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Allied Health Assistant Project

(Incorporating Medical Imaging Assistant Project)

DISCUSSION PAPER

1. EXECUTIVE SUMMARY

The allied health workforce is facing increasing demands as it adjusts to challenges such as an ageing population, higher incidence of chronic disease, and increasing consumer knowledge and expectations of allied health services. Optimal use of the skills of allied health assistants has been identified as one strategy to manage these challenges. As part of the Operational Stream Employees (Queensland Health) Certified Agreement 2006, this project was conducted principally to define the role and scope of allied health assistants. The training, education and support requirements of allied health assistants have also been poorly understood, and were addressed in this project along with issues surrounding career opportunities for assistants.

The Allied Health Assistant Project aimed to deliver recommendations regarding:

1. The role and scope of practice of allied health assistants.
2. Optimal utilisation of the skills of assistants, while ensuring the delivery of safe, quality health care to patients.
3. Training, education and support needs of allied health assistants.
4. Career development for allied health assistants.

Through consultation with literature on other projects, key stakeholders, and with the Queensland allied health workforce through surveys and focus groups, data was gathered and incorporated into the project recommendations.

<u>Key recommendations</u>

1. **Consistency in the role and scope of practice of allied health assistants across Queensland Health is required**.
   A consistent role and scope of practice will raise the value and profile of assistants and promote a more sustainable and employable assistant workforce.

2. **Allied health assistants should be managed under allied health departments and by senior allied health assistants if they have sufficient numbers to necessitate this.**
   The training and support needs of assistants are more fully appreciated and provided for when assistants are managed within allied health departments. Additionally, assistants report they are utilised more effectively and supported better when they are managed by a senior allied health assistant.

3. **Positions held by allied health assistants should be classified appropriately, so the classification reflects the duties they perform**.

Where role drift has occurred and the duties align more closely to a lower order operational, technical or administrative position, this disparity should be corrected by realigning duties to include more clinically related tasks, or by reclassifying the position.

4. **Full and advanced scope of practice roles for allied health assistants should be identified, trialled and evaluated**.
   Many allied health assistants are not working to their full scope of practice. To optimally utilise the skills of the assistant workforce and meet growing workforce demands, full scope of practice must be enabled, and advanced scope of practice roles explored.

5. **A formal training framework for allied health assistants should be developed**.
   The existing training does not meet the needs of Queensland Health. The allied health workforce endorses the introduction of a qualification based career pathway; however for this to occur the training framework needs to be examined and improved.

6. **Allied health assistants should be supported through mentoring, networking with other allied health assistants, clinical supervision by allied health professionals, and Performance Appraisal and Development processes.**

7. **Allied health assistants desire greater recognition of their contributions to health care through a stronger presence, profile and identity. This can be facilitated by changes in the attitudes of allied health professionals towards assistants.**
   Assistants seek a collaborative relationship with allied health professionals where each fulfils a different but critical role in the health care team.

8. **The classification and remuneration level of allied health assistants should be reviewed.**
   The allied health workforce collectively identifies allied health assistants as clinical personnel and believes that their classification and remuneration level should reflect this.

9. **Pathways allowing allied health assistants the opportunity to become allied health professionals should be developed**.
   Articulated training pathways will address barriers to career development and provide opportunities for assistants to move into the professional workforce.

The Allied Health Workforce Advice and Coordination Unit will engage with Human Resources Branch, unions, professional associations, Vocational Education and Training (VET) sector, and the allied health workforce to progress these recommendations.

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ACKNOWLEDGEMENTS

State-wide contributions from allied health assistants and allied health professionals

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2.0 BACKGROUND

The skills shortage in the health industry is a global dilemma. The Australian Health Workforce Advisory Committee review (Australian Health Workforce Advisory Committee, 2006) identified several factors which are likely to increase the demand for allied health services in the future. These included:

- an ageing population
- increasing incidence of chronic diseases
- an increasing focus on prevention, rehabilitation medicine and provision of primary health care and
- increasing consumer knowledge and expectations of allied health services.

The augmented use of support personnel in allied health services has been identified as one strategy which could assist in the management of increasing demands on allied health services (Duckett, 2005; Menadue, 2005). In the Queensland Health Systems Review (Forster, 2005), it was recommended that workforce roles be redesigned to better align skill level with task complexity and improve patient outcomes. Along with opportunities for advanced allied health roles, it was suggested that Queensland Health consider increasing the use of assistant allied health positions to take on lower order tasks that may previously have been performed by allied health professionals. In the consultation for the Primary Care Modernisation Strategy, patients and public indicated that they would be happy to be seen by any appropriate member of the primary healthcare team as long as that individual had the necessary skills and training to meet their needs, and as long as it would be possible to be referred quickly and appropriately to other members of the team whenever necessary (National Health Service Lothian, 2007). As part of the Operational Stream Employees (Queensland Health) Certified Agreement 2006, it was agreed that a project be conducted to clarify and trial the role of the Allied Health Assistant (Queensland Industrial Relations Commission, 2006).

Queensland Health employs over 500 staff* to support allied health professionals in a variety of settings. Their role, duties and scope of practice have been poorly defined and are inconsistent from district to district with assistants undertaking a variety of clinical, operational and administrative tasks with varying degrees of autonomy. With ill defined roles and responsibilities, it is likely that some allied health assistants have not been employed to their full potential.

As a further consequence of their poorly defined scope of practice, the training needs of allied health assistants are varied and often unmet with little opportunity for career development and limited ability to transfer skills to other roles. Training for allied health assistants is available within the Vocational Education and Training (VET) sector but there is currently no mandatory formal qualification and incentives are limited for Queensland Health staff to acquire formal qualifications. In addition, the relevance of this training and its ability to meet the needs of the Queensland Health allied health workforce has previously been questioned. If the role of the allied health assistant is to be extended, it is likely that additional training will be required.

As workforce shortages and workload demands continue to impact on allied health professionals, the development of the allied health assistant role offers a strategy which could provide valuable support to the allied health workforce. It is proposed that development of the allied health assistant role will facilitate workforce redesign, promote cost-effectiveness and

* Current from January 2008, Queensland Health Payroll System

improve delivery of allied health services, and optimal skills mix. Well defined roles and appropriate education for the allied health assistant could allow allied health professionals to transfer a greater number of selected tasks to assistants and allow allied health professionals more time to devote to tasks requiring professional expertise. The provision of an appropriately trained assistant workforce has the potential to reduce patient waiting times and promote continuity of care particularly in regions with limited allied health services, for example in rural and remote areas.

2.1 Distribution of allied health assistants in Queensland Health

Most Queensland Health Districts employ allied health assistants, though the size and duties of this workforce differ significantly. Appendix I outlines the size and distribution of allied health assistants employed within Districts of Queensland Health. Given the variation in classification, this data is an estimate only. A considerable proportion of the assistant workforce is aged over 40 years (Appendix IV).

2.2 Scope of project

This project intended to:

- Review the current models and scope of practice of allied health assistants in Queensland Health and across Australia.
- Consult stakeholders across Queensland Health Service Districts to determine present and future needs in relation to allied health assistants.
- Develop clear definitions of the role, skills, duties and scope of practice of allied health assistants.
- Determine the competencies which will be required by the assistant workforce to perform the tasks included in the determined scope of practice.
- Map the formal and informal qualifications, education and training pathways currently available to allied health assistants.
- Match the required competencies with current training and determine gaps that may exist in the current training.
- Examine the need to contextualise units within the qualifications to match workforce requirements and make recommendations regarding the provision of any additional training.
- Provide recommendations on how to better utilise the skills of allied health assistants in the delivery of health care services across the different health care settings while ensuring the delivery of safe, quality health care to patients.
- Develop recommendations regarding a framework for a career structure for allied health assistants in consultation with Union representatives and Queensland Health Human Resources Branch representatives.

2.2.1 Outside scope

Role expansion and extension, the development of a formal training curriculum and recommendations for reforming the allied health assistant workforce were not included in the scope of this project.

2.2.2 Target workforce:

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Allied health assistants working in Queensland Health supporting the following disciplines were included in the project:

- Dietetics and nutrition
- Occupational therapy
- Mental health services
- Pharmacy
- Physiotherapy
- Prosthetics & orthotics
- Podiatry
- Psychology
- Social work and
- Speech pathology
- Radiography (including Breast Screen which is individually addressed by the report in Appendix X due to the unique nature of the issues affecting this workforce.

Some allied health assistants who work in community and rural settings have generic job titles and work across a number of disciplines. These assistants were also included in the project. This workforce encompasses a wide variety of job titles (Appendix II).

Exclusions include Audiology Assistants, Clinical Measurement Assistants, Dental Assistants, Pathology Assistants and Laboratory Assistants. These groups were excluded due to time constraints and the workloads associated with incorporating the large number of disciplines.

Medical Imaging and Breast Screen Assistants/Operators were included in the project through integration of the Allied Health Assistant Project with the Medical Imaging Assistant Project. Although there are differences in the roles and functions of allied health assistants working across disciplines and services, the recommendations were found to be applicable across all areas.

2.2.3 Reach

State-wide consultation allowed the diverse experiences of allied health assistants in various settings to be captured. Furthermore, it ensured that project outcomes will be applicable and relevant to a wide array of services and settings, promoting consistency in the scope of practice of allied health assistants working within Queensland Health.

3.0 METHODOLOGY

3.1 Consultation with literature, other projects and organisations

Both nationally and internationally, a significant body of work has been undertaken to address the growing gap between workforce capability and health care demands. Literature around the following projects has been reviewed and outcomes incorporated into the recommendations where applicable:

- Primary Care Modernisation Strategy, United Kingdom (National Health Service Lothian, 2006)
- Western Australian Therapy Assistant Project (Goodale, Spitz, Beattie, & Lin, 2007)
- Allied Health Assistant Project, ACT Health (Watson, 2004)

- Better Skills Best Care, Victoria (Victorian Government Department of Human Services, 2007)
- Community Rehabilitation Assistant Workforce Project (Community Rehabilitation Workforce Project Team, 2007)
- Queensland Aged Care Skills Formation Strategy Supply Chain Project (Turner et al., 2006)
- Practice Guidelines for Allied Health Assistants (Queensland Health, 2005)
- Delegation Decision Making Framework for Allied Health, Queensland Health (Byrne, 2006)
- Aboriginal and Torres Straight Islander (ATSI) Health Worker Career Structure Project (Queensland Health, 2007)
- Medical Radiation Skill Set Identification and Development Project (Community Services and Health Industry Skills Council, 2008; Health Outcomes International, 2008).

3.2 Consultation with industry groups and key stakeholders

Throughout the project, systematic consultation has occurred with allied health assistants, professionals, management, allied health registration boards and professional associations, the Vocational Education and Training Sector, Public Hospitals Oversight Committee including relevant health unions, Queensland Health Human Resource Division and registered training organisations (RTO). Stakeholder feedback on the project methodology and outcomes has been incorporated into the project. Records of consultation are included in Appendix III.

