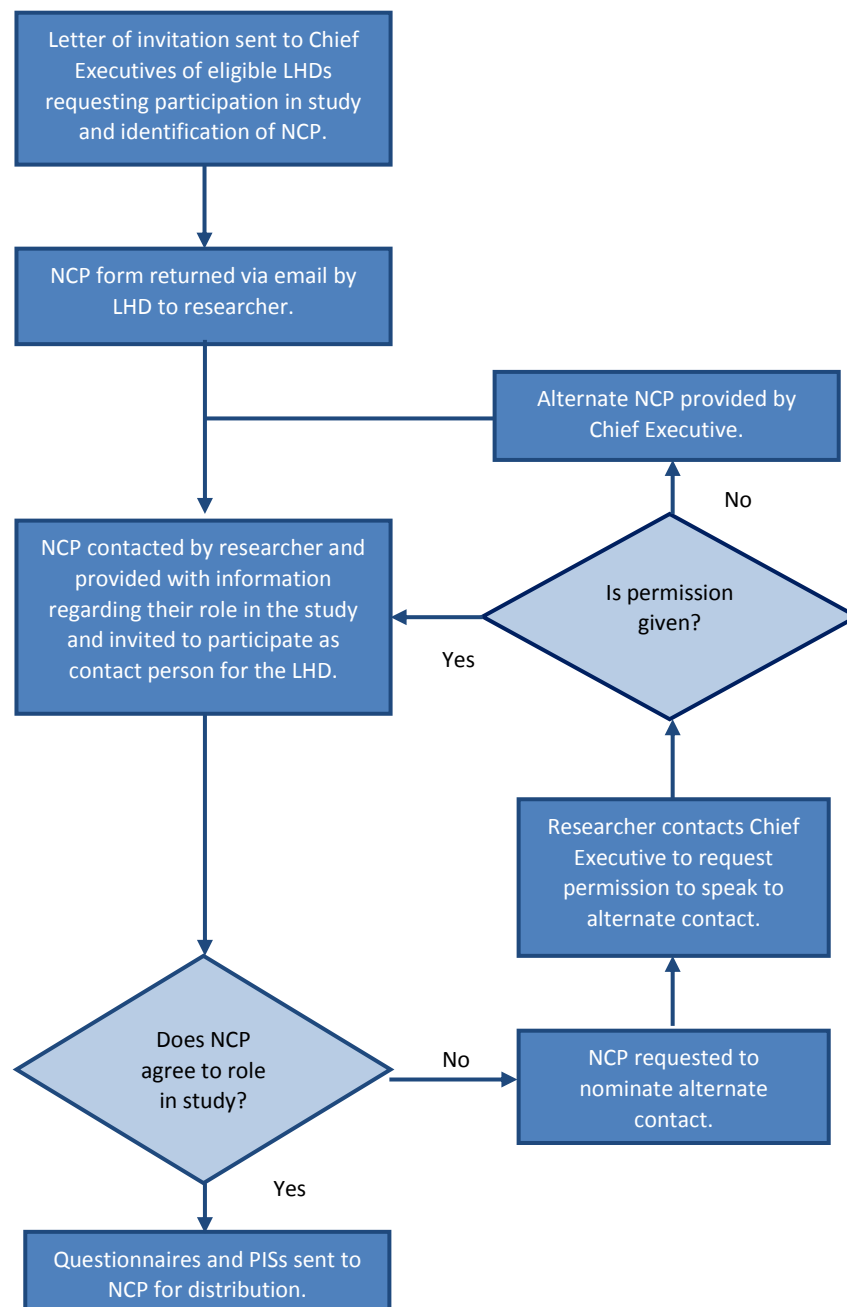
Inclusion	Exclusion
<p>1. Staff employed in AHA roles in the disciplines of:</p> <ul style="list-style-type: none"> a. Physiotherapy b. Occupational Therapy c. Dietetics d. Speech Pathology e. Podiatry, or f. Multidisciplinary roles combining the above disciplines. 	<p>Staff in AHA roles in the disciplines of:</p> <ul style="list-style-type: none"> a. Social Work b. Psychology c. Radiography and d. Pharmacy.
<p>2. Staff employed in the above roles in base and procedural hospitals, community health centres (CHC), Multipurpose Services (MPS), and privately run, publicly funded health facilities in non – metropolitan NSW.</p>	<p>Staff working in non AHA roles.</p>
<p>3. Staff working in AHA roles in non – metropolitan settings.</p>	<p>Staff working in AHA roles in metropolitan settings.</p>
<p>4. Staff who are able to respond to the questionnaire in English.</p>	<p>Staff who are unable to respond to the questionnaire in English.</p>

The target group for the study were staff working in the Allied Health discipline areas listed in the inclusion criteria, as the Certificate IV in Allied Health Assistance contains competency units relating to and enabling specialisation specific to these disciplines. The current Certificate IV in Allied Health Assistance does not include competency units for the disciplines of Social Work, Psychology and Radiography. Other Certificate III / IV level qualifications may be more appropriate for staff working in assistant roles in these areas. Qualifications specific to Pharmacy exist for staff working in assistant roles in this discipline.

In the absence of standardised data collection tools, a questionnaire (Appendix 2) was designed for the study. Information was obtained from the literature, existing position descriptions, and competency units within the Certificate IV in Allied Health Assistance, and was synthesised to produce the questionnaire items. Feedback was sought and received from AHA and AHP staff pertaining to the questionnaire items and was used to further refine the questionnaire. Additionally, the questionnaire was piloted by AHA staff who were not eligible to participate in the study due to their work location, but who otherwise have been eligible to complete the questionnaire. Information from the pilot was incorporated into the final form of the questionnaire used in the study. Both paper and electronic forms (using Survey Monkey) of the questionnaire were developed to facilitate access to and return of the questionnaires.

Ethics approval was granted from the Greater Western Human Research Ethics Committee (HREC) (HREC reference number: LNR/13/GWAHS/11) in May 2013. Following ethics approval, Site Specific Assessment (SSA) approval was sought and received from eight LHDs (Far West, Hunter New England, Illawarra Shoalhaven, Mid North Coast, Murrumbidgee, Northern NSW, Southern NSW and Western NSW) that provide services to non-metropolitan NSW (outside Sydney, Blue Mountains, Newcastle, Wollongong and the Central Coast). Once approval was obtained, LHDs were formally invited to share in the research and designate a contact person as outlined below:

Figure 2: Nominated contact person (NCP) identification flowchart



The role of the Nominated Contact Person (NCP) was to distribute the questionnaire and Participant Information Sheet (PIS) to AHA staff who met the inclusion criteria in their LHD, issue a reminder letter and questionnaire to AHA staff three weeks following initial dissemination, and complete the Questionnaire Distribution Log, returning it to the researcher.

