



**ALLIED HEALTH ASSISTANTS
GUIDELINE FOR TRANSITION
TO AHA STREAM**

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1 SCOPE, BACKGROUND, DEFINITIONS AND GOVERNANCE

The *South Australian Modern Public Sector Enterprise Agreement: Salaried 2017* introduces the classification stream of Allied Health Assistant (AHA) into the Public Sector to provide clear definitions and a career pathway for staff who work to assist Allied Health Professionals (AHPs) in the provision of therapy services and are directly linked to AHP staff through clinical supervision and delegation relationships. This guideline has been prepared to assist the translation of staff employed under other classifications onto the AHA stream.

1.1 SCOPE

This guideline is addressing the principles of introduction of the Allied Health Assistant (AHA) as a stand-alone classification stream in the *South Australian Modern Public Sector Enterprise Agreement: Salaried 2017* (hereby referred to as the 2017 EA) Appendix 10.

This guideline is to support implementation and transition of existing relevant staff from non-AHA classifications into the AHA classification stream, and provide hiring managers guidance for the application of the work level definitions as given in the 2017 EA, and in development of role descriptions for Allied Health Assistant recruitment processes.

To support safe and quality care practices, this guideline considers:

- Competency components
- Supervision
- Credentialing
- Equivalency of qualifications and/or work history.

1.2 BACKGROUND

A significant body of work has been produced by NSW Health, with input from national working groups, resources and clinicians for the classification and scope of practice of AHAs in NSW. South Australia public sector is aligning with this framework. The complete NSW health guideline is available here:

http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2013_005.pdf

This also encompasses a comprehensive reference list (page 42) sorted by profession, for discipline specific position statements regarding working with Allied Health Assistants.

1.3 DEFINITION OF ALLIED HEALTH ASSISTANT (AHA)

As per the 2017 EA, Appendix 10:

The AHA classification level and descriptors will be determined by this Appendix alone.

For the purposes of this Appendix:

- *'Clinical' means specialised or therapeutic care that requires an ongoing assessment, planning and intervention by health care professionals;*
- *an AHA means an employee trained and designated by SA Health as an AHA who is an active participant in assisting the following Allied Health Professionals (AHPs) –*
 - *Audiologists*
 - *Exercise Physiologists*
 - *Dental Therapists*
 - *Dietitians/Nutritionists*
 - *Music Therapists*
 - *Occupational Therapists*
 - *Pharmacists*

- *Physiotherapists*
- *Podiatrists*
- *Prosthetist*
- *Speech Pathologists*
- *Social Workers*

or who undertakes duties in a multi-disciplinary capacity, to enable AHP's to meet best practice in the health care of patients.

This Appendix does not apply to laboratory employees or those classified to the Technical Services stream. An AHA works under the clinical supervision and delegation of an AHP to assist with therapeutic and program related activities. Clinical Supervision can be delivered directly, indirectly or remotely. The role involves a mix of direct patient care and indirect support. In addition, AHAs may undertake work of a mechanical nature in Orthotics, Prosthetics or Dental fields.

It is intended upon formal agreement from relevant Unions to also include Radiographers in the above list of relevant AHPs. It is further noted that although not stated in the above definitions, AHAs may also undertake work of a mechanical nature in the role of Pharmacy Assistant.

The *NSW Health Framework for Allied Health Assistants (2013)* further defines work which must solely remain in the domain of Allied Health Professionals and SA Health will also adopt this as a standard for all considerations regarding the work of AHA's in this state.

The NSW Framework defines that the following activities may only be undertaken by an AHP and are never to be included in the AHA scope of practice. These include:

- Informing patients/clients and families about the type, frequency, and duration of services;
- Making clinical decisions, including determining patient/client selection for inclusion/exclusion in caseload and discharging patients/clients from treatment;
- Communicating with patients/clients, parents and family members about diagnosis, prognosis and treatment;
- Plan interventions, unless these are done with explicit instructions from the AHP;
- Conducting assessments;
- Preparing individual treatment plans;
- Interpretation of referrals;
- Initial assessments or interviews;
- Development of treatment goals and plans for clients;
- Planning and modification of treatment programs or goals;
- Discharge planning;
- Pressure care assessment, prescription and intervention including providing advice about the suitability of specialised equipment, including beds and chairs;
- Assessment and prescription of:
 - Splinting
 - Specialised seating and wheelchairs
 - Specialised equipment, aids and appliances, e.g. cutlery or writing tools
 - Home and environmental installation or modifications
- Assessment and diagnosis of swallowing disorders;
- Demonstration of swallowing strategies or precautions to client, family, carers;
- Injection of local anaesthetic, wound debridement and sharps debridement.

1.4 CREDENTIALING RECORDING, CRIMINAL HISTORY SCREENING & CLINICAL SUPERVISION

1.4.1 CREDENTIALING RECORDING

Under Appendix 10 of the 2017 EA, credentialing for AHA employees is not included as a condition of employment, or under the work level definitions. Allied Health Assistants are not registered through the Australian Health Practitioner Regulation Agency (AHPRA), nor is there a professional association for AHAs within South Australia. As per the SA Health Policy directive for Clinical Supervision, Allied Health Assistants are an “Unregulated Profession” and credentialing is not a mandatory requirement, as the current definition only applies to all AHP staff:

Authenticating SA Health Allied Health Professionals Credentials Including Access Appointments Policy Directive

2.3 Unregulated Professions Unregulated professions include any profession that is not registered or self-regulated, who may be classified as an AHP (under a Grandfather clause), PO or others such as OPS, TGO or ASO and provide clinical services to patients or consumers. It is strongly recommended that this group does undertake a credentialing process; however this is a local line manager decision and those other than AHPs (under a grandfather clause) are currently not usually the responsibility of local AHP Managers or the AHP Credentialing Committee. Currently the minimum recommended standards for Unregulated Allied and Scientific Health Professionals includes an annual Performance Review and Development Plan, supervision and adherence to the SA Health (2013) Unregistered Health Practitioners: Code of Conduct.

Whilst formal credentialing is not mandatory for this staff group, given the nature of AHA work (involving direct patient/client care, access to confidential documentation and information etc.) it is necessary to appropriately review and maintain accurate records of relevant qualifications and criminal history screening. As such, the Senior AHP, line manager or person who oversees the credentialing of the AHP workforce within the work unit is responsible for entering AHA staff details into the Credentialing and Scope of Clinical Practice System (CSCPS) database or equivalent.

Details to be entered as a minimum include;

- Personal details including full name, address, contact phone and email and date of birth.
- Relevant criminal history screening (National Police Clearance and DCSI clearances according to the workplace requirements and in line with AHP staff employed in that work unit)
- Any qualifications held or details of formal Recognition of Prior Learning certificates

Regular cyclic review of credentials should occur in line with the AHP staff of that work unit (variable from 1-3 yearly).