3.3 Consultation with workforce

3.3.1 Surveys

Two surveys were developed to consult with allied health assistants and the allied health professionals who manage or supervise them. Surveys were distributed through networks of allied health professionals in Queensland Health, including the Area Workforce Advisory Groups and the state-wide discipline heads of department groups. Each method relied on allied health professionals to distribute the survey to assistants. It was requested that hard copies of the survey be provided to allied health assistants who do not regularly access email. It is unknown how many assistants and allied health professionals received the survey, and so a true response rate cannot be calculated. As the assistant population size is known, a response rate of 25 percent was able to be estimated.

Although the survey was intended to be returned directly to the Project Officer, in some instances the surveys from assistants were returned via their line manager. This is a potential source of data contamination. Additionally, those who have stronger ideas would be more inclined to participate than those who did not, and this may have also introduced bias. The surveys were collated by the Project Officer and sent to an external research group for analysis. A full summary of the survey results is included in Appendix IV. In view of limitations in the methodology for dissemination and collection of the surveys, the results have been cautiously interpreted and applied.

3.3.2 Focus groups

The Focus Group Site Schedule is attached (Appendix V). A range of disciplines was invited to attend with 109 assistants and 123 professional attending in total. A Discussion Guide and

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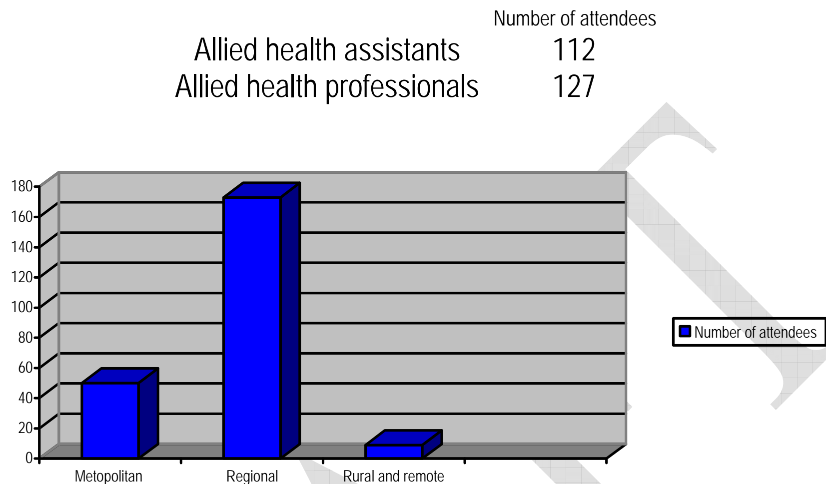
Job Activity List were developed to consult with the workforce, providing the framework around each project objective. Main points of the conversation were recorded by a co-facilitator on a whiteboard or butchers paper, and checked for accuracy by the participants throughout the session.

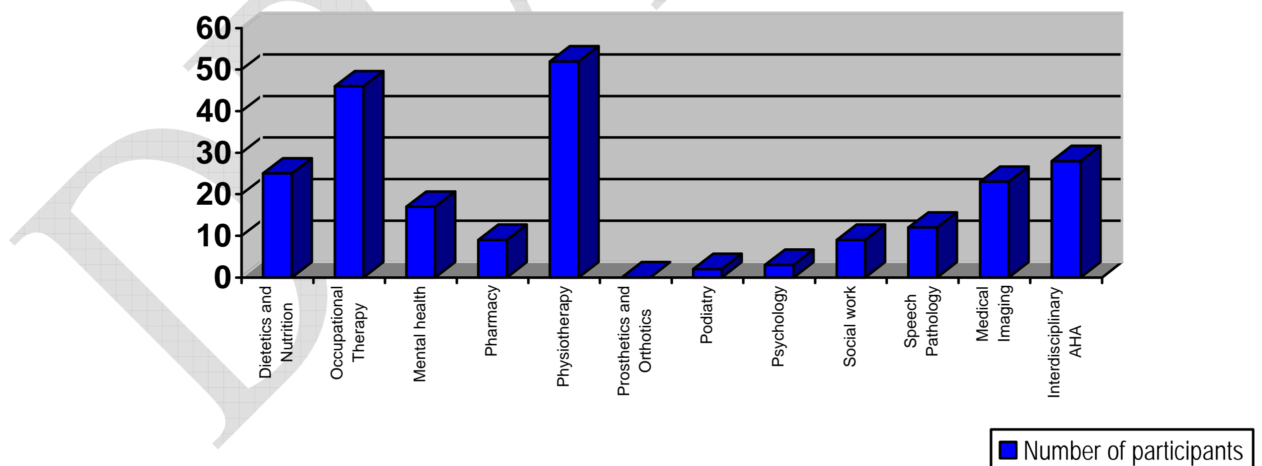
Focus group attendance data is summarised in the following tables and graph:

Focus group attendance distributions:

	Number of attendees
Allied health assistants	112
Allied health professionals	127



Focus group attendance by discipline:



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4.0 DISCUSSION

Thematic analysis of the focus group discussion notes was conducted by the Project Officer at the conclusion of all the groups. The summated focus group results are included at Appendix VI. **This discussion is a compilation of information from the focus groups, analysis of role descriptions, and review of the literature.**

4.1 Role and scope of practice

Significant variation was reported in the role and scope of practice of allied health assistants around the state.
The roles of allied health assistants can be grouped into four general categories based on the nature of the work performed;

1. Work with a specific discipline.
2. Work in acute facilities, including interdisciplinary or discipline specific caseload.
3. Work in community health settings including Advanced Community Rehabilitation Assistants.
4. Work in mental health settings.

The current scope of practice of allied health assistants lies predominantly within the parameters set out by professional association position statements (Speech Pathology Australia, 2007; Australian Physiotherapy Association, 2008; Pharmaceutical Society of Australia, 2003). Many allied health assistants are not working to the full scope of practice, and this accounts for the significant variation in roles.

Several assistant roles at various levels have been identified through the integration of focus group data, role description analysis, examination of competencies in the HLT07 training package (Community Services & Health Industry Skills Council, 2007), and examination of other frameworks for allied health support workers (Scottish Executive Health Department, 2005). Sample generic role descriptions for these positions have been developed (Appendix VII).

1. *Trainee*. At this level the role includes a higher portion of clinical support tasks as well as closely supervised patient interactions. While the assistant is in this transitional role working towards full scope of practice, they are encouraged to develop their knowledge and skills through formal and informal training. Examples of employees working to this role description include trainees and assistants who have no prior relevant experience or education.

2. *Full scope of practice*. An allied health assistant at this level has increasing skills and knowledge pertaining to clinical care, acquired through training and education. They would spend a significant portion of their time undertaking tasks directly relating to individual patient care. Desirable qualifications include a level III or IV Certificate.

3. *Extended scope of practice*. At this level, the assistant spends the majority of their time undertaking tasks that require more advanced skills and knowledge. The assistant has undertaken specialised training (to perform a specific screening assessment for example) to acquire these advanced skills. At this level the assistant may mentor less experienced allied health assistants. Desirable qualifications include a level IV Certificate and other specialised training.

4. *Allied health assistant manager*. In departments where there are sufficient numbers of assistants to generate managerial tasks, there is a role for an allied health assistant manager. In collaboration with allied health professional, the allied health assistant manager oversees recruitment, training and education, work allocation, rostering and

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quality improvement activities. Desirable formal education includes units of competency pertaining to management.

Core clinical competencies of roles:

	Level 1 (Trainee)	Level 2 (Full scope of practice)	Level 3 (Extended scope of practice)
Clinical assessment	Not part of role	Screening assessments under supervision	Standardised assessments (or part thereof) under supervision of AHP
Therapy intervention	Under direct supervision	With indirect supervision. Facilitates groups with AHP. Grades intervention within guidelines set by AHP.	With indirect supervision. Makes changes to treatment according to protocol
Documentation	With training and monitoring and use of template/guide	According to template/guide	Independent
Quality improvement	Implements under close supervision	Implements independently as delegated	Plans and implements in collaboration with AHP
Preparation of resources for therapy	May prepare individual programs or general clinical resources as directed by AHP		
Maintenance of therapy environment	Including equipment inventory, cleaning and maintenance, and cleaning in between patients		
Education	Not part of role	Provides basic education to patients under supervision of AHP	Provides education to patients or groups of patients under supervision of AHP. Primary health care education in collaboration with AHP
Referral	Not part of role	Not part of role	Refers to and liaises with health care providers within team, as well as community services under guidance of AHP
Patient observation and feedback	Not part of role	Makes general observations and provides feedback to supervising AHP	Makes clinical observations and provides feedback to immediate healthcare team
Supervision/mentoring	Not part of role	May assist with operational aspects of orientation	Provides support and mentoring to new AHA and students

Increasing independence →

Increasing time spent on clinical support tasks (Approximately 50% - 90%) →

What is not part of the current role and scope of an AHA?

Outside scope

- Full clinical assessment and interpretation
- Developing or changing treatment programs based on interpretation of clinical signs and symptoms
- Providing clinical advice to patients and their families
- Working where there is no relevant AHP to supervise

Not core components of the roles

- Ordering
- General cleaning
- Administration tasks (eg booking appointments, manning the phone, filing)
- Escorting/transporting patients

- Interventions identified by AHP as high risk and where advanced skills are needed (eg. compression therapy, electrotherapies, counselling)
- Discharge planning
- Prescription
- Triage (prioritising access to services)
- Diagnosis
- Consultation with or referral to other health professionals outside the team to which they belong
- Technical roles such as garment fabrication, equipment repair and editing recorded treatment sessions

Assistants should not spend more time on these duties than what would be expected of any other member of the health care team.

Within the parameters set out by the role description, scope of practice is fluid and depends on the setting, the experience of the clinician, the assistant, and the rapport between them, the acuity of the patient, and the level of risk involved. The Dietitians Association of Australia supports this concept and has developed a framework for defining scope of practice that can be applied to any discipline or setting (Dietetics Association of Australia, 2007) (Appendix IX). To further aid decision making with respect to delegation to assistants and their scope of practice, allied health professionals are encouraged to consider variable elements such as the task, circumstances, persons, communication, supervision, and evaluation (Byrne, 2006).

A cluster of core skills, knowledge and attributes required by allied health assistants to function within this scope of practice has been identified by the allied health workforce:

- Medical terminology
- Basic anatomy and physiology
- Knowledge of basic medical conditions
- Making patient observations
- Basic documentation and abbreviations
- Confidentiality and ethical behaviour
- Role boundaries
- Healthcare teams
- Communication
- Health systems – continuity of care
- Professional behaviour
- Prioritisation
- Quality improvement
- Knowledge of evidence based practice principles within scope of practice
- Basic computer skills
- Time management
- Equipment handling and maintenance
- Managing difficult people

4.2 Utilisation

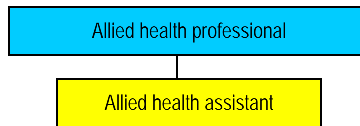
Overwhelmingly, allied health assistants report their skills could be used more optimally if they had greater opportunity for direct involvement in patient care, and spent less time on operational tasks like general cleaning, and administrative tasks such as ordering and making appointments. Additionally, the poorly defined role of an allied health assistant contributes significantly to their inappropriate and under utilisation. Inadequate and inconsistent training, lack of support, poor communication strategies, and management arrangements also impact on the effective utilisation of assistants.

