






# Strategic optimisation of the allied health assistant workforce one step at a time: first step, workforce governance

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## ABSTRACT

Allied health assistants (AHAs) are a vital workforce in Australia, supporting allied health professionals (AHPs) to expand service access and progress care, ensuring workforce sustainability. Tiered models of care that include AHAs can facilitate top of scope and advanced scope work for AHPs, increasing staff satisfaction and retention. Despite the increased research interest on AHAs, barriers to maximising the potential of this workforce persist. The Victorian Department of Health recently released recommendations aimed at optimising the AHA workforce, with inadequate workforce governance recognised as a barrier. Centralising governance processes for AHAs ensures a single point of accountability and standardisation of processes, positively affecting patient safety and quality of care. To enable suitable AHA governance structures, recognition of the importance of this workforce in local and national strategies is required. However, there are few existing state-based frameworks dedicated to AHA governance, and the current draft National Allied Health Workforce Strategy does not include AHAs, which represents a missed opportunity to strengthen and grow this important element of the allied health workforce.

**Keywords:** allied health assistants, allied health leadership, allied health professionals, allied health workforce, Australia, governance frameworks, health care, workforce governance.

Allied health assistants (AHAs) are a well-established workforce globally, particularly in the UK, Canada, New Zealand and Australia, supporting allied health professionals (AHPs) to progress patient care and optimise outcomes.<sup>1,2</sup> In Australia, AHAs typically hold a certificate-level qualification and must work under the supervision and delegation of AHPs.<sup>1</sup> To ensure workforce sustainability in an environment of scarce resources and growing demand and to enable service equity, flexible models of care are required.<sup>3,4</sup> Tiered models of care, that include AHAs, support workforce sustainability by expanding service reach, improving consumer access to care and enhancing the overall healthcare experience.<sup>1,5</sup> Effective use of AHAs can facilitate top of scope and extended scope work for AHPs,<sup>1,5,6</sup> which has been demonstrated to positively affect staff satisfaction and retention.<sup>1,5</sup> Although AHAs have been the subject of increased research interest in the face of significant allied health workforce shortages,<sup>5,7–16</sup> barriers to optimising use of the AHA workforce exist.<sup>2,17</sup> Addressing these barriers has the potential benefits of reducing workforce pressures while supporting efficient service delivery and improved patient outcomes.<sup>1</sup>

In 2023, the Victorian Department of Health released recommendations to support optimisation of the AHA workforce,<sup>18</sup> building on previous frameworks.<sup>1,19</sup> These recommendations are aimed at addressing known barriers and enablers in various settings across Victoria in the areas of workforce planning and governance, consumer-centred care, and training and development.<sup>15</sup> One identified barrier to implementing these recommendations is a lack of consistent governance for AHA workforces, including an

absence of strategic representation of AHAs within health services.<sup>2</sup> Strategic representation by AHPs and AHAs, specific to the AHA workforce, whereby AHAs have a representative voice in senior allied health decision making, is pivotal. This enables top-down support and the engagement of key allies with intimate knowledge of the workforce and its challenges, which is key to the success of emerging workforces.<sup>20,21</sup> Improving AHA representation facilitates the inclusion of AHAs in workforce planning and helps to address issues around training requirements, workforce development, supervision and delegation processes, and recruitment and retention.

A recent scan of local governance structures for AHAs across Victorian healthcare settings revealed significant inconsistencies, ranging from the absence of dedicated AHA workforce governance to workplaces where dedicated AHA leadership roles are held by AHPs or AHAs. This inconsistency in governance structures has resulted in variable standards for pre-employment training, recruitment and induction, supervision and delegation, workforce development, and career pathways, posing potential risks to the quality and safety of allied health care. Improved AHA workforce governance, and policies and practices that support dedicated AHA leadership, are required to address these disparities and ultimately ensure optimisation of the AHA workforce.

The value of dedicated allied health governance is highlighted by Turato *et al.* in a recent study contrasting centralised and decentralised allied health workforce models.<sup>22</sup> They reported that allied health professions benefit from centralised governance structures, with allied health representing allied health, that recognise the unique skillsets of each profession and provide a single point of accountability, allowing each profession to have its own supervision, education and training needs met.<sup>22</sup> This allows for standardisation of practices across the workforce and can positively influence efficiency and the quality and safety of care.<sup>22</sup> Moreover, a professionally dedicated allied health leadership structure enhances professional identity, work satisfaction and morale.<sup>22</sup> An additional benefit is the ability to flexibly mobilise the workforce to meet service demands, which has been recognised in the Australian Government's recent scope of practice review as a core requirement for a responsive and sustainable health workforce.<sup>4</sup>

The draft National Allied Health Workforce Strategy highlights the robust and consistent governance mechanisms required for the allied health workforce.<sup>6</sup> There has been criticism that this landmark strategy has excluded the AHA workforce,<sup>23,24</sup> missing the opportunity to build upon the strong evidence for the inclusion of AHAs into the workforce to support sustainability. Currently in Australia, numerous governance and regulatory frameworks exist for AHPs; however, few of these acknowledge specific requirements for AHAs, and there is limited guidance to define good AHA governance.<sup>25–29</sup> This is demonstrated through the inconsistent availability of overarching governance frameworks dedicated

to the AHA workforce across Australian state jurisdictions. In addition, there is currently no professional body tasked with regulating AHAs in Australia. The Allied Health Assistants National Association (AHANA),<sup>30</sup> a newly established peak body for AHAs, has the potential to improve professional regulation for AHAs, which could help to support improved governance in line with other self-regulated professions in Australia. However, AHANA is early in its inception, and local public policy is required to support governance alongside broader regulatory standards.

Despite the recommendation that AHA governance roles be established to represent and advocate for the AHA workforce at the allied health leadership level,<sup>2,15,17</sup> only a small shift has occurred toward dedicated governance of the AHA workforce in Victorian public health settings. For change to occur more broadly, AHA governance must be prioritised in allied health workforce strategies, such as the National Allied Health Workforce Strategy, and each of the states' and territories' allied health workforce plans. The Victorian Health Workforce Strategy recognises AHAs as a workforce that has an important role in modernising our workforce structures, acknowledging the vital role they play within allied health sustainable workforce models.<sup>31</sup> Strategic recruitment, development and retention of AHA workforces is necessary to alleviate broader allied health workforce pressures. Recognising and supporting AHAs as a unique professional group and integrating them into allied health workforce policy is a crucial step in this process.

## Ethics

This perspective piece did not require ethics approval.

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