

# Allied Health Assistant Framework Self-audit Tool

Revised December 2022



## Allied Health Assistant Framework Self-audit Tool - Revised December 2022

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# Background

Allied health assistants are valued members of the multidisciplinary team and work under the supervision and delegation of allied health professionals.

For information on

- integrating allied health assistants into services, refer to the [Allied Health Assistant Framework<sup>1</sup>](#)
- implementing delegation practice, see the [Delegation Framework – allied health<sup>2</sup>](#)

These and other resources to support allied health assistants and delegation are available at: <https://www.health.qld.gov.au/ahwac/html/ahassist>.

The [Allied Health Assistant Framework Self-audit Tool](#) (the Tool) has been developed to assist teams to review existing delegation practices, roles and responsibilities. The Tool was originally developed by the Cairns and Hinterland Hospital and Health Service (HHS) and has been adapted and reproduced by the Office of the Chief Allied Health Officer (OCAHO), with permission from the Executive Director of Allied Health.

Since being published in 2017, the Tool has been used by multiple teams, across a range of services. The Tool has been revised to align to the feedback received and the revision of the Allied Health Assistant Framework.

## Purpose

The Tool is designed to be used by allied health teams to enhance the role and work practices of allied health assistants within services. The Tool comprises a series of questionnaires and templates that map the eight components of the [Allied Health Assistant Framework](#) (revised 2022) against the current status of allied health assistant service delivery in a particular work unit, team, service or HHS.

The Tool is recommended for use in line with the particular HHSs nominated Performance Development Plan (PDP) or equivalent process (e.g. Performance Planning and Appraisal (PPA)).

## Applying the Self-audit Tool

Applying the Tool within a particular work unit, team, service or HHS should be considered a collaborative, team-based activity with contributions required from allied health assistants, allied health professionals and allied health managers.

The Tool includes three questionnaires for completion by the different stakeholders and a template that assists in the development of an action plan:

- Questionnaire 1: To be completed by the allied health assistant
- Questionnaire 2: To be completed by allied health professionals who delegate and/or supervise
- Questionnaire 3: To be completed by the allied health manager

- Action Plan template: To be completed by the allied health manager and team as a guide to developing an action plan.

Each questionnaire includes a series of audit questions to assist the user to identify the key areas for improvement. The Action Plan template provides a structured format for summarising the areas where action is required, and a process for recording key actions or strategies against an agreed timeframe (Appendix 1).

## Instructions for use

- Questionnaires should be completed by team members and their supervisors and/or line managers as part of a collaborative approach to support service improvement.
- Answer every audit statement/question by ticking the appropriate box (Yes, No, Unsure, N/A), and/or adding a short answer in the free text section where indicated.
- When every statement/question has been answered, list any deficits or areas of concern at the bottom of the questionnaire.
- Identify activities for safety and quality improvement. For common strategies used to support delegation see Part B of the [Delegation Framework – allied health](#)
- Use the free text box at the end of each questionnaire to record any additional thoughts or comments that you may wish to further discuss with the team.
- Where appropriate, transfer identified areas for improvement to the Action Plan including planned strategies, staff member responsible and timeframes.
- The Action Plan should be documented and actioned for approval as appropriate using usual governance processes.

# Questionnaire 1: Allied health assistant

This questionnaire should be completed by all allied health assistants working in the work unit, team, service or HHS.

It is recommended that the allied health assistant completes this questionnaire with the assistance of their primary supervisor and/or line manager. Discussion should focus on any deficits/areas of concern that become apparent and strategies for improvement.

Key actions and potential timeframes should be entered into the Action Plan.

Allied Health Assistant Framework Self-audit Tool				
Questionnaire 1: Allied health assistant				
Name:		Team:		
Line Manager:		Location:		
Statements	Response			
	Yes	No	Unsure	N/A
<b>Component 1: Scope of practice</b>				
My current role description references delegated practice, clinical setting/s and location/s.				
My scope of practice is reviewed regularly to ensure it remains relevant to the needs of the service.				
I only perform clinical tasks that are consistent with the scope of practice described in my role description.				
<b>Component 2: Education, skills and competencies</b>				
I hold a qualification that is relevant to my role. If yes, name of qualification.				
I am currently studying. If yes, name of course.				
I am provided with on-the-job training and regular feedback. If yes, please describe.				