Potential issues of selection and measurement bias were addressed as follows:

- Selection bias was controlled for through the use of:
 - Saturation sampling to enable all eligible staff to participate and facilitate a high response rate
 - Blinding of the researcher to the identity of eligible participants to encourage return of completed questionnaires, and
 - Distribution of the questionnaire to eligible participants on two occasions (with provision of stamped addressed return envelope on each occasion) to encourage return of completed questionnaires to the researcher.

Self-selection bias was addressed through development of comprehensive inclusion and exclusion criteria to reduce potential variation between responders and non-responders.

- Measurement bias was controlled for in the questionnaire design process with supervisor and allied health discipline input into the design of the questions, and additionally with piloting of the questionnaire.

Each returned questionnaire was allocated a Participant Number and responses to each question were entered into a spread sheet for analysis as indicated by each participant's responses to the questions. Data was recorded as categorical variables (for example, "Do you work within Speech Pathology? Yes / No), and free text responses were transcribed verbatim into the spread sheet, for example, in response to questions such as "What was the most useful part of the Certificate IV in Allied Health Assistance to you?". Returned questionnaires were stored in a locked filing cabinet in an LHD facility.

Where a participant indicated contradictory responses, interpretation of the data occurred to preserve consistency. For example, if a participant indicated that they worked in a single discipline role but responses to subsequent questions revealed that they worked in a multidisciplinary role by indicating discipline specific duties across more than one discipline, the spreadsheet was modified to reflect the participant's multidisciplinary role.

Data analysis occurred to enable description of this workforce and to make comparisons between participants who have completed the Certificate IV in Allied Health Assistance with those who have not regarding:

- The number of clinical duties undertaken by those qualified and unqualified, utilising a Welch t-test and independent t-test, and

- The proportion of available time used in the provision of clinical care of those qualified and unqualified, using a chi square test.

Analysis was also conducted of the responses provided by participants regarding role change or lack of role change following completion of the Certificate IV in Allied Health Assistance.

Results

Seven of the eight LHDs contacted responded to the invitation to participate in the research. One of the LHDs indicated willingness to participate, however subsequently failed to distribute the questionnaires within the prescribed period and was therefore treated as though they had declined to participate. Over a period of eight months, 153 questionnaires were distributed to eligible participants in six LHDs. Sixty seven questionnaires were returned, giving a response rate of 44%.

Participants were allocated to either Group One (completed Certificate IV in Allied Health Assistance, n = 38), or Group Two (NOT completed Certificate IV in Allied Health Assistance, n = 29) in accordance to their response to the question "Have you completed the Certificate IV in Allied Health Assistance?"

Characteristics of each group and of the participants overall are outlined in the following table:

Table 3: Participant characteristics

Characteristic	Group One Completed Certificate IV AHA (n=38)		Group Two NOT completed Certificate IV AHA (n=29)		Total (n=67)	
Participants working in one discipline	19 (50.0%)		18 (62.1%)		36 (53.7%)	
	Dietetics	3	Dietetics	3	Dietetics	6
	Occupational Therapy	5	Occupational Therapy	2	Occupational Therapy	6
	Physiotherapy	10	Physiotherapy	13	Physiotherapy	23
	Podiatry	0	Podiatry	0	Podiatry	0
	Speech Pathology	1	Speech Pathology	0	Speech Pathology	1
Participants working in 2 or more disciplines	19 (50.0%)		11 (37.9%)		31 (46.3%)	
Participants working in one facility type	31 (81.6%)		20 (69.0%)		51 (76.1%)	
	Base Hospital	15	Base Hospital	13	Base Hospital	28
	Procedural Hospital	2	Procedural Hospital	1	Procedural Hospital	3
	MPS	1	MPS	2	MPS	3
	CHC	7	CHC	1	CHC	8
	Rehabilitation	4	Rehabilitation	2	Rehabilitation	6
	Hospital / Catholic Health Care		Hospital / Catholic Health Care		Hospital / Catholic Health Care	
	Other	1	Other	0	Other	1
	Did not answer	1	Did not answer	1	Did not answer	2
Participants working in two or more facility types	7 (18.4%)		9 (39.0%)		16 (23.9%)	
Participants working in one clinical setting	20 (52.6%)		11 (37.9%)		32 (47.8%)	
	Acute care	3	Acute care	2	Acute care	5
	Aged Care	2	Aged Care	0	Aged Care	2
	Community	3	Community	1	Community	4
	Mental Health	2	Mental Health	1	Mental Health	3
	Rehabilitation	5	Rehabilitation	4	Rehabilitation	9
	Transitional Aged Care Program (TACP)	4	TACP	3	TACP	7
	Other	1	Other	0	Other	2
Participants working in two or more clinical settings	17 (44.7%)		17 (58.6%)		33 (49.3%)	
	Did not answer 1		Did not answer 1		Did not answer 2	
Length of time employed in AHA role	Less than 2 years	5	Less than 2 years	13	Less than 2 years	18
	2 – 5 years	13	2 – 5 years	6	2 – 5 years	19
	6 – 10 years	6	6 – 10 years	1	6 – 10 years	7
	11 – 15 years	7	11 – 15 years	5	11 – 15 years	12
	More than 15 years	7	More than 15 years	3	More than 15 years	10
	Did not answer	0	Did not answer	1	Did not answer	1

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Allied Health Assistants working within the Physiotherapy discipline had the greatest representation of those working in single discipline roles (n = 23, 64%). No participants reported working within Podiatry in either single or multidisciplinary roles. Of those who work in one facility, 28 (55%) reported working in a base hospital. Of the 67 participants in total, 49 (73%) had worked in their current roles for two years or more, while of the Group One participants, 33 (87%) had worked in their current role for two years or more, and of Group Two 16 (55%) had been employed in their current role for the same time period. Of the participants allocated to Group Two, nine (31%) indicated that they were undertaking, but had not completed the qualification.

Is there a significant difference in the clinical duties undertaken by staff who hold the Certificate IV in Allied Health Assistance, when compared with those who do not?