1.4.2 CRIMINAL HISTORY SCREENING

Criminal history screening is a vital component to staff working in direct patient care positions and the same standards that are applied to AHP staff should be applied to AHA current and prospective employees. The [Criminal and Relevant History Screening Policy Directive](#) details the SA Health requirements for criminal history clearances. Additionally the [Authenticating SA Health Allied Health Professionals Credentials Including Access Appointments Policy Directive](#) includes:

Authenticating SA Health Allied Health Professionals Credentials Including Access Appointments Policy Directive

4.6 Criminal History Screening

SA Health has a duty of care to ensure that the risk of harm to clients, patients or the organisation is minimised through, amongst other things sound recruitment, employment and management practices.

An important element of this is employment screening, including criminal history check (also known as criminal and relevant history screening). Current SA Health Policy requires all prospective and current employees must have a satisfactory National Police Check (NPC) prior to employment and every 3 years thereafter. For further information relating to NPC screening visit <https://www.police.sa.gov.au/services-and-events/apply-for-a-police-record-check>

Additionally all employees, prospective employees and contractors engaged to work in a prescribed position must undergo a Department for Communities and Social Inclusion (DCSI) criminal history screening prior to commencing work, and every 3 years thereafter. A prescribed position includes any role undertaking duties of a nature prescribed by legislation or by SA Health Policy.

This generally includes working with children, vulnerable adults or in a Commonwealth funded Aged Care facility. SA Health managers will need to use the DCSI guide to determine what type of criminal history check(s) they will require for prescribed positions in their teams.

There are four types of criminal history checks available to SA Health through DCSI Screening Unit:

- Child-related Employment Screening;
- Vulnerable person-related Employment Screening;
- Aged Care Sector Employment Screening; and
- General Employment Probity Checks.

A position may require one or more type of check depending on a number factors including: • Nature of duties performed;

- Types of clients/patients; and
- Ability to access medical records. For further information related to DCSI screening and background checks visit: <http://www.dcsi.sa.gov.au/services/screening>

SA Health must ensure that it complies with legal requirements for criminal history assessments under the Children's Protection Act 1993 (the Act), Children's Protection Regulations 2010 and the Aged Care Act 1997. For access to the current Criminal and Relevant History Screening Directive, SA Health visit the Inside SA Health intranet and go to policies, all policies A-Z.

In line with the Criminal and Relevant History Screening Policy Directive employees are required to obtain a National Police Clearance (NPC) and for those employees working in "prescribed positions", a DCSI Child-related Screening is also necessary. These requirements will change with the introduction of single national criminal clearance mechanisms scheduled for 2019.

From Section 8B of the Children's Protection Act (1993)

"prescribed functions" means—

- (a) regular contact with [children](#) or working in close proximity to [children](#) on a regular basis, unless the contact or work is directly supervised at all times; or
- (b) supervision or management of persons in positions requiring or involving regular contact with [children](#) or working in close proximity to [children](#) on a regular basis; or
- (c) access to records of a kind prescribed by regulation relating to [children](#); or
- (d) functions of a type prescribed by regulation;

"prescribed position", in an organisation, means—

- (a) a position that requires or involves the performance of 1 or more [prescribed functions](#); or
- (b) a position, or a position of a class, in a [government organisation](#) designated (by notice in the Gazette) by the [responsible authority](#) for the [government organisation](#) as a [prescribed position](#) for the purposes of this section;

Costs associated with obtaining these clearances must be met by SA Health for all current employees, and volunteers:

4.10 Costs of assessments

- All prospective employees who are not employees of SA Health will meet the cost of the necessary NPC or DCSI screening assessment.

- *Prospective employees who are not employees of SA Health, who refuse to meet the cost of the NPC or DCSI screening assessment, will be precluded from appointment.*
- *Current employees of SA Health who apply for another position in SA Health, which requires a DCSI screening assessment or NPC, will meet the cost of the necessary check.*
- *Notwithstanding the above, SA Health may meet the cost of obtaining a screening assessment if this is deemed necessary to attract staff.*
- *Where a current employee is appointed to another position in SA Health as a result of a direction by a SA Health delegate, an organisation restructure or become redeployed, SA Health will pay the cost of a screening assessment necessary for placement in the new position.*
- *SA Health will meet the on-going costs of mandatory three yearly NPC or DCSI screening assessment for employees.*
- *Non-employees, contractors, students and organisations sponsoring, or applying for the provision of services within SA Health are responsible for the initial and ongoing cost of maintaining appropriate screening assessments.*
- *SA Health will meet the cost of screening assessments for volunteers.*

1.4.3 SUPERVISION

Appendix 10 of the 2017 EA references clinical supervision of AHAs in terms of day-to-day supervisory management and task delegation:

An AHA works under the clinical supervision and delegation of an AHP to assist with therapeutic and program related activities. Clinical Supervision can be delivered directly, indirectly or remotely.

AHP staff are required to participate in formal Clinical Supervision processes as described in the *SA Health Allied Health Clinical Supervision Framework, March 2014*. This framework does not include a requirement for non-AHP staff to receive or participate in formal Clinical Supervision, as distinct from day-to-day management and task delegation. Therefore for AHA staff, a local decision is required regarding the provision of formal or informal clinical supervision support.

Given the scope of practice involved for some AHA professions defined by Appendix 10 of the 2017 EA, a Senior AHP or line manager may choose to provide formal Clinical Supervision in line with the *Clinical Supervision Framework* for AHA staff in situations where:

- The AHA work is influenced by evolving clinical practice of supervising AHPs – to ensure currency of practice, up-to-date skills and knowledge
- AHA's working in an environment where they assume a high level of clinical responsibility for patient outcomes. For example:
 - those working in equipment provision and manufacture
 - those working in isolated environments or remote from AHP contact
 - those working at AHA-3 or AHA-4 classifications coordinating teams and providing leadership to other employees.

Where formal clinical supervision is deemed necessary or desirable, the SA Health Education online training module "Fundamentals of Clinical Supervision" can be completed by AHA's as part of their introduction to clinical supervision. Information on accessing this module is available on the Allied and Scientific Health Office (ASHO) website.

The following chart may assist managers in determining the value of clinical supervision to a particular employee:

Clinical Supervision	Operational Line Management	Mentoring
Driven by the clinical development needs of the clinician	Driven by service delivery, team and individual development needs and requirements.	Deliberate matching of two clinicians, one generally with more experience than the other.
Targeted to promote enhanced client outcomes and safety	Manages performance	Focusses on the growth and career development of the mentee through supporting, guiding, advising
Teaches and facilitates best practice knowledge and skills acquisition in clinical practice and guides professional development needs	Manages human resource issues such as staff development, mandatory training and annual leave	Supports skill and knowledge acquisition through reflection and assistance to develop plans to achieve goals
Provides a forum for discussion of ethical practice issues	Allocates and monitors workload or caseload proactively in collaboration with the clinician and supervisor	Regular dialogue on a range of issues selected by the mentee
Promotes reflective practice	May promote reflective practice in context of service delivery needs	Promotes reflective practice and personal appraisal
Supervisor typically involved in day-to-day work of clinician	Manager involved in day-to-day work of the clinician	The mentor not involved in day-to-day work of the clinician
Formal process	Formal process	Voluntary process

SA HEALTH Allied Health Clinical Supervision Framework March 2014

These recommendations are aligned with the *NSW Health Allied Health Assistant Framework* (recognised as the current Australian benchmark) stating that:

The type of supervision required for an AHA will be dependent on a number of factors including:

- *The service delivery needs and settings;*
- *The skill and knowledge of the AHA;*
- *The level of training and qualification of an AHA.*

1.5 PERFORMANCE REVIEW & DEVELOPMENT (PR&D)

As per the [SA Health Performance Review & Development Policy Directive](#) (Version No. 1.5, Approval date: 12 October 2017, available on SA Health Intranet), all employees of SA Health are required to participate in PR&D. For AHAs, this process may involve a variety of formats depending on the AHA's scope of practice and management/reporting lines.