The allied health workforce identified opportunities for optimal utilisation of allied health assistants including duties within the current scope, and those duties that would be considered advanced scope of practice and where further training and support may be required to achieve competence. This data is included in Appendix VI.

4.2.1 Governance structure

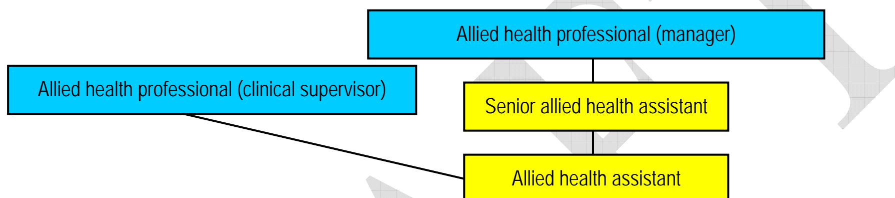
The governance of allied health assistants is associated with their effective utilisation. Allied health assistants and professionals reported the following functions, strengths and weaknesses associated with each of the models that are commonly used to manage assistants in Queensland Health.

1. Allied health professional as manager.



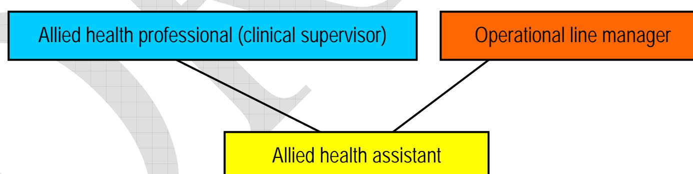
In this model the allied health professional manages all aspects of the assistant, including recruitment, Performance Appraisal and Development, work allocation and clinical supervision. The allied health professional, as manager, is well placed to appreciate and respond to the learning needs of the assistant, and to tailor work experiences according to skill and experience.

2. Allied health assistant as manager – reporting upward to an allied health professional



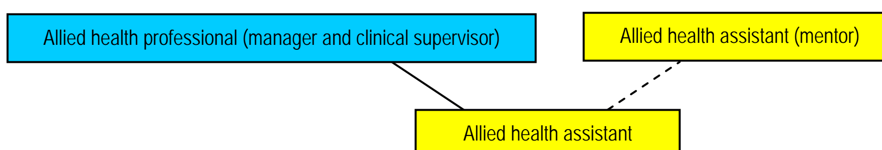
In this model the senior allied health assistant takes on some of the human resource management functions undertaken by the allied health professional in Model 1. Assistants report that this model works well when there are many assistants reporting to one professional. Clinical supervision is provided directly from an allied health professional.

3. Non allied health operational manager and allied health professional providing clinical supervision



Where this model is in operation, assistants report conflict between their professional supervisor and their operational line manager due to the differing priorities of each role.

4. Allied health assistant as mentor and allied health professional as manager and supervisor



Allied health assistants endorse the value of a mentor to help orientate them, provide work shadowing, and act as a support and advocate.

It was widely agreed by assistants and professionals that line management within an allied health department is preferable. Three functions were identified as important in the governance of allied health assistants; these being line manager, clinical supervisor, and mentor.

Whilst some of the allied health workforce sought guidelines around staffing ratios of allied health assistants to professionals, the unique requirements of different disciplines and services could not be coalesced to allow this. Managers applying principles of optimal skills mix and workload management reported that these approaches worked well.

4.3 Training, education and support

4.3.1 Formal training

There are a number of qualifications relevant to the allied health assistant workforce (Appendix VIII).

Significant concerns have been raised regarding the Certificate III and Certificate IV in Allied Health Assistance in relation to the content, delivery, and assessment methods (Appendix VI).

Whilst the allied health workforce predominantly agree that completion of a formal qualification should be a pre-requisite or condition of employment as an assistant, assistants describe time and financial limitations as barriers to study. Even so, there is a perceived need for Diploma level training courses. The formal training currently available does not adequately equip allied health assistants to perform the core job requirements as determined by the allied health workforce. Some allied health professionals believe the tertiary sector is better placed to train assistants than the VET sector, and endorse collaboration with universities as a model that could deliver training more appropriate to needs of Queensland Health.

4.3.2 Informal training

Many districts assess allied health assistants against competencies in addition to any formal qualifications the assistant may hold. Developed locally, these competencies target specific clinical areas and build on existing foundation skills and knowledge. Other training accessed by allied health assistants include courses on communication and computer skills, and Queensland Health mandatory training. Allied health assistants infrequently attend inservices as they find the topics irrelevant and do not feel welcome. They report that their access to training depends on the level of support from management, receiving information about training from allied health professionals, and the culture within the department. Assistants perceive they are disadvantaged in terms of resources allocated to them for training and development. They also report that frequently allowances are not made for them to go offline and attend relevant training, particularly if their manager does not have an allied health background. Allied health assistants report on the job training to be a valuable, convenient and relevant way of learning, and suggest that it should be recognised, validated and incorporated into nationally recognised training packages.

4.4 Career opportunities and structure

Allied health assistants report frustration at the lack of opportunity for advancement and aspire to roles with increased clinical responsibility linked to higher remuneration. Most allied health assistants working within Queensland Health either enter with a qualification or experience, or

move across from the non clinical operational stream and train on the job. The majority of allied health assistants are appointed at the 003 level. Opportunities for career advancement include management positions or recently created Advanced Community Rehabilitation Assistant positions. There are limited numbers of both of these positions, and there is no incentive to complete formal qualifications within the current structure. Within the current scope of practice there is limited opportunity for career advancement. For a more attractive career pathway to exist, advanced scope of practice roles must be developed, along with the training and education to support assistants who aspire to work in these roles.

Generally, allied health assistants are satisfied with most elements of their work, and particularly enjoy working with patients and helping others. Retention rates are high in comparison to allied health professionals, particularly in rural areas. Even so, allied health assistants reported discontent in their remuneration, low profile and lack of career progression opportunities. Some assistants who have considerable experience and drive are leaving Queensland Health to pursue jobs in the private health care sector.

5.0 RECOMMENDATIONS

Given the outcomes of the consultation undertaken for this project and the work done both nationally and internationally, the following recommendations have been identified:

Recommendations pertaining to role and scope of practice:

1. **Consistent role and scope of practice of allied health assistants across Queensland Health.**

   Discrepancies in the role and scope of practice of allied health assistants across the state results in role confusion, sub-optimal utilisation, scope creep, and low morale as assistants begin to compare their roles against each other. Consistency around the role and scope of practice will promote the profile and value of assistants and facilitate allied health professionals to have greater confidence in the assistant workforce, resulting in enhanced utilisation. Greater consistency enhances the employability of the assistant workforce, enabling more fluidity and sustainability across Districts and disciplines.

   Implementation guide

What needs to be done	Steps required	By who?
Create and test generic role descriptions (Appendix VII).	• Consult with Human Resources Branch regarding generic role description. • Identify sites suitable for testing generic role description. • Develop tools to evaluate role description and mechanisms for feedback and refinement	Allied Health Workforce Advice and Coordination Unit (AHWACU)
Market newly defined roles to the allied health workforce.	• Promote the generic role description through the Allied Health Workforce Advice and Coordination Unit website and newsletter.	AHWACU
	• Distribute role description via Directors of Allied Health and other networks.	Executive Directors of Allied Health
Commence use of generic role descriptions	• Review the roles of assistants against the role description • Use the role description template as a guide to	Allied health managers

What needs to be done	Steps required	By who?
	which a local task list is added.	
	• Collect a bank of role descriptions that can be accessed and utilised by managers	AHWACU
Consistent use of the title 'Assistant' rather than 'Aide'	• Adopt consistency in job title as positions are reviewed and readvertised.	Allied health managers
Allow structured flexibility in the role of assistants in order to meet to local requirements.	• The scope of practice framework developed by Aliakbari and Capra (2003) should be examined and endorsed by Queensland Health (Appendix IX).	Support from AHWACU
	• Reference to this framework alongside the role description will allow tailoring of the role to meet local service requirements.	Allied health managers

<u>Recommendations pertaining to optimal utilisation</u>

2. **Allied health assistants should be managed within allied health departments**

   The majority of allied health assistants within Queensland Health are managed within allied health departments. Where allied health assistants are managed by operational services rather than by allied health, inconsistencies and conflict between operational and clinical supervisors with respect to their training and support needs have been reported. Management of assistants by allied health allows for better dissemination of information, greater understanding of support, development and training needs, and targeted recruitment.

3. **Where there are sufficient numbers of allied health assistants within an allied health or discipline department, a management structure for the assistants should exist.**

   Allied health assistants identify that they benefit from an ally to support them through orientation and advocate for them with respect to training and development needs. In departments where this structure exists, staff report better workload management, more targeted professional development, and greater job satisfaction.

   Implementation guide **(recommendations 2 and 3)**

What needs to be done	Steps required	By who?
Review allied heath assistant management arrangements so assistants are managed within allied health services.	• Develop a clear governance framework outlining principles for supervision, mentoring and the management of allied health assistants.	AHWACU
Create allied health assistant management positions where numbers necessitate this.	• Using the governance framework, negotiate management arrangements to achieve this recommendation.	Directors of Allied Health
	• Consult and negotiate with unions through PHOC to gain support.	AHWACU

4. **Districts should employ strategies to maintain a sustainable assistant workforce that can respond to staffing changes and patient demand.**

   Allied health assistants describe significant workload fluctuations dependant on allied health professionals leave and meetings, and on whether allied health students are present or not. In some instances, assistants report that they absorb the therapy load of

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professionals during busy periods and when the professional is on leave. Additionally, assistants report reluctance or inability to take leave because their skill set is so specific no one else is able to backfill for them. This results in low morale, fatigue and burn out. In rural and remote areas, assistants advised they have reduced opportunity to develop specialised skills (specific to a discipline or condition) because the caseload is broad and variable.

Implementation guide

What needs to be done	Steps required	By who?
Succession planning for assistants	• Rotate assistant staff between caseloads and departments so the skill set and capability of assistants can be enhanced. • Provide opportunities for assistants to act in higher positions.	Allied health managers
Workload allocation modelling should be undertaken for allied health assistants as well as for professionals, to determine safe working capacity and distribution of workload.	• Allied Health Assistants should collect data in line with the National Allied Health Minimum Data Set • This data be utilised to inform workload allocation	AHWACU Allied Health Managers
Implement strategies to maintain the skills of rural and remote assistants	• Investigate long distance training modules including those provided in the Western Australian Therapy Assistant Project. • Promote AHPEP for assistants. • Support rural and remote assistants through telehealth, formal networks and mentoring	AHWACU

5. **Appropriate classification of positions.**

Assistants report low job satisfaction when duties include significant administrative or cleaning tasks as this is not primarily what they are appointed to do. Additionally, appointment of an allied health assistant in a role that is predominantly technical may result in sub optimal use of the skills of the assistant.