An initial analysis was conducted comparing the number of generic clinical duties (Appendix 3) undertaken by Groups One and Two. An F-test demonstrated unequal variances (F = 0.35 p = 0.002), therefore a Welch t – test was performed assuming unequal variances. This test demonstrated that the difference between Group One (mean 10.68, sd 2.26) and Group Two (mean 9.21, sd 3.79) was not statistically significant (t (42) = 1.8614, p = 0.0697).

A further analysis was conducted including the discipline specific clinical duties (Appendix 3). An F – test demonstrated equal variances (F = 0.72, p = 0.18), consequently an independent t – test was performed assuming equal variances. This test demonstrated a difference in the number of clinical duties between Group One (mean 16.45, sd 4.89) and Group Two (mean 13.41, sd 5.74) that is statistically significant (t (65) = 2.3338, p = 0.002).

For each discipline specific clinical duty listed in the questionnaire, participants were additionally asked to rank their perception of their training and experience for those duties that they indicated they undertake, as follows:

- 1 - Not at all skilled
- 2 - Partly skilled
- 3 - Skilled
- 4 - Highly skilled.

While individual rankings varied dependent on the participant and the task being undertaken, no clear patterns emerged from the data. Analysis indicated a median rating of skilled regardless of certification for rankings of both training and experience as outlined in the table below:

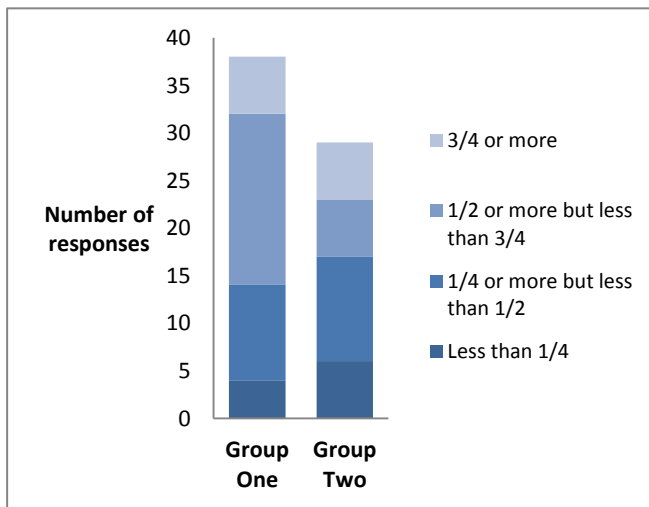
Table 4: Participant perception of impact of training and experience on skill level

	Training		Experience	
	Group 1	Group 2	Group 1	Group 2
Minimum ranking	1	1	1	1
Median ranking	3	3	3	3
Maximum ranking	4	4	4	4

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Is there a significant difference in the proportion of available time used in the provision of clinical care, between staff who hold the Certificate IV in Allied Health Assistance and those who do not?

A chi square test was conducted excluding non – responses (n= 2). This test demonstrated a difference between Group One and Group Two that is statistically significant ($\chi^2(3) = 37.653$, $p < 0.0001$). Of those holding the Certificate IV in Allied Health Assistance qualification, 24 (63%) spent half or more of their available time providing clinical care. In comparison, 12 (41%) of those without the qualification spent half or more of their time delivering clinical care.



Conversely, 14 (37%) of those with the qualification spent half or less of their available time in the delivery of clinical care, while 17 (59%) of those without the qualification spent half or less of their available time in the provision of clinical care. This is outlined in Figure 3:

Figure 3: Participants' indication of the proportion of their time spent in clinical care

Do staff who hold the Certificate IV in Allied Health Assistance report a change in their clinical duties as a result of completion?

In order to answer the above question, those who indicated that they had completed the qualification were asked a further set of questions:

- Has the clinical work that you do changed since you completed the Certificate IV in Allied Health Assistance?
- If yes, in what ways has it changed? and
- If no, why not?

Of the Group One participants, 15 (39%) responded yes, 20 (53%) indicated no, and 3 (8%) did not respond.

Of those who responded yes, and subsequently described the change to their clinical work, three themes emerged from their responses:

1. Five of 15 (33%) participants felt that they were spending more time delivering clinical care as a result of completing the qualification with facilitating the Stepping On program, conducting exercise programs in nursing homes and group work provided as examples:

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“Have gained more therapy time with clients”
“It has grown as I do a lot more 1 on 1 and group work”

2. Of the 15 participants, three (20%) felt they were taking on more responsibility:

“I became more involved with programs with more knowledge of requirements”
“Therapists give greater range of responsibility and tasks with patients / clients”
“AHA are given more responsibility and work mostly by themselves just checking in and letting supervisors know what is going on”

3. Of the 15 participants, four (27%) felt more confident in their skills and what they do:

“It has changed the confidence of myself and work colleagues with my work performance”
“More confident in what I do. Able to provide evidence of training and qualification”
“I feel more confident - am given new and interesting challenges”.

The 20 (53%) participants who indicated that their clinical work had not altered post completion were asked “Why not?” From these responses two clear themes became apparent:

1. Eleven of the 20 participants (55%) felt that while their knowledge may have improved, overall there was no change in their role and the duties required of them:

“Certificate IV brought my qualifications up to date but didn’t change my duties”
“The role and position I am employed in, has set guidelines and does not require me to complete other tasks”
“It has stayed the same. My position has not changed”
“Because I have always worked the way I do now, prior to completing the course and after”
“No new opportunities – yet made me more skilled to carry out current job”

2. Three (15%) of the 20 participants believed that many AHPs do not have a good understanding of the Certificate IV in Allied Health Assistance and the clinical duties that may be delegated to an AHA who has completed this qualification:

“Most AHP do not understand what Cert IV in AHA means to the position. And how better to utilise a trained AHA”

“Supervisor / therapist not aware that extra duties are approved for Cert IV AHA to perform”

Discussion

This study examined the association between completion of the Certificate IV in Allied Health Assistance and the clinical duties completed by rural AHAs. When comparing the number of clinical duties conducted by Groups One and Two the initial level analysis (comparing generic clinical duties only) indicated no significant difference between the two groups, however when discipline specific clinical duties were included in the analysis, enabling variation between the two groups to be more accurately quantified, comparison between the two groups indicated that those with the Certificate IV in Allied Health Assistance undertook a greater number of clinical duties than those without the Certificate IV in Allied Health Assistance.

