South Island Guidelines
Allied Health Professionals
undertaking delegation to the
Kaiāwhina Workforce
Allied Health Professions Office of Queensland (AHPOQ) Calderdale Framework Resources:

Calderdale Framework:

Calderdale Framework webpage South Island Workforce Development Hub:

The Victoria Assistant Workforce Model (VAWM):

UK National Occupational Standards websites:

References:

Appendices:

Appendix 1: Allied Health Assistant: Therapy Assistant training plan - New Zealand Certificate in Health & Wellbeing (Level 3) Health Assistance Strand

Appendix 2: WACHS: Determining the frequency and type of monitoring
Purpose
This guideline has been developed by the South Island Regional Directors of Allied Health in order to outline key principals and requirements to ensure that the delegation of clinical tasks from Allied Health Practitioners to the Kaiāwhina Workforce is founded within a robust clinical governance framework and is applicable across settings of care.

The guideline is a reference document for local Organisations to support policies that may be subsequently developed.

Scope
This document applies to Allied Health Practitioners (AHP’s) and other Kaiāwhina roles, with direct and in-direct patient / client contact. This guideline is not applicable to students.

Definitions

**Kaiāwhina Workforce Roles**
The term Kaiāwhina represents all non-regulated roles in the health and disability sector including community support, disability support, mental health and addictions support, primary care assistance, public health assistance, hospital orderlies and allied health roles such as allied health assistants and dental assistants.

Kaiāwhina is the over-arching term to describe non-regulated roles in the health and disability sector. The term does not replace the specific role titles, for example: healthcare assistant, orderly, mental health support worker.

Kaiāwhina workers, work under the direction and delegation of healthcare professionals; with an Organisation position description. There are a range of roles that are covered by the term Kaiāwhina; and these are not limited to those included here:

- Allied Health Assistants; Rehabilitation Assistant; Occupational Therapy Assistant; Physiotherapy Assistants; Social Work Assistant; Nutrition & Dietetic Assistant, Radiology Assistant
- Health Care Assistant (HCA); Care Assistant
- Health Care Support Worker
- Mental Health Community Support / Assistant Worker (MHSW)
- Hauora Health Support Workers,

Kaiāwhina refers to staff that work under the guidance of an Allied Health Practitioner (AHP). Kaiāwhina may work in hospitals, outpatient clinics, within the person’s own environment or in a community setting.

**Delegation** describes the process by which an AHP can allocate work to the Kaiāwhina, worker who is deemed competent to undertake that task. The Kaiāwhina worker then carries the responsibility for that task.

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1 Allied Health, Scientific and Technical professionals work in health care teams providing a range of diagnostic, technical, therapeutic and direct patient care and support services that are critical to the other health professionals they work with and the communities they serve
When delegating work to others, AHP’s have a legal responsibility to have determined the knowledge and skill level required to perform the delegated task. The AHP is accountable for delegating the task and the Kaiāwhina worker is accountable for accepting the delegated task, as well as being responsible for his/her actions in carrying it out.

**Competence** is an individual’s ability to effectively apply knowledge, understanding, skills and values within a designated scope of practice. It is evidenced in practice by the effective performance of the specific role and its related responsibilities. Competence also involves individuals in critical reflection about, and modification of, their practice.

**Currency** – ensuring that practice is current i.e. contemporary, based on best practice and carried out with the appropriate skills and competencies.

**Supervision** enables the supervisee to critically reflect, assess attitudes, skills and knowledge relating to clinical practice. For assistants, this includes the supervisor taking responsibility to instruct, delegate and evaluate the implementation of delegated tasks (See Supervision and monitoring AHA performance Page 9)

**Mentoring** – guiding and demonstrating skills/competencies required for tasks.

**Performance** is understood as competence in action.

**Accountability** means being answerable for one’s decisions or actions.

**Responsibility** means having control over an action. “A charge or duty, that arises from one’s role or status in a profession or organisation.” (NCNZ, 2011)

**Accountability and Delegated activities**

It is important to explore the concepts of accountability and responsibility, in order to understand the different roles and responsibilities of the various health care team members and alignment to requirements of Health Practitioners Competence Assurance Act, 2003, (HPCA), Social Work Registration Act (2003) and relevant Professional Bodies / Associations. A synopsis of the numerous references in the literature to accountability and responsibility related to delegation includes the following:

The delegating AHP is responsible for:

- The persons assessment and development of the individual care plan
- The overall management of the person and for the decisions to delegate.
- The provision of verifiable “reasonable direction” regarding the delegated therapy programme / plan content to the Kaiāwhina worker.
Accountability for delegated tasks is shared between the delegating AHP, the Kaiāwhina worker and the employer:

- The AHP is responsible for the process of delegation and for ensuring standards are maintained, by monitoring the outcomes of the delegation. Therefore, the AHP must be familiar with the Kaiāwhina’s capabilities and clearly communicate the tasks being delegated. The AHP must also provide the appropriate level of supervision.
- The Kaiāwhina workers are accountable for their own actions and should only undertake clinical tasks that they have been properly delegated and that they are legally authorised and competent to perform.
- The delegating AHP will not be accountable for the decisions and actions of those whom he or she delegates, particularly if they choose to work outside the supplied “reasonable direction”. However, the organisation, line managers and professional leaders must ensure that there are appropriate policies, procedures and training in place for both the Kaiāwhina workers and the delegating AHP’s to ensure that delegation occurs within a clinical governance framework.
- If the Kaiāwhina worker is not comfortable accepting a delegated task they should discuss this with their delegating AHP.

**When to Delegate**
The delegating AHP will need to consider a number of variables when determining whether individuals are suitable to be treated by a Kaiāwhina worker. Most of these variables relate specifically to the person including:

- Complexity of their condition.
- Whether their condition is stable.
- Whether the person’s condition type is seen frequently within the service.
- Whether the person is highly anxious and / or emotional.
- The ability of the person to engage as expected and required.
- Whether the person’s social or environmental situation is likely to be unpredictable.

*Other variables’ include:*

- Whether the Kaiāwhina worker has demonstrated competence in the task/s being delegated.
- Whether appropriate support systems (e.g. monitoring and supervision strategies) are in place and operational.

**When to Stop**
Once a clinical task has been delegated to a Kaiāwhina worker there are a number of factors that may interfere with the delegated task being performed (in the first instance) or needing to be abandoned during the session:

- Person declines / refuses treatment.
• Change in the individual’s health status including exacerbation of current symptoms and/or onset of other symptoms including:
  o Shortness of breath, wheezing
  o Dizziness, light headedness, pallor, clammy skin, nausea, vomiting, diarrhoea, stomach cramps
  o Confusion
  o Pain / discomfort, swelling
  o Wound breakdown, bleeding, dressing loosened / fall off
• Emotional / behavioural changes – aggression, particular distress.
• Outdoor mobility compromised (e.g. Weather).
• Equipment malfunction.
• The person is not following instructions safely.
• The Kaiāwhina’s safety is compromised.

If the Kaiāwhina worker has any doubts about an individual’s medical / health status at any time, they shall stop and immediately consult a health professional.

Kaiāwhina workers shall apply the Clinical Task Instruction (CTI) “When to Stop” at all times when working with an individual. This CTI will direct the Kaiāwhina worker to clearly recognise danger or warning signs in a person assess when to safely proceed and when to stop a task with them.

Delegation in Practice
The practice of AHP’s delegation of Clinical Tasks to the Kaiāwhina workforce is important to address the challenges of delivering effective, efficient and responsive care. The principals of delegation are based on:

• Mutual respect.
• Protocols and guidelines for clinical decision making.
• Clearly defined levels of accountability.
• A belief that collaborative practice and partnership will ensure best health outcomes.

This collaborative practice model is operationalised in the following manner:

• The Kaiāwhina worker is working under the supervision of the AHP who in turn shares this governance with the unit / line manager and delegate. This work will be done in a supportive, collegial working relationship.

• The supervision and governance is further devolved by the line manager to help establish currency and competence with less experienced staff by providing mentorship and support in clinical development.
Because Kaiāwhina workers are a non-regulated health workforce group, it is the responsibility of the individual Organisation to ensure their work is consistent with the Organisation’s position description and determine:

- The core clinical skills deemed essential for practice.
- The practice context on which the scope of these skills can be utilised.
- How delegation and supervision are structured and function.

