

Victorian Assistant Workforce Model (allied health)

Overview

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Introduction

An ageing population, rising chronic disease, advancing technology, increasing costs, and pressures associated with workforce shortages, have prompted the development of innovative approaches to ensure effective utilisation of the workforce (Department of Health 2014a). Workforce redesign and reform is a key strategy to improve workforce capacity and the sustainability of service delivery, while maintaining and improving quality of outcomes, efficiency and worker satisfaction.

Allied health practitioners (AHPs) encompass a diverse group of disciplines and practitioners with different technical skills, knowledge and practices. They are autonomous practitioners and who deliver evidence-based practice in a direct patient care role and a defined scope of practice (AHPA 2015). AHPs are comprised of nationally registered professions (under the National Registration and Accreditation Scheme) and/or are self-regulated allied health professions (Department of Health 2014b). AHPs have completed university health sciences courses (other than medicine, nursing and dentistry) and have clearly articulated national entry-level competency standards (AHPA 2015).

In Australia, AHPs include: art or music therapists, audiologists, dietitians, exercise physiologists, medical radiation practitioners, occupational therapists, orthotists, pharmacists, physiotherapists, podiatrists, prosthetists, psychologists, social workers and speech pathologists (Better Health Channel 2015).

The Victorian assistant workforce model (allied health) (VAWM) focuses on developing the allied health assistant (AHA) workforce in the public health system. The AHA performs an important role in the allied health team. AHAs work directly under the supervision of AHPs. They support and assist AHP work by undertaking a range of less complex tasks directed at delivery of healthcare. While the AHA workforce has operated in Victoria for many years, the sector is now recognising the enormous benefits these roles can bring to the delivery of allied health services across a broad range of disciplines, settings and program areas (Department of Health 2012).

In 2012–15, AHAs formed approximately 9.7 per cent of the allied health workforce across Victorian rural/regional, metropolitan health services and community and ambulatory health services (Department of Health 2014c; 2014d). However, AHA utilisation continues to be limited by AHP understanding of the roles, skills and contribution that AHAs can make to health outcomes and service design (Department of Health 2012).

The VAWM draws on the experiences of Victorian health services that have successfully implemented the methodology. The methodology provides organisations with a basis for future workforce planning and redesign to ensure AHAs and AHPs are utilised to their full scope of practice. This approach will develop the capacity of the AHA workforce and enable innovative and efficient service development, while improving the capacity of the allied health workforce to sustainably meet the community's health needs into the future.

Background and context

The Council of Australian Governments agreement (2008) identified health workforce capability and supply as a major reform component required to improve and provide a sustainable healthcare system in Australia. The allied health workforce is an essential component of the health workforce, and the demand for allied health services will continue to increase with the ageing population, the growing burden of chronic disease and an increasing emphasis on the delivery of multidisciplinary care (Department of Health 2014a). New service models that use our allied health workforce to the best effect will assist in meeting evolving and increasing service demands. Improved use of the AHA workforce will help to alleviate some of the increasing demand on allied health services and will provide improved access to health services.

The evolution of Victoria's work to support the development and growth of the AHA workforce commenced in 2005 with the Better Skills Best Care (BSBC) strategy (Department of Health 2007). Eighteen pilot projects were trialled in a broad range of healthcare settings to examine local opportunities for workforce reform. Of these pilots, seven projects were focused on amended support roles, including the AHA role. In response to the positive organisational impact resulting from the BSBC projects, the Certificate IV in Allied Health Assistance (Cert IV in AHA) qualification was introduced as part of the Industry Skills Council's Health Training Package in 2007. The qualification allowed more specific training and skill development, improving the utilisation of AHAs in the delivery of quality health services across a wide range of health care settings (Department of Health 2012).

The concurrent introduction of the AHA industrial classification structure, allowing for Grade 1, 2 and 3 AHAs, simultaneously provided further opportunities for the increased utilisation of the AHA workforce (Department of Health 2012). Grade 3 AHAs, who require the minimum qualification of the Cert IV in AHA or its equivalent, are able to work with a greater degree of autonomy than Grade 2 AHAs. This broadening and identification of the parameters of practice for AHAs has provided further opportunities to improve access and continuity of service to patients. The classification structure also provides an opportunity for career progression within the AHA role, and promotes the requirement of professional development to enable the development of more advanced skills. In 2009, an AHA scoping report examined the barriers to using AHAs and identified ways in which AHA roles could be further supported and enhanced (Department of Health 2012). In response to the findings of this report, the department developed the *Supervision and delegation framework for allied health assistants* (Department of Health 2012).

The *Supervision and delegation framework for allied health assistants* seeks to actively improve the sector's understanding of the AHA role and support the increased uptake and utilisation of the AHA role across Victoria. This key framework supporting the AHA workforce, and provides a vital foundation for the VAWM. The *Supervision and delegation framework for allied health assistants* can be applied throughout the VAWM to improve staff understanding of the roles, skills and contribution that AHAs can make to patient outcomes and service design throughout the project. In particular, the document informs decision making for AHA scope of practice.

Characteristics of the Victorian assistant workforce model

The VAWM aims to increase staff understanding of the scope of tasks that can be delegated to an AHA, as well as quantify the opportunity for AHAs across a range of allied health disciplines working along the full spectrum of the continuum of care. The culmination of the VAWM results in the development of a strategic workforce plan. This sets up a platform for ongoing local strategic workforce reform while providing an avenue for monitoring, evaluating and reviewing the specific outcomes of the workforce reform.

The VAWM outlines a time-limited methodology, underpinned by three overarching principles: change management, consultation and organisational priorities. The VAWM methodology commences with initial scoping of the project, project planning and developing key components for effective change management. Ongoing engagement and active participation of AHP and AHA staff ensures that strategic workforce development is in line with organisational priorities while ensuring staff are informed, engaged and committed to allied health workforce reform within the organisation.

A unique part of the VAWM is the quantification survey. The quantification survey is designed to objectively measure the magnitude of need for AHAs within an organisation. The content of the survey is informed by staff engagement activities and is adapted for each organisation to ensure its relevance to individual programs, services or disciplines.

Data collection and analysis in the VAWM methodology has been designed to ensure that any recruitment and growth subsequent to the implementation of the VAWM will be informed by a robust process. The strategic workforce plan will match staffing profiles to actual tasks completed and create a culture change towards the increased utilisation of AHAs across the organisation. This plan will assist organisations with planning for the structure and design of future allied health services.