It is worth noting that the greatest proportion of participants reported that they worked solely (n = 23, 64%) or partly (n = 27, 87%) within the discipline of Physiotherapy. Physiotherapy has a long history of using support workers in the delivery of clinical care⁴⁵ and as a consequence Physiotherapists are generally proficient at and at ease with delegating appropriate clinical tasks to AHA staff. The Physiotherapy profession also has a number of national and state-wide documents, for example the Australian Physiotherapy Association’s *Working with a Physiotherapy Assistant or Other Support Worker*³⁹, and *Policy for Physiotherapists working with Therapy Assistants Policy 8*²⁴ by the NSW Physiotherapists Registration Board, that support the profession in the use of AHAs in their practice. As a result, the scope of practice for staff working in AHA roles in Physiotherapy encompasses a greater number of clinical duties than for other Allied Health disciplines. This situation is reflected in the greater number of clinical duties available in the questionnaire menu relating to Physiotherapy than for the other Allied Health disciplines.

For disciplines such as Speech Pathology that have been involved with the utilisation of the AHA workforce for a shorter period, the scope of clinical practice available to AHAs in these disciplines may be more limited⁴⁶. Structural change may be required in some disciplines to enable a greater range of clinical competencies to be attained as part of completion of the Certificate IV in Allied Health Assistance and as a result, the scope of the AHA workforce for those disciplines to be expanded.

While analysis of participant responses in the current study indicated no difference between those qualified and unqualified in their perceptions of the impact of training and experience on skill level it is possible that differences between individual disciplines may exist. Future

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investigation to identify whether variation occurs between and within disciplines and to what extent this occurs, would be of interest and inform future content of the Certificate IV in Allied Health Assistance.

When comparing the proportion of available time spent in the provision of clinical care, the results of the study indicate that those qualified spend a greater proportion of their time delivering clinical care in contrast with those who are not. This result indicates that those who hold the Certificate IV in Allied Health Assistance are fulfilling the primary purpose of the AHA workforce; to provide and support the delivery of clinical care^{8, 25, 26}. Those AHA staff not holding the Certificate IV in Allied Health Assistance are spending a greater proportion of their time performing non clinical activities including administrative tasks.

Despite the significant difference in the numbers of clinical duties and time spent in the delivery of clinical care between those with and without the qualification, when asked if their roles had changed following completion of the Certificate IV in Allied Health Assistance, 20 or 53% of those qualified reported that their roles had not changed following completion. One reason this may have occurred is due to the Certificate IV and the competency units available to individual students. While there are a wide range of elective competency units available, access to these units is reliant on the Registered Training Organisation (RTO) delivering the course. Each RTO is only able to teach competency units that are included in their scope of delivery, and this scope varies between providers. If the scope of delivery for a student's RTO does not contain units that are pertinent to that student's clinical role in the workplace, then the qualification will have limited utility to their clinical practice. This was the case for one participant who commented "Nothing in the course was specific to my role".

Another reason underlying lack of role change may be the Allied Health disciplines or models of care in which staff are operating. Staff working in roles for whom part or all of their role includes clinical duties in Allied Health disciplines that are not currently represented in the Certificate IV in Allied Health Assistance (for example, Psychology and Social Work), or who work in newer trans-disciplinary models of care (for example, in chronic care or transitional aged care) may find that the current form of the Certificate IV in Allied Health Assistance may not contain the competency units most suited to their clinical needs. Thus it may not be the most appropriate qualification for the clinical roles they are required to undertake in the workplace. This is exemplified by a participant who stated "My role and level of assistance is very diverse and expects me to perform above the standards set out in Cert IV AHA". This mirrors the new and emerging nature of the AHA workforce, new clinical settings and models of care in which they are working, and some of the difficulties currently being experienced in accurately delineating the role of this workforce group¹⁰. It is important however, to remain cognisant of the fact that the Certificate IV in Allied Health Assistance qualification (as is the case for any other qualification in the tertiary or VET sector) is unable to provide competency units to meet all current and future learning needs of a workforce that works across a wide range of Allied Health disciplines and in a variety of clinical environments. Development of a generic paraprofessional or Diploma level

qualification may assist in addressing this issue by allowing varying knowledge and skill requirements between AHA positions to be differentiated.

It is also possible that instances may occur where suboptimal use of skills attained in the Certificate IV in Allied Health Assistance reflects static work practices of the teams in which the AHA is based, for example one participant stated “There is no need to change the way I am used in the department” and another that “Because I have always worked the way I do now”, or structural issues, such as lack of capacity to review and update position descriptions following completion to the Certificate IV in Allied Health Assistance. These observations suggest that despite the acquisition of new skills, the opportunity to utilise these skills may be restricted in these situations.

Similarly, if the organisation in which the AHA is practicing has a limited understanding of the role of the AHA, corresponding outcomes may be evident. Lack of change in clinical practice may result from lack of awareness or understanding at an organisational or individual level regarding delegation of clinical tasks to AHAs, particularly those with the Certificate IV in Allied Health Assistance. Two participants reflected on this issue, stating that “Supervisor / therapist not aware that extra duties are approved for Cert IV AHA to perform”, and “Most AHP do not understand what Cert IV in AHA means to the position. And how better to utilise a trained AHA”, respectively. This situation may be exacerbated where delegation of clinical duties occurs primarily via a new graduate supervisor, as experienced AHPs are generally have greater capacity for and are more adept at delegating than those who are endeavouring to embed their own clinical practice²².

The questionnaire developed for the study did not ask questions relating to the geographical location of participants or the facilities in which they are employed in order to preserve the anonymity of study participants. It would be of value to investigate whether there is a correlation between the location of staff and their perception of (and actual) role change. Murrumbidgee and Southern NSW LHDs (as part of the former Greater Southern Area Health Service) invested in change management processes for their AHP staff as part of the *Reframing the Future*¹⁹ initiative and the development and implementation of Rural AHA positions¹⁹. There is scope for further research to ascertain whether the use of a comprehensive change management processes is a precondition for augmented AHA roles.

In environments where the issues discussed above are not evident and role change is possible, beneficial outcomes are apparent. Allied Health Assistants who experience role change (n = 15, 39%) following completion noted greater responsibility and more clinical work, and also perceived an increase in their confidence as a result of the qualification.