All PR&D processes should be monitored through the relevant submission of details to Human Resources and be in line with the work requirements of the AHA. This may include exploration and potential of an AHA employee to progress through AHA classification levels as may be deemed appropriate according to the organisation's needs, employment setting and scope of practice, and the individual staff member's career goals.

1.6 ALLIED HEALTH ASSISTANT STUDENTS

There may be circumstances where Allied Health Assistance Certificate III or IV students are in SA Health sites in order to gain clinical experience towards attainment of AHA academic qualification. In situations where AHA students are required to work with, and in the capacity of qualified AHA's to gain clinical experience, they must be subject to the same safety clearances and checks as any other paid AHA employee in that setting. This

includes the requirement for relevant criminal history screening prior to commencing placements at any SA Health site.

All student placement supervisors (either employed AHA, AHP, or other relevant clinician deemed suitable to supervise an AHA clinical placement) should apply the SA Health student induction checklist (available on the SA Health intranet) at the outset of the placement: [Induction Checklist for Volunteers Students Contractors and Locums](#)

This includes the following points pertinent to the safe conduct of an AHA student placement in a clinical care setting:

- Sight current Criminal History Clearance
- Explain the Code of Ethics as it applies to public sector employees and refer them to the *Code of Ethics Awareness Program* at: <http://publicsector.sa.gov.au/code-of-ethics-awareness-program/>
- Explain duty to maintain confidentiality and ensure any required confidentiality agreement forms are signed.
- Explain the SA Health [Privacy Policy Directive](#) and that the Policy Directive applies to all people who work within the public health system, including employees, contractors, volunteers and other health service providers who, in the course of their work, have access to personal information collected, used or stored by, or on behalf of, SA Health.

1.7 CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

The *NSW Health Allied Health Assistant Framework (2013)* outlines the importance of ongoing professional development, both formal and informal, in order for AHAs to “maintain and enhance their skills and knowledge” whilst noting that determination of suitable CPD should be made at a local level.

There is no requirement for AHAs to be registered by AHPRA or any other peak body, and as such there is no binding requirement to fulfil any minimum Continuing Professional Development (CPD) hours on an annual basis. There is also no Professional Association that staff need to be eligible for membership of. For AHA staff across SA Health, all components of Local Health Network (LHN) annual/periodic mandatory trainings are considered sufficient CPD.

Each LHN may also choose to develop guidelines for any additional desirable CPD depending on the clinical area and scope of practice for AHAs within their jurisdiction. If considering this, any further recommended CPD should ensure continued competency in required AHA tasks as defined by the service requirements and aligned job role description. Where possible, and in cases where AHA employees are yet to obtain the relevant Certificate level qualification, the organisation may choose to access resources to support the employee in gaining that qualification.

Other suggested activities for professional development may include the following processes:

Formal

- Participation in 6 monthly PR&D processes as required by SA Health;
- Enrolment in either Certificate 3 or 4 in Allied Health Assistance
Attendance at other structured external courses for skill development

Informal

- Attendance at specific sessional service updates and upskilling in areas of work as supervised/managed by an AHP;
- Observation and provision of feedback (this may occur during supervision sessions);
- Work shadowing other AHAs and/or AHPs;
- Patient/client discussions;
- Workplace evaluations;

- Attendance at in service presentations, both AH and other areas, e.g. nursing;
- AHA specific in-services;
- AHA forums;
- Completion of workplace based competencies;
- Other short courses relevant to the client group;
- AHA interest groups and networks;
- Rotation between facilities/service areas/observation of other work areas of AHAs;
- Telehealth sessions;
- Webinars;
- CPD training from Professional Associations;
- Newsletters;
- Online discussion forums;
- Linking in with student tutorials while they are on placement;
- Development of a buddy system to support professional development;
- Targeted on-the-job training with the specific purpose of developing/enhancing skills.

2 ROLE DESCRIPTIONS

Role description templates (Appendix 1 – 4) have been developed for each AHA level classification to ensure consistency and assist managers to update current role descriptions in line with the new work level definitions.

Role descriptions including Key Result Areas aligned to the 2017 EA Work Level Definitions (WLDs) will; assist managers to identify service delivery needs and assign specific work tasks to appropriate AHA level roles; assist in managing appropriate recruitment processes for AHA staff; and assist in transitioning other suitably classified staff into the AHA classification stream. Other suitably classified staff may include ASO, OPS, and WHA classified employees who are acting in the capacity as defined by the 2017 EA Appendix 10 (see 1.1 AHA definition).

In the *NSW Health Framework for Allied Health Assistants* (2013) a simple tool to assist in the assessment of existing positions is given which may support managers to align current staff with the new AHA level definitions. Of importance to note, within SA Health there is an essential requirement that an AHA position has direct patient care responsibilities. If the role does not encompass a direct patient care element then a classification other than AHA should be applied to that position (e.g. ASO, OPS, TGO or WHA).

Considerations in this tool include:

- Local induction of the Framework has occurred in departments and with employees?
- Position Description and Scope of Practice - each AHA has a position description with a clear scope of practice?
- Skills and Competencies -each AHA has a qualification relevant to their position?
- Clinical Supervision - each AHA is assigned an appropriate supervisor? Is there evidence of supervision contracts and logs of clinical supervision?
- Delegation - the AHA delegation responsibilities and accountabilities are clearly documented?
- Integrating AHAs into AHP teams - have AHPs received training to work effectively with AHAs?
- Professional Development – have professional development opportunities have been identified for AHAs?

SCOPE OF PRACTICE

The scope of practice of an AHA should be determined by the relevant department/hiring manager, and must be clearly defined and aligned with the classification level under which the AHA is employed. Scope of practice must be suitable to the requirements of the service, reflected in the relevant job and person specification for the AHA position, and supported by adequate AHP supervision.

PHYSICAL NATURE OF AHA WORK

It is recognised that in some clinical settings, patient and equipment manual handling may form a component of the duties of an AHA position. Any prospective AHA employee should be made aware that screening checks may be a condition of employment to ensure fitness for work as the position and the service may require. This information is available on the [I Work For SA website](#) section 6 of Recruitment Process available under the “Applying for a Role” tab, stating clearly that:

You will be required to complete a Pre-Employment Declaration outlining your suitability, eligibility and capacity to undertake the functions of the role you are applying for in the South Australian public sector.

The following screening checks may be conducted, depending on the requirements of the role:

- *medical and functional capacity assessment*
- *relevant criminal screening checks*
- *registration with the relevant professional body*
- *education qualification check*
- *citizen or residency status or visa check*
- *service check (for current public sector employees).*

All pre-employment checks must be satisfactory before you can commence employment.