Purpose

The key purpose of the VAWM is to assist health and community services to strategically position themselves to sustainably build their future AHA and allied health workforce capacity, productivity and efficiency. It aims to:

- increase the AHA workforce and utilise AHAs to their full scope of practice
- increase allied health workforce capacity
- make the most effective use of highly skilled AHPs
- support more advance practice opportunities for AHPs
- improve access to allied health services
- grow a sustainable workforce
- increase AHP and AHA staff satisfaction.

Development and piloting

The methodology underpinning the VAWM was first developed, piloted and evaluated as part of the Victorian Department of Health's funded AHA project, conducted by Alfred Health in 2009–11 (Department of Health 2012). The Alfred Health project identified cost-neutral opportunities to restructure the allied health workforce to allow greater use of AHAs and increase service capacity.

In 2012–15, the department funded a staged roll out of the Alfred Health methodology in Victoria, becoming the AHA Implementation Program (the program). The program expanded and adapted the original methodology to support its implementation in rural/regional, metropolitan health services, and community and ambulatory services. The three stages of the program adopted a train-the-trainer model approach to support organisations through the implementation of the methodology. The application of the methodology led to the development of the VAWM.

Who should use the model

The VAWM is specifically designed for addressing the allied health workforce.

The *Supervision and delegation framework for allied health assistants* stipulates that AHAs must always work under the overarching auspice and clinical oversight of an AHP. AHPs are also accountable to regulatory and professional bodies. A number of professional bodies outline the responsibilities of AHPs when delegating tasks to an AHA (Australian Physiotherapy Association 2008; Speech Pathology Australia 2015).

AHPs are responsible for supervising and supporting AHAs to whom they delegate activities, and for monitoring the AHA's performance of activities they delegate (Department of Health 2012). AHPs are required to determine that AHAs have the knowledge and skill level required to perform the delegated task and to only delegate tasks that fall within the guidelines and protocols of the workplace (Department of Health 2012).

AHA tasks identified through implementation of the VAWM require full understanding of the nature and levels of risk and clinical reasoning associated with individual allied health clinical interactions, and therefore must be allied–health related tasks. However, you may identify existing roles within your organisation that could potentially be filled by either an AHP or another health worker, such as diabetes education, care coordination or health promotion. Therefore it may be valuable for non–allied health staff to participate in the consultation and engagement process – however quantifying and identifying tasks should be completed by an AHP only.

If a potential AHA position is identified in a multidisciplinary team that includes a role that is currently filled by a staff member who is not an AHP, data can be collected on this role. Part of the strategic planning for this position will be to determine how the AHA position is provided with clinical supervision from AHP staff in line with the *Supervision and delegation framework for allied health assistants* and professional body standards of practice (Australian Physiotherapy Association 2008; Speech Pathology Australia 2015).

The VAWM relates to the delivery of allied healthcare in metropolitan and rural/region health services, across a broad range of settings, including community and ambulatory services. The methodology of the VAWM steps through the necessary processes to guide an analysis of the allied health workforce to strategically position the organisation to build their future allied health workforce capacity. Aligning the VAWM with current organisational strategic goals and plans will assist in determining the VAWM's relevance to the organisation.

Other local indicators of need for increasing AHA capacity may include unmet clinical demand, workplace dissatisfaction or difficulty with AHP recruitment (Department of Health 2012).

Organisational requirements for successful VAWM implementation may include:

- a designated timeline for completing the VAWM methodology
- designated executive sponsor/s to provide overarching governance and strategic oversight of the implementation
- designated staff to work in the project team or role, with protected time to complete the VAWM methodology
- collaboration between the executive sponsor/s and the project team or personnel to conduct the methodology
- commitment to release all allied health staff, within the scope defined by the organisation, to participate in staff consultation and data collection activities
- commitment to implement the strategic workforce plan following completion of the VAWM methodology
- consideration of change management obligations in industrial agreements, such as the Victorian Public Health Sector (health professionals, health & allied services, managers & administrative officers) Multiple Enterprise Agreement (2011-2015) and/or organisational policies [13, 14].
- consideration of organisational requisites for conducting projects and disseminating project results, such as ethics or related approvals.

VAWM methodology

VAWM overarching principles

Three overarching principles form the foundation of the VAWM: change management, consultation and organisational priorities.

Figure 1: The Victorian Assistant Workforce Model (allied health)

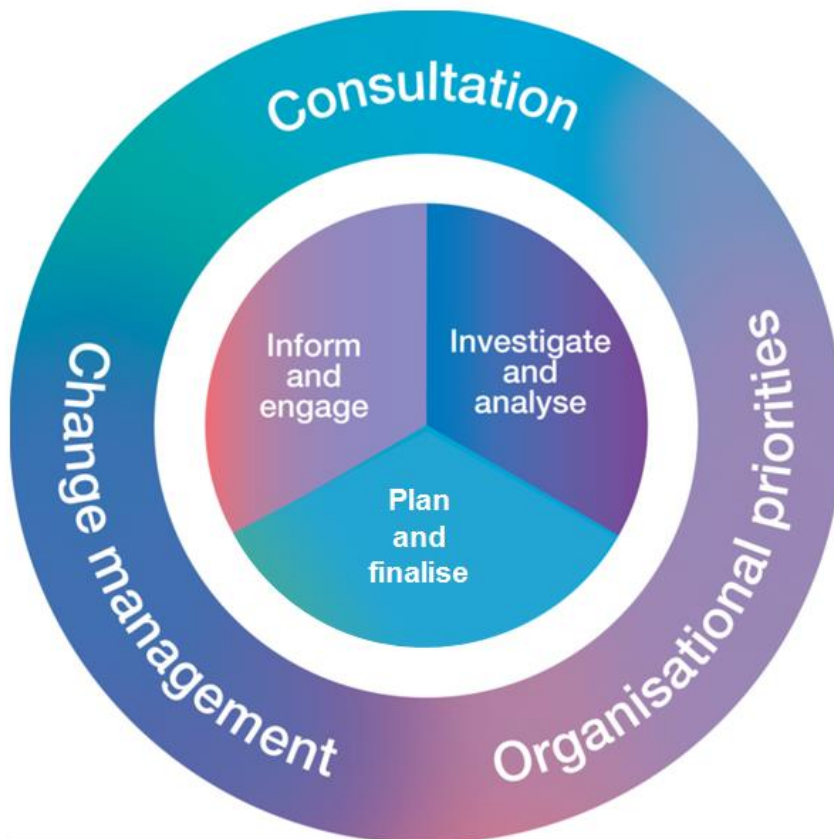


Table 1 outlines the purpose of the overarching principles. Processes for managing change within the organisation are considered throughout VAWM implementation, while the extensive consultation required throughout the project is built into key activities. Resources that can be adapted for each organisation are provided to ensure that the VAWM is aligned with organisational priorities and outcomes that target relevant areas of workforce reform.