There is also value in noting that of the 67 participants, 29 (43%) have not completed the Certificate IV in Allied Health Assistance despite it being available since 2007. Barriers to completion of the qualification may include access to an RTO that is able to provide the Certificate IV in Allied Health Assistance locally, and the applicability of the competency

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units available to the clinical requirements of the AHA's role as discussed above. There may also be occasions where AHAs do not receive support and advocacy from their supervisors to undertake the qualification, due in part to poor delineation of the AHA role¹⁰, and to limited understanding of the VET sector¹.

Strengths and limitations

This is the first study that has sought to determine an association between completion of the Certificate IV in Allied Health Assistance and the clinical roles of AHAs in rural NSW and thus adds to what is known about a workforce group that is challenging to delineate. The study design (incorporating electronic and paper based versions of the questionnaire) and strategies utilised to control for selection and measurement bias served to strengthen the results of the study.

In order to complete the study within the specified timeframe, the data collection period could not be extended beyond the eight month time period. Increased time to collect data may have yielded more participants further strengthening the results of the study. Additionally, distribution of the questionnaire was dependent on the level of engagement of the NCP with the study which may have had an influence on the response rate.

The questionnaire did not include questions relating to the geographical location of AHAs in order to maintain anonymity of the study participants. This information would be of benefit in any future research in this field, as there may be variance between and within LHDs in terms of their preparedness for implementation of and support for AHA roles. Further benefit would also be derived from further exploration of the clinical duties undertaken by AHA staff as new opportunities for the provision of clinical care in new or altered models of care arise. It is acknowledged that while this study has established an association between completion of the Certificate IV in Allied Health Assistance and enhanced clinical scope of practice for rural NSW AHAs, the study design does not allow causation to be established. The results indicate that further investigation of the link between this qualification and the delegated clinical duties undertaken by AHA staff is warranted.

Conclusions and recommendations

This is the first study that has sought to determine whether there is an association between completion of the Certificate IV in Allied Health Assistance and the delegated clinical duties of AHAs in rural NSW. Results of the study demonstrate a broader scope of clinical practice for those who have completed the Certificate IV in Allied Health Assistance, and supports the current strategy of the NSW Ministry of Health to encourage staff working in these roles to gain this qualification²⁶. The benefits indicated by this study suggest there is merit in pursuing the current practice of rural LHDs to assist staff (through for example, the provision of learning time and clinical placement opportunities) to attain this qualification.

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This study and its results are applicable to other Australian jurisdictions that employ AHAs. Similarly this study design and its results are pertinent to other vocationally trained roles within the health sector, for example within the areas of Hospital Assistance, Assistance in Nursing and Enrolled Nursing.

While the study indicates positive outcomes, it additionally demonstrates that perceptions of change resulting from completion of the qualification vary for the staff who hold the Certificate IV in Allied Health Assistance. While some of these differences in viewpoints may relate to the presence or absence of structural barriers in individual workplaces, the models of care in which staff operate, and applicability of the current Certificate IV in Allied Health Assistance to existing AHA roles, these disparities in experience may also relate to the still emerging nature of the AHA workforce.

Further exploration in the following domains would be of great utility:

- Identification of obstacles to commencement and completion of the Certificate IV in Allied Health Assistance by staff employed in AHA roles
- Investigation of factors that act as barriers and enablers to enrichment of clinical scope of practice following completion of the Certificate IV in Allied Health Assistance, and
- Development, trial and evaluation of mechanisms to assist transition to an enhanced scope of practice.

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Appendices

Appendix 1: Certificate IV in Allied Health Assistance Overview

The Certificate IV in Allied Health Assistance is a nationally recognised qualification under the Australian Qualifications Framework. The Community Services and Health Industry Skills Council (CS&HISC) is responsible for development and review of the curriculum, and delivery occurs via RTOs such as the NSW College of Technical and Further Education⁴³.

The qualification encompasses 22 units in total:

- Seven competency units that must be achieved prior to commencing or as part of completion of the qualification

Table 1a:

Competency units that must be achieved prior to or as part of the qualification

BSBMED301B – Interpret and apply medical terminology appropriately

HLTAH301C – Assist with an allied health program

HLTAP301B – Recognise healthy body systems in a health care context

HLTCSD201D – Maintain high standard of client service

HLTCSD305D – Assist with client movement

HTLHIR301C – Communicate and work effectively in health

HLTIN301C – Comply with infection control policies and procedures

- And an additional 15 units of competency, comprising four core and 11 elective units.

Table 1b:

Core competency units

HLTHIR402D – Contribute to organisational effectiveness in the health industry

HLTHIR506C – Implement and monitor compliance with legal and ethical requirements

HLTIN403C – Implement and monitor infection control policy and procedures

HLTWHS300A – Contribute to workplace health and safety processes

Elective units may be selected from those listed in the Allied Health discipline specialisations below, and from other elective options listed in the Certificate IV in Allied Health Assistance. Three electives may also be selected from other training packages. The combination of electives undertaken enables achievement of a generic qualification that covers a range of work functions, or one that enables specialisation in a specific discipline area, for example, Physiotherapy, Podiatry, Occupational Therapy, Speech Pathology and Nutrition and Dietetics, or in the clinical area of Community Rehabilitation.

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Table 1c:

Specialisation	Competency units required for specialisation
Physiotherapy (all three are required for specialisation)	HLTAH401C – Deliver and monitor a client specific exercise program HLTAH402C – Assist with Physiotherapy treatments and interventions HLTAH403C – Deliver and monitor exercise program for mobility
Podiatry (all four are required for specialisation)	HLTAH404C – Assist with basic foot hygiene HLTAH405C – Assist with podiatric procedures HLTAH406C – Assist with podiatry assessment and exercise HLTIN302C – Process reusable instruments and equipment in health work
Occupational Therapy (all four are required for specialisation)	HLTAH407C – Assist with the rehabilitation of clients HLTAH408C – Assist with the development and maintenance of client functional status HLTAH409C – Conduct group sessions for individual client outcomes HLTAH414C – Support the fitting of assistive devices
Speech Pathology (all three are required for specialisation)	HLTAH410C – Support the development of speech and communication skills HLTAH411C – Provide support in dysphagia management HLTAH412C – Assist and support the use of augmentative and alternative communication systems
Nutrition and Dietetics (two are required for specialisation)	HLTAH415C – Assist with the screening of dietary requirements and special diets HLTAH409C – Conduct group sessions for individual client outcomes HLTAH420C – Support the provision of basic nutrition advice / education
Community Rehabilitation (all three are required for specialisation)	HLTCR401C – Work effectively in community rehabilitation HTLCR402C – Support client daily living requirements in a community rehabilitation context HLTCR403B – Support community access and participation

The CS&HISC is currently leading a national review of the Certificate IV in Allied Health Assistance, and the revised qualification is due for endorsement and implementation from June 2015.

