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The Royal Rehab Allied Health Assistant model

*A practical model of service delivery and supervision for Allied Health Assistants
Developed by Sue Steele-Smith, Occupational Therapist, Education Consultant 2009*

The role of the Allied Health Assistant is growing in response to the current health workforce needs. A number of areas have been identified that need to be addressed as the quantity of therapy assistants increase in the workforce. These include training, competence, role definition, supervision and delegation, accountability, legal responsibilities and models of service delivery. Some of these aspects present challenges due to the number of professional groups that do or could work with therapy assistants.

Why is a model needed?

There is a gap in the health workforce with respect to formal supervision structures for allied health assistants. Supervision structures exist for other health professionals, but it appears that assistants have not always been included. This may be connected to the unclear role definitions that also exist within this group of health professionals. Not all assistants need the same level or type of supervision, because they work in a range of settings and have a range of both experience and training.

Within NSW there is no distinction made between therapy assistants or therapy assistant positions, except for who they assist, eg Physio assistant or OT assistant. In other states, assistant positions have different levels and job titles.

Why Royal Rehab?

The Royal Rehab College has been training allied health assistants using the Certificate IV in Allied Health Assistance since 2007. This training program has brought the College in contact with a wide range of assistants and therapists across NSW and South Australia. It has highlighted the need for supervisors to have a clear idea of their roles and responsibilities. The most common question being, 'What can I ask an assistant to do?' In 2009 Sue Steele-Smith developed the Royal Rehab model of service delivery for allied health assistants.



What is it?

This model describes a practical model of supervision linked to both the needs of the position and the individual needs. The model describes what an assistant can do and how they can be supported to do it. This model describes five competence levels in order to be able to distinguish between assistants and assistant positions. These levels in the future or in other states of Australia could be linked to position titles or awards.

Is the model perfect?

This model is proposed as a framework that could assist employers in designing therapy assistant positions and enable supervisors to work effectively with therapy assistants. Dimensions of the model will need to be adapted to the specific needs of the workplace; however it will provide a point of reference when working with therapy assistants. (Some therapy assistant positions may be designed with a mix of levels, depending on the need of the workplace). The content of the model has been validated with therapists who are experienced at working with assistants both in NSW and South Australia. There is ongoing validation as the Royal Rehabilitation College conducts regular training courses in 'Working effectively with Allied Health Assistants' based on this model.

What does it look like?

The model is described here in a table. There are three components.

Competence level

The first component is the competence level of the assistant linked to experience and training. These competence levels relate to the following two components.

Workplace need

The second component relates to the needs of the workplace and the client. Allied health assistants work in a wide diversity of roles. These roles can be clustered into three groups, client treatment, equipment and general/admin duties. The first table provides some guidelines to assist in determining assistant roles and experience or training needed to support allied health assistant positions.

Supervision need

The third component provides some guidelines for working with therapy assistants, who are involved in client treatment, covering communication between allied health and assistants, supervision and feedback.



The Royal Rehab Allied Health Assistant model

Competence level	Experience level	Training level	Time spent			Client complexity and risk		
			Client Treatment	Equipment	Admin	High	Moderate	Low
1	None – 1 year	None or Cert III	20% with AH always present	30%	50%	100%	0	0
1	None – 1 year	None or Cert III	20%	30%	50%	0	10-30%	70-90%
2	1-2 years	Cert III	20%	30%	50%	0	10-30%	70-90%
3	3-4 years	Cert IV	40%	20%	40%	0	10-30%	70-90%
4	5-6 years	Cert IV	60%	20%	20%	0	30 - 50%	50-70%
5	7 years or more	Cert IV	80%	10%	10%	0	50%	50%

Competence level	Communication method/s	Patient/client discussion	Client program demonstration	Observation and feedback by AHP	Physical Location of AHP	Frequency of formal supervision
1	Verbal	Daily	All joint sessions	Daily	Same room	Weekly
2	Verbal and written	Weekly , more often for moderate risk clients	All clients	Daily	Near by	Fortnightly
3	Verbal and Written	Weekly , more often for moderate risk clients	All clients	Weekly	Same location	Fortnightly
4	Verbal and Written	Weekly , more often for moderate risk clients	All moderate clients and for new requests for low risk clients	Weekly	Same location, can be distant	Monthly
5	Verbal and Written	Weekly	Only for new treatment techniques or client groups	Once a month	Can be distant	Monthly

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