All current employees transitioning to the AHA classifications under the 2017 EA may undertake processes as outlined in the [SA Health Management of Non-Work Related Disability or Medical Incapacity Guidelines](#) (available on the SA Health intranet) to ensure safe work practices are maintained for an employee in an AHA role.

3 WORK LEVEL DEFINITIONS

Work level definitions as defined by the 2017 EA Appendix 10 are inserted below in italics, with application of this to role descriptions and recommendations of specific AHA capabilities described for each definition. Please note, where the work level definition and subsequent descriptions refer to patient “treatments” or “interventions”, for AHA roles with psychosocial functions this should also be interpreted to include welfare and social support interventions.

3.1 Allied Health Assistant Level 1 (AHA-1)

As per the Enterprise Agreement 2017, the AHA-1 role has been designed as an “in-training” role with the express purpose of upskilling AHA-1 staff and advancing them to AHA-2 level after 6 months in the role and/or acquisition of the Certificate 3 in Allied Health Assistance, whichever is sooner, and where a performance management process is not underway for the incumbent (i.e. satisfactory performance is occurring). This requires any recruitment to the AHA-1 position to also be accompanied by a relevant AHA-2 position description to which the incumbent will be appointed after the training period in the AHA-1 role. The hiring manager will be responsible for working with the organisation’s Human Resource department to enable the incumbent to progress to the AHA-2 level at the relevant time.

Assistants at this level:

- *work under close direction and clinical supervision of an Allied Health Professional (AHP) in a Local Health Network,*
This requires an AHP to be onsite and easily accessible to the AHA-1 at all times for the duration of their employment at the AHA-1 level. Guidance on specific tasks to be given by the AHP and monitoring of success or otherwise in those tasks is close and regular, with immediacy of feedback to ensure safety and competence in given tasks can be achieved.
- *work routines are established and there is only limited scope for interpretation,*

There should be clearly delineated work tasks and instructions for AHA-1 work. This must include clear expectations of task performance, including method of completion of tasks, reporting of outcomes, and timeframes for task completion.

- *problems can be resolved by reference to procedures and well documented methods and instructions*,
There is access to clear work descriptions, procedures and guidelines for specific tasks related to AHA-1 work, with clearly defined processes for escalation of issues/problems encountered during the undertaking of that work.
- *undertake activities which require the application of basic allied health assistant practical skills and knowledge, which may include:*
 - *implementation and/or assistance with patient treatment interventions as directed by the allied health professional;*
Under direct instruction and supervision of an AHP, implementation of and/or assistance with treatments may be undertaken by an AHA-1. In situations where a chaperone is required to enable AHP intervention and it is suitable, safe and agreeable to all involved that this duty be fulfilled by the AHA-1 then the AHA-1 may be required to act as a chaperone.
 - *assist with patient movement;*
Following explicit training and instruction from an AHP pertinent to each patient / patient group, assistance with patient movement may include:
 - assisting moving patients in mobility equipment (e.g. wheel chairs) to and from treatment settings;
 - assistance given to patients to safely manoeuvre themselves and their mobility equipment (e.g. wheel chairs, walking aids) to and from therapy settings;
 - provision of assistance under the direction of an AHP by guiding or assisting a patient to safely move a limb(s) for access to, or provision of therapy.
 - *preparation of equipment;*
Cleaning pre/post-use, setting up into required position, or bringing to/from therapy sessions any equipment relevant to patient care and therapy provision, as directed by the supervising AHP.
Preparation of treatment spaces and/or equipment that enables the supervising AHP to safely and effectively deliver therapy interventions.
 - *record client contact details;*
Document in relevant patient notes basic details pertaining to AHA interventions. In all cases where documentation in medical records is required, local standards of documentation format must be employed and co-signature of supervising AHP may necessary.
 - *maintain maintenance records;*
Enter data in records or databases relating to the upkeep and maintenance of AHP-related therapy equipment and resources.
 - *assist in manufacturing, repairing and maintaining clinical and patient equipment.*
Provide support and assistance to, and under direct supervision of AHP staff in the manufacture and maintenance of patient equipment where this is relevant outside of formal WHS plant and equipment requirements. This may include tasks such as sewing of small aids, sewing maternity belts/shorts, adjustment of splinting devices as directed by AHP therapist, assisting AHP for equipment measuring/assessment tasks such as plaster casting, measuring equipment set-up heights, or minor repair of assistive devices under specific direction of AHP supervisors.
- *may possess a Certificate 1 or 2 in Allied Health.* (Please note that training at this certificate level does not exist in South Australia.)
Possession of, or in progress towards any level of qualification Allied Health is to be considered a desirable characteristic when recruiting to AHA-1 roles, however other work history, achievements and academic pursuit may be deemed equivalent to this qualification depending on the recruitment selection needs, needs of the workplace and the AHP work to be supported.

Level 1 AHA's will automatically progress from AHA-1 to AHA-2 within 6 months of appointment (unless subject to a performance management plan) or on successful completion of Certificate III in Allied Health Assistance, whichever is the sooner.

AHA-1 staff will be employed with the undertaking that there will be direct progression to AHA-2 at or within 6 months of employment. The AHA-1 role can therefore be viewed as an AHA "in-training" role whereby required competencies are met within the workplace to facilitate recognition for progression to the AHA-2 level and/or completion of the Certificate in AH Assistance, whichever is sooner. If such competencies are not met, the employer will establish a Performance Management Plan with the AHA-1 and may delay the progression to the AHA-2 level until competency is achieved, or otherwise manage their employment according to Human Resource policy/guidelines.

3.2 WORK LEVEL DEFINITIONS: Allied Health Assistant Level 2 (AHA-2)

From the 2017 EA Appendix 10

Assistants at this level:

- *must possess or be undertaking a Certificate 3 in Allied Health Assistance or equivalent;*
Possession of, or in progress towards completion of, Certificate 3 in Allied Health is to be considered a desirable characteristic when recruiting to AHA-2 roles, however other work history, achievements and academic pursuit may be considered to be equivalent to this qualification depending on the recruitment selection needs, needs of the workplace, and AHP work to be supported.
Where a current or prospective employee does not possess or is not in process of completing the above mentioned Certificate qualification the employing manager must be able to justify the employee's equivalency of skills and knowledge sufficiently to enable appointing an 'unqualified' AHA to AHA level 2 position. Further direction is given regarding skill and knowledge equivalency later in this guideline (section 3.0 Equivalency).
- *work under the direct, indirect or remote clinical supervision of an AHP,*
The level of supervision afforded an AHA-2 employee may be more remote, or less frequent than that required by an AHA-1.
An AHA-2 may, in appropriate circumstance, take direction from an AHP for tasks to be completed remotely (for example via telephone, tele-health or via communication within patient documentation), and may also report outcomes of task completion remotely. Every effort must be made for immediate communication with the supervising AHP in the event of any adverse outcome or events before, during or after AHA interaction with a patient. The AHA-2 must be suitably trained by the supervising AHP to be able to identify situations where intervention/task modification may be relevant, in identifying an adverse outcome/events, and methods for reporting such things immediately through the supervising AHP. The AHP must guide any adaptation of AHA-2 tasks as may be clinically relevant, or refer the AHA-2 to set guidelines and procedures for managing task adaptation where these exist.
- *work routines and methods are established but there is some scope for the use of limited discretion in the application of those skills. By agreement with the AHP methods may be varied but not procedures, Problems can be resolved by reference to unit procedures, documented methods and instruments,*
There should be clearly delineated work tasks and instructions for AHA-2 work. There is clear expectation of tasks including method for completion of tasks, reporting of outcomes, and timeframes for task completion. Limited scope for application of skills in task performance may include determining that it is not suitable to provide assistance to a patient at a particular time for example, due to other interventions in-progress, managing daily tasks and time-management to determine the most suitable time for performance of some tasks and duties. Any variation to the actual tasks prescribed is required to be directed explicitly by the supervising AHP.