Appendix 2: Rural NSW Allied Health Assistant Questionnaire



Rural NSW Allied Health Assistant Questionnaire

Dear Respondent,

Thank you for taking the time to complete the Rural NSW Allied Health Assistant Questionnaire. This should take approximately 20 minutes.

The purpose of the questionnaire is to learn more about the types of duties that Allied Health Assistants working in rural NSW complete and whether the Certificate IV in Allied Health Assistance is helpful in providing staff working in these roles with the skills they need. Your responses to these questions are important in learning more about the work that Allied Health Assistants do.

The results of the questionnaire will be included in a report and published on the website of the Health Education and Training Institute (HETI) at: http://www.ruralheti.health.nsw.gov.au/initiatives/building_rural_research_capacity.

Please note, the questionnaire is anonymous and respondents will not be able to be identified in any way.

Please contact Angela Firth on 02 6339 5504 or 0409 830 071 if you have any queries about this questionnaire, and return your completed questionnaire using the enclosed reply paid envelope to Angela by _____.

Rural NSW Allied Health Assistant Questionnaire Version: Final 2 Revisions for HREC 12-4-13
HREC Project No.LNR/13/GWAHS/13. HREC contact: Suzanne Degiorgio. Ph: 02 6339 5601

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NSW?

Section A

1. Do you work in a single Allied Health discipline role?

- Yes No

2. If **yes**, please tick the role you work in:

- Physiotherapy Dietetics Occupational Therapy Speech Pathology Podiatry

3. Do you work in a multidisciplinary Allied Health Role?

- Yes No

4. If **yes**, please tick the disciplines you work in (please tick as many as apply to your work):

- Physiotherapy Dietetics Occupational Therapy Speech Pathology Podiatry

Section B

5. Do you work in a (please tick as many as apply to you):

- Base Hospital Multipurpose Service Procedural Hospital Community Health Centre Rehabilitation hospital / Catholic Health Care

6. Do you work in (please tick as many as apply to you):

- Acute care TACP (Transitional Aged Care Program) Rehabilitation Community based services Mental Health

- Aged Care Other (please specify) _____

7. How long have you worked in this role?

- Less than 2 years 2 – 5 years 6 – 10 years 11 – 15 years More than 15 years

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Section C

The following is a list of duties that can be included in Allied Health Assistant roles (please note, no role would do all of these duties). Please tick all the duties that you do as part of your regular working week:

8. Clinical Care (care provided to patients/ clients)	9. Clinical Support (work that contributes to patient / client care but is not direct patient/ client care)	10. Administration
<input type="checkbox"/> Prepare patients / clients for treatment	<input type="checkbox"/> Assist with patient / client intake	<input type="checkbox"/> Book appointments
<input type="checkbox"/> Assist in patient / client treatment, according to the care plan prescribed by an Allied Health Professional	<input type="checkbox"/> Prepare treatment space	<input type="checkbox"/> Enter data into information systems
<input type="checkbox"/> Assist with routine evaluations, collect observational data	<input type="checkbox"/> Prepare or make aids for therapy	<input type="checkbox"/> Complete data collection sections on forms
<input type="checkbox"/> Supervise activities of patients under direction of Allied Health Professional	<input type="checkbox"/> Update / maintain resources	<input type="checkbox"/> File case notes, source / collect and return case notes
<input type="checkbox"/> Check posture and positioning and report on performance	<input type="checkbox"/> Participate in quality activities	<input type="checkbox"/> Promote Allied Health service
<input type="checkbox"/> Provide assistance in therapy where 2 or more people are needed	<input type="checkbox"/> Maintain learning	<input type="checkbox"/> Assist with ordering and / or purchasing of supplies and materials
<input type="checkbox"/> Report change in behaviour or performance of patient / client	<input type="checkbox"/> Participate in team meetings	<input type="checkbox"/> Assist with arranging in-services / presentations
<input type="checkbox"/> Assist with group organisation and facilitation	<input type="checkbox"/> Organise transport, cleaning and other support services as required	<input type="checkbox"/> General department housekeeping
<input type="checkbox"/> Act as escort to patients	<input type="checkbox"/> Assist with cleaning and sterilisation of therapy aids and equipment, ensure all	<input type="checkbox"/> Administrative duties – word processing, telephone duties, photocopying, laminating etc

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	equipment is safe and functional	
<input type="checkbox"/> Follow up patients / clients post discharge as directed by Allied Health Professional	<input type="checkbox"/> Assist with administration of equipment loan pool	<input type="checkbox"/> Assist with sourcing and ordering equipment
<input type="checkbox"/> Document in medical record as appropriate to role	<input type="checkbox"/> Deliver equipment and adjust in home according to specifications from Allied Health Professional	<input type="checkbox"/> Participate in performance management processes
<input type="checkbox"/> Assist in development of resources	<input type="checkbox"/> Liaison with other health providers	
<input type="checkbox"/> Participate in supervision		
<input type="checkbox"/> Assist or undertake screening activities		

Section D

11. In an average day how much of your time would you spend on:

Clinical care	<input type="checkbox"/> less than 1/4	<input type="checkbox"/> 1/4 or more, but less than 1/2	<input type="checkbox"/> 1/2 or more, but less than 3/4	<input type="checkbox"/> 3/4 or more
Clinical support	<input type="checkbox"/> less than 1/4	<input type="checkbox"/> 1/4 or more, but less than 1/2	<input type="checkbox"/> 1/2 or more, but less than 3/4	<input type="checkbox"/> 3/4 or more
Administration	<input type="checkbox"/> less than 1/4	<input type="checkbox"/> 1/4 or more, but less than 1/2	<input type="checkbox"/> 1/2 or more, but less than 3/4	<input type="checkbox"/> 3/4 or more

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The questions below are about **PHYSIOTHERAPY**

Section E

12. Do you work within Physiotherapy?

Yes No If no, please go to Section F (page 7).