Implementation guide

What needs to be done	Steps required	By who?
Evaluate and amend assistant positions so the duties reflect the classification and the purpose of the position.	• Identify role drift • Reclassify positions where the role should more appropriately be administrative, non clinical operational or technical. • Adjust duties to achieve a greater clinical component in roles that should remain assistant roles, but have drifted to incorporate significant administrative, technical or non clinical operational tasks.	Allied health managers

6. **Full and advanced scope of practice roles for allied health assistants should be identified, trialled and evaluated.**

Within the existing scope of practice, many assistants are not utilised optimally because the tasks they could perform have not yet been identified, isolated and delegated by an

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allied health professional. Amongst assistants, job satisfaction is strongly associated with the amount of time they spend doing clinical duties.

The existing allied health workforce is increasingly incapable of meet the growing demands for services. As this trend continues, the workforce must adapt and embrace the potential for extended scope of practice for allied health assistants as a strategy to meet demands for high quality care. Allied health assistants are skilled healthcare workers whose potential to deliver health care services in extended scope of practice roles remains largely unexplored. During project consultation, some ideas for full and extended scope of practice roles were discussed and are noted at Appendix VI in the Summated Focus Group Data and Appendix X relating specifically to Breast Screen Services. In the Better Skills, Best Care program, redesigned and new roles for assistant workers resulted in outcomes including improvements in throughput, reduced length of stay, and enhanced quality and safety (Victorian Government Department of Human Services, 2007). Allied health professionals need to critically analyse their role to identify, develop and trial protocols that will allow allied health assistants a greater role in health care delivery.

Implementation guide

What needs to be done	Steps required	By who?
Identify duties that can be delegated to allied health assistants	• Develop and trial a role analysis tool that will facilitate identification of tasks that can be delegated to assistants. • Based on the data from these trials, develop protocols that clearly identify delegated duties.	AHWACU
Ensure skills mix matches service demands	• Develop a process to evaluate the service demands and skills mix required to determine the optimal mix of allied health professional and assistant staff. This may show for example, that patient needs could be met by using funding from unfilled professional positions to employ assistant staff.	AHWACU
Identify unmet service demands	• Develop a tool to analyse service demands and identify gaps between what health care services are provided compared with what patients need, to illuminate opportunities that may exist for allied health assistants to advance their role. Community access and integration is one example where an unfilled need may become an opportunity for the assistant role	AHWACU

Recommendations pertaining to training, education and support

7. **Determine an appropriate training and support framework for allied health assistants.**

The allied health workforce describe that the Certificate III and IV in Allied Health Assistance are not meeting their needs and report dissatisfaction with the course content, access to the courses, methods of delivery, burden on Queensland Health allied health professionals, and lack of rigor in assessment. Allied health professionals say that they do not trust the standard of education provided by the system, and allied health assistants

report the qualifications are academic exercises only, with little new knowledge acquired. It was reported that the training available is not relevant to clinical requirements.

The Queensland workforce is supportive of a nationally recognised qualification as a requisite to, or condition of appointment as an allied health assistant. If there was consistency in the skills of the assistant workforce, this would benefit patients who could have confidence in the level of care received. Additionally, allied health professionals report that they would have greater trust in assistants and would use them more if there was a minimum qualification. Assistants report that the barriers to engaging in formal or informal education include financial limitations, insufficient time and low motivation. They also reported that it is difficult to find out about education and training, including formal qualifications.

Currently, allied health assistants are eligible to receive an allowance on completion of a relevant qualification, payable when they reach the highest increment within their level. Allied health assistants report that the allowance is nominal compared to the actual cost of study, and as there may be a delay of several years before they can claim the allowance, it is not a motivator to study. Career pathways that allow opportunity for automatic personal progression upon attainment of skills and qualifications are favoured by allied health assistants. The ATSI career pathway and Victorian Pharmacy Technicians pathway (Health Services Union of Australia - Health and Allied Services, 2006-2009) are relevant examples.

Allied health assistants commencing with Queensland Health often have experience in other sectors such as education, community services and aged care. Skills acquired in these sectors are pertinent to the role of an assistant with Queensland Health, but often go unrecognised. Some assistants have been working alongside allied health professionals for many years, acquiring skills and knowledge through on the job learning. There is no system in place to recognise and reward the skills of these assistants.

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Implementation guide

What needs to be done	Steps required	By who?
Achieve a consistent approach to supervision of allied health assistant students during their formal training.	• Investigate supervision requirements through dialogue with RTOs, assistants and professionals. • Agree on a supervision arrangement with the RTOs, incorporating the expectations and roles of all parties. • Investigate models of supervision in Queensland Health and support requirements including training	AHWACU through dialogue with RTOs
Identify a suitable RTO that satisfies the training needs for Queensland Health allied health assistants.	• Investigate alternative Queensland and interstate providers of the qualifications and nominate a preferred provider.	AHWACU
Develop partnerships with RTOs to deliver the qualifications.	• Explore opportunities for Queensland Health to develop and deliver the qualifications in collaboration with an RTO. For example, a Queensland Health-TAFE partnership has been effective in the delivery of the Certificate III in Nutrition and Dietetic Assistance.	AHWACU
Determine if the Certificates III and IV in	• Review satisfaction with, and appraise content of	AHWACU

Allied Health Assistance meet the needs of the Queensland allied health workforce.	Certificate III and IV • Review delivery of courses at RTOs presently providing training. • Identify gaps between competencies required and available training.	
Facilitate achievement of qualifications	• Provide opportunities and support for present AHAs to undertake further qualifications.	AHWACU Allied health managers
Attract new employees to the assistant workforce to counteract attrition due to retirement.	• Facilitate entry into the assistant workforce through traineeships, cadetships and scholarships • Market career opportunities to high school students	AHWACU
Link attainment of qualifications to career advancement where possible	• Achieve agreement on a qualification based career framework through consultation with Human Resources Branch and unions.	AHWACU
Reward skills and achievements	• Ensure that allied health assistants are included in reward and recognition programs already in place within Districts.	Allied health managers

8. **Allied health assistants should be supported through mentoring, networking with other allied health assistants, clinical supervision by allied health professionals, and Performance Appraisal and Development processes.**

   Broadly speaking, allied health assistants do not feel supported at work. They are frequently isolated from the health care team as they may not attend meetings, and often they are not part of the information sharing network within the team. In many instances, assistants do not benefit from the same supervision and professional development arrangements as allied health professionals. As an allied health assistant cannot work without the supervision and direction of the professional, clinical supervision arrangements should be established before the appointment is organised. This is particularly pertinent in rural and remote areas. Many allied health assistants do not appreciate the value of formal supervision as it has never been provided to them. Allied health assistants endorse the value of a mentor (who is an assistant) for provision of work shadowing, orientation, advocating for training, and defining role boundaries. In some districts allied health assistants meet together formally and promote this as an opportunity for networking, sharing information and developing their profile and role. Allied health assistants report that they need encouragement and support to engage in professional development, and they wish to be included as a valued member of the teams to which they belong through attendance at team or departmental meetings.

9. **Changes to the culture and attitudes of allied health professionals towards the assistant workforce.**

   Allied health assistants are considered an adjunct to, rather than an integral component of the health care team. Assistants describe they are often delegated the menial tasks or odd jobs, and may carry the flow on effects of a disorganised therapist who cannot prioritise effectively. Further, it was reported by assistants that in some cases allied health professionals may not delegate because of lack of trust, poor awareness of their scope of practice, fear of retribution if role boundaries are breached, or because the professional has limited skills or time for delegation and supervision of allied health assistants. The power balance in the relationship between allied health professionals and assistants

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heavily favours allied health professionals. Assistants seek a more collaborative and collegial relationship.

10. **Allied health assistants desire greater recognition of their contributions to health care through a stronger presence, profile and identity**

The contribution of the assistant workforce to healthcare is undervalued, both by allied health professionals and by the assistants themselves who do not recognise the vital role they have. With a view to providing quality allied health care services into the future through optimal use of the workforce, the presence and profile of assistant roles need to be enhanced it becomes apparent how critical they are. Some allied health professionals report frustration when assistants have limited understanding of their accountability to the patient.

Implementation guide (recommendations 8, 9, 10)

What needs to be done	Steps required	By who?
Inclusion of assistants as valued members of the team	• Attendance at team and departmental meetings, professional development, as well as case conferences and family meetings where appropriate • Develop communication strategies to ensure allied health assistants receive all relevant information. For example, inclusion in team mailing lists. • Support integration of the assistant role into clinical teams.	Allied health managers
Support allied health assistants	• Ensure allied health assistants have regular clinical supervision, as well as meetings with their operational line manager who would oversee their Performance Appraisal and Development • Make arrangements for allied health assistants to receive mentoring by a more experienced assistant	Allied health managers
Facilitate allied health assistant networks	• Support allied health assistants to network and provide professional development with each other in formal meetings based on the framework developed by the Community Rehabilitation Project Team. • Set up a formal allied health assistant network, supported by telehealth and group email services	Allied Health Managers and allied health assistants
Arrange appropriate supervision	• Where there is no allied health professional readily accessible and able to supervise the assistant, clinical supervision should be negotiated from another facility or service, utilising telehealth to facilitate this supervision if necessary	Allied health managers
Enhance allied health professionals' skills in supervising and delegating to assistants	• Identify what skills are required to supervise assistants. • Assess and adapt existing resources including The Queensland Health Clinical Supervision Training Package and The Principles of Clinical Supervision Package developed by the Community Rehabilitation Assistant Workforce	Allied health managers and professionals

	Project. • Dialogue with the universities regarding the provision of this training.	
Facilitate a change in culture that embraces workforce reform	• Develop a culture change management toolkit using the Community Rehabilitation Workforce Project Change Management Toolkit as a starting point.	AHWACU
	• Change management strategies could be incorporated into local processes (such as educating professionals during orientation)	Allied health managers
Facilitate associate membership of assistants with professional associations for greater profile, and opportunities for networking and professional development.	• Consult with professional associations.	AHWACU

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Recommendations pertaining to career opportunities

11. **The classification and remuneration level of allied health assistants should be reviewed.**

Allied health assistants believe their remuneration is not commensurate with their role. They believe that there is disparity between the pay levels and roles of Advanced Community Rehabilitation Assistants as compared with other assistants. There is dissatisfaction amongst allied health assistants regarding their remuneration as it compares poorly to the administration stream as well as non clinical operational staff who do shift work. Allied health assistants unanimously identify with allied health rather than with the operational stream and would prefer that their classification reflects this.

Implementation guide

What needs to be done	Steps required	By who?
Evaluate which stream/award allied health assistants would most appropriately be positioned	• Consult with Human Resources Branch and unions prior to next enterprise bargaining negotiations.	AHWACU

12. **Pathways allowing allied health assistants the opportunity to become allied health professionals should be developed.**

Some assistants aspire to become allied health professionals but cite lack of opportunity and pathways as the main reason why they do not pursue this option. Consistent with the findings of the Cadetship Project, financial inability was also frequently mentioned as a barrier to tertiary study.