Table 1: VAWM overarching principles

Change management	Consultation	Organisational priorities
Understanding the drivers for change and the importance of strong leadership, key stakeholder engagement, and allied health staff consultation is essential to the VAWM success and an integral part of the process to develop a sustainable workforce solution and shared vision for the future.	Identifying organisational governance structures and consulting and communicating with key stakeholders, including allied health staff, through formal and informal opportunities throughout the program is vital to the project management process and crucial to the success of the VAWM and change management process.	Developing a clear understanding of organisational priorities is required to ensure that the methodology is contextualised and relevant to your organisation. This is an important link throughout the VAWM consultation and quantification process and will inform planning to successfully integrate the AHA workforce to support and meet service demands.

VAWM integrated phases and elements

Three integrated phases describe the key processes required to implement the VAWM:

- inform and engage
- investigate and analyse
- strategic and future planning.

These phases are divided into six elements:

- project initiation
- staff engagement
- data collection
- data analysis
- strategic planning
- project finalisation.

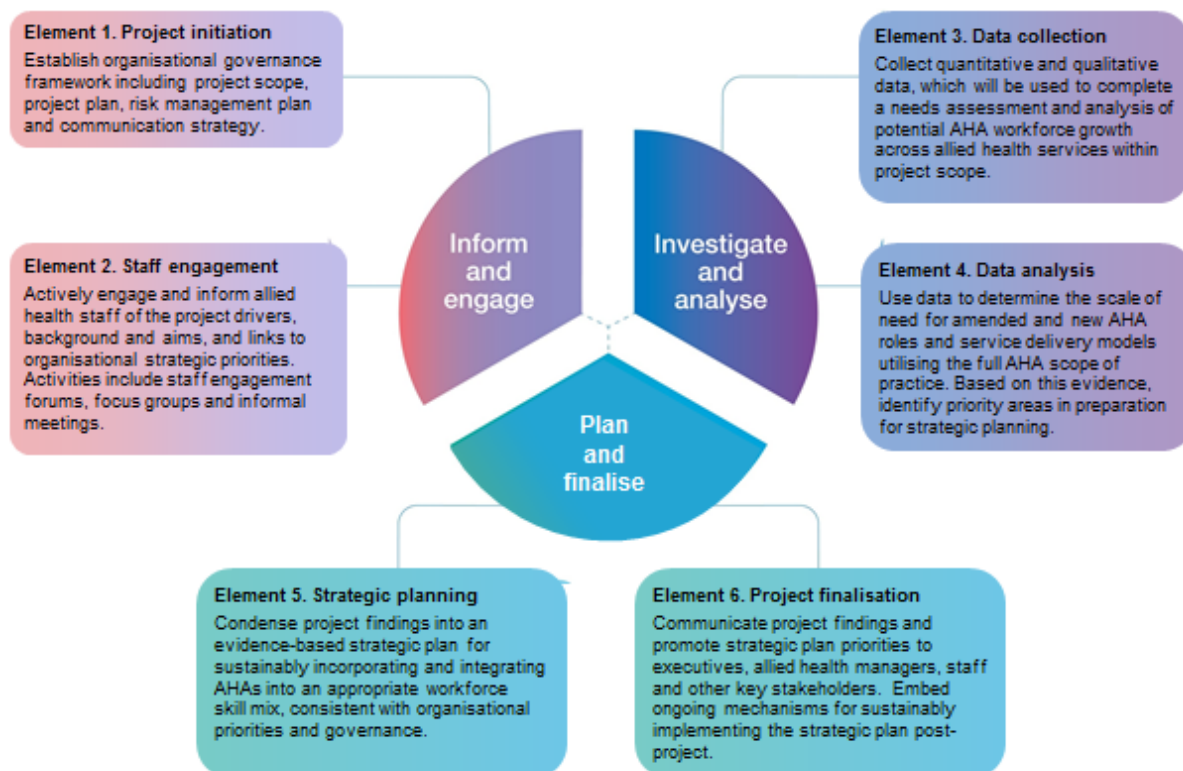
The logical grouping of two elements in each phase in the VAWM divides the elements into sections with similar themes, common resources and activities. Figure 2 shows the three interlinking phases and elements of the VAWM.

Although these phases are structured to be implemented sequentially to inform the following phase, the VAWM is flexible. The interaction between the phases is interdependent and the phases will overlap.

The six elements are designed to step project teams through the methodology in a structured and measured way. In order to implement the methodology of the VAWM successfully, the execution of each phase and element should consider and be informed by the three overarching principles of the VAWM: change management, consultation and organisational priorities.

The methodology includes strategies for incorporating these.

Figure 2: Victorian Assistant Workforce Model (allied health) phases and elements