The role of the Kaiāwhina worker is to supplement and not to replace the service provided by the AHP.

**Responsibilities**

**Employers:**
- Employers are accountable and responsible to their employees and the service user to support safe direction and delegation of care; and to ensure a safe skill mix in order to provide a safe standard of care.

**Allied Health Professional Leaders, Line Managers and Service Managers must ensure:**
- A safe skill mix in order to provide safe clinical care and the facilitation of safe delegation to the Kaiāwhina.
- The Organisation’s AHPs understand the principles and procedures of safe delegation and know what to do if they feel unsafe when delegation practice is occurring.
- All staff have clear position descriptions and demonstrates an understanding of their area or scope of practice.
- Kaiāwhina workers have clear position descriptions and demonstrate understanding of their roles and responsibilities.
- All the Organisational healthcare workers practice is evaluated through annual appraisal and compliance with other regulatory and local policy requirements relevant to their role and/or profession.
- That staff are supported to maintain and develop skills required to ensure care or to carry out tasks required in their role. This includes professional development required to develop new knowledge, skills and attitudes to keep up with new technologies and models of care.
- That Kaiāwhina workers work under the delegation of an AHP which may require direct or indirect supervision arrangements.
- When Kaiāwhina workers are working with a number of disciplines in the team the line management structures are appropriate.
- Ensure the Kaiāwhina workforce is supported to obtain and maintain the CTIs required by the teams to meet service requirements.
• Ensure the AHPs in the team are able to access information on the CTIs for which individual Kaiāwhina workers have been trained and demonstrate competence in order to support appropriate delegation decision-making.
• Provide opportunity for all team members to develop and maintain skills required when working in a delegation model of care and including this within performance reviews and orientation / induction processes of all team members.

**Delegating Allied Health Professional (reference Flowchart 1):**

• Ensure that delegation and supervision of Kaiāwhina workers is undertaken consistent with this guideline and specific organisational policy.
• Be clear of their own role, position description responsibilities and accountabilities when supervising or delegating clinical tasks to Kaiāwhina workers.
• Obtain skills in delegation and supervision to allow the AHP to work within the delegation model of care outlined in this Guideline. Training must be readily available on a regular and ongoing basis.
• Determine the appropriateness of delegating a particular clinical task and the associated level of supervision required, based on an assessment of risk and clinical reasoning.
• Ensure that the delegation is appropriate and that the person being delegated to is able to decline when the delegation is outside of their scope, training, competency or for other reasons they will be unable to complete the delegated task.
• Use professional and clear language when directing or delegating to another person.
• Retain responsibility for the decision to delegate the task or aspects of the individuals care plan.
• Retain the accountability for the outcome and overall care of the individual when delegating to a Kaiāwhina worker.
• Assess the individual person, context, care requirements and treatment plan before making a decision to delegate.
• Be available to the Kaiāwhina worker, being delegated to (or provide an alternative contact person), or provide direct or indirect direction of the work.
• Provide clear direction on the expected activity, its objective and the expected outcome and ensure the Kaiāwhina worker, clearly understands what they are being asked to do, how to contact them if necessary and how to report back to them.
• Ensure feedback on the outcome of the task from the Kaiāwhina worker undertaking the task and evaluate this.
• Ensure that the task that they are delegating is appropriate for the Kaiāwhina worker, they are delegating to, and that they are competent and capable of completing the task to the required standard.
• Ensure they understand and work within the principles of safe direction and delegation.
• Complete any required documentation related to the delegation/direction.
• Communicate with the person the task was delegated to if it is no longer appropriate for them to carry out the task.
• All documentation regarding individual care should comply with local documentation standards and policy.
• Respect, understand and reinforce through appropriate modelling the Kaiāwhina worker practice boundaries.