Implementation guide

What needs to be done	Steps required	By who?
Develop an articulated training pathway for assistants to become professionals	• Define and trial advanced scope of practice roles. • Collaboratively develop Diploma level qualifications.	AHWACU

- Promote training schemes that facilitate progression.
- Provide support for training pathways
- Develop partnerships with tertiary sector to deliver qualifications.

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APPENDIX I

Headcount Assistant Workforce Staff - Operational Stream January 2008

	Cairns and Hinterlands	Cape York Dhs	Central Pharmacy	Central Queensland	Central West Dhs	Fraser Coast Dhs	Gold Coast Dhs	Mackay	Mt Isa Dhs	Northern Area Health-Ba	Northside	Princess Alexandra Hosp & Dhs	Royal Brisbane & Womens Hospital Hsd	Royal Children's Hospital Dhs	South West	Southside	Sunshine Coast and Cooloola	Toowoomba and Darling Downs	Torres Strait and Northern Peninsula	Townsville	West Morteton South Burnett	Wide Bay	
Community Health Aide	-	-	-	1	-	-	-	-	-	-	1	-	-	1	-	3	-	-	-	3	-	-	9
Diet Aide	-	-	-	-	-	1	1	-	2	-	6	14	23	6	-	11	6	1	-	3	-	3	77
Dietetics	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	2
Occup Therapy Assit/Aide	-	-	-	2	-	3	4	4	1	-	4	6	12	-	-	6	1	4	-	3	-	4	54
Pharmacy Assistant	9	-	2	11	-	4	13	2	2	-	16	21	-	5	1	20	15	14	1	21	7	-	164
Physiotherapy Assistant	4	-	-	-	-	5	3	3	-	-	12	17	17	3	-	3	6	4	-	1	4	5	87
Speech Therapy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2
Therapy Assistant & Aide	7	-	-	8	-	-	7	1	-	-	12	7	-	1	4	11	6	2	-	14	22	2	104
Trainee Allied Hlth Assis	-	-	-	2	-	-	-	1	-	-	-	-	-	2	-	-	-	1	-	-	-	1	7
Medical Imaging Assit/Operators	1	-	-	-	-	-	11	-	-	-	6	5	9	-	-	6	8	-	-	3	2	1	50
Totals	21	0	2	23	0	13	39	11	5	0	59	70	61	18	5	60	42	26	1	48	37	22	563

Source: DSS Workforce Management Cube, accessed Jan 2008

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APPENDIX II

Job titles included and excluded under the project scope

(Extracted from Queensland Health Payroll System, January 2008.)

Including:

- Community Health Aides
- Diet Aides
- Dietetics
- Occupational Therapy Assistants/Aides
- Pharmacy Assistants
- Physiotherapy Assistants
- Speech Therapy Assistants/Aides
- Therapy Assistants and Aides
- Trainee Allied Health Assistants
- Medical Imaging Assistants
- Dark Room Attendants
- Imaging Operators (Breast Screen)

Excluding:

- Audiometrists
- Clinical Measurement Assistants
- Dental Assistants
- Pathology Assistants
- Senior Dental Assistants
- Technician – Laboratory
- Trainee Dental Assistants
- Recreation Officer

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APPENDIX III

Records of Stakeholder Consultation

Consultation with workforce in addition to focus groups and surveys

Between:	Pertaining to:
Project Officer and District Directors of Allied Health	Fact Sheet distributed to workforce via Directors of Allied Health in each District Discussed project and coordinated focus groups in Districts Provided feedback on participation in consultation process for each District
Project Officer and attendees of Workforce Advisory Group Meetings	Attended Southern, Central and Northern Area meetings to provide information regarding project and field enquiries.
Project Officer and attendees of Southern Area Workforce Development Officer Meeting	Attended and provided information pertaining to project.
Project Officer and Discipline Representative network within Queensland Health	Distributed information on the project including Fact Sheet
Project Officer and attendees at Pharmacy Technicians Workshop (29.7.08)	Presented overview of project including preliminary findings.
MIA Project Officer and QH Breast Screen and Radiography representatives	Discussed MIA Concept Brief and Project Plan
MIA Project Officer and attendees of Breast Screen Managers and Directors Meeting	Presentation of Concept Brief
MIA Project Officer and Change Managers for Digital Planning and Implementation Project (Breast Screen)	Discussed Breast Screen Organisational Change Management Strategy

Vocation Education and Training Sector Consultation

Between:	Pertaining to:
Project Officer and Sunshine Coast TAFE (9.7.08)	Details of Certificate III and Certificate IV in Allied Health Assistance particularly with respect to content and delivery methods.
Project Officer and Health and Community Services Workforce Council Inc	Discussed details of project and learned about other relevant projects
Project Officer and NTIS	Information accessed via website: http://www.ntis.gov.au/
Project Officer and CS&H Industry Skills Council	Information accessed via website: http://www.cshisc.com.au/index.php

Consultation with peak professional bodies

Between:	Pertaining to:
Project Officer and professional associations	Discussed project and requested position statement on the role of support staff. Accessed position statements from websites.
Project Officer and Jim O'Dempsey (Chief Officer, Registration Boards)	Discussed and sent Fact Sheet for dissemination to Boards
Project Officer and Queensland Council of Allied Health Professionals	Distributed Fact Sheet on project via Aloysa Hourigan – Chair of Queensland Council of Allied Health Professionals
MIA Project Officer and Association of Medical Radiation Directors Queensland (AMRDQ)	Discussed Concept Brief at inception of the MIA Project.
Project Officer and professional	Draft Discussion Paper sent for comment

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associations via AHWACU

Union consultation, in addition to Steering Committee Meetings

Between:	Pertaining to:
Project Officer and members of Public Hospitals Oversight Committee	Attended PHOC meetings, providing updates regarding project and discussing any queries from members.

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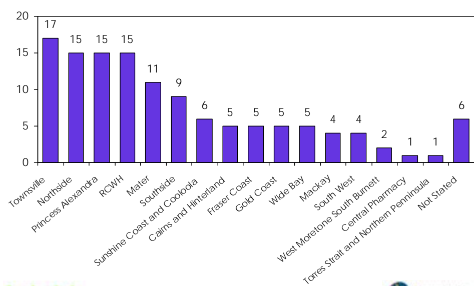
APPENDIX IV

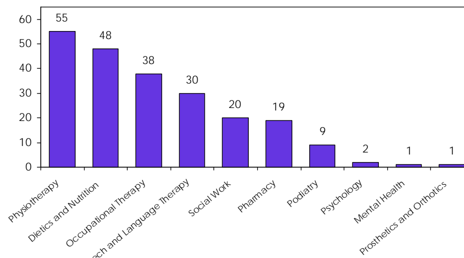
Survey responses – Allied health assistants

Response Levels by District



Base: All respondents (n=126) 4

Response Levels by Discipline



Base: All respondents (n=126) 5

Pay Grade Level by District

	Cairns and Hinterland	Central Pharmacy	Fraser Coast	Gold Coast	Mackay	Mater	Northside	Princess Alexandra Hospital	RBWH	South West	Southside	Sunshine Coast and Cooloola	Toowoomba and Darling Downs	Wide Bay	Townsville	West Moreton, South Burnett	Not Stated	TOTAL
001's	1																	1
002's	1							4	2		1				2		1	11
003's	3	1	5	5	4	9	15	11	10	2	8	6	1	5	10	2	4	101
004's						1			2	2					5		1	11
005's									1									1
Total	*5*	*1*	*5*	*5*	*4*	*10*	*15*	*15*	*15*	*4*	*9*	*6*	*1*	*5*	*17*	*2*	*6*	*125*

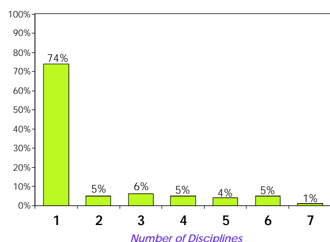
Base: All respondents (n=126) 6

Pay Grade Level by Discipline

	Dietics and Nutrition	Occupational Therapy	Mental Health	Pharmacy	Physiotherapy	Podiatry	Prosthetics and Orthotics	Psychology	Social Work	Speech and Language Therapy	Other	Total	TOTAL ASSISTANTS (ACTUAL)
001's		1			1				1			3	1
002's	7			4						1		12	11
003's	38	30	1	13	46	7	1	2	18	25	2	183	102
004's	3	6		2	7	2			1	4		25	11
005's					1							1	1
Total	*48*	*37*	*1*	*19*	*55*	*9*	*1*	*2*	*20*	*30*	*2*	*224*	*126*

Base: All respondents (n=126) 7

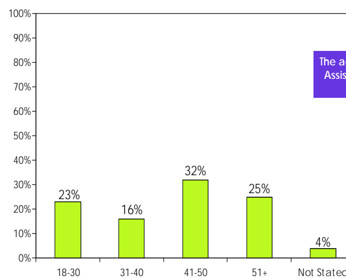
Percentage of Assistants across Multiple Disciplines



On average, each assistant works across 1.8 disciplines. The majority (74%) however, only work across a single discipline.

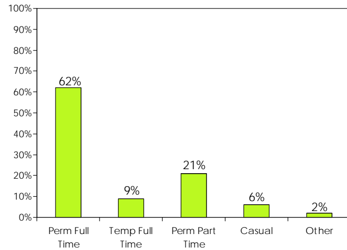
Base: All respondents (n=126) 8

Age Profile



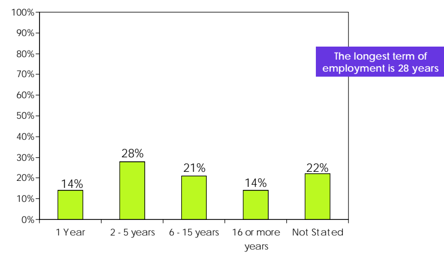
Base: All respondents (n=126) 9

Employment Status

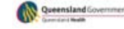


footprints Base: All respondents (n=126) 10

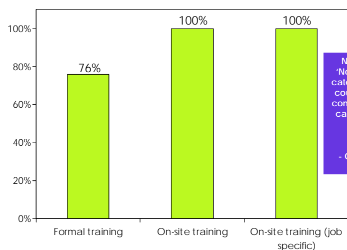
Length of Employment as Assistant



footprints Base: All respondents (n=126) 11



Education Profile



No option provided for 'None' for on-site training categories. Non – response could indicate no training completed. If this were the case, levels would still be high at:

- On-site – 98%
- On-site (job specific) – 93%

Base: All respondents who completed question: Formal (n=118); On-site (n=123); On-site, job specific (n=117)

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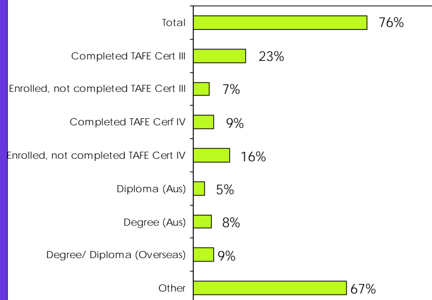
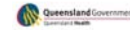
Formal Training Completed



