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## Allied Health Assistants Policy

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### 1. Purpose

Allied Health Assistants are important members of the multi-disciplinary health team. An Allied Health Assistant (AHA) is a non-regulated health worker who works under the direction of an Allied Health Professional (AHP). AHAs undertake a range of tasks that are either assigned or delegated by the AHP. Delegated tasks refer to those where both parties have responsibility for completion of the task, but the accountability remains with the AHP. Assigned tasks are those that the AHA has both responsibility and accountability.

This policy provides guidance on the delegation of tasks to AHAs. These tasks typically are service provision activities delivered to clients and caregivers.

### 2. Policy

The delegation of tasks to AHAs must comply with the following:

- the AHA works under the direction and delegation of an AHP
- the task being delegated is within the scope of practice of the AHA
- the task being delegated is within the scope of practice of the delegating AHP
- the AHA receives training and support required to carry out the delegated task
- the AHP provides the monitoring and supervision relevant to the task
- the AHA shares responsibility for raising any issues, concerns or risks before and during tasks completion.
- the delegating AHP retains accountability for the delegated task

#### 2.1 Scope of practice

The scope of practice for an AHA will consider the:

- scope of practice of a profession (as guided by professional associations and National Boards)
- scope of practice of context (e.g. service program/area)
- scope of practice of the delegating AHP
- scope of practice of the AHA (individual's skills, capabilities, knowledge and confidence).

The following tasks are considered outside the AHA scope of practice and **may not be delegated** to an AHA:

- planning and undertaking standardised or non-standardised diagnostic tests and assessments (excluding diagnostic tools and assessments used as screening tools)
- interpreting referrals, screening, assessments or test results
- developing diagnosis, prognosis and treatment goals
- making clinical decisions, including client selection for exclusion/inclusion in caseload or discharging from treatment and the type, frequency and duration of services
- planning, instituting or modifying treatment programs
- giving interpretive information to clients, relatives or other staff
- signing any documents outside of scope of practice without the co-signature of the AHP

- prescribing assistive technology or home modifications
- undertaking invasive procedures
- discharge planning.

AHAs must have a defined scope of practice for their role, with a shared understanding by the AHA and health team, of tasks within and outside of their scope of practice.

## 2.2 Education, Skills, and Professional Development

The Certificate III and Certificate IV in Allied Health Assistance is the most appropriate vocational qualification for AHA's working in WACHS. It is desired, but not mandatory, for allied health assistance to possess or be supported to work towards a Certificate III/IV in Allied Health Assistance.

The AHA will have access to training and education required to undertake tasks required for their roles, and in line with their individual learning needs.

Some AHAs may have qualifications and experience other than a Certificate III/IV in Allied Health Assistance. Regardless of their qualifications or experience, an AHA must always work within the identified scope of practice of the allied health assistant role.

## 2.3 AHA Task List

AHAs will have a clear scope of practice defining tasks that may be allocated to an AHA. The WACHS Allied Health Assistant Task List (available on the [Allied Health Assistant Intranet page](#)) defines task relevant to the WACHS context and can be modified depending on the clinical setting and service scope. The Task List can be utilised to assess individual AHA skills prior to task allocation, guiding monitoring and supervision requirements. The Task List establishes clear boundaries on tasks that are outside of the individual AHA's scope of practice and the degree of monitoring/supervision they required for each task.

## 2.4 Delegation Guidelines

AHPs are responsible for the delegation of activities to an AHA. They are considered the Designated AHP and remain responsible for the ongoing support of the AHA in completion of that activity and hold accountability for the outcome of the activities. There are three key phases to delegation:

- assessment phase - determine if the tasks is appropriate to delegate to the AHA
- planning phase - determine how the task is to be delegated, this phase includes providing task instruction, required training, and planning monitoring and supervision
- evaluation phase - determine the outcome and impact of delegation process and plan for improvement.

The WACHS Delegated Decision Making Tool ([Appendix A](#)) provides a mechanism to support AHPs in delegation decisions considering the complexity of allied health services, the requirements of the AHP, the AHA capabilities and the context they are working within.