**Kaiāwhina Worker**

• Have a clear position description and demonstrate understanding of their roles and responsibilities.
• Be accountable and responsible for their actions, in regards to the work/task being delegated and for carrying out the work that has been delegated to them.
• Ensure all efforts are made to obtain skills and CTIs required to work in the delegation model of care outlined in this guideline and consistent with their position description.
• Feedback and complete required documentation related to the delegation/direction as required by the organisation and/or profession.
• Inform the AHP if they have not been trained to perform the activity or feel it is beyond their capabilities/experience.
• Inform the AHP if the task appears too complex or if they are uncertain of the requirements.
• Inform the AHP (and other team members if appropriate) if the persons response or circumstances change at any stage of the activity or if the situation requires urgent attention.
• Inform the AHP if they are no longer able to complete the task.
• Ensure that any unsafe direction or delegation is reported to a more senior person (as appropriate in the situation).
• Ensure they understand and work within the principles of delegation.
• Not delegate the delegated activity to a third party.
• All documentation regarding individual care should comply with local documentation standards and policy.
FLOWCHART 1: Decision making process for delegation

Decision-making process for delegation

Does the health practitioner have the skills and knowledge to safely delegate care in this context?

Yes →

Can this activity be routinely performed without complex observations, decision making or clinical judgement?

Yes →

Has the health consumer’s status been assessed and delegation of care determined to be appropriate?

Yes →

Is this healthcare activity within the level of knowledge, skill and experience of the person being delegated the activity?

Yes →

Are there organisational policies and procedures in place to support the delegation?

Yes →

Does the person who has been delegated the activity understand the delegated activity, have appropriate direction and know when and who to ask for assistance and who to report to?

Yes →

Is there ongoing monitoring and evaluation of the outcomes of care by the health practitioner?

Yes →

DELEGATION CAN OCCUR

DO NOT DELEGATE

Education and Training
Tasks delegated to / and undertaken by Kaiāwhina workers will generally be underpinned by training from the New Zealand (NZ) Certificate in Health and Wellbeing (Level 3) Health Assistance or CTIs developed through the South Island Workforce Development Hub (SIWDH), as part of the implementation of the Calderdale Framework. The area of work may also identify specific tasks required to meet individuals treatment/intervention needs which may not have an existing CTI. In this case, a local CTI may be developed or if an instruction is already in place this should align to the written standards of the CTI format.²

Training and demonstration of competency:
Local CTIs do not replace attainment of NZ Certificate in Health and Wellbeing (Level 3) Health Assistance (see Appendix 1. SIWDH Allied Health Assistant: Therapy Assistant training plan). Training and competency assessment will be undertaken consistent with established formal training programs. Where not included in a formal training program, training will be coordinated by the delegating AHP and the governance structure of the Organisation.

The CTI will be assessed by a team member (i.e. AHP) who has the competency to undertake the CTI. The Kaiāwhina worker will demonstrate competence to provide that task, consistent with the CTI as detailed below:

Period of learning which includes:
- Kaiāwhina workers undertake any theoretical learning of underpinning knowledge relevant to the task. This may include training materials in written form or video etc.

Period of observation which includes:
- Kaiāwhina workers are required to observe the qualified AHP performing the task prior to applying the task with the individual.
- The number of observations required will be informed by what both the trainee Kaiāwhina worker and the AHP feel is appropriate.
- This observation period allows Kaiāwhina workers to learn the practical aspects of the task and safely ask questions

Period of supervised practice which includes:
- Kaiāwhina workers are required to undertake a period of directly supervised practice where they perform the task under the close observation and support of an AHP.
- Tasks are initially performed on a model (may involve simulation) followed by a period of supervised clinical practice.
- The number of times the Kaiāwhina worker practises the task should be dictated by what both parties feel is appropriate considering the complexity of the task, level of variability in

² Clinical Task Instructions and Standard Template for CTIs available from South Island Workforce Development Hub

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the settings, individual and / or group that it is to be applied within, and the pace of development of the Kaiāwhina worker.

Assessment of competence which includes:
- Once both the Kaiāwhina worker and the AHP are confident that the task can be performed safely, assessment should be undertaken in a clinical setting with an individual that has been allocated by the AHP.
- Once the Kaiāwhina worker demonstrates that they are competent in all of the criteria listed on the competency assessment grid for the CTI, the AHP can sign the trainee off as competent to undertake the task without direct supervision.
- At this point the AHP can delegate the task to the Kaiāwhina worker, without direct supervision.
- It may be helpful to set a maximum number of times that a Kaiāwhina worker can be assessed for competence in each task. If, at this point they are unable to demonstrate competence in a particular task it may be necessary to address the issue through the supervision process and with further training.
- In this instance, where it has been identified that further development is required prior to sign-off of competence, the supervising AHP has the option of implementing a Learning Development Plan in collaboration with the Kaiāwhina worker.