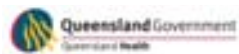
footprints Base: All respondents who completed question: Formal (n=118) 13



Formal Training completed by Age Group

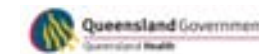
	18-30	31-40	41-50	51+
Completed TAFE Certificate III	19%	24%	28%	14%
Enrolled but have not completed TAFE III	8%	10%	8%	0%
Completed TAFE Certificate IV	4%	10%	10%	7%
Enrolled but have not completed TAFE Cert IV	15%	29%	13%	11%
Diploma (Completed in Aus)	4%	5%	0%	11%
Degree (Completed in Aus)	27%	0%	0%	7%
Degree/ Diploma (Completed overseas)	4%	10%	5%	11%
No formal training	19%	14%	23%	39%
Other	62%	71%	69%	64%

footprints 14



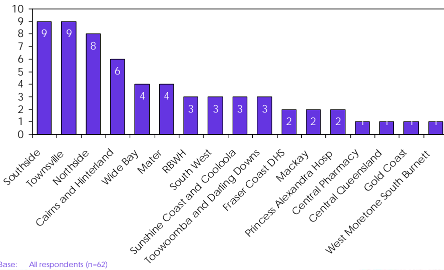
On-site Training Completed

footprints Base: All respondents who completed question: On-site (n=123) 15



Survey responses – Allied health professionals

Level of Response by District



4

Level by District

	Cairns and Hinterland	Central Pharmacy	Fraser Coast	Gold Coast	Mackay	Mater	Northside	Princess Alexandra Hospital	RBWH	South West	Southside	Sunshine Coast and Cooloola	Toowoomba and Darling Downs	Wide Bay	Townsville	West Moreton, South Burnett	TOTAL
002's	1					0.8	2.6		10		.2	.4			2		17
003's	5.5	1.5	3.5	5	1.8	14.4	29.6	15	22.5	5	20.1	12.1	4	7	24.4	.3	171.7
004's	1			1		1	1		1	1	1				6.6		13.6
005's									1								1
Total	*7.5*	*1.5*	*3.5*	*6*	*1.8*	*16.2*	*33.2*	*15*	*34.5*	*6*	*21.3*	*12.5*	*4*	*7*	*33*	*.3*	*203.3*

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Discipline by District

	Cairns and Hinterland	Central Pharmacy	Fraser Coast	Gold Coast	Mackay	Mater	Northside	Princess Alexandra Hospital	RBWH	South West	Southside	Sunshine Coast and Cooloola	Toowoomba and Darling Downs	Wide Bay	Townsville	West Moreton, South Burnett	TOTAL
Generic	3						6			4	1				3		17
Dietics and Nutrition	1.4		0.5			9.4	2	12			7.2	5	3	1	4		45.5
Food Services						1.8									3		4.8
Occupational Therapy	2	1.5		6	.8	1.6	2.6	3			1.6				3		22.3
Pharmacy	1						14.3		14	1	8.8			1	18		58.1
Physiotherapy			3		1	3.4	6		13.5		2.1	7.1	1	3	1		41.1
Speech Pathology									6		0.4				1	0.3	7.7
Other							2.1		1	1	.2	.4		2			6.7
Total	*7.4*	*1.5*	*3.5*	*6*	*1.8*	*16.2*	*33. 2*	*15*	*34.5*	*6*	*21.3*	*12.5*	*4*	*7*	*33*	*0.3*	*203.2*

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APPENDIX V

Focus group site schedule

District	Date	Venue	Facilitator	Session times	Nominated local contact
PAH	Monday 16th June	PAH	Michelle Stute Susan Barron-Hamilton	10.30-12.30(AHA) 1.00-3.00 (AHP)	Angela Wood
RCH	Wednesday 18th June	RCH	Michelle Stute Susan Barron-Hamilton	10.30-12.30 (AHP) 1.00-3.00 (AHA)	Nancy Hoyes Brett Meaclem
Cairns and Hinterland HSD and Mt Isa HSD	Monday 23rd June	Cairns	Michelle Stute	10.30-12.30 (AHP) 1.00+-3.00 (AHA)	Jo Sobb
Townsville HSD	Tuesday 24th June	Townsville	Susan Barron-Hamilton	12.00-2.00 (AHA) 2.30-4.30 (AHP)	Robyn Adams
Mackay HSD	Wednesday 25th June	Mackay	Susan Barron-Hamilton	9.30-11.30 (AHP) 11.30-1.30 (AHA)	Marianne Finocchi
Central QLD HSD	Thursday 26th June	Rockhampton	Susan Barron-Hamilton	10.30-12.30 (AHP) 1.00-3.00 (AHA)	Glenn Austin
Toowoomba and Darling Downs HSD	Tuesday 1st July	Toowoomba	Michelle Stute Susan Barron-Hamilton	10.30-12.30 (AHP) 1.00-3.00 (AHA)	Robyn Maqueen
RBWH HSD	Wednesday 2nd July	RBWH	Michelle Stute Susan Barron-Hamilton	10.30-12.30 (AHP) 1.00-3.00 (AHA)	Giovanna Tornatore
West Moreton/South Burnett HSD	Thursday 3rd July	Ipswich	Michelle Stute Susan Barron-Hamilton	10.30-12.30 (AHA) 1.00-3.00 (AHP)	Louise Van Evry
Northside HSD	Friday 4th July	TPCH	Michelle Stute Susan Barron-Hamilton	10.30-12.30 (AHP) 1.00-3.00 (AHA)	Madeline Avci
Gold Coast HSD	Monday 7th July	Gold Coast	Michelle Stute Susan Barron-Hamilton	10.30-12.30 (AHP) 1.00-3.00 (AHA)	Melissa Slipper
Sunshine Coast HSD	Tuesday 8th July	TBC	Michelle Stute Susan Barron-Hamilton	10.30-12.30 (AHP) 1.00-3.00 (AHA)	Karen Malcolm
The Park	Wednesday 9th July	The Park	Michelle Stute	10.30-12.30 (AHP) 1.00-3.00 (AHA)	Jenny Hearle

Interview sites for Breast Screen only

BreastScreen	Monday 28th July	QEII Hospital	Susan Barron-Hamilton	09.30am – 11.30am	Christine Galbraith
BreastScreen	Wednesday 30th July	Bundaberg Hospital	Susan Barron-Hamilton		Kathy Simlar
BreastScreen	Friday 1st August	GoldCoast	Susan Barron-Hamilton	12.00 – 02.00pm	Ellen Dooris
BreastScreen	Monday 4th August	Ipswich	Susan Barron-Hamilton	09.30am – 11.30am	Maureen Kennedy

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APPENDIX VI

Summated Focus Group Data

Opportunities for optimal use of allied health assistants (AHA)

- 7 day therapy programs. Providing rehabilitation on weekends and public holidays where evidence indicates this will result in better patient outcomes and shorter length of stay.
- Involvement in primary health interventions such as service promotion and prevention programs
- Screening for referrals based on demographic data or through the use of screening tests
- Bridging the continuum of care through home based therapy and follow up after discharge
- Monitoring treatment programs according to protocol
- Following up clients/patients after last episode of care or discharge
- Conducting standardised screening assessments and outcome assessments
- Facilitating group programs
- Working alongside part-time professional to boost the capacity of allied health services
- Maintenance therapy programs for long stay hospital patients
- Enhanced role in quality improvement activities
- Involvement in some aspects of supervising professional and assistant student placements

Barriers to optimal use of allied health assistants

- Lack of clarity around the role of assistants
- Allied health professionals (AHP) rely on AHA to cover the patient therapy load when on leave or at meetings
- AHA have a very specific skill set and cannot cover each other so they can take leave.
- AHA do not have an advocate – someone to help with orientation, training and support
- AHP may have limited skills in delegating and supervising AHA, or may have limited time to do this.
- AHA do not receive enough support on the job
- AHA role changes depending on student presence and capacity
- AHA may be geographically isolated from AHP or may not have access to AHP for supervision
- AHA may not be included as part of the multidisciplinary team or department
- There is often no strategy to communicate with AHA
- AHP may have poor understanding of risk management in delegation – as a result AHP does not delegate to AHA for fear of reprisal/negative outcome
- AHP do not have time to educate AHA
- AHA may absorb poor time management and prioritisation by AHP
- Poor communication within the multidisciplinary team results in poor utilisation of the AHA
- Teams and departments have insufficient administrative, technical and operational support
- AHP do not trust AHA enough to delegate clinical work
- AHA are used unequally by disciplines in a team because the assistant does not understand the full scope of their role
- AHA often do not have an allocated desk space and may not be located with the rest of the team– this affects their output capacity
- AHA may not have skills or motivation to learn how they can be used more effectively
- AHP rotate through positions and do not learn how to best utilise the AHA in each position
- Management of AHA by non allied health results in deskilling and poor utilisation.
- Services have not taken the time to step back and consider strategic directions to better patient care.
- Assistants deskill in rural/remote areas where they may not see enough cases to become competent.

Strategies for optimal use of allied health assistants

- AHP need greater understanding of role of AHA
- AHA need better training and orientation about their role so they understand their scope of practice
- Rotating through other clinical areas would result in improved job satisfaction and enhanced skill mix
- The relationship between assistants and professionals should be more collaborative and less authoritarian
- AHP require training in how to delegate to and supervise AHA to best utilise their skills
- AHA need supervision from both the AHP who they work with and their line manager
- AHA role should remain unchanged even if a student is present
- AHP need training/support in delegation and assessing/managing risk
- Inclusion of AHA in team meetings, case conferences, family meetings etc where appropriate
- AHA need standardised training and role description.
- AHA need to understand their duty of care and accountabilities

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Content, delivery and assessment in Certificate III and IV in Allied Health Assistance

	Concerns
	AHA who have been working for some time report they do not learn anything from both Cert III and IV – they describe it as an academic exercise rather than a real learning opportunity
	There is insufficient practical content in the Certificate IV.
	There is insufficient specialised clinical training in the courses.
Content of courses	AHP are displeased about some of the competencies being taught as they believe they are within the exclusive domain of the AHP. (For example, electrotherapies)
	AHP have not had sufficient involvement in developing the learning modules. AHP report that the language in the modules is incorrect and they have been poorly written.
	There are gaps between what competencies are provided and what competencies are required.
	Queensland Health cannot expect a minimum standard from someone who has done course
	The registered training organisations (RTO) are poorly organised.
	Competencies cannot be effectively taught or assessed if there is no AHP at facility.
Delivery methods	AHP believe they should have greater involvement in delivering the courses.
	AHP report they are carrying the teaching burden for the courses and that this supervision and teaching workload has not been considered. They would prefer that the RTO deliver more of the course content rather than relying on Queensland Health.
	The RTOs do not regulate how much experience and what quality of experience the AHA is really getting.
Assessment of competencies	The assessment processes lack rigour. Often the AHP assesses the student as incompetent after the RTO has certified them as competent.