## 2.5 Monitoring and Supervision of AHAs

**Monitoring** is the process of ensuring the quality and safety of the delegated activity. Before delegating an activity to an AHA, it is important the AHP knows how they will appropriately monitor the activity they are delegating. Monitoring plans should include:

- description/task instruction of the activity to be delegated
- identification of who the activity is delegated to
- method, mode and frequency of monitoring activities
- AHP responsible for monitoring methods
- frequency of monitoring required.

Types of monitoring activities include:

- direct monitoring strategies - observation of activity performance (supervision) which may be face to face or via Telehealth, verbal or written feedback from the AHP, case discussions (pre-post sessions)
- indirect and remote monitoring strategies - tracking of activity performance, monitoring of patient progress, review of notes or records, review of logbooks, diary and timetables, and measurement of outcomes using assessment tools.

**Supervision** is used as a term to describe the monitoring process whereby a designated AHP directly observes the AHA conducting a clinical activity. Supervision is required in the following instances:

- for activities undertaken with complex patients, that are more complex or non-routine or carry higher risks (see [Table 1](#))
- when determining the competence of an AHA's to perform an activity
- when providing immediate feedback and demonstration of aspects of an activity to improve performance
- when the delegating AHP has concerns about the AHPs ability to perform the task
- where professional regulatory bodies stipulate supervision requirements for a clinical activity.

Supervision can be provided in person or remotely (observation via telehealth) and at varying frequencies. Where an AHP is not directly supervising or observing the activities of an AHA, processes should be established so that the delegating AHP is contactable and accessible as required.

Monitoring and Supervision Requirements for AHAs				
<b>Levels of Monitoring and Supervision</b>				
<b>Frequency of Monitoring</b>	Intermittent	Regular	Frequent	Continuous
<b>Supervision Requirements</b>	No supervision needed	Some supervision needed	Frequent supervision needed	Close supervision needed
<b>Considerations for Determining Levels of Supervision and Monitoring</b>				
<b>Impact on service</b>	Minimal	Some quality impact	Moderate impact on quality	Significant impact on quality

<b>Adverse Risk</b>	Minimal	Mildly attributable to performance	Moderately attributable to performance	Directly attributable to performance
<b>Timeframe Impact of Error</b>	Significant time can lapse before impact	Sometime before impact evident	Short time before impact evident	Immediate/ rapid impact evident
<b>Task Complexity</b>	Simple Routine	Simple Non-Routine	Complex Routine	Complex Non-Routine
<b>AHA Skills</b>	Demonstrated advanced competency	Demonstrated advanced competency	Demonstrated basic competency/ competency assessment required	Demonstrated basic competency/ competency assessment required
	Recent experience	Past experience	Past experience	No experience
	Frequently conducted	Occasionally conducted	Occasionally conducted	Never conducted

Table 1: Monitoring and Supervision Requirements for AHA

## 2.6 Resources

A range of Allied Health Assistant resources are available via the WACHS [Allied Health Assistants](#) intranet page.

## 3. Roles and Responsibilities

The **delegating Allied Health Professional** is responsible for:

- determining which tasks are appropriate for delegation (refer to [Appendix A](#)) and ensuring that the:
  - delegated activity is within the scope of the AHP's practice and that they are competent to assess, plan, implement and evaluate
  - delegated activity is within the scope of practice of an AHA
  - AHA has the appropriate level of skills and confidence to carry out the activity
  - context in which the task is being carried out (e.g. access to supervision, client complexity, etc.) is considered
- delegating the task to the AHA
- providing support, training and guidance to the AHA for task completion
- establishing well-defined lines of accountability for the tasks, especially when more than one professional is involved in delegating an activity
- defining the type and frequency of monitoring that the delegated activity requires (see [section 2.5](#)).

The **Allied Health Assistant** is responsible for:

- working within their scope of practice
- undertaking the tasks delegated to them by AHPs
- raising any issues and requesting additional support throughout the delegation and monitoring process
- participating in the supervision and monitoring process for the delegated task
- undertaking learning activities to develop skills and confidence in task completion.

**All staff** are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

#### 4. Monitoring and Evaluation

Monitoring of compliance with this policy is to be undertaken by:

- monitoring and review of clinical incidents involving AHAs
- reporting on concerns with AHA practice via regional and organisational reporting processes.

