

Karen Hooper  
Principal Commissioner  
Queensland Productivity Commission

Via email: [enquiry@qpc.qld.gov.au](mailto:enquiry@qpc.qld.gov.au)

3 February 2021

Dear Dr Hooper

### **Re: Inquiry into the NDIS Market in Queensland**

The Queensland Division of Occupational Therapy Australia (OTA) welcomes the opportunity to respond to the Queensland Productivity Commission's (QPC) draft report on the Inquiry into the National Disability Insurance Scheme (NDIS) Market in Queensland.

OTA is the professional association and peak representative body for occupational therapists in Australia. As of October 2020, there were more than 4,700 registered occupational therapists working across the government, non-government, private and community sectors in Queensland. Occupational therapists are allied health professionals whose role is to enable their clients to engage in meaningful and productive activities.

#### **Role of occupational therapists in the NDIS**

Occupational therapists work with people with disability and their families to maximise outcomes in all life domains, including Activities of Daily Living (ADLs), social and community participation, work, learning, and relationships.

Occupational therapists are uniquely skilled in assessing the degree to which a person's disability affects their ability to perform everyday activities. Based on these assessments, occupational therapists recommend, implement and monitor interventions aimed at improving a person's functional capacity.

Given their expertise and area of practice, many occupational therapists deliver services to NDIS participants. This includes, but is not limited to, functional capacity assessments, home modifications, assistive technology prescription, Positive Behaviour Support services and a range of interventions to promote independence and participation.

#### **Workforce Shortages – AHAs and New Graduates**

OTA acknowledges that shortages of skilled allied health professionals – particularly in rural, regional and remote Queensland – remain a key barrier to market stewardship of the NDIS.

We strongly support the Commissioners' recommendation that the Queensland Government fund a pilot to better understand the role of AHAs in the context of disability services. As observed by the Commissioners, this may alleviate pressure on the overstretched allied health workforce, enabling them to prioritise those services which best utilise their high level of expertise where it is most needed.

OTA notes, however, that AHAs should be appropriately qualified, deployed and supervised. Under no circumstances should an AHA undertake an occupational therapy-related task for which they are not trained or without the supervision of a registered occupational therapist. OTA has a position paper on the appropriate role of AHAs in supporting occupational therapy practice, which I attach for your reference. We would welcome the opportunity to participate in the design and implementation of the proposed AHA pilot.

To support a highly skilled allied health workforce, the Queensland Government must also ensure new graduate occupational therapists are appropriately supported and supervised to build their expertise.

OTA is aware of growing concerns around some new graduates being recruited by large, multidisciplinary NDIS providers where they sometimes have limited access to discipline-specific supervisory structures and supports. Without this, it is difficult for new occupational therapists to develop their clinical skillsets and provide the “specialised therapeutic supports” which the QPC has identified as undersupplied in the current market.

OTA would welcome consideration of this issue in the Commissioners’ final report.

***Recommendation 1: That the final report reflect the need to support an expanded allied health workforce, including by enhancing pathways for new graduate occupational therapists to receive adequate supervision and develop their clinical skills in the NDIS.***

***Recommendation 2: That OTA be engaged in the design and implementation of the proposed AHA pilot, and that any future guidelines be consistent with OTA’s Position Paper on the role of AHAs in supporting occupational therapy practice.***

OTA thanks the Commissioners for the opportunity to comment on their draft report. Please note that representatives of OTA would be pleased to expand upon any of the matters raised in this submission.

Yours sincerely



Brooke Carter  
Queensland Divisional Manager

POSITION PAPER:

# The role of allied health assistants in supporting occupational therapy practice

## About Occupational Therapy Australia

Occupational Therapy Australia is the professional association for occupational therapists in Australia.

Our members are qualified occupational therapists employed throughout the public and private sectors. They provide health care, vocational rehabilitation, and consultancy to clients.

Our mission is to provide member benefits through access to local professional support and resources, and through opportunities to contribute to, and shape, professional excellence.

For more information about Occupational Therapy Australia, visit [www.otaus.com.au](http://www.otaus.com.au).

