Strengthening the clinical skills of a multidisciplinary allied health assistant workforce

NEED FOR CHANGE

- Builds on the success of the CREST project involving greater delivery of rehabilitation by Allied Health Assistants & Key Support Workers
- Recognises need for a process to allow expansion of this approach to other rehabilitation services provided by CDHB & WCDHB
- Supports the establishment of multidisciplinary working for assistants in allied health
- In line with Allied Health strategic direction

PLANNING

- Aim is to enable Allied Health Assistants:  
  - to provide specific delegated clinical tasks according to best practice &  
  - to foster client independence on tasks as appropriate
- Service Analysis used to identify a group of ‘high volume low risk’ clinical tasks – 10 clinical tasks selected
- Project led by Calderdale Framework Practitioner under the direction of Directors of Allied Health & with support from Clinical Managers, allied health professionals & South Island Workforce Development Hub.

IMPLEMENTATION

- Clinical Task Instructions (CTIs) for use in training & performance assessment (quality control) were selected from South Island regional ‘CTI library’ or developed
- Teaching model used for CTI education was Taught, Modelled, Competent (TMC) – considered best practice for teaching clinical skills
- Rollout: Older Person’s Health, then Ashburton allied health. Further roll-out to Christchurch Hospital, SMHS, WCDHB allied health planned.
- Challenged assistants & line managers to embrace wider multidisciplinary role. Engaged DAs to reinforce new ways of working & support for the training.

RESULTS & FINDINGS

- 23/26 Allied Health Assistants in Older Person’s Health completed training – sign off of ‘competence’ underway
- Delegation of clinical tasks required a change in practice from supervising allied health professionals
- Training a necessary prerequisite to adequate performance but also needed to be built into current work practice
- CTIs ensured best practice care and consistency of client care – & improved capacity for client access to care

The Calderdale Framework allows workforce re-design which is ‘best for people, best for system’, using a clinically-led service development approach. It supports standardised care and has the potential for service-level efficiencies. Originally developed in the UK, the South Island Directors of Allied Health brought the Framework methodology into use for allied health projects beginning in 2015.

For further information on the Calderdale Framework and the South Island implementation see: www.allianceshealth.nz/see-priorities/workforce-development-hub/calderdale-framework/