Review of competence which includes:
- The process for re-evaluation of competence to perform tasks should be considered.
- Use and currency of CTIs should be audited by the AHP of the profession responsible for delegating the task. Particular attention should be paid to infrequently delegated tasks as competence may be difficult to maintain in this case.

Training and competency records includes:
- A register of the training undertaken and CTIs achieved by each Kaiāwhina worker should be maintained by the line manager / delegate. This record should be reviewed for currency annually, timed to coincide with the Kaiāwhina workers performance appraisal and development review schedule. Appendix 2 provides further strategies.

Supervision and monitoring of Kaiāwhina performance
Supervision\(^3\) can be defined as a formal process of support and learning that involves:
- Developing a mutual commitment between the Kaiāwhina worker and AHP to reflect on the clinical practice of the Kaiāwhina worker.
- Developing knowledge and skills competence.
- Clarifying boundaries and scope of practice.
- Planning and utilising personal and professional resources.
- Identifying training and educational needs.
- Developing accountability for their work quality.

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\(^3\) There are different definitions and understanding of supervision, which will be locally defined in each DHB/organisation and via relevant Professional Standards.

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Though a Kāiāwhina worker should only have one primary practice supervisor, there may be several AHPs of the same or different disciplines who delegate tasks to the Kāiāwhina worker. Supervision should be undertaken by an AHP. This is particularly important when the line manager is not the clinical supervisor, when more than one AHP is delegating to the Kāiāwhina worker and when the Kāiāwhina worker is located at a different site to the delegating AHPs.

Where a Kāiāwhina worker is new to the service and / or new to the particular clinical area, they will initially require more frequent supervision. It is the responsibility of the supervising and / or delegating AHP (potentially the same person) to:

- Assess and verify the AHA’ Kāiāwhina workers competency within the clinical context.
- Define and clarify the tasks to be undertaken by the Kāiāwhina worker within their scope of practice.
- Ensure the Kāiāwhina worker has a clear understanding of the tasks to be undertaken within that context.

Allied Health Practitioners should have a supervisory role over all clinical activities of a Kāiāwhina worker and should identify the frequency and form of supervision that is appropriate considering the activity to be delegated, setting, context and the skill set of the Kāiāwhina worker. The responsibility includes:

- To factor risk assessments and mitigation strategies into delegation decisions.
- Communicate the potential for risk and risk mitigation strategies to the Kāiāwhina worker as part of the process of delegating the activity.
- Delegate activities consistent with the principles of delegation.
- Establish appropriate monitoring and supervision strategies.
- Contribute to the training and development of AHA Kāiāwhina workers through the provision of feedback, guidance, mentoring and supervision.

The Kāiāwhina workers accept responsibility for delegated activities consistent with the principles of delegation. Apply the CTI “When to Stop” at all times when working with individuals. This CTI will direct Kāiāwhina workers to clearly recognise danger or warning signs in an individual assess when to safely proceed and when to stop a task with an individual and provide post-task feedback on the individual’s performance and outcome of the delegated task; to ensure the delegated task remains appropriate for the person.

**Frequency of Supervision**

The following table provides a guide only to the frequency of supervision for Kāiāwhina workers. The frequency of supervision will also depend on a range of factors that include:

- Supervisory experience (AHP) and developmental level (Kāiāwhina worker)
- Complexity of the caseload
- Practice setting (e.g. Kāiāwhina worker, working in a rural or remote setting)
Table 1: Minimum requirements for supervision for Kaiāwhina

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Description</th>
<th>Frequency</th>
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</table>
| High      | Applies to AHAs who:  
• Are completing or are yet to undertake a formal qualification relevant to their role  
• Have had a recent change in role  
• Have not previously received formal supervision or support  
• Have only been in a work area for short period of time (e.g. 3-month rotation)  
• Have recently become a supervisor or mentor | Minimum one hour per week |
| Medium    | Applies to AHAs who:  
• Do not fit into low or high frequency categories  
• Have been in a work area for short period of time (e.g. 3-month rotation) or change of work areas (e.g. rural practice) | Minimum one hour a fortnight |
| Low       | Applies to AHAs who:  
• Have been working as an AHA for over 5 years  
• Demonstrates high levels of competency in their current field of practice | Minimum one hour per month |