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Occupational Therapy Australia position papers are authored by members of Occupational Therapy Australia's Special Interest Groups and undergo review by the Association's membership.

Requests for further authorisation should be directed to *The National Manager: Professional Practice and Standards*, care of:

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# POSITION PAPER: The role of allied health assistants in supporting occupational therapy practice



## Summary statement of position

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This position paper defines the roles, scope, and operational and professional responsibilities of Allied Health Assistants (AHAs) in the delivery of occupational therapy in hospital and the community. The paper provides a structure for occupational therapists to effectively supervise and delegate to AHAs, and will assist occupational therapists in understanding the clinical governance requirements in facilitating the AHA role within an occupational therapy service.

## Introduction: the occupational therapy profession

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“Occupational therapy is a client-centred health profession concerned with promoting health and wellbeing through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement.”<sup>1</sup>

Allied health assistants have been a key part of the occupational therapy workforce for many years, working under the direct supervision of a registered occupational therapist.<sup>1</sup>

Allied health assistants are defined as:

*A person employed under the supervision of an allied health professional who is required to assist with therapeutic and program related activities. Supervision may be direct, indirect or remote and must occur within organisational requirements.*<sup>2</sup>

Most recently, the term allied health assistant (AHA) has been used across the allied health professions to describe assistants who work under the delegation and supervision of an allied health professional, taking on less-complex treatment or care tasks, and performing administrative or other tasks that would otherwise reduce the time available for more complex direct care by more highly trained practitioners. AHAs may work within occupational therapy, other allied health disciplines, or at a multidisciplinary level to support and assist the allied health practitioner. AHAs are not autonomous practitioners and must work under the overarching auspice and clinical oversight of the allied health practitioner.<sup>3,4</sup>

## Background: policy and environmental context

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The challenges facing the Australian health system include an ageing population, increasing demand, higher consumer expectations, rising costs, and an increase in chronic disease across the population.<sup>5</sup>

The need for increased clinical capacity places ongoing demand for occupational therapy among the allied health services. Effective utilisation of AHAs may assist to meet these health care demands and allow occupational therapists to focus on more complex service delivery tasks in the occupational therapy scope of practice.

The role of AHAs is developing over time, particularly in the community and in rural settings. Changing expectations regarding interventions and increased levels of autonomy require close and detailed consideration to ensure appropriate lines of role delineation are maintained. Role delineation must be commensurate with training, skill, competency and registration requirements. As organisations strive to achieve health care efficiencies, occupational therapists need to consider how AHAs can further complement the role of the occupational therapy.

Allied health professionals (AHPs) have responsibility for all professional assessments and clinical decisions regarding client care, including developing care plans. It is never appropriate to delegate these responsibilities to AHAs.<sup>6</sup>

## Statement of position being taken by Occupational Therapy Australia

Occupational Therapy Australia recognises the skills, roles and contributions of allied health assistants (AHAs) in the delivery of quality health care within hospital and community settings. Appreciating the variability of tasks and level of responsibility held by allied health assistants across services, Occupational Therapy Australia endorses the utilisation of a comprehensive allied health assistant governance and delegation framework that:

1. Promotes the use of allied health assistants to complement occupational therapy practice
2. Recognises that AHAs are not a substitute for registered occupational therapists
3. Recognises occupational therapists are to maintain responsibility for assessments and clinical decision-making
4. Delegates specific tasks to AHAs by occupational therapists
5. Recognises engagement of AHAs by an employer should require formal training to ensure basic understanding and competencies in the role, e.g. completion of Certificate IV in Allied Health Assistance, with electives in occupational therapy
6. Acknowledges that AHAs engaged in providing assistance to occupational therapists must receive clinical supervision from an occupational therapist in one of the following forms:
  - Direct clinical supervision where the occupational therapist works alongside the AHA and is able to observe and direct
  - Indirect clinical supervision where the supervising occupational therapist is on-site and easily accessible, but not in direct view of the AHA, and the AHA utilises clear communication points to access support if needed
  - Remote clinical supervision, where the supervising occupational therapist is located some distance from the AHA, but processes are in place to ensure the supervising occupational therapist is contactable and accessible to provide direction, support and guidance as required<sup>7</sup>
7. AHAs working under the direction of occupational therapists must commit to an appropriate continuing professional development process. Supervising occupational therapists must support AHAs in planning and implementing their continuing professional development plan
8. Allied health professionals (AHPs) have responsibility for all professional assessments and clinical decisions regarding patient care, including developing care plans. It is never appropriate to delegate these responsibilities to AHAs.