- *use communication and interpersonal skills to assist in meeting the needs of the client,*
The AHA must be able to demonstrate capability to effectively communicate with the relevant patient group(s), supervising AHPs and other members of the workplace utilising various forms of communication as may be required by the workplace. Literacy and numeracy skills must be demonstrated to the level required by the workplace for application in areas such as (but not limited to) documentation and records maintenance, patient communications – both written and verbal, and providing assistance with patient interventions.

- *demonstrate a capacity to work flexibly across a broad range of therapeutic and program related activities,*
The AHA must be able to demonstrate their capacity to learn and adapt to new clinical and intervention environments to be able to effectively assist AHPs in service provision. While the actual scope of the work should be set out in clearly defined tasks which may cross a number of AHP clinical intervention areas, under direction and supervision of an AHP, the AHA should be able to demonstrate capacity for time management and scheduling of such tasks as to ensure efficient workplace operations.

- *undertake and contribute to patient care by providing clinical support tasks which may include:*
 - *demonstrate a competent level of understanding of clinical screening assessments;*
The AHA must be able to undertake tasks directed by the AHP based on AHP clinical screenings and assessments. It is the responsibility of the supervising AHP to interpret screening data and assessments for the AHA to a level the AHA can understand and apply the application of such information to their role in assisting AHP therapy.
 - *provide treatments prescribed by the AHP;*
Under the direction of the supervising AHP, the AHA must be able to perform relevant tasks that are in an assistive capacity to the AHP intervention. Duties performed by the AHA are not to be used as a substitute for AHP intervention or to avoid the need for AHA intervention, but rather to enable the AHP to perform their therapeutic duties.
 - *initiate changes under AHP direction to treatment programs using standardised assessment tools;*
Under explicit direction of the supervising AHP and AHA may initiate changes to a therapy program in situations where there are clear directions for milestones to be reached and stages to be progressed to within a treatment program. For example, when a patient is capable of a certain exercise in a clearly defined therapy pathway, they may be progressed to the next level of that exercise within the defined recovery pathway. The AHA is required to report any changes and progressions in a therapy pathway to the supervising AHP for confirmation this is appropriate and relevant to each individual patient on that pathway.
 - *provide basic education on a defined range of topics to patients or groups of patients;*
Where there is a need for patient education that is overseen by an AHP and there is a set guideline for provision of education, the AHA may assist in delivery of that education. This should not include situations where clinical decision –making or judgement is required to adapt the education to a particular patient(s). For example, AHA's may provide information based on a set script as determined appropriate by the supervising AHP, provide information brochures and patient handouts in relation to AHP therapies that have been endorsed by the supervising AHP. Any variations to set education either through altered patient circumstance or questions by patients/carers must be deferred to the supervising AHP.
 - *lead group treatment sessions as delegated by the AHP;*
In situations where AHP-lead therapy is not possible/suitable, and only where the format and intervention has been clearly defined by the supervising AHP, it may be appropriate for an AHA-2 to lead group interventions. Adequate training and competency of the AHA-2 must be undertaken and documented by the AHP in the AHA PR&D/credentialing records (in relevant scope of practice commentary). This may be in such situations where an AHA-2 delivers a highly structured or set program that has been approved and instructed by the supervising AHP. Any variation to group

intervention based on patient change, questions regarding such intervention or adverse events must be deferred immediately to the supervising AHP.

- *accurately maintain patient records according to organisational guidelines and legal requirements;*
Under the direction of the supervising AHP, the AHA-2 may be required to complete basic patient documentation to ensure medico-legal requirements for patient documentation and intervention are maintained. Specific training and competency assessment in these tasks is required to be provided by the supervising AHP to ensure appropriate documentation standards are achieved and maintained relevant to the therapy interventions for any patient/patient groups. Any documentation regarding direct patient care that falls outside agreed standards and competencies of the AHA-2 (for example where documentation of an incident or issue may arise), co-signature of the supervising AHP is required and any event follow-up by AHP must also be documented accordingly.
- *manufacture and repair of equipment to a level of competency specified by the service to at least Trades level.*
Only applicable if a worker has a relevant trade qualification and is required to carry out maintenance or manufacturing of specific equipment pertinent to their trade within their role as an AHA.

- *perform the full range of duties of an AHA-1.*
See 2.1 Allied Health Assistant Level 1 (AHA-1)

- *may be required to assist AHA-1s in their daily activities.*
Where an AHA-1 requires assistance in a given activity/task and where the supervising AHP has provided relevant training for the AHA-2 to assist the AHA-1, then the AHA-2 may provide such assistance. The AHA-2 is not to modify or change AHA-1 task duties without the explicit agreement and guidance of the supervising AHP.

Any role description for an AHA-2 employee should encompass all of the descriptors of an AHA-1. By employment in or progression to an AHA-2 position it is a requirement that an employee be competent in all the areas of AHA-1 and this should be consistent with the skill level required in holding Certificate 3 in Allied Health Assistance. Employment in an AHA-2 role does not encompass the capacity to supervise or direct the work of an AHA-1 however some assistance may be given with the instruction of the supervising AHP in training an AHA-1 to become competent in AHA-2 level tasks.

3.3 WORK LEVEL DEFINITIONS: Allied Health Assistant Level 3 (AHA-3)

From the 2017 EA, Appendix 10

Assistants at this level are appointed as such and:

- *must possess a minimum of Certificate 4 in Allied Health Assistance or equivalent ;*
Possession of, or in progress towards completion of, Certificate 4 in Allied Health is to be considered a desirable characteristic when recruiting to AHA-3 roles, however other work history, achievements and academic pursuit may be considered to be equivalent to this qualification depending on the recruitment selection needs, needs of the workplace and AHP work to be supported.
Where a current or prospective employee does not possess or is not in process of completing the above Certificate qualification the employing manager must be able to justify the employee's equivalency of skills and knowledge sufficiently to enable appointing an 'unqualified' AHA to AHA level 3 positions. Further direction is given regarding skill and knowledge equivalency later in this guideline (section 3.0 Equivalency).
- *work under general direction and minimal clinical supervision,*

Where the AHA-3 work has been clearly defined by the supervising AHP, an AHA-3 may be able to undertake that work without direct supervision of the AHP for example, not in the same vicinity as the supervising AHP. In circumstance where the work requires change that is not clearly defined in a patient pathway of progression, management of any adverse event or outcome during the AHA-3 work, or any alteration to the work must be directed explicitly by the supervising AHP. The AHA-3 is required to report any adverse event, patient changes, or therapy progressions on a predefined patient pathway immediately to the supervising AHP.