Monitoring performance

For the purposes of this document in order to avoid an unnecessary confusion between the definitions for clinical and task supervision, task supervision will be referred to as monitoring. Monitoring has been described as “a process of ensuring the delegated task is being completed safely and competently in the manner required that allows the AHP to:

- Ensure the Kaiāwhina worker is competent to undertake that task
- Ensure the task is being completed appropriately and is compliant with instructions
- Modify the task and/or instruction as required
- Determine where the Kaiāwhina worker may need further support or development

In order to effectively monitor a Kaiāwhina worker’s performance of delegated tasks, a number of variables (related to the task, individual, setting, competence of the Kaiāwhina worker and level of risk involved) will need to be considered – Table 2

Table 2: Variables that impact monitoring performance

<table>
<thead>
<tr>
<th>Variables</th>
<th>Impact</th>
</tr>
</thead>
</table>
| Nature of the delegates task  | • The complexity associated with undertaking the task  
• Whether the task carries risk of injury to the person (patient or client), health professional, or other person |
Characteristics of the person being treated and their health condition
- The severity and complexity of the person’s health issue
- The stability of their health condition
- The risk of deterioration in the person’s condition
- The potential impact of the tasks on their condition
- The level of their anxiety

Characteristics related to the setting / environment
- Proximity to the delegating AHP
- Frequency of contacts with the delegating AHP
- The setting (for example, whether working in a community, acute or school setting)
- Proximity to other health professionals and other support infrastructure

Qualifications, training and skills of the AHA
- Their current skills and competences
- Their level of experience in undertaking the task or similar tasks

Level of risk
- Level of risk associated with undertaking the task

Prior to delegating a task, the AHP should have considered how they will monitor the Kaiāwhina workers performance. The safety of any individual being treated will be addressed by following the principals of delegation, supervision and monitoring outlined in this guideline. A range of strategies can be utilised to clinically supervise and / or monitor a Kaiāwhina workers performances including:

**Direct**
- Observation of task performances
- Supervision (face to face or via tele / video-conferences)
- Verbal and / or written feedback from the AHP
- Provision of immediate guidance, feedback and intervention as required

**Indirect and remote**
- Processes are in place to ensure the monitoring AHP is easily contactable and accessible to provide direction, guidance and supports as required
- Tracking task performance
- Monitoring individual progress
- Review of clinical notes, records, log books, diary and timetables
- Measurement of outcomes using assessment tools

The Kaiāwhina worker is encouraged to engage in reflective practice described as “an effective process to develop self-awareness and facilitate changes in professional behaviour” as a means of “identifying strengths and weaknesses, determining actions required to improve skills and developing clinical reasoning skills to ensure the delivery of safe care. Other principals of reflective practices include:

- Reflection can occur before, during or after an event
• It is imperative that reflective practice is conducted in a supportive environment to allows individuals to freely share information that promotes learning (a Just Culture)
• Reflective practice may be conducted during structured supervision sessions or as a self-directed reflective journal / record keeping activity
• When reflection occurs in supervision, it can be in relation to reflecting on day / today clinical practice, triggered by a challenging clinical encounter or in anticipation of having to manage a complex situation.

Evaluation
Evaluation forms an integral part of the delegation and monitoring processes and involves consideration at a number of levels. It may include some / all of the processes listed below. The form of evaluation should be collaboratively determined by the team.

• Audit delegation practice
• Individuals receiving services and staff satisfaction surveys
• Compliments and complaints register
• Incident register
• Audit CTIs
  -Are they still utilised?
  -Are some clinical tasks no longer delegated?
  -Do new CTIs need to be written?
• Monitor support systems
• Audit CTI Training Registers

Summary
This guideline has been endorsed, by the South Island Directors of Allied Health, in order to provide a resource for the specific organisational policies that may be developed aligned to professional standards and which will include the delegation of tasks to the Kaiāwhina workers.