Statements	Response			
	Yes	No	Unsure	N/A
I am/have been provided training for all the tasks I am required to perform. If no, please describe.				
My ongoing maintenance of competence (in clinical tasks in which I have been trained) is routinely monitored and supported. If yes, what process is used, how often and by whom?				
Records are kept of all training activities that I complete. If yes, who manages these records? How often are these records reviewed?				
<b>Component 3: Governance</b>				
I have a clear understanding of my responsibilities and accountabilities when undertaking delegated tasks.				
I have a clear understanding of the responsibilities and accountabilities of other team members (e.g. delegating allied health professional, operational manager/team leader) when implementing delegation.				
My work unit/s has protocols and guidelines in place to support my clinical decision-making. If yes, please describe?				
I have a clear understanding of how to raise/escalate concerns related to delegation practice in the team.				
<b>Component 4: Delegation</b>				
The allied health professional/s always document the task/s when delegating to me.				
I always update the patient's medical record after completing the delegated task or activity.				
I have received training and am confident and competent in recognising 'when to stop' delegated tasks ( <a href="#">CTI: WTS 01</a> ).				

Statements	Response			
	Yes	No	Unsure	N/A
There are clear and agreed processes for escalating issues and requesting additional support/ advice during the delegated task (e.g. emergency procedures, communication systems, escalation processes).				
I always receive appropriate monitoring (direct, indirect or remote) from the delegating allied health professional for the task or activity.				
I have access to, and have undertaken training in, delegation practice. If yes, what type of training				
<b>Component 5: Continuing education and development</b>				
I have a Performance and Development Plan (PDP) that includes learning goals related to the needs of the service.				
I have access to and participate in, continuing education and development to maintain/enhance my skills and knowledge. Please provide some recent examples				
I am aware of how to access and fund my continuing education and development activities.				
Records of my continuing education and development activities are kept. If yes, who manages and monitors these records? How often are these records reviewed?				
<b>Component 6: Supervision</b>				
I receive regular supervision.				
My primary supervisor is an allied health professional. If yes, who?				
I have a supervision plan and/or keep session records. If yes, who manages and monitors these records?				



Statements	Response			
	Yes	No	Unsure	N/A
<b>Component 7: Integrating allied health assistants into allied health teams</b>				
There is a strong culture of respect and collaboration within this team that supports good delegation practice.				
When I first started this job, I received orientation on how delegation is implemented and the role of allied health assistants in the team.				
I undertake activities that support the quality and operational performance of the team. If yes, please give examples.				
<b>Component 8: Evaluation and sustainability</b>				
The team regularly evaluates the delegation process and outcomes for the service (e.g. activity data, periodic service reviews, quality improvement activities). If yes, provide examples.				
The team periodically reviews the tools used to support delegation (e.g. training resources, supervision arrangements, CTIs, WPIs, etc.).				
<b>Questionnaire 1: Summary</b>				
List areas for improvement:				
List strategies for improvement:				
Use this space to add any comments or suggestions regarding allied health assistant roles, governance and support arrangements:				

# Questionnaire 2: Allied health professional

This questionnaire should be completed by all allied health professionals working with allied health assistants in a local delegation model.

It is recommended that the allied health professional shares their responses with their primary supervisor and/or line manager. Discussion should focus on any deficits/areas of concern that become apparent and strategies for improvement.

Key actions and potential timeframes should be entered into the Action Plan.