- *undertake an advanced scope of AHA functions within a Local Health Network under direction of an AHP,*
In settings that may be particular and peculiar to any one LHN where an AHA-3 is required to perform tasks that would not routinely be performed in other LHN's the AHA-3 may be appropriately upskilled by a supervising AHP in these tasks. This may be in settings where resource limitation requires advanced AHA-3 operations in rural and remote locations away from direct AHP contact (such as may be required in Country Health SA LHN), or in highly specialised workplace settings where specialist devices and therapy is a part of normal work processes (such as in Orthotic and Prosthetic manufacture and fitting settings). Any AHA-3 undertaking 'advanced scope' work must be assessed by a supervising AHP, and competency documented in PR&D/Credentialing annotation by the supervising AHP/hiring manager. Any alterations to work that has been clearly defined as 'advanced' work must also be under the explicit direction of a supervising AHP and the AHA-3 documented as safe and competent accordingly in PR&D/Credentialing annotation.
- *work routines and methods are established but there is scope for the use of discretion in the application of skills,*
Work tasks, routines and methods for work completion should be established and set by the supervising AHP. The AHA should be assessed as competent by the supervising AHP as capable in the work tasks and also be approved by the supervising AHP as able to prioritise, and apply their skill set in a manner that may require discretionary application of skills to enable task or partial task completion. For example this may include determining partial task completing in situations that are time limited, where resources may be limited, or where patient capacity for participation in set therapies may be variable.
- *problems can be resolved by reference to procedures, documented methods and instructions, as defined by the relevant professional unit,*
The work place will have clearly established procedures and methodologies identified for work tasks to be undertaken by the AHA and overseen by a supervising AHP. In situations where there may be modification to tasks required, the AHA is able to clearly reference required documentation and apply this to their daily work in solving issues and problems that may arise in the conduct of that work. At all times a supervising AHP must be available, either directly or remotely, to guide complex problem solving, and for managing work modifications as may be required by the work environment and patient situation.
- *demonstrates a high level of communication and interpersonal skills,*
The AHA is required to be able to communicate clearly with patients of different cultural and linguistic backgrounds, in written and verbal format. They must be able to demonstrate high level interpersonal skills in order to converse with patients, carers, supervisors and other members of the healthcare team as may be required.
- *undertake all [*a range] of the following:*
[* It is the intention of the Office of Public Sector to alter wording "all" to "a range of" to reflect the intended meaning that a range of, rather than every one of the below tasks as may be required by the service. This wording alteration will be completed through Exchange of Letters with relevant parties, and this document will be updated accordingly at that time.]
 - *Exercising skills, experience and knowledge to a higher level than AHA-2;*

Under the supervision of an AHP, be assessed and agreed to be able to perform all duties required of an AHA at a level higher than AHA-2 which may include demonstration of increased capacity for work task prioritisation, increased autonomy in performance of set daily tasks or more remotely from the supervising AHP, demonstrable increased skill level through higher learning for set tasks required by the supervising AHP.

- *Contributing to patient care by providing advanced clinical support tasks delegated under the direct or indirect supervision of an AHP;*

Provision of tasks as assessed by the supervising AHP as being advanced AHA level as supported by the uniqueness of the work required, workplace setting and/or level of ongoing support given to the work tasks. This may include provision of specific therapy tasks unique to a patient/patient cohort, in a unique or special clinical location, in a rural/remote location or as an additional skill the supervising AHP has deemed appropriate for the AHA to take on.

- *provides a defined range of specialised clinical screening assessments for patients with complex needs;*

Under the supervision of an AHP, the AHA may administer specialised clinical screening assessments such as questionnaires and protocol-driven checklists that are subsequently assessed and scored by the supervising AHP and do not involve clinical judgement of capacity/ability of the assessor. The AHA should not be responsible for exercising clinical judgement for therapy capacity or interventions based on their perceived outcome of any screening tests/assessments administered and this must be managed by the supervising AHP

- *provides a defined range of treatments for patients with complex conditions;*

Under the direction and supervision of an AHP, the AHA-3 is able to provide a range of treatments to patients with complex conditions and needs, or in circumstances where supervision may be indirect or remote.

- *provides comprehensive education on a defined range of topics to patients or patient groups;*

Under the instruction and supervision of an AHP, the AHA-3 may be able to deliver set and defined educational interventions to patients/patient groups depending on the needs of the workplace and setting. At all times, diversion from a set education proforma must be deferred to the supervising AHP; for example, where patients/carers ask questions outside the scope of the set education plan, where complex issues arise relating to patient care/interventions, and in situations where patients may require education tailored to specific or complex needs.

- *leads a defined range of group interventions for patients with diverse and complex needs;*

The AHA-3 may be assessed as competent and able to lead group therapy and intervention sessions where there are specific tasks as determined by the supervising AHP within that setting for the AHA to facilitate to the group, and where the supervising AHP has determined the suitability of participants for that group intervention/activity.

- *contributes to patient records according to organisational guidelines and legal requirements.*

The AHA-3 may be required to complete patient documentation against a set criteria regarding patient participation in AHP determined therapy interventions. This may include using basic documentation for patient participation and attendance at group therapies and individual therapy sessions where the interventions have been predetermined by the supervising AHP and the documentation has been agreed upon as suitable and routine by the supervising AHP.

- *perform the full range of duties of an AHA-1 and AHA-2.*

The AHA-3 is able to clearly demonstrate to the supervising AHP that they are competent and safe to perform all duties as defined as AHA-1 and AHA-2.

- *may be required to assist in the supervision of AHA-1 and AHA-2 in their daily activities. This may include the allocation of work, monitoring of the quality of work undertaken, the determination of priorities and providing on the job training and mentoring.*

The AHA-3 may be required to assist in the supervision of AHA-1 and AHA-2 employees in their daily activities where it has been deemed safe and suitable to do so by the supervising AHP. The AHA-3 may provide assistance to the AHA-1 and AHA-2 by task delegation and prioritisation for these staff that has been determined by the supervising AHP as suitable and within the work level definitions of AHA-1 or AHA-2. The AHA-3 may assist the supervising AHP in training and mentoring AHA-1 and AHA-2 staff in becoming competent at tasks within these work-level definitions however assessment of competency must be determined by the supervising AHP.

Supervision of an AHA student should be overseen by an AHP as AHP are required to determine safety and capacity of AHA's in their roles. However the level 3 AHAs can assist in supervision of AHA students in the same manner they would provide assistance to AHA-1 and AHA-2 staff.