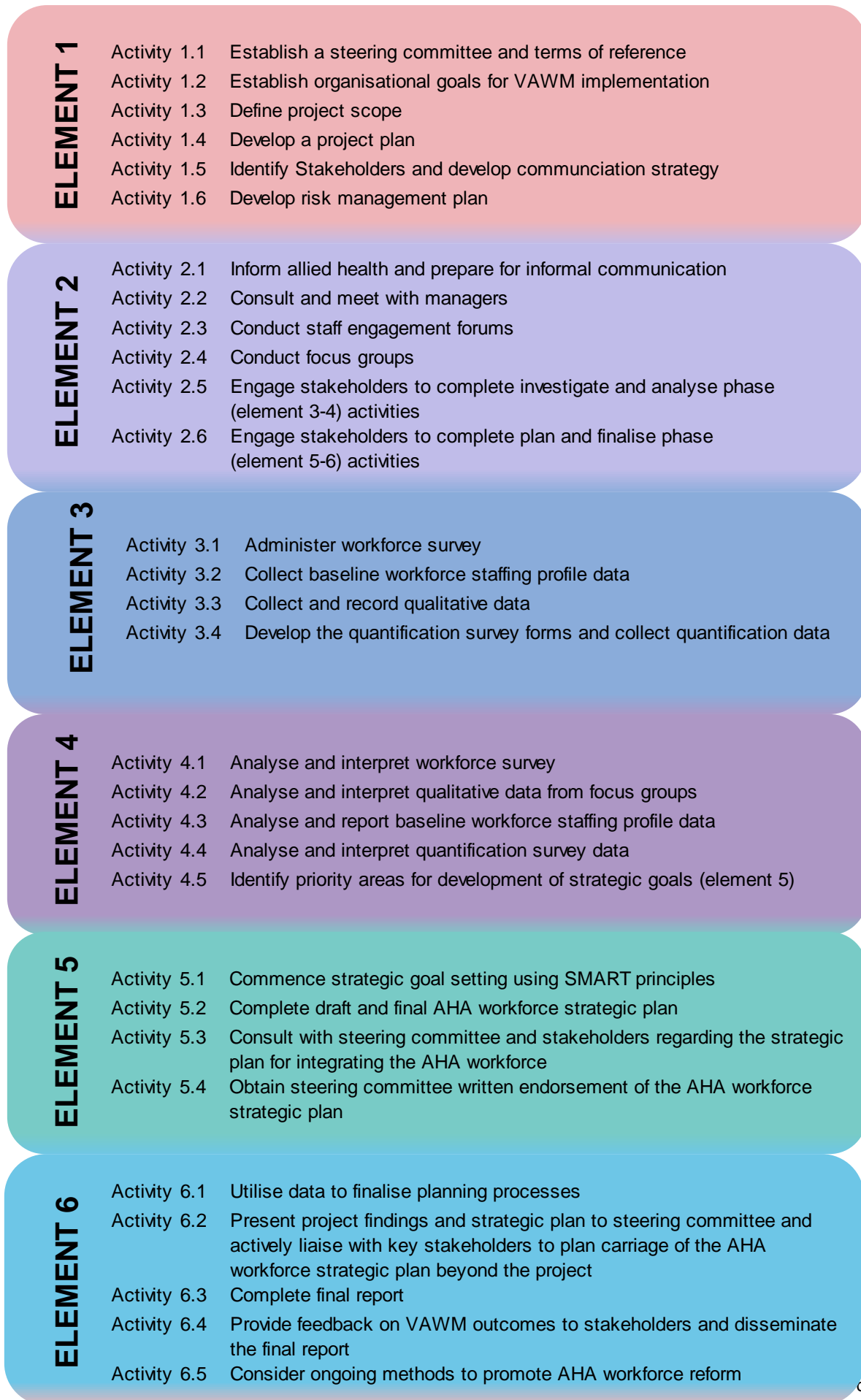


How to use the VAWM

The methodology of the VAWM guides the processes of staff engagement, data collection and analysis and culminates with the production of an evidence-based strategic plan for enhancing the AHA workforce.

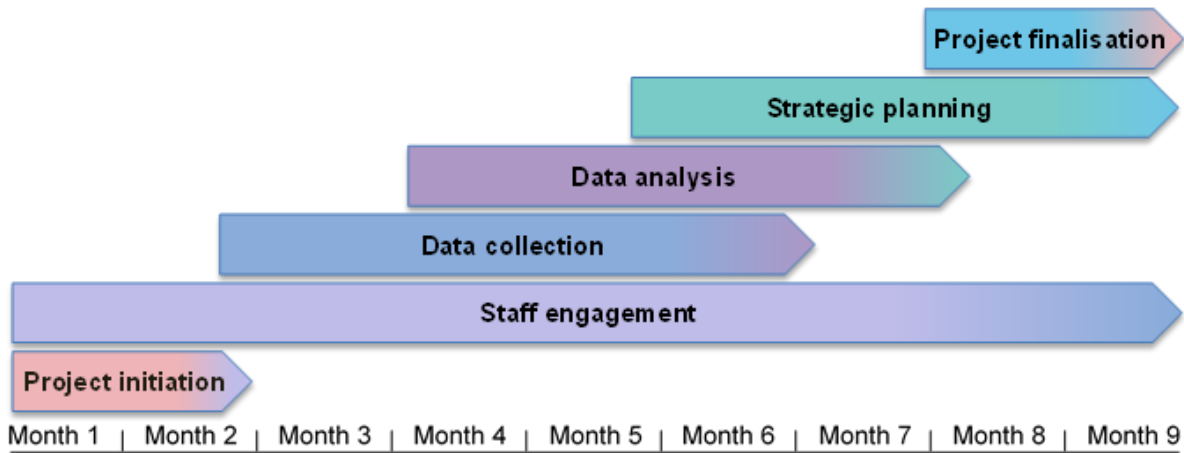
The VAWM provides guidance for the implementation of each of the elements in the methodology, with practical resources to assist in their delivery. Each element includes a number of activities to complete (Figure 3) throughout the VAWM implementation, facilitating achievement of the element aims. Various element activities will inform further element activities and strategies throughout the duration of the VAWM implementation. Thus it is suggested that readers initially read the entire methodology to gain an overall understanding of the key components of the methodology. This will assist in the timing and delivery of implementation.

Figure 3: VAWM element activities



When implementing this methodology within an organisation, timeframes may vary across different workplaces, and will be dependent on the number of allied health disciplines involved and the extent of project resources available. Suggested timeframes for key activities in a nine-month implementation period are documented below next to each element in Figure 4.

Figure 4: Suggested activity timeline



Resources

Resources to assist in implementing the VAWM activities have been developed to form part of this package. These are outlined in each of the elements. There are also a number of key documents published by the department that will support the implementation of the VAWM. These documents provide a broader understanding of the key drivers for workforce reform, examples of successful AHA workforce initiatives, support for new workforce strategies and appropriate support and governance structures for the AHA workforce. These documents can be accessed on the department's website and include:

- *Supervision and delegation framework for allied health assistants*
- *Guidelines to scope and introduce new allied health assistant roles*
- *Supervision and delegation for allied health assistants case studies*
- *Allied health: credentialing, competency and capability framework*
- *Core spine and competencies*
- *Allied health assistant implementation program stage 1-3 reports*
- *Assistants and support workers: workforce flexibility to boost productivity: full report*

Element 1: Project initiation

Element 1. Project initiation

Establish organisational governance framework including project scope, project plan, risk management plan and communication strategy.



Aims:

- Identify organisational drivers for change.
- Establish the project timeframes.
- Engage appropriate stakeholders.
- Develop multi-layered communication.
- Develop a risk management plan to support VAWM success.