Acknowledgments
• Capital and Coast, Wairarapa and Hutt Valley DHB, Clinical Direction and Delegation Policy.
• Nelson Marlborough Health, Allied Health Professionals undertaking delegation and Allied Health Assistants.
• South Canterbury District Health Board, Clinical Direction and Delegation Policy.
• Southern District Heath Board, Allied Health Assistant Competency Framework guidelines.
• Queensland Health, Work Place 2, Guidelines for delegation to allied health assistants.
Associated Documents / Resources

**Allied Health Professions Office of Queensland (AHPOQ) Calderdale Framework Resources:**

AHPOQ: Governance Guidelines Allied Health Assistants:

[ahagovguide.pdf](#)

AHPOQ: Guidelines for Allied Health Assistants documenting in health records

[ahadocguide.pdf](#)

AHPOQ: Allied Health Assistants Framework

[ahaframework.pdf](#)

AHPOQ: Allied Health Assistants Workbook

[ahaorientation.pdf](#)

**Calderdale Framework:**

http://www.calderdaleframework.com/

**Calderdale Framework webpage South Island Workforce Development Hub:**


**The Victoria Assistant Workforce Model (VAWM):**


**UK National Occupational Standards websites:**

- Skills for Health [http://www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)
- Skills for Care [http://www.skillsforcare.org.uk/Home.aspx](http://www.skillsforcare.org.uk/Home.aspx), Scottish Social Services Council
References


Web link to: http://www.cht.nhs.uk/services/non-clinical-a-z/the-calderdale-framework/


Appendices

*Appendix 1:* Allied Health Assistant: Therapy Assistant training plan - New Zealand Certificate in Health & Wellbeing (Level 3) Health Assistance Strand

SIWDH AHA Therapy Assistants T
### Appendix 2: WACHS: Determining the frequency and type of monitoring

<table>
<thead>
<tr>
<th>Task complexity Delegation</th>
<th>Simple Routine Recurrent delegation</th>
<th>Simple non-routine task New delegation</th>
<th>Complex routine task Recurrent delegation</th>
<th>Complex non-routine tasks New delegation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person’s Condition</td>
<td>Stable</td>
<td>Stable</td>
<td>Fluctuating</td>
<td>High degree of fluctuation / instability</td>
</tr>
<tr>
<td>Simple conditions / issues</td>
<td>More complex condition</td>
<td>More complex condition</td>
<td>Complex condition / issues</td>
<td></td>
</tr>
<tr>
<td>Skills and Competencies of AHA</td>
<td>Demonstrated advanced competency</td>
<td>Demonstrated advanced competency</td>
<td>Demonstrated basic competency / competency assessment required</td>
<td>Demonstrated basic competency / competency assessment required</td>
</tr>
<tr>
<td>Recent experience</td>
<td>Past experience</td>
<td>Past Experience</td>
<td>No Past Experience</td>
<td></td>
</tr>
<tr>
<td>Frequently conducted</td>
<td>Occasionally conducted</td>
<td>Occasionally conducted</td>
<td>Never conducted</td>
<td></td>
</tr>
<tr>
<td>Impact on Service</td>
<td>Minimal</td>
<td>Some quality impact</td>
<td>Moderate impact on quality</td>
<td>Significant impact on quality</td>
</tr>
<tr>
<td>Adverse Risk</td>
<td>Minimal</td>
<td>Mild attributable to performance</td>
<td>Moderately attributable to performance</td>
<td>Directly attributable to performance</td>
</tr>
<tr>
<td>Timeframes</td>
<td>Significant time can elapse before error has an impact</td>
<td>Sometime before impact evident</td>
<td>Sometime before impact evident</td>
<td>Immediate / rapid impact evident</td>
</tr>
<tr>
<td>Frequency of Monitoring</td>
<td>Indirect monitoring</td>
<td>Direct &amp; Indirect monitoring + some supervision</td>
<td>Direct &amp; indirect monitoring+ frequent supervision</td>
<td>Direct monitoring and+ supervision at all times</td>
</tr>
</tbody>
</table>

*WACHS Indirect monitoring: involving observation of activity performance, clinical supervision, which may be face to face or via teleconference, and verbal or written feedback from AHP*

*WACHS Direct monitoring: involving tracking of activity performance, monitoring of patient progress, review of notes or records, review of log books, diary and timetables, and measurement of outcomes using assessment tools 2009, p133.*