3.4 WORK LEVEL DEFINITIONS: Allied Health Assistant Level 4 (AHA-4)

From the 2017 EA Appendix 10

Assistants at this level are appointed as such and:

- *must possess a minimum of Certificate 4 in Allied Health Assistance or equivalent;*
Possession of, or in progress towards completion of, Certificate 4 in Allied Health is to be considered a desirable characteristic when recruiting to AHA-4 roles, however other work history, achievements and academic pursuit may be considered to be equivalent to this qualification depending on the recruitment selection needs, and needs of the workplace and AHP work to be supported.
Where a current or prospective employee does not possess or is not in process of completing the above mentioned Certificate qualification the employing manager must be able to justify the employee's equivalency of skills and knowledge sufficiently to enable appointing an 'unqualified' AHA to an AHA level 4 position. Further direction is given regarding skill and knowledge equivalency later in this guideline (section 3.0 Equivalency).
- *work under general clinical direction and may provide supervision, coordination and leadership to a small team at a health site or within an equipment setting;*
The AHA-4 may be required to work with remote or indirect AHP supervision and under general clinical direction where there are a range of set tasks as defined by the supervising AHP for the AHA-4 to undertake at their discretion, and with application of their specific skill set as defined and assessed by a supervising AHP as safe and competent. The AHA-4 may be required to provide small team leadership to other AHA staff of lower classification and where that supervision is deemed safe and the AHA-4 competent to do so by a supervising AHP, whether this be within a direct patient care, or equipment provision setting.
- *are required to perform a broad range of tasks that require specialisation and/or detailed knowledge or training;*
Operation at AHA-4 level requires increased specialisation in tasks with detailed knowledge and training as defined by a supervising AHP. This may be in relation to specific areas of clinical need where the AHA has access to advanced training to assist therapists to undertake more complex patient interventions or in rural/remote settings where AHP staff have determined that the AHA-4 can safely and competently provide more complex interventions that may be patient specific or with more remote/reduced AHP supervision. For all tasks requiring specialisation by AHA-4 staff, a supervising AHP must determine that the task is a requirement for the AHA to perform and falls within the AHA scope of practice and is an assistant to the AHP work rather than in-place of AHP work, and the AHA receives adequate training and assessment as safe and competent in that task performance.
- *with support as required from allied health professionals, may undertake training of less experienced AHAs;*
The AHA-4 may be required to assist in the supervision of AHA-1, AHA-2 and AHA-3 employees in their daily activities where it has been deemed safe and suitable to do so by the supervising AHP. The AHA-4

may provide assistance to the AHA-1/AHA-2/AHA-3 staff by task delegation and prioritisation for these staff that has been determined by the supervising AHP as suitable and within the work level definitions of AHA-1, AHA-2 or AHA-3. The AHA-4 may assist the supervising AHP in training and mentoring lower classification AHA staff in becoming competent at tasks within these work-level definitions however assessment of competency must be determined by the supervising AHP.

Supervision of AHA students should be overseen by an AHP as AHP are required to determine safety and capacity of AHA's in their roles. However the level 4 AHAs can assist training of AHA students in the same manner as they would assist in the supervision of lower classification AHA staff.

- *may maintain items by ensuring their operation within established safety and health standards and operational tolerances;*

The AHA-4 is required to work within all workplace plant and equipment health and safety guidelines and policies but may be additionally skilled to provide some maintenance of equipment as required by AHP staff for therapy interventions where such maintenance does not require additional trades skill qualifications and the AHA-4 is deemed safe and competent to do so by the supervising AHP.

- *may design and develop specific purpose equipment and prosthetics;*
Under specific guidance with clinical boundaries and rules determined by a supervising AHP, an AHA-4 may be able to design and develop specific purpose equipment and prosthetics however provision of such to patients must always be approved by a supervising AHP with clear understanding that therapeutic outcomes remain the responsibility of the supervising AHP.

- *contribute in a specific discipline to recording, consulting and preparing reports and exercise of appropriate delegations.*

The AHA-4 may, under the explicit direction of the supervising AHP, contribute to discipline specific recording, consulting and preparation of reports where their input from the perspective of provision of Allied health assistance to the AHP work is required and deemed appropriate by the supervising AHP. All clinical outcomes and documentation regarding clinical reasoning for determined interventions and their outcomes remains the primary responsibility of the supervising AHP.

4 EQUIVALENCY

The 2017 EA Appendix 10 Work Level Definitions describe the requirement of a minimum Certificate level qualification in Allied Health Assistance specific to each AHA classification level, or equivalent. For current and prospective employees who do not currently hold the relevant Certificate qualification in Allied Health Assistance, equivalency will be determined on a case by case basis.

The *AHA Certificate Equivalency Analysis* (Appendix 5) outlines the analysis of equivalency of alternate qualifications that has been conducted by the Allied and Scientific Health Office. Other Certificate level qualifications in Health, Disability or Individual Support, Mental Health and Welfare or Allied Health Professional university study may all be considered equivalent at various levels for specific AHA roles within SA Health.

4.1 CURRENT EMPLOYEES

Within SA Health, employees identified to be translated to the AHA classification hold various qualifications ranging from no tertiary training, to Certificate 4 in AHA, and additionally includes a cohort currently working in AHA roles whilst completing allied health professional Bachelor degrees. Employment experience also varies from newly commenced to long-term employees with many years of experience in the AHA role.

As per the 2017 EA Appendix 10 requirements, current employees will transition in the first instance directly from current OPS salary point to the same salary point in the AHA stream, regardless of qualifications or determination of equivalency of work experience or other study.

Where a role meets the work level definitions for translation to a higher classification but the employee does not hold the minimum qualification for the higher level, the employee will transition pay point to pay point in the first instance. The employee may then choose to either complete the relevant Certificate or apply for formal Recognition of Prior Learning (RPL) in order to progress up to the next level.

In the initial transition, staff who apply for RPL by 1st September 2018 and who are either granted full RPL or who complete the relevant gap training and/or receive the Certificate qualification by 31st March 2019 will be eligible for upward translation and have salary increase back-dated to the effective date of 31st July 2018.

Following the initial transition period, staff who choose to complete either additional Certificate qualification or who apply and are granted full RPL, where the role aligns to a higher work level definition, can apply for re-classification using the AHA Re-classification form. Any salary increase resulting from a successful re-classification application will be back-dated to the lodgement date as per usual process.

The *NSW Health AHA Framework (2013)* provides information relating to potentially equivalent alternate qualifications that may be used for reference when considering suitability of an alternate qualification held by a prospective employee. Assessment of equivalency should consider the candidate's training and qualifications, as well as, demonstrated skills and knowledge, and previous work experience.

The following table extracted from the NSW Health AHA Framework provides further detail:

Allied Health Assistant	Position role	Relevant qualification
Physiotherapy Assistant	Clinical	Cert IV in AHA with Physiotherapy electives
Physiotherapy Assistant	Administration or direct supervision	Cert III in AHA
Occupational Therapy Assistant	Clinical	Cert IV in AHA with Occupational Therapy electives
Any AHA	Administration	Cert III in AHA
Speech Pathology Assistant	Clinical	Cert IV in AHA with Speech Pathology electives
Podiatry Assistant	Clinical	Cert IV in AHA with Podiatry electives
Dietetic and/or Nutrition Assistant	Clinical reporting to and supervised by clinical dietician	Cert IV in AHA with Dietetic electives
Diet Aid	Clinical	Cert III in Nutrition and Dietetic Assistance
Pharmacy Assistant	See health employees' (state) award	Cert III in Hospital-Health Services Pharmacy Support
Pharmacy Technician	See health employees' (state) award	Cert IV in Hospital-Health Services Pharmacy Support
Diversional Therapy Assistant	Clinical	Cert IV in Leisure and Health Diversional Therapy qualification, e.g. certificate
Radiography Assistant	Clinical	Cert III in AHA with medical imaging assistance units.
Orthotic/Prosthetic Assistant	Clinical	Cert III in Prosthetic/Orthotic Technology Prosthetic/Orthotic Technology qualification
Audiology Assistant	Clinical	Cert IV in Audiometric Assessment
AHA – Mental Health	Clinical	Cert IV in AHA with relevant AH electives and a maximum of 3 electives from the Cert IV in Mental Health.