AHAs have a scope of practice that encompasses both support tasks and the components of care that have been delegated by the AHP. The AHA may be involved in screening tasks but does not undertake assessment. Within this delegated model of scope of practice, the AHA's scope of practice is influenced by the AHA's education, knowledge and skills, level of experience, currency of practice, level of supervision received, and the type of services provided by the facility.<sup>8,9</sup>

Occupational Therapy Australia supports the description of appropriate tasks for AHAs as identified by NSW Health. Refer to Appendix 1.

## Significance of this statement to occupational therapists

The occupational therapist, as an AHP, has responsibility for supervising an AHA who is assisting with occupational therapy interventions. The occupational therapist:

- remains responsible for patient assessment and overall care and treatment plans
- maintains a clear understanding of the AHA's role (as detailed in the AHA's position description)
- has a good understanding of the AHA's knowledge and skill level
- analyses clinical practice to identify tasks that do not require clinical judgement, professional assessment, or care planning or evaluation, and that could be completed by an appropriately trained and supported AHA
- provides support to the AHA in undertaking their role. This may include demonstrating how to perform specific tasks associated with their role, or providing opportunities to access training and professional development to enable skill acquisition
- delegates tasks appropriately and provides appropriate levels of supervision to support the AHA.

## Significance of this statement to society

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Members of the public receiving occupational therapy services can expect that any occupational therapy treatment provided by an allied health assistant will be overseen by a registered occupational therapist and be part of a comprehensive occupational therapy program.

## Challenges and strategies

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- Concerns regarding role substitution, that is, replacement of occupational therapists with AHAs, can be managed through clear position descriptions and lines of delegation
- Roles for AHAs are noted to vary across services and, at times, issues of role blurring, inappropriate levels of responsibility, and insufficient supervision are reported. These situations must be evaluated against the Code of Conduct of the responsible occupational therapist, and contemporary allied health assistance frameworks
- Workforce pressures and difficulties filling occupational therapy positions can, at times, lead to tasks being delegated to AHAs that are outside the AHA scope of practice, or outside the personal scope of practice (i.e. knowledge and experience base) of a particular AHA. It is imperative for client safety and worker protection that instances such as these are addressed. Strategies include involving occupational therapists from other services or areas of the organisation into appropriate supervision and support roles, work redesign according to the available skillset, and further training of AHA staff
- Limitations of the generic AHA certificate and the requirement for further on the job training and evaluation of competence for specific tasks.

## Conclusion

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The development of this position statement has arisen from the need to clearly define the scope of AHAs and the occupational therapist role in clinical governance. Articulating these parameters of role difference is required to improve client care across the continuum. It provides professional accountability and clear lines of governance/scope of practice.

## Glossary of terms

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**Assistant:** Assistants work to and under the delegation and supervision of a health professional, take on less-complex treatment or care tasks, and perform administrative or other tasks that would otherwise reduce the time available for more complex direct care by more highly trained practitioners<sup>9</sup>. For the purpose of this analysis, 'delegation' means assignment of responsibility to another person (normally from a manager to a subordinate) to carry out specific activities and tasks.

**Occupational therapy:** "Occupational therapy is a client-centred health profession concerned with promoting health and well being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement."<sup>1</sup>

## References

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1. World Federation of Occupational Therapy [WFOT]. 2012.
2. Community Services and Health Industry Skills Council. 2015. *HLT42512 Certificate IV in Allied Health Assistance*
3. Department of Health Victoria. (2012). *Allied Health Assistant Supervision and Delegation Framework*.
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5. AIHW. (2009). *ABS Survey of Disability, Ageing and Carers (SDAC)*.
6. Queensland Government. (2013). *Ministerial taskforce on health practitioner expanded scope of practice*.
7. Ministry of Health NSW. (2013). *NSW Allied Health Assistant Framework GL2013\_005*
8. Duckett & Breadon. (2014). *Unlocking skills in hospitals; better jobs, more care: Grattan Institute*.
9. Queensland Government. (2013). *Ministerial taskforce on health practitioner expanded scope of practice*.