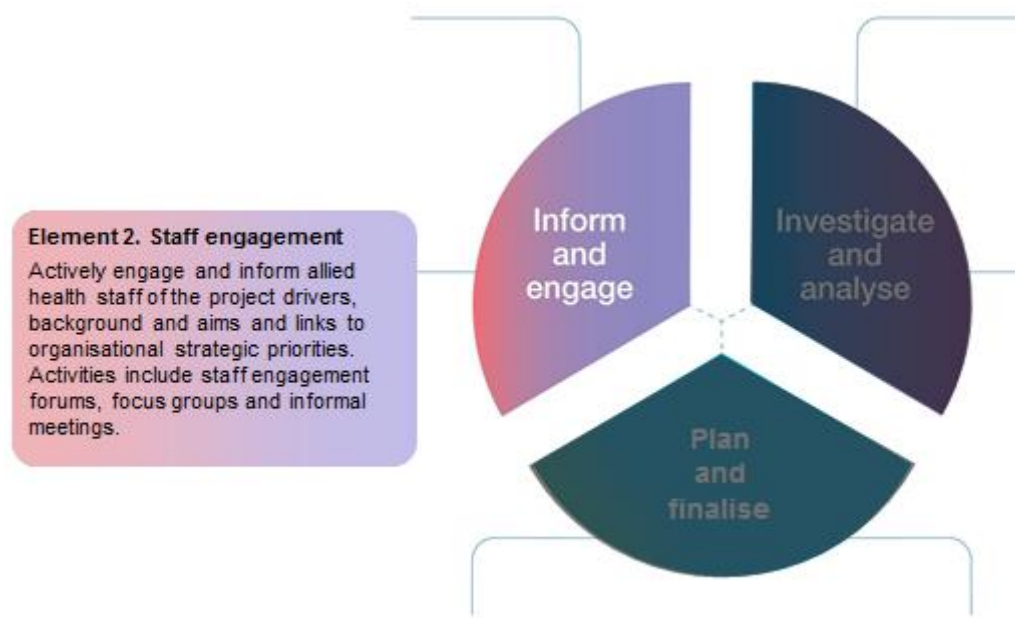
ELEMENT 1

- Activity 1.1 Establish a steering committee and terms of reference
- Activity 1.2 Establish organisational goals for VAWM implementation
- Activity 1.3 Define project scope
- Activity 1.4 Develop a project plan
- Activity 1.5 Identify Stakeholders and develop communication strategy
- Activity 1.6 Develop risk management plan

Resources for Element 1

Resource	Activity	Summary of resource
SMART goals framework	Activity 1.2	This document provides guidance in structuring goals according to the SMART goal framework.
GANTT chart template	Activity 1.4	An Excel spreadsheet template that may be populated with project activities by the project team across the life of implementing the model. Key activities have been included as a guide.
Suggested VAWM timeline	Activity 1.4	A GANTT chart detailing key activities for VAWM implementation over a specified 40-week period with suggested timeframes for each element activity.
Progress report template	Activity 1.4	A reporting template for use by project teams to document progress of VAWM implementation.
Communication strategy guide	Activity 1.5	Introductory information on how to develop a communication strategy in the context of the VAWM, including hints for utilising project champions
Risk management plan documentation example	Activity 1.6	Example of risk and management strategy used previously in the VAWM implementation.

Element 2: Staff engagement



Aims

- Actively engage allied health staff in order to facilitate and enable change.
- Inform stakeholders of the VAWM and drivers for workforce reform.
- Inform stakeholders how the VAWM links to the organisational priorities.
- Build stakeholder capacity for accepting change.
- Enhance staff participation in the VAWM.
- Conduct a needs analysis.

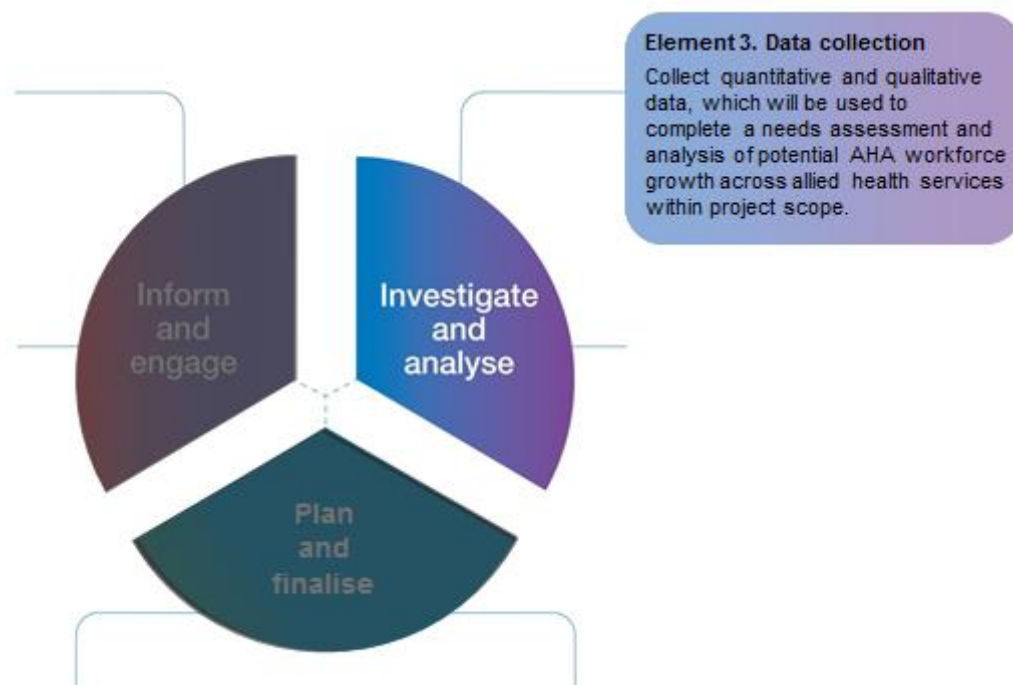
ELEMENT 2

- Activity 2.1 Inform allied health and prepare for informal communication
- Activity 2.2 Consult and meet with managers
- Activity 2.3 Conduct staff engagement forums
- Activity 2.4 Conduct focus groups
- Activity 2.5 Engage stakeholders to complete investigate and analyse phase (element 3-4) activities
- Activity 2.6 Engage stakeholders to complete plan and finalise phase (element 5-6) activities

Resources for Element 2

Resource	Activity	Summary of resource
Elevator pitch guide	Activity 2.1	Examples and guide for creating VAWM elevator pitches.
Staff engagement forum and focus group guide	Activity 2.3	Guide to conducting the staff engagement forums and focus groups.
Staff engagement forum presentation	Activity 2.3	Template for staff engagement forum. Contains suggested speaking notes.
Focus group presentation	Activity 2.4	Template for focus groups. Contains suggested speaking notes.
AHA task list	Activity 2.4	A list of tasks that AHAs might undertake under the supervision of an AHP. These tasks were identified through the implementation of the VAWM in Victoria in 2012-2015.
Final steering committee guide	Activity 2.6	Guide for conducting the final steering committee meeting
Final steering committee presentation	Activity 2.6	Template for final steering committee meeting. Contains suggested speaking notes.

Element 3: Data collection



Aims

- Measure the baseline AHA/AHP workforce staffing profile.
- Identify and quantify tasks that are currently performed by AHPs that could be delegated to AHAs.
- Inform change management to increase uptake of the AHA workforce.
- Provide an evidence base that identifies the need for new or expanded AHA roles.
- Inform the development of an AHA workforce strategic plan (Element 5).