This policy will be evaluated as required to determine effectiveness, relevance and currency. At a minimum it will be reviewed every five years by the WACHS Allied Health Leadership and Governance Team and the Director Allied Health.

#### 5. References

NSW Government (2020). Allied Health Assistant Framework. Accessed at [Allied Health Assistant Framework \(nsw.gov.au\)](https://www.nsw.gov.au/allied-health-assistant-framework).

Queensland Health (2022). Allied Health Assistant Framework. Accessed at [Allied Health Assistant Framework](https://www.health.qld.gov.au/allied-health-assistant-framework).

Victoria State Government (2023). Supervision and delegation framework for allied health assistants. Accessed at [Supervision and delegation framework for allied health assistants | health.vic.gov.au](https://www.health.vic.gov.au/supervision-and-delegation-framework-for-allied-health-assistants)

#### 6. Definitions

Term	Definition
<b>Allied Health Assistant</b>	An unregulated health worker operating under the delegation of an Allied Health Professional.
<b>Allied Health Professional</b>	A self-regulated or board regulated health professional of the following disciplines: Audiology, Dietetics, Occupational Therapy, Podiatry, Physiotherapy, Social Work and Speech Pathology.
<b>Delegation</b>	Delegated tasks refer to those where both parties have responsibility for completion of the task, but the accountability remains with the AHP.
<b>Supervision</b>	The process by which the delegating AHP observes and monitors the AHA conducting a clinical activity

## 7. Document Summary

<b>Coverage</b>	WACHS-wide
<b>Audience</b>	Allied Health Assistants, Allied Health Professionals, Allied Health Managers
<b>Records Management</b>	Clinical: <a href="#">Health Record Management Policy</a>
<b>Related Legislation</b>	<a href="#">Health Services Act 2016</a> (WA)
<b>Related Mandatory Policies / Frameworks</b>	<ul style="list-style-type: none"> <li>• MP 0084/18 <a href="#">Credentialing and Defining the Scope of Clinical Practice Policy</a></li> <li>• <a href="#">Clinical Governance, Safety and Quality Framework</a></li> </ul>
<b>Related WACHS Policy Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Allied Health Professional Supervision Policy</a></li> </ul>
<b>Other Related Documents</b>	<ul style="list-style-type: none"> <li>• DoH <a href="#">Credentialing and Defining Scope of Clinical Practice for Allied health and Health Science Professionals Standard</a></li> </ul>
<b>Related Forms</b>	Nil
<b>Related Training</b>	<p>Available from <a href="#">MyLearning</a>:</p> <ul style="list-style-type: none"> <li>• Delegation to Allied Health Assistants Module 01 (AH23 EL1)</li> <li>• Delegation to Allied Health Assistants Module 02 (AH24 EL1)</li> <li>• Delegation to Allied Health Assistants Module 03 (AH25 EL1)</li> </ul>
<b>Aboriginal Health Impact Statement Declaration (ISD)</b>	ISD Record ID: 4018
<b><a href="#">National Safety and Quality Health Service (NSQHS) Standards</a></b>	1.24
<b><a href="#">Aged Care Quality Standards</a></b>	Nil
<b><a href="#">Chief Psychiatrist's Standards for Clinical Care</a></b>	Nil
<b>Other Standards</b>	Nil

## 8. Document Control

Version	Published date	Current from	Summary of changes
6.00	4 March 2025	4 March 2025	<ul style="list-style-type: none"> <li>policy statements and wording updated to reflect current practices and contemporary terminology relating to allied health assistant qualifications, supervision and delegation</li> <li>inclusion of links to new supporting documents and resources.</li> </ul>

## 9. Approval

<b>Policy Owner</b>	Chief Operating Officer
<b>Co-approver</b>	Nil
<b>Contact</b>	Senior Program Officer Allied Health
<b>Business Unit</b>	Allied Health
<b>EDRMS #</b>	ED-CO-13-83915
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**This document can be made available in alternative formats on request.**

## Appendix A: WACHS Delegation Decision Making Tool