## Appendix 1

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### Task/Activity List for AHA Scope of Practice

from NSW Health Allied Health Assistant Framework<sup>3</sup>

#### Delegated Patient Care – general options for AHAs

- Prepare patients/clients for treatment
- Assist in patient/client treatment, therapeutic activities, retraining programs according to the specific care plan that has been prescribed by an AHP, being aware of background diagnosis and precautions
- Assist with routine evaluations by AHP, collect observational data as required, and report any changes in patient/client behaviour or performance
- Supervise activities and exercises of patients/clients individually or in groups under direction of the AHP
- Check posture and positioning and report on performance, problems or need for change
- Provide assistance in therapy where two or more people are required for safety; assist with patient/client positioning/manual handling
- Report any change in behaviour or performance of patients/clients
- Assist with the organisation of groups, prepare and conduct or co-facilitate group activities
- Act as escort to patients/clients requiring supervision/assistance in the healthcare facility environment or on home visits (for Mental Health facilities and settings please refer to local policies in relation to the escorting of patients)
- Document in patient/client medical record as appropriate to role.

#### Clinical Support – general options for AHAs

- Assist with patient/client intake – collect referrals, enter data
- Prepare treatment space/room for next patient/client
- Prepare or make aids/devices for therapy under the supervision of the AHP
- Update/maintain resources
- Participate in quality activities, assist with the compilation and/or evaluation of data on projects, satisfaction surveys, etc
- Maintain learning, for example, participation in departmental and LHD education, orientation and mandatory training programs
- Assist with cleaning of therapy aids and equipment; ensure all equipment is safe and functional
- Assist with administration of equipment loan pool and other services as deemed necessary by the AH manager
- Deliver equipment and adjust in home according to specifications from AHP
- Assist in development of patient/client handouts/developing resources for community education
- Participate in supervision processes.

#### Administrative support – general options for AHAs

- Book appointments
- Collect data for monitoring quality improvement or statistical purposes
- Assist with ordering and/or purchasing of supplies and materials including stationary, stock and non-stock items
- Administrative duties – word processing, telephone duties, photocopying, monitor resource usage, laminating, scheduling and rescheduling appointments
- Assist in the sourcing and ordering of equipment and resources as delegated by the AHP
- Participate in LHD performance management processes, for example, performance appraisal.

#### Occupational therapy options – Acute and Community (in addition to tasks included in general options for AHAs)

- Assist with occupational therapy program as directed by the supervising occupational therapist
- Implement self care retraining programs as prescribed by the supervising occupational therapist
- Order/provide and demonstrate basic equipment
- Joint home visits for patients/clients where assistance of a second staff member is required
- Follow through positioning and/or splinting regimes as prescribed by the supervising occupational therapist
- Energy conservation/falls prevention/hip precautions/personal alarms advice as per occupational therapist's recommendations
- Continue therapy programs as per occupational therapist's recommendations
- Assist in joint treatment sessions where a second staff member is required
- Complete home modification/Quick Cad drawings as per occupational therapist's specifications
- Conduct patient/client activity groups under direction of the occupational therapist.

#### Occupational therapy options – sub-acute (in addition to tasks included in general options for AHAs)

- Assist with occupational therapy program as directed by the supervising occupational therapist
- Implement self care retraining programs as prescribed by the supervising occupational therapist
- Sew and fabricate soft splints
- Order/provide and demonstrate basic equipment
- Joint home visits where assistance of a second staff member is required
- Ensure positioning and/or splinting regimes are adhered to
- Energy conservation/falls prevention/hip precautions/personal alarms advice as per occupational therapist's recommendations
- Assist with occupational therapy assessment (upper limb, hand, and transfer assessments).



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