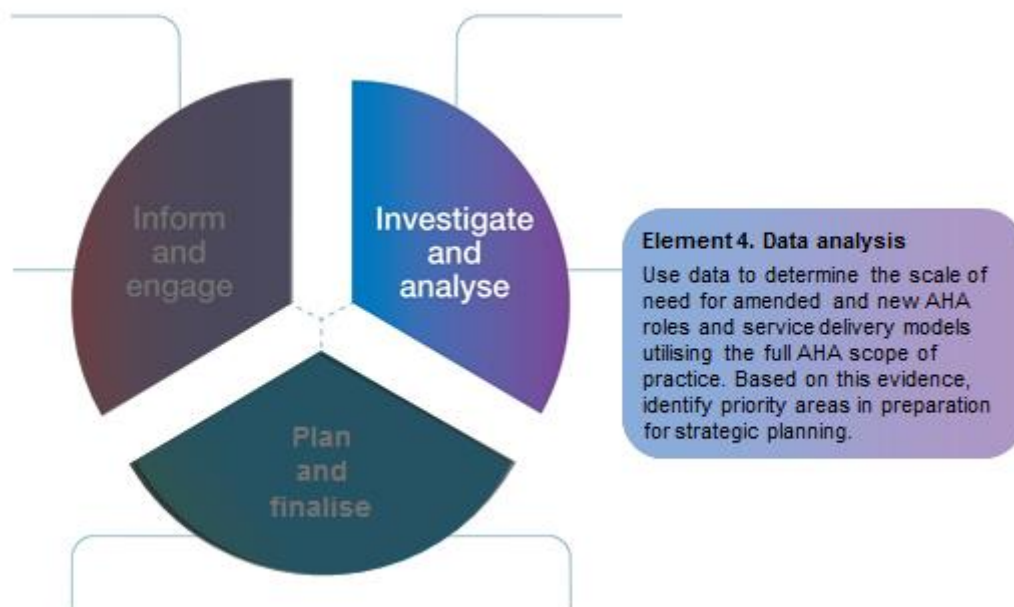
ELEMENT 3

- Activity 3.1 Administer workforce survey
- Activity 3.2 Collect baseline workforce staffing profile data
- Activity 3.3 Collect and record qualitative data
- Activity 3.4 Develop the quantification survey forms and collect quantification data

Resources for Element 3

Resource	Activity	Summary of resource
AHA workforce survey question suite	Activity 3.1	A question suite for the AHA workforce survey used during the piloting of the VAWM. May be contextualised for and used by organisations implementing the VAWM.
AHP workforce survey question suite	Activity 3.1	A question suite for the AHP workforce survey used during the piloting of the VAWM. May be contextualised for and used by organisations implementing the VAWM.
VAWM database	Activity 3.2	Database designed specifically for the VAWM for data entry and analysis of baseline workforce staffing profile data and quantification survey data.
VAWM database instructions	Activity 3.2	Instructions to the purpose, function and navigation of the VAWM database tool.
AHA task list	Activity 3.4	An inventory of tasks organised by discipline, under 10 practice categories. This can be used to facilitate staff engagement activities, and in the development of the AHA quantification survey.
The quantification survey guide	Activity 3.4	Detailed guide to the development of the quantification survey including a planning checklist, quantification survey instruction sheet and quantification survey template.

Element 4: Data analysis



Aims

To complete a needs analysis, including:

- analysis of qualitative data collected from focus groups, consultation/s with key stakeholders
- ratification of discipline and/or program/service tasks
- quantification of need
- identification of organisational strategic goals and priority areas for integrating the AHA workforce.

ELEMENT 4

- Activity 4.1 Analyse and interpret workforce survey
- Activity 4.2 Analyse and interpret qualitative data from focus groups
- Activity 4.3 Analyse and report baseline workforce staffing profile data
- Activity 4.4 Analyse and interpret quantification survey data
- Activity 4.5 Identify priority areas for development of strategic goals (element 5)

Resources for Element 4

Resource	Activity	Summary of resource
VAWM database	Activity 4.3 Activity 4.4	Database designed specifically for the VAWM for data entry and analysis of baseline workforce staffing profile data and quantification survey data.
VAWM database instructions	Activity 4.3 Activity 4.4	Instructions to the purpose, function and navigation of the VAWM database tool.
Data analysis guide – Quantification data and the Allied Health Staffing Factor	Activity 4.4	Detailed guide analysis of quantification data, and a description of the AHSF including its development by Alfred health and guidelines to adjusting the factor to the context of an organisation.

Element 5: Strategic planning



Aims

- Develop strategic goals that are based on qualitative and quantitative data analysis, consultations with key stakeholders and agreed organisational priorities.
- Develop an AHA workforce strategic plan based on the agreed strategic goals identified.
- Utilise the AHA workforce strategic plan to outline specific activities, actions and timelines to reach identified goals.

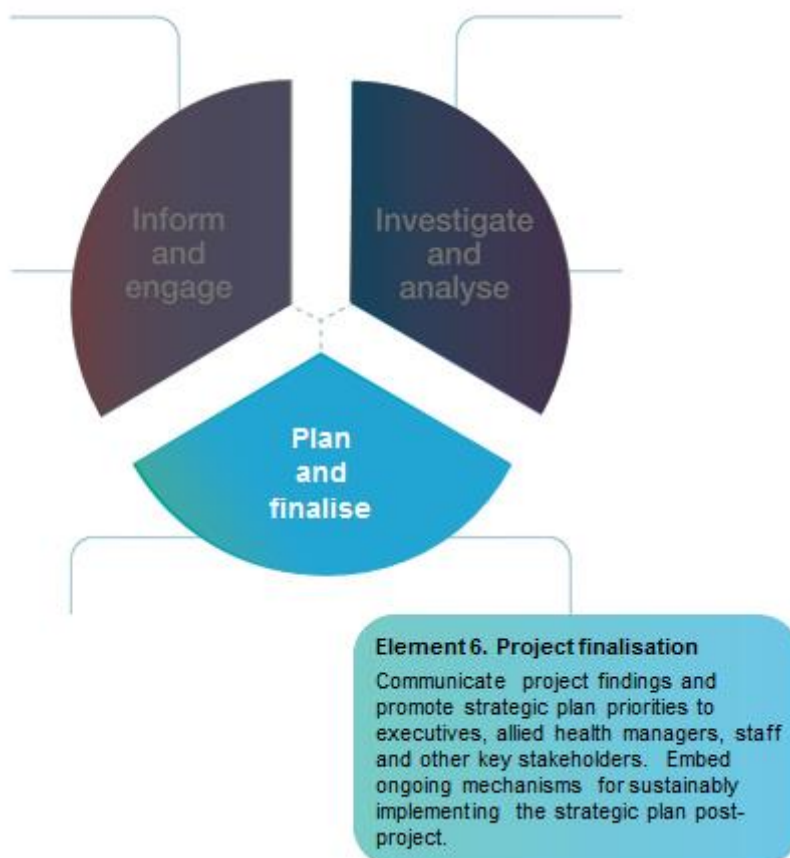
ELEMENT 5

- Activity 5.1 Commence strategic goal setting using SMART principles
- Activity 5.2 Complete draft and final AHA workforce strategic plan
- Activity 5.3 Consult with steering committee and stakeholders regarding the strategic plan for integrating the AHA workforce
- Activity 5.4 Obtain steering committee written endorsement of the AHA workforce strategic plan