Note: Where positions include more than one therapy area, more than one skill set will need to be included in the qualification.

4.2 PROSPECTIVE EMPLOYEES

As of July 31st 2018 all prospective employees will need to hold the required qualifications for the relevant classification band, in order to be eligible for a merit-based appointment process.

5 TRANSITION AND TRANSLATION PROCESS

The Allied and Scientific Health Office has developed the *AHA Translation Process Chart* (Appendix 6) and a series of assessment forms (see section 6 below) to assist managers to appropriately assess AHA roles and determine which roles will transition directly (e.g. OPS-2 to AHA-2) and which roles will translate upward to a higher classification (e.g. OPS-2 to AHA-3).

For staff who transition pay point to pay point (e.g. OPS-2 to AHA-2) the incremental service date (anniversary date) remains the same. For staff who translate to a higher pay point (e.g. OPS-2 to AHA-3) the incremental service date becomes the 31st July.

AHA-1 to AHA-2 PROGRESSION

The AHA-1 classification level is intended as a training grade, with an AHA-1 expected to upskill to a competent level either by being in the position for 6 months, or earlier if Certificate 3 in Allied Health Assistance is attained. In either case, satisfactory performance in the AHA-1 role is required.

For current employees who have worked in an OPS-1 AHA role for 6 months or greater transition will be direct to AHA-2 level (providing satisfactory performance has been demonstrated). For current employees who have worked in an OPS-1 AHA role for less than 6 months, progression will occur at 6 months from commencement of employment.

HR will need to enter a POS screen notification to flag when an employee is approaching 6 months retention at which point the manager will confirm that the employee is performing satisfactorily against the AHA-1 requirements, and/or has achieved the Certificate 3 in Allied Health Assistance, and is not under any work performance management encumbrances. Upon confirmation by the manager that the employee has achieved the above, HR will progress the employee to AHA-2 classification at the date of 6 months after commencement in the AHA-1 role, or attainment of Certificate 3 in Allied Health Assistance, whichever is sooner. This will include submission to HR Shared Services:

- [Change to an Existing Position Form](#) (LHN001B)
- Updated Allied Health Assistant Job and Person Specification (Role Description) to the AHA-2 level
- If performance is not assessed as satisfactory, the *AHA-1 Competency Assessment* (refer section 5) can be used to document performance issues and develop performance management plan.

OTHER LEVELS

All OPS-2 and OPS-3 roles (and staff performance within those roles) will be assessed by the AHA manager or professional supervisor to determine either transition direct to same level classification within the new AHA stream, or upward translation to a higher classification, where the work level definitions align to that higher level. See below resources for details of the assessment forms that have been developed to support this process. Where an employee disagrees with the assessment of their role at a particular level, they are eligible to apply for an AHA re-classification (see details below).

6 TRANSITION AND TRANSLATION RESOURCES

AHA-1 COMPETENCY ASSESSMENT

The *AHA-1 Competency Assessment* (Appendix 7) has been developed to assist the manager to record performance of competency against the AHA-1 work level definitions provided in the *South Australian Modern Public Sector Enterprise Agreement: Salaried 2017* (hereby referred to as the 2017 EA) Appendix 10.

This form can be utilised where unsatisfactory performance of the AHA-1 employee is identified. From this form a performance management plan is developed. A repeat Competency Assessment can be completed after conclusion of the Performance Management Plan to confirm suitability for progression to AHA2. Progression to AHA-2 band will not occur until the employee is assessed to have satisfactory performance.

MANAGER INITIATED TRANSLATION ASSESSMENTS (OPS-2 AND OPS-3)

During the initial transition/translation in July 2018, all OPS-2 and OPS-3 roles (and employee performance within that role) will be assessed using the *Manager Initiated Translation Assessment* (Appendix 8 and 9) for

OPS-2 and OPS-3. This assessment will determine the appropriate classification for transition to the AHA stream. Upward translation of roles/staff identified through this process will maintain the preserved date of 31st July 2018.

These forms are for use only during the July 2018 transition/translation and will not be utilised for ongoing re-classification assessment.

AHA RECLASSIFICATION APPLICATION (OPS-2/AHA-2 TO AHA-3 AND OPS-3/AHA-3 TO AHA-4)

The *AHA Reclassification Application* (Appendix 10 and 11) for OPS-2 and OPS-3 will be used during the initial transition in July 2018, where an employee disagrees with the AHA classification determined by the Manager Initiated Translation Assessment (see above). The employee is able to submit an Employee-Initiated AHA Reclassification Application, providing relevant evidence and justification as to why the role should be translated upwards. AHA reclassification applications submitted prior to 31st July 2018 will maintain the initial transition preserved date of 31st July 2018.

After the initial transition, the AHA Reclassification Application form can be used either as Employee-Initiated or Manager-Initiated to seek reclassification in the usual manner.

7 REFERENCES

SA HEALTH

- SA Health - [Authenticating SA Health Allied Health Professionals Credentials Including Access Appointments Policy Directive](#)
- SA Health - [Criminal and Relevant History Screening Policy Directive](#) [For Official Use Only], includes Policy for SA Health to pay for NPC and DCSI checks for all current employees
- SA health - [Allied Health Clinical Supervision Framework](#)
- SA Health - [Code of Ethics](#)
- SA Health - [Induction Checklist for Volunteers Students Contractors and Locums](#)
- SA Health - [Privacy Policy Directive](#)
- SA Health - [Performance Review & Development Policy Directive](#)
- SA Health - [Management of Non-Work Related Disability or Medical Incapacity Guideline](#)
- SA Health - Jobs advertisement site, [I Work For SA](#)

NSW HEALTH

- NSW Health - [Allied Health Assistant Guideline](#)
- NSW Health - [Allied Health Assistant Job Description Template](#)
- NSW Health - [Framework Tool for Reviewing Existing AHA positions](#)

LEGISLATION

- [Children's Protection Act Section 8B \(1993\)](#)

8 APPENDIX LIST

Appendix 1	Role Description Template AHA-1
Appendix 2	Role Description Template AHA-2
Appendix 3	Role Description Template AHA-3
Appendix 4	Role Description Template AHA-4
Appendix 5	AHA Certificate Equivalency Analysis
Appendix 6	AHA Translation Process Chart
Appendix 7	AHA-1 Competency Assessment
Appendix 8	OPS-2 Manager Initiated Translation Assessment
Appendix 9	OPS-3 Manager Initiated Translation Assessment
Appendix 10	AHA Reclassification Application – OPS-2 or AHA-2 to AHA-3
Appendix 11	AHA Reclassification Application – OPS-3 or AHA-3 to AHA-4