13. If yes, do you (in addition to the duties outlined in Questions 8 - 10):

Assist with fitting of splints and assistive devices under direction of Physiotherapist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled
Assist in the application and removal of plasters (including short leg casts, short arm casts, long leg casts, and Patella Tendon Bearing Casts for example) under direction of supervising Physiotherapist and / or orthopaedic surgeon?	<input type="checkbox"/> Yes <input type="checkbox"/> No	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled
Provide assistance with serial casting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled
Provide assistance in Total Knee and Hip Replacement Preadmission Clinics, for example, providing information and education to patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled
Undertake exercise programs with patients / clients under direction of supervising Physiotherapist?	<input type="checkbox"/> Yes	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled

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	<input type="checkbox"/> No	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled
Provide assistance to supervising Physiotherapist in the treatment of Lymphoedema?	<input type="checkbox"/> Yes	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> No	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled
Provide assistance in the provision of Hydrotherapy programs?	<input type="checkbox"/> Yes	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> No	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled

14. Are there any other duties (not listed above) you complete specific to Physiotherapy?

Yes If yes, please list them below No

15.

1. _____ _____ _____	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled
2. _____ _____ _____	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled
3. _____ _____ _____	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled

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The questions below are about OCCUPATIONAL THERAPY

Section F

16. Do you work within Occupational Therapy?

Yes No If no, please go to Section G (page 10).

17. If yes, do you (in addition to the duties outlined in Questions 8 - 10):

Implement self care training programs as prescribed by Occupational Therapist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled
Manage the equipment pool?	<input type="checkbox"/> Yes <input type="checkbox"/> No	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled
Deliver and install equipment into client / patient's homes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled
Follow through positioning or splinting regimes as prescribed by Occupational Therapist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled
Complete home modification / Quick Cad drawings as per Occupational Therapist specifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled
Sew and fabricate soft splints? Provide advice regarding energy	<input type="checkbox"/> Yes	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled

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conservation/ falls prevention / hip precautions / personal alarms as per Occupational Therapist recommendations? No Partly skilled Highly skilled Partly skilled Highly skilled

Assist with Occupational Therapy assessment (upper limb, hand and transfer)? Yes No

My **training** in this area makes me feel: Not at all skilled Partly skilled Highly skilled Skilled

My **experience** in this area makes me feel: Not at all skilled Partly skilled Highly skilled Skilled

18. Are there any other duties (not listed above) you complete specific to Occupational Therapy?

Yes If yes, please list them below No

19.

1. _____ My **training** in this area makes me feel: Not at all skilled Partly skilled Highly skilled Skilled

My **experience** in this area makes me feel: Not at all skilled Partly skilled Highly skilled Skilled

2. _____ My **training** in this area makes me feel: Not at all skilled Partly skilled Highly skilled Skilled

My **experience** in this area makes me feel: Not at all skilled Partly skilled Highly skilled Skilled

3. _____ My **training** in this area makes me feel: Not at all skilled Partly skilled Highly skilled Skilled

My **experience** in this area makes me feel: Not at all skilled Partly skilled Highly skilled Skilled

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The questions below are about SPEECH PATHOLOGY

Section G.

20. Do you work within Speech Pathology?

Yes

No

If no, please go to Section H (page 12).

21. If yes, do you (in addition to the duties outlined in Questions 8 - 10):

Make AAC (Augmentative / Alternative Communication) equipment under direction of supervising Speech Pathologist?	<input type="checkbox"/> Yes	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> No	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled
Assist in provision of modified diet items following discharge under direction of supervising Speech Pathologist?	<input type="checkbox"/> Yes	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> No	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled
Organise equipment and food items for swallowing assessments?	<input type="checkbox"/> Yes	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> No	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled
Observe / supervise meals under direction of supervising Speech Pathologist?	<input type="checkbox"/> Yes	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> No	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled
	<input type="checkbox"/> Yes	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> No	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled
Assist with exercises (e.g., oromotor exercises) under	<input type="checkbox"/> Yes	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> No	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled

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direction of supervising Speech Pathologist?	<input type="checkbox"/> No	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled
Assist with oral hygiene procedures under direction of supervising Speech Pathologist?	<input type="checkbox"/> Yes	My training in this area makes me feel:		My experience in this area makes me feel:	
	<input type="checkbox"/> No	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> No	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled

22. Are there any other duties (not listed above) you complete specific to Speech Pathology?

Yes If yes, please list them below No

23.

1. _____ _____ _____	My training in this area makes me feel:		My experience in this area makes me feel:	
	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled
2. _____ _____ _____	My training in this area makes me feel:		My experience in this area makes me feel:	
	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled
3. _____ _____ _____	My training in this area makes me feel:		My experience in this area makes me feel:	
	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled

Is the Certificate IV in Allied Health Assistance associated with enhanced clinical practice in rural NSW?

The questions below are about NUTRITION and DIETETICS

Section H

24. Do you work within Nutrition and Dietetics?

Yes No If no, please go to Section I (page 14).

25. If yes, do you (in addition to the duties outlined in Questions 8 - 10):

Make diet changes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled
Perform malnutrition screenings and report results to supervising Dietitian?	<input type="checkbox"/> Yes <input type="checkbox"/> No	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled
Enter patient's dietary intake into Nutritional Assessment software as directed by supervising Dietitian?	<input type="checkbox"/> Yes <input type="checkbox"/> No	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled
Send food record charts to outpatients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled
Order nutritional supplements for use in Dietetics department?	<input type="checkbox"/> Yes <input type="checkbox"/> No	My training in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled	My experience in this area makes me feel: <input type="checkbox"/> Not at all skilled <input type="checkbox"/> Partly skilled	<input type="checkbox"/> Skilled <input type="checkbox"/> Highly skilled
Assist with HEN (Home Enteral		My training in this area makes me feel:		My experience in this area makes me feel:	

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Nutrition) orders?	<input type="checkbox"/> Yes	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> No	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled
Assist with tracking patient / client compliance with nutritional supplements?	<input type="checkbox"/> Yes	My training in this area makes me feel:		My experience in this area makes me feel:	
	<input type="checkbox"/> No	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
		<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled

26. Are there any other duties (not listed above) you complete specific to Nutrition and Dietetics?

Yes If yes, please list them below No

27.

1. _____ _____ _____	My training in this area makes me feel:		My experience in this area makes me feel:	
	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled
2. _____ _____ _____	My training in this area makes me feel:		My experience in this area makes me feel:	
	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled
3. _____ _____ _____	My training in this area makes me feel:		My experience in this area makes me feel:	
	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled

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The questions below are about PODIATRY

Section I

28. Do you work within Podiatry?

Yes

No

If no, please go to Section J (page 16).