Resources for Element 5

Resource	Activity	Summary of resource
SMART goal framework	Activity 5.1	This document provides guidance in structuring goals according to the SMART goal framework.
Strategic planning guide	All Element 5 activities	This guide contains a description of the components that form a Strategic AHA Workforce Plan.

Element 6: Project finalisation and next steps



Aims

- Communicate the findings of the VAWM implementation.
- Promote the recommendations of the AHA workforce strategic plan.
- Establish a method for ensuring the implementation and sustainability of the AHA workforce strategic plan following VAWM implementation.
- Establish agreed methods to implement short, medium and long term strategic goals for integrating the AHA workforce.
- Identify key stakeholders who will drive the implementation of the AHA workforce strategic plan and foster the organisational workforce reform required to implement the AHA workforce strategic plan.

ELEMENT 6

- Activity 6.1 Utilise data to finalise planning processes
- Activity 6.2 Present project findings and strategic plan to steering committee and actively liaise with key stakeholders to plan carriage of the AHA workforce strategic plan beyond the project
- Activity 6.3 Complete final report
- Activity 6.4 Provide feedback on VAWM outcomes to stakeholders and disseminate the final report
- Activity 6.5 Consider ongoing methods to promote AHA workforce reform

Resources for Element 6

Resource	Activity	Summary of resource
Final steering committee presentation	Activity 6.2	Suggested format for final steering committee presentation and speaking notes.
Final steering committee meeting guide	Activity 6.2	Guidance for final steering committee meeting and presentation.
Final report guide	Activity 6.4	Final report guide with suggested formatting, content and structure.
Final report template	Activity 6.4	Final report template with suggested formatting and structure.

Conclusion

The Victorian assistant workforce model (allied health) (VAWM) aims to assist health and community services to strategically and sustainably build their allied health workforce capacity. The VAWM is a mixed method approach with three overarching principles: consultation, organisational priorities and change management. It builds on an extensive body of work undertaken by the Victorian Department of Health & Human Services (the department) since 2005, to increase the uptake and use of the AHA workforce in Victoria (Department of Health 2014a).

Enhancing use of the AHA workforce supports workforce sustainability and improves service delivery capacity in the face of increasing demand for allied health services. Improved utilisation of the AHA workforce will help provide improved access and continuity of healthcare, and support advanced practice opportunities for AHPs. Each of these aspects will have a positive impact on the retention, capacity and productivity of AHPs (Department of Health 2014a). A skilled and flexible AHA workforce able to work with single disciplines, or in multidisciplinary allied health teams, will support the delivery of new and innovative models of care in response to community health needs.

Knowledge gained from the past six years of VAWM pilot and implementation activities indicates anxiety amongst AHPs related to redundancy and replacement of professional staff with a support workforce. This anxiety is not unique to the allied health workforce (Somerville et al. 2015). It is vital to address these concerns with participating AHPs, and to engage with internal and external stakeholders to communicate the true intention of the VAWM.

The contribution that the VAWM makes to health workforce reform is not about substitution of AHP roles with AHA roles. It is a guide to identify the realignment of skill mix and staff profile to optimise the effectiveness, productivity and capacity of the allied health workforce in consideration of the increasing demand for services.

The VAWM methodology relies on strong staff engagement and participation to contribute to the identification of tasks appropriate for delegation to AHAs. The quantification of AHP work that can be delegated to an AHA is a unique approach to workforce redesign. Completion of survey and staff engagement activities specified within the VAWM will facilitate open and frank conversations with allied health staff around effective workforce design. The VAWM provides a robust structure including tools and resources to guide a project team in implementation.

The VAWM is one aspect of the allied health workforce strategy undertaken by the Victorian Department of Health to address allied health workforce productivity and capacity. The VAWM provides a robust process for strategic planning guided by sound workforce analysis. It supports the alignment of the workforce with the increasing future demand. A successful long-term outcome of the VAWM implementation will be that an allied health workforce that is fit for purpose, with the right worker completing the right tasks, within the appropriate scope of practice (Somerville et al. 2015).

Abbreviations

ADL: activities of daily living

AH: allied health

AHA: allied health assistants

AHP: allied health professional

AHSF: allied health staffing factor

BSBC: Better Skills Best Care

Cert IV in AHA: Certificate IV in Allied Health Assistance

COAG: Council of Australian Governments

FTE: full-time equivalent

IPA: individual patient attributable

KPI: key performance indicator

NSQHS: National Safety and Quality Health Standards

OT: occupational therapy

RTO: registered training organisation

PT: physiotherapy

The department: Department of Health & Human Services, Victoria

SW: social work

VAWM: Victorian assistant workforce model

VCAT: Victorian Civil and Administrative tribunal

Glossary

AHA task list

An inventory of tasks organised by discipline, under 10 categories of practice.

AHA workforce strategic plan

A framework for informed and strategic action within the organisation.

Allied health staffing factor (AHSF)

A model to calculate the true costs and FTE requirements of clinical roles by translating allied health individual patient attributable (IPA) clinical care activity into FTE.

Baseline workforce staffing profile

A point-in-time collection of the allied health workforce composition.

Categories of practice

Ten broad groups of tasks themed to align with AHP categories of practice (Department of Health 2012).

Change management

A systematic approach to managing change and transitioning the organisation and individuals to a desired future state.

Clinical incidents

An event or circumstance that could have, or did, lead to unintended and/or unnecessary harm to a person receiving care (Department of Human Services 2008).

Communication strategy

A working document of the agreed communication processes that will be most effective for interacting with each stakeholder.

Communication strategy guide

Information to support project teams in the development of a communication strategy in the context of the VAWM.

Consultation

The action or process of formally consulting or discussing before making a decision.

Converted hours

The conversion of the clinical hours identified from the quantification survey into the actual number of hours required in a full-time equivalent (FTE) position per week that includes the clinical hours identified, plus the time required for non-clinical tasks and paid leave entitlements.