DRAFT

Consultation draft only
Without prejudice
Not for broader distribution

APPENDIX VII

Role Descriptions

Type name of Area/District/Division/Branch or insert approved crest here (optional)

DRAFT

Job ad reference:	
Role title:	Allied Health Assistant
Status:	
Unit/Branch:	
Division/District:	
Location:	
Classification level:	Level 1 - Trainee
Salary level:	
Closing date:	
Contact:	
Telephone:	
Online applications:	www.health.qld.gov.au/workforus or http://smartjobs.govnet.qld.gov.au
Fax application:	
Post application:	
Deliver application:	

About our organisation

Queensland Health's mission is 'creating dependable health care and better health for all Queenslanders'. Within the context of this organisation, there are **four core values** that guide our behaviour:

- Caring for People: Demonstrating commitment and consideration for people in the way we work.
- Leadership: We all have a role to play in leadership by communicating a vision, taking responsibility and building trust among colleagues.
- Respect: Showing due regard for the feelings and rights of others.
- Integrity: Using official positions and power properly.

Purpose of role

An Allied Health Assistant contributes to patient care through the provision of clinical support tasks under the direction and supervision of an allied health professional.

Staffing and budget responsibilities

Nil

Key accountabilities

Fulfil the accountabilities of this role in accordance with Queensland Health's core values, as outlined above

Clinical Practice:

- Assist in the provision of treatment to patients under direct supervision by, and as prescribed by the allied health professional.
- Prepare individual or generic treatment resources as directed by the professional.
- Maintain the treatment environment including equipment inventory, cleaning and maintenance, as well as room preparation.

Communication/Team Participation:

- Contribute to patient records according to organisational guidelines, within guidelines provided by the supervising professional.
- Participate as a member of a multi-disciplinary team, contributing to team meetings, case conferences and patient care planning meetings as directed by the allied health professional.

Leadership/Work Unit Management:

- Participate in quality improvement activities as delegated.
- Undertake ongoing training and development activities.

Qualifications/Professional registration/other requirements

Although there is no mandatory qualification, as a trainee willingness to enrol and complete a related Certificate Course within an appropriate time-frame may be a condition of employment.

Relevant qualifications include but are not limited to:

- Certificate III in Allied Health Assistance
- Certificate III Dietetics and Nutrition
- Certificate III in Hospital/Health Services Pharmacy Support
- Certificate III in Prosthetic/Orthotic Technology
- Certificate III in Community Services Work
- Certificate III in Aged Care Work
- Certificate III in Home and Community Care Work
- Certificate III in Disability Work

Key skill requirements/competencies

- Ability to rapidly acquire and apply knowledge of the healthcare system, medical terminology and general medical conditions in a clinical support role.
- Ability to communicate effectively and work collaboratively as part of the healthcare team within limitations of role.
- Commitment to ethical behaviour, ongoing learning, quality improvement and self management.

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- Computer literacy and ability to manage the clinical treatment environment including equipment.

Duties do NOT include:

- Conducting and interpreting clinical assessments
- Developing or changing treatment programs
- Providing interpretive/clinical advice to patients or their families
- Working without the direction and supervision of the relevant allied health professional
- Triage (prioritising access to services) and wait list management
- Referral to other health professionals
- Discharge planning
- Interventions identified by allied health professionals as high risk or where advanced clinical skills are required, such as electrotherapies, compression therapy and counselling.
- Interpretation of clinical signs and symptoms

How to apply

Please provide the following information for the panel to assess your suitability:

- **A short response** (maximum 1–2 pages total) on how your experience, abilities, knowledge and personal qualities would enable you to achieve the key accountabilities and meet the key skill requirements.
- **Your current CV or resume, including referees**. Referees should have a thorough knowledge of your work performance and conduct, and it is preferable to include your current/immediate past supervisor. Referees will only be contacted with your consent.
- **Application form** (only required if not applying online).

About the Health Service Area/District/Division/Branch/Unit

Visit the Area/District/Division website: *insert web address*

Pre-Employment screening

Pre-employment screening, including a criminal history check, may be undertaken on persons recommended for employment. Please refer to the Information Package for Applicants for details of employment screening and other employment requirements.

Health professional roles involving delivery of health services to children and young people *(delete this heading if not applicable)*

(Insert statement here if applicable)

DRAFT

Queensland Government
Queensland Health

Type name of Area/District/Division/Branch/Unit or insert approved crest here (optional)

Job ad reference:	
Role title:	Allied Health Assistant
Status:	
Unit/Branch:	
Division/District:	
Location:	
Classification level:	Level 2 – Full Scope of Practice
Salary level:	
Closing date:	
Contact:	
Telephone:	
Online applications:	www.health.qld.gov.au/workforus or http://smartjobs.govnet.qld.gov.au
Fax application:	
Post application:	
Deliver application:	

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- Leadership: We all have a role to play in leadership by communicating a vision, taking responsibility and building trust among colleagues.
- Respect: Showing due regard for the feelings and rights of others.
- Integrity: Using official positions and power properly.

Purpose of role

An Allied Health Assistant contributes to patient care through the provision of clinical support tasks under the direction and supervision of an allied health professional.

Staffing and budget responsibilities

Nil

Key accountabilities

Fulfil the accountabilities of this role in accordance with Queensland Health's core values, as outlined above

Clinical Practice:

- Assist in the provision of clinical screening and outcome assessments under supervision from an allied health professional.

- Assist in the provision of treatment to patients as prescribed by the allied health professional, with indirect supervision, including group facilitation and grading interventions according to guidelines set by the professional.

- Prepare individual or generic treatment resources as directed by the allied health professional.

- Maintain the treatment environment including equipment inventory, cleaning and maintenance, as well as room preparation.

- Provide basic education to patients or groups of patients in collaboration with allied health professional.

Communication/Team Participation:

- Contribute to patient records according to organisational guidelines, within parameters prescribed by the professional.

- Participate as a member of a multi-disciplinary team, contributing to team meetings, case conferences and patient care planning meetings as directed by the allied health professional.

Leadership/Work Unit Management:

- Participate in quality improvement activities as delegated.

- Undertake ongoing training and development activities.

Qualifications/Professional registration/other requirements

Whilst not mandatory, a relevant qualification would be well regarded. Willingness to enrol and complete a related Certificate Course within an appropriate time-frame may be a condition of employment.

Relevant qualifications include but are not limited to:

- Certificate III in Allied Health Assistance
- Certificate III Dietetics and Nutrition
- Certificate III in Hospital/Health Services Pharmacy Support
- Certificate III in Prosthetic/Orthotic Technology
- Certificate III in Community Services Work
- Certificate III in Aged Care Work
- Certificate III in Home and Community Care Work
- Certificate III in Disability Work

Key skill requirements/competencies

- Demonstrated ability to apply knowledge of the healthcare system, medical terminology and general medical conditions in a clinical support role.

- Demonstrated ability to communicate effectively and work collaboratively as part of the healthcare team within boundaries of role.

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- Demonstrated commitment to ethical behaviour, ongoing learning, quality improvement and self management.
- Demonstrated computer literacy and ability to manage the clinical treatment environment including equipment.

Duties do NOT include:

- Conducting and interpreting clinical assessments (excluding specific screening and outcome assessments)
- Developing or changing treatment programs (excluding grading treatment within prescribed parameters).
- Providing interpretive/clinical advice to patients or their families
- Working without the direction and supervision of the relevant allied health professional
- Triage (prioritising access to services)
- Referral to other health professionals
- Discharge planning
- Interventions identified by allied health professionals as high risk or where advanced clinical skills are required, such as electrotherapies, compression therapy and counselling.
- Interpretation of clinical signs and symptoms
- Group facilitation where there is no allied health professional present

How to apply

Please provide the following information for the panel to assess your suitability:

- **A short response** (maximum 1–2 pages total) on how your experience, abilities, knowledge and personal qualities would enable you to achieve the key accountabilities and meet the key skill requirements.
- **Your current CV or resume, including referees**. Referees should have a thorough knowledge of your work performance and conduct, and it is preferable to include your current/immediate past supervisor. Referees will only be contacted with your consent.
- **Application form** (only required if not applying online).

About the Health Service Area/District/Division/Branch/Unit

Visit the Area/District/Division website: *insert web address*

Pre-Employment screening

Pre-employment screening, including a criminal history check, may be undertaken on persons recommended for employment. Please refer to the Information Package for Applicants for details of employment screening and other employment requirements.

DRAFT

Queensland Government
Queensland Health

Type name of Area/District/Division/Branch/Unit or insert approved crest here (optional)

Job ad reference:	
Role title:	Allied Health Assistant
Status:	
Unit/Branch:	
Division/District:	
Location:	
Classification level:	**Level 3 – Extended scope of practice**
Salary level:	
Closing date:	
Contact:	
Telephone:	
Online applications:	www.health.qld.gov.au/workforus or http://smartjobs.govnet.qld.gov.au
Fax application:	
Post application:	
Deliver application:	

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- Leadership: We all have a role to play in leadership by communicating a vision, taking responsibility and building trust among colleagues.
- Respect: Showing due regard for the feelings and rights of others.
- Integrity: Using official positions and power properly.

Purpose of role

An Allied Health Assistant contributes to patient care through the provision of clinical support tasks under the direction and supervision of an allied health professional.

Staffing and budget responsibilities

Nil

Key accountabilities

Fulfil the accountabilities of this role in accordance with Queensland Health's core values, as outlined above

Clinical Practice:

- Assist in the provision of standardised clinical assessments, including screening and outcome assessments under guidance of an allied health professional.
- Assist in the provision of treatment to patients as prescribed by the allied health professional, with indirect supervision, including group facilitation and making changes to treatment according to protocols.
- Make clinical observations of patients, and feedback to supervising allied health professional and immediate healthcare team
- Prepare individual or generic treatment resources as directed by the professional.
- Maintain the treatment environment including equipment inventory, cleaning and maintenance, as well as room preparation.
- Provide basic education to patients or groups of patients as directed by allied health professional.

Communication/Team Participation:

- Contribute to patient records according to organisational guidelines.
- Participate as a member of a multi-disciplinary team, contributing to team meetings, case conferences and patient care planning meetings as advised by the allied health professional.
- Refer to and liaise with health care providers within the immediate team as well as community services under direction of the allied health professional

Leadership/Work Unit Management:

- Participate in quality improvement activities as delegated.
- Undertake ongoing training and development activities.
- Provide support and mentoring to new allied health assistants and students.

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Qualifications/Professional registration/other requirements

Whilst not mandatory, a relevant qualification would be well regarded. Willingness to enrol and complete a related Certificate Course within an appropriate time-frame may be a condition of employment.

Relevant qualifications include but are not limited to:
- Certificate IV in Allied Health Assistance
- Certificate IV in Hospital/Health Services Pharmacy Support
- Certificate IV in Community Services Work
- Certificate IV in Aged Care Work
- Certificate IV in Disability Work
- Diploma of Disability Work
- Certificate IV in Mental Health Work
- Certificate IV in Community Services (Information, Advice and Referral)

Key skill requirements/competencies

- Demonstrated ability to apply knowledge of the healthcare system, medical terminology and general medical conditions in a clinical support role.

- Demonstrated ability to communicate effectively and work collaboratively as part of the healthcare team.