29. If yes, do you (in addition to the duties outlined in Questions 8 - 10):

Perform basic foot hygiene?	<input type="checkbox"/> Yes	My training in this area makes me feel:	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	My experience in this area makes me feel:	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> No		<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled		<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled
Apply padding and cushioning as prescribed by supervising Podiatrist?	<input type="checkbox"/> Yes	My training in this area makes me feel:	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	My experience in this area makes me feel:	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> No		<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled		<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled
Assist with surgical podiatry procedures?	<input type="checkbox"/> Yes	My training in this area makes me feel:	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	My experience in this area makes me feel:	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> No		<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled		<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled
Assist with templating for manufacture of orthotic devices?	<input type="checkbox"/> Yes	My training in this area makes me feel:	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	My experience in this area makes me feel:	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> No		<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled		<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled
Assist with modification to orthoses and footwear?	<input type="checkbox"/> Yes	My training in this area makes me feel:	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	My experience in this area makes me feel:	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> No		<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled		<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled
Assist with advice to clients /		My training in this area makes me feel:			My experience in this area makes me feel:		

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patients in selection of footwear?	<input type="checkbox"/> Yes	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> No	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled

Assist with podiatry assessments?		My training in this area makes me feel:		My experience in this area makes me feel:	
<input type="checkbox"/> Yes	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	
<input type="checkbox"/> No	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	

Deliver podiatry exercise or rehabilitation programs under supervision of Podiatrist?		My training in this area makes me feel:		My experience in this area makes me feel:	
<input type="checkbox"/> Yes	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	
<input type="checkbox"/> No	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	

30. Are there any other duties (not listed above) you complete specific to Podiatry?

Yes If yes, please list them below No

31.

1. _____ _____ _____	My training in this area makes me feel:		My experience in this area makes me feel:	
	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled

2. _____ _____ _____	My training in this area makes me feel:		My experience in this area makes me feel:	
	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled	<input type="checkbox"/> Not at all skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled	<input type="checkbox"/> Partly skilled	<input type="checkbox"/> Highly skilled

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Section J

32. What is the highest level of education you have reached:

- Up to but not including year 10,
- Completed year 10 or equivalent,
- HSC or equivalent
- Vocational qualification (TAFE or other Registered Training Organisation)

Certificate II. Please write down the qualification you have completed (e.g., Certificate II in ...):

Certificate III. Please write down the qualification you have completed (e.g., Certificate III in ...):

Certificate IV. Please write down the qualification you have completed (e.g., Certificate IV in ...):

Diploma. Please write down the qualification you have completed (e.g., Diploma in ...):

University. Please write down the qualification you have completed (e.g., Bachelor of ...): _____

33. Have you completed the Certificate IV in Allied Health Assistance?

Yes

No If no, please go to Question 40 (page 17).

34. If yes:

What year did you complete the Certificate IV in Allied Health Assistance?

2012

2011

2010

2009

2008

2007

35. Has the clinical work you do changed since you completed the Certificate IV in Allied Health Assistance? Yes (if yes, please go to Question 36)

No (if no, please go to Question 37)

36. If **yes**, In what ways has it changed?

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37. If **no**, why not?

38. What was the **most** useful part of the Certificate IV in Allied Health Assistance to you?

39. What was the **least** useful part of the Certificate IV in Allied Health Assistance to you?

40. Are you currently enrolled in the Certificate IV in Allied Health Assistance?

Yes No

41. If yes:

Have you completed 1 or more of the:

Physiotherapy competency units:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occupational Therapy competency units:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Speech Pathology competency units:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dietetics competency units:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Podiatry competency units:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Thank you for completing this questionnaire. Please return to the address below by _____.

Angela Firth
Healthcare Assistant Coordinator – Allied Health
Western NSW Local Health District
PO Box 143
Bathurst NSW 2795

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NSW?

Appendix 3: Generic and discipline specific clinical duties

AHA generic clinical duties

Prepare patients / clients for treatment

Assist in patient / client treatment, according to the care plan prescribed by an Allied Health Professional

Assist with routine evaluations, collect observational data

Supervise activities of patients under direction of Allied Health Professional

Check posture and positioning and report on performance

Provide assistance in therapy where 2 or more people are needed

Report change in behaviour or performance of patient / client

Assist with group organisation and facilitation

Act as escort to patients

Follow up patients / clients post discharge as directed by Allied Health Professional

Document in medical record as appropriate to role

Assist in development of resources

Participate in supervision

Assist or undertake screening activities

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NSW?

AHA discipline specific clinical duties				
Physiotherapy	Occupational Therapy	Speech Pathology	Nutrition and Dietetics	Podiatry
Assist with fitting of splints and assistive devices under direction of Physiotherapist	Implement self-care training programs as prescribed by Occupational Therapist	Observe / supervise meals under direction of supervising Speech Pathologist	Perform malnutrition screenings and report results to supervising Dietitian	Perform basis foot hygiene
Assist in the application and removal of plasters (including short leg casts, short arm casts, long leg casts and Patella Tendon Bearing Casts for example) under direction of supervising Physiotherapist and / or Orthopaedic surgeon	Deliver and install equipment into client / patient homes	Assist with exercises (e.g. oromotor exercises) under direction of supervising Speech Pathologist	Assist tracking patient / client compliance with nutritional supplements	Apply padding and cushioning as prescribed by supervising Podiatrist
Provide assistance with serial casting	Follow through positioning or splinting regimes as prescribed by Occupational Therapist	Assist with oral hygiene procedures under direction of supervising Speech Pathologist		Assist with surgical podiatry procedures
Provide assistance in Total Knee and Hip Replacement Preadmission Clinics	Provide advice regarding energy conservation/ falls prevention / hip precautions / personal alarms as per Occupational Therapist recommendations			Assist with advice to clients / patient in selection of footwear
Undertake exercise programs with patients / clients under direction of supervising Physiotherapist	Assist with Occupational Therapy assessment (upper limb, hand and transfer)			Assist with podiatry assessments
Providing assistance to supervising Physiotherapist in the treatment of Lymphoedema				Deliver podiatry exercise or rehabilitation programs under supervision of Podiatrist
Provide assistance in the provision of Hydrotherapy programs				

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