Current budgeted FTE

The full-time equivalent (FTE), currently budgeted for in the organisation, for all teams, services, or disciplines included in the scope of VAWM implementation. This data is collected as a component of the baseline workforce staffing profile

Data analysis (Element 4)

The analysis of all data collection activities culminating in the identification of priority areas of AHA need across the organisation.

Data collection (Element 3)

The collection of qualitative and quantitative data, which will be used to complete a needs assessment and analysis of potential AHA workforce growth across allied health services within scope.

Data collection methods

The methods used to collect data across throughout the data collection element activities. They include the workforce survey, staff engagement activities, baseline workforce staffing profile and quantification survey

Element activities

Key activities aligned with each of the six elements that require implementation as part of the VAWM methodology.

Elevator pitch

A concise, brief description about the VAWM and how it will benefit the stakeholder, that could be delivered the time it takes to ride from the top to the bottom of a building in an elevator.

Elevator pitch guide

This resource assists in the preparation of appropriate elevator pitches for the VAWM implementation.

Final report

A report containing information on the implementation of the VAWM methodology, data analysis and findings, key issues and solutions, and the strategic plan for integrating the AHA workforce within the organisation.

Final report guide

The final report guide outlines the information required throughout the final report.

Final report template

A template with suggested format for the final report.

Final steering committee meeting guide

This resource assists in the preparation and delivery of the final steering committee presentation.

Final steering committee presentation

Provides steering committee members with the results from the VAWM methodology and facilitates agreement of organisational priorities and next steps for implementation of the AHA workforce strategic plan.

Focus groups

A small group discussion guided by a facilitator.

Focus group presentation

A suggested PowerPoint presentation that may be used to facilitate the focus groups.

Full-time equivalent (FTE)

A unit that indicates the workload of an employed person in a way that standardises workloads against those working full-time. An FTE of 1.0 refers to a full-time employee.

GANTT chart

A chart that illustrates a project schedule and illustrate the start and finish dates of the elements of a project. A GANTT template, using Excel, has been contextualised for the VAWM and provided to support project teams in developing a project schedule.

Initiate and engage phase

A phase of the VAWM that includes Element 1: Project initiation and Element 2: Staff engagement.

Investigate and analyse phase

A phase of the VAWM that includes Element 3: Data collection and Element 4: Data analysis.

Key stakeholders

The target audience identified during the stakeholder analysis

Needs analysis

A systematic method of identifying the unmet health and healthcare needs of a population, and making changes to meet those unmet needs (Bindra 2008). The VAWM assesses the need for a new or redesigned AHA workforce specific to an organisation.

Organisational priorities

A set of important priorities that are clearly linked to the vision and values of the organisation. Organisational priorities inform current and future behaviour and action.

Organisational goals

A future-based expectation and/or end result the organisation is working towards.

Percentage of identified AHP time

The time spent by AHPs on tasks that could be delegated to an AHA as a percentage of the current budgeted full-time equivalent (FTE).

Physical numbers of AHP and AHA staff

A head count of current AHP and AHA staff included in the baseline workforce staffing profile data collection.

Plan and finalise phase

A phase of the VAWM that incorporates Element 5: Strategic planning and Element 6: Project finalisation.

Priority areas

Identified areas within the organisation with a high priority for AHA workforce redesign. These areas are identified by the data analysis and are in the context of organisational priorities.

Project champions

A person who is not formally part of the project team, however supports the implementation of the VAWM and acts in an advocacy role (Rochon 2015).

Project finalisation (Element 6)

Embed ongoing mechanisms for AHA workforce reform and implementation of the AHA workforce strategic plan, and present and finalise results from the VAWM implementation.

Project initiation (Element 1)

The process of establishing organisational governance framework including project scope, project plan, risk management plan and communication strategy.

Project plan

A working document that includes the endorsed scope, all key activities and the timeframes required to implement the VAWM.

Project scope

The identification of what will be included or excluded in the implementation of the VAWM.

Qualitative data

Data that cannot be expressed as a number. This is collected during staff engagement activities and the workforce survey.

Quantitative data

Data that can be expressed as a number or quantified. This data is collected from the workforce survey, baseline workforce staffing profile, and quantification survey.

Quantification survey

A paper-based survey that collects information from AHPs over a five-day period, recording time (in minutes) that they have spent on tasks that could be delegated to an AHA.

Quantification survey guide

A detailed guide to support project teams in the development of the quantification survey.

Risk management plan

A working document that identifies potential risks to the implementation of the VAWM and documents the agreed strategies to avoid the risks occurring or to minimise the consequence of the risk should they occur.

SMART goal

A goal designed utilising the SMART acronym: smart, measurable, achievable, relevant, realistic, time-limited.

SMART goal framework

Guidance for developing a SMART goal.

Staff engagement (Element 2)

A process of actively engaging and informing staff of the project drivers, background and aims which link to organisational strategic priorities.

Staff engagement forums

Information sharing opportunities with allied health staff and key stakeholders. They may be in the form of meetings or designated staff information sessions.

Staff engagement forum and focus group guide

A resource that provides guidance for conducting staff engagement forums and focus groups.

Staff engagement forum presentation

A presentation that provides staff with a broad overview of the VAWM and encourages managers, AHPs and AHAs to participate in the project.

Stakeholder

Any person who will be affected by the implementation of the VAWM.

Stakeholder analysis

The process of identifying target audience and any person that will be affected by the implementation of the VAWM.

Steering committee

A committee of key stakeholders. The steering committee aims to provide guidance and direction in relation to key issues and monitors the progress and outcomes of the project.

Strategic goals

Broad, general statements (overall aims/purpose) defining what is intended to be accomplished. Goals should be consistent with the overall mission of the AHA workforce strategic plan.

Strategic planning (Element 5)

A systematic process of identifying a vision for the allied health workforce, determining strategic goals and agreeing on a plan to achieve the vision and aims.

Suggested VAWM timeline

A GANTT chart detailing key activities for VAWM implementation over a specified 40-week period with suggested timeframes for each element activity.

Total hours

The total number of hours that AHPs are currently spending on tasks that could otherwise be delegated to AHAs.

VAWM implementation

The implementation of the VAWM within an organisation.

VAWM database

An Excel database template designed specifically for the VAWM for data entry and analysis of baseline workforce staffing profile data and quantification survey data.

Workforce survey

A survey for AHAs and AHPs collecting qualitative and quantitative data including: organisational demographics, job satisfaction, existing and potential AHA tasks, confidence of AHPs in current delegation to AHAs, potential barriers to implementing or re-designing an AHA workforce.

Workforce survey question suite

A suggested question suite for the workforce surveys.

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