- Demonstrated commitment to ethical behaviour, ongoing learning, quality improvement and self management.

- Demonstrated computer literacy and ability to manage the clinical treatment environment including equipment.

Duties do NOT include:

- Conducting and interpreting clinical assessments (excluding conducting standardised assessments)
- Developing or changing treatment programs (excluding changes according to protocol)
- Providing interpretive/clinical advice to patients or their families
- Working without the direction and supervision of the relevant allied health professional
- Triage (prioritising access to services)
- Discharge planning
- Interventions identified by allied health professionals as high risk or where advanced clinical skills are required, such as electrotherapies, compression therapy and counselling.
- Interpretation of clinical signs and symptoms

How to apply

Please provide the following information for the panel to assess your suitability:

- **A short response** (maximum 1–2 pages total) on how your experience, abilities, knowledge and personal qualities would enable you to achieve the key accountabilities and meet the key skill requirements.
- **Your current CV or resume, including referees**. Referees should have a thorough knowledge of your work performance and conduct, and it is preferable to include your current/immediate past supervisor. Referees will only be contacted with your consent.
- **Application form** (only required if not applying online).

About the Health Service Area/District/Division/Branch/Unit

Visit the Area/District/Division website: *insert web address*

Pre-Employment screening

Pre-employment screening, including a criminal history check, may be undertaken on persons recommended for employment. Please refer to the Information Package for Applicants for details of employment screening and other employment requirements.

Health professional roles involving delivery of health services to children and young people *(delete this heading if not applicable)*

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APPENDIX VIII

Relevant training for allied health assistants

The following list of qualifications is relevant to allied health assistants, but is not exhaustive.

- Certificate III in Allied Health Assistance
- Certificate IV in Allied Health Assistance
- Certificate III in Nutrition and Dietetic Assistance
- Certificate III in Hospital/Health Services Pharmacy Support
- Certificate IV in Hospital/Health Services Pharmacy Support
- Certificate III in Prosthetic/Orthotic Technology
- Certificate III in Community Services Work
- Certificate IV in Community Services Work
- Certificate III in Aged Care Work
- Certificate III in Home and Community Care
- Certificate IV in Aged Care Work
- Certificate III in Disability Work
- Certificate IV in Disability Work
- Diploma of Disability Work
- Certificate IV in Mental Health Work
- Certificate IV in Community Services (Information, Advice and Referral)

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APPENDIX IX

Framework for best practice models for support staff in nutrition and dietetic services

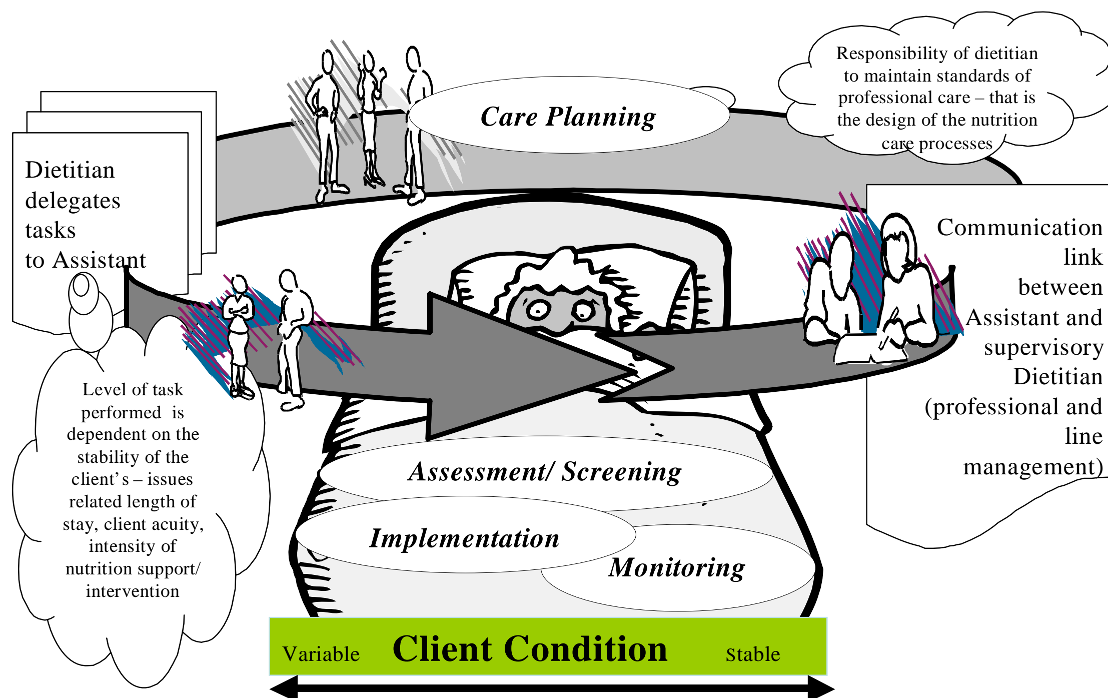

Figure 2 Theoretical framework for best practice models utilising support staff in nutrition services

DR

Reference:
Aliakbari J, Capra S. *Defining Nutrition Support Staff – using the Policy Delphi Technique.* 21st National DAA Conference, Queensland, 2003.

APPENDIX X

BreastScreen Services - Medical Imaging Assistant (MIA) Project

Due to the current challenging environment experienced by BreastScreen Service, this paper has been developed as an appendix to the AHA Project discussion paper and must be read in association with the findings and recommendations of the broader project. This paper outlines some of the complexities surrounding the development of a support workforce and role development of assistants in BreastScreen Queensland Services.

Why is Breast Screen different?

BreastScreen Queensland is faced with a range of service specific challenges which are impacting on their ability to maintain and expand their screening service. These include:

1. A shortage of mammographers with some services reducing annual screening quotas.
2. The repetitive action of using screening equipment has resulted in staff absence from work due to Repetitive Strain Injury (RSI). Mammographers report they have modified the process to minimise this as much as possible however, this injury is common.
3. Mammographers and managers report the work in the service has a narrow focus and is seen by young recruits as being mundane and repetitive. This view has a negative impact on recruitment and retention.
4. A belief that female staff are essential to deliver clinical screening to the female clientele. This view limits the number of radiographers who could potentially be recruited to this area and has resulted in some mammographers working past retirement age due to a shortage of replacements.
5. The introduction of digital imaging in the 11 service sites is having an impact on service provision as mammographers learn to use the new equipment. Ipswich has completed stage one of the two stage implementation process and is currently the only site where this has occurred. Remaining units are due for completion in mid 2009.

Currently BreastScreen employs 14 imaging operators. The role involves operational and administration duties, predominantly focussed on image processing, with no contact with clients.

What does the literature say?

The UK and USA have implemented a range of initiatives that have focused on role redesign and service model enhancement to address workforce issues relating to medical radiation professionals and breast screening services. This has led to the introduction of extended practitioners and assistant practitioners; establishment of professional competency standards and education and training programs; and a review of service delivery models and staffing requirements. An overview of the initiatives implemented in the United Kingdom is provided below.

[1]In 2002 the National Health Service (UK) implemented a "New Ways of Working" model to address training and staff utilisation in Breast Screening centres. The model aims to create new roles based on skills and experience rather than profession, to improve recruitment and retention of staff, to promote learning through extended roles, and to help all practitioners to develop their full potential. The results indicated an increase in workforce numbers: a 34% increase in the assistant practitioner workforce and a decrease of one third in the number of vacancies for radiographers. The study showed that whilst vacancies for radiography remain, as the number of assistant practitioners increases and as advanced practitioners begin to undertake more advanced practice elements, this shortage should be eased.

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[1] Crush, S. & Nickerson, C. 2004. *New Ways of working in the National Health Service Breast Screening Programme: Second report on implementation.* National Health Service: UK.

Queensland Health has engaged consultants to undertake the [2]Medical Radiation Professions (MRP) Workforce Review 2008. This review aims to identify drivers for increasing services, audit current workforce practices, identify the level and scope of work undertaken by support staff and identify training and education activities to inform future direction and work in relation to medical imaging and BreastScreen services.

The role of technology in workforce reform

The efficiency of digital imaging technology has introduced a significant change to the traditional role of Imaging Operators. The gradual elimination of hard copy films will mean tasks relating to traditional imaging procedures will no longer exist. Similarly, administrative tasks relating to the processing of documentation and the storage of records will be superseded by time saving, cost cutting technological archiving, resulting in imaging operator roles becoming surplus to requirement. Examples of tasks previously carried out by imaging operators that will no longer be required include:

- attainment of high technical standards for image quality in screening x-ray films;
- assisting in the development and maintenance of appropriate quality activity procedures in darkroom facilities;
- processing films produced by mobile and fixed mammography units and laser printers;
- maintaining and cleaning/processing darkroom facilities;
- assist and advise on the ordering process to maintain adequate film/chemistry supplies;
- responsible for the cleaning of cassettes and intensifying screens and for reporting on their condition to the Senior Quality Assurance Radiographer;
- responsible for duplication of films for referral; and
- filing of records.

During the digital imaging implementation period, the role of Imaging Operators will remain unchanged as new and old films require comparisons. It will be the task of the Imaging Operator to scan in existing film images in order for image comparisons to be made. A further period will be required to train staff in the use of Picture Archive and Communication System (PACS). However, it is widely believed that following this training, the imaging operators' duties will become largely administrative as their role becomes focused on digital storage and archiving of images.

What will the new support roles in BreastScreen look like?

In order to develop and expand the current assistant workforce to include a clinical component, significant amounts of workforce and role redesign and development of competencies will be necessary. Similarly, changes in education and training of mammographers will be required to support the changes in work practice roles.

Two assistant levels were proposed during consultation with the workforce:

1. *Trainee*. At this level the role includes a portion of clinical support tasks as well as closely supervised patient interactions. The assistant in this role is working towards full scope of practice and encouraged to develop knowledge and skills through formal and informal training.
2. *Full scope of practice*. An allied health assistant at this level has increasing skills and knowledge pertaining to clinical care, acquired through training and education. They would spend a significant portion of time undertaking tasks directly relating to individual patient care.

Whilst the original scope of the MIA project has not included extended roles, BreastScreen service managers, mammographers and imaging operators have proposed the development of an additional role which would

[2]Health Outcomes International. 2008. *Medical Radiation Professionals Workforce Review – Project Plan (draft).* Queensland Health

address many of the service specific challenges outlined above. This would be consistent with the NHS four tier model.

Proposed sample role descriptions (see Appendix VIII) for level one and two have been developed through consultation with the broader allied health workforce and analysis of current role descriptions.

Conclusion

With the introduction of digital imaging, the existing position of Imaging Operator (BreastScreen) is in decline. At present the service is undergoing a change management process with roles and scope of practice adjustments becoming inevitable. At the present time, the acute shortage of mammographers has meant that some services have been unable to meet annual service quotas resulting in less screening of women. Additionally, vacancies exist for radiographers across the state, particularly in BreastScreen where the work environment is seen as repetitive and mundane. In order to address these challenges a role and workflow analysis should be conducted to investigate the structure of BreastScreen workforce and service delivery.

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