Allied Health Assistant Framework Self-audit Tool				
Questionnaire 1: Allied health professional				
Name:		Team:		
Line Manager:		Location:		
Questions	Response			
	Yes	No	Unsure	N/A
<b>Component 1: Scope of practice</b>				
My current role description references delegated practice/ working with allied health assistants.				
There is a process for allied health assistants scope of practice to be reviewed regularly to ensure it remains relevant to service needs. If yes, please describe				
There are systems/ processes in place to ensure the allied health assistant works within their specified scope of practice. If yes, please describe				
<b>Component 2: Education, skills and competencies</b>				
All CA4 allied health assistant/s hold the mandatory qualification (i.e. minimum Cert IV in Allied Health Assistance or equivalent).				
On-the-job training and regular feedback is provided to all allied health assistants. If yes, please describe				

Questions	Response			
	Yes	No	Unsure	N/A
I encourage and support allied health assistants to work towards attainment of the competencies and skill sets required for and linked to the role. If yes, please describe how.				
Training provided to allied health assistant's covers all the tasks they are required to perform.				
The allied health assistants' training in clinical tasks is assessed and documented. If yes, how and where?				
Ongoing maintenance of competence is routinely monitored and supported. If yes, what process is used, how often and by whom?				
<b>Component 3: Governance</b>				
I have a clear understanding of my responsibilities and accountabilities when delegating tasks to an allied health assistant.				
I have a clear understanding of the responsibilities and accountabilities of other team members when implementing delegation (e.g. allied health assistant, supervisor, operational manager/ team leader).				
My team/ work unit use protocols and guidelines to support clinical decision-making by allied health assistants. If yes, please describe.				
There are allied health assistant roles that have responsibility for providing support, guidance, direction and/or operational management to other assistant staff or trainees. If yes, please describe.				
I have a clear understanding of how to raise/ escalate concerns related to delegation practice within the team. If yes, please describe.				

Questions	Response			
	Yes	No	Unsure	N/A
<b>Component 4: Delegation</b>				
When delegating a task, I always consider: <ul style="list-style-type: none"> <li>patient complexity and stability</li> <li>task setting and context</li> <li>the allied health assistants' competence in that task and their workload</li> </ul>				
I always document a task when delegating to an allied health assistant.				
The allied health assistant updates the patient's medical record after completing the delegated task or activity.				
I have awareness and knowledge of the training and competence allied health assistants receive in recognising 'when to stop' delegated tasks (i.e. <a href="#">CTI WTS 01</a> ).				
I always provide appropriate monitoring (direct, indirect or remote) and support to the allied health assistant for every task I delegate.				
There are clear and agreed processes for allied health assistants to escalate issues or request additional support/ advice during the delegated task (e.g. emergency procedures, communication systems, escalation processes).				
<b>Component 5: Continuing education and development</b>				
I have access to, and have undertaken training in, delegation practice.				
If yes, what type of training?				
Activities related to delegation practice are included in my PDP and supervision agreement.				
Provide examples.				
I participate in continuing education and development activities to maintain/enhance my skills and knowledge in delegation practice.				
Provide examples.				
Training, including in delegation practice, is recorded and monitored for currency.				

Questions	Response			
	Yes	No	Unsure	N/A
If yes, what process is used, how often and by whom?				
As part of my role I support/provide continuing education and development to allied health assistants. Provide examples.				
<b>Component 6: Supervision</b>				
These questions are relevant to allied health professionals that provide supervision to allied health assistants. Supervision refers to a formal working alliance between an allied health assistant and allied health professional, with the primary intention to ensure alignment of practice capabilities to the supervisee's role and setting and to enhance the knowledge, skills and attitudes of the supervisee. <sup>3</sup>				
I provide supervision to allied health assistants. If no, continue to component 7. If yes, provide details.				
I am a primary supervisor for allied health assistants. If no, are you aware of who the primary supervisor is?				
I support the development of the PDP/s for the allied health assistant/s that I supervise. If yes, describe how?				
I have training in providing supervision. If yes, what type of training?				
I plan the supervision sessions to reflect the learning and development needs of the allied health assistant and aligned to their PDP.				
Supervision is appropriately documented. If yes, what records are kept and who manages and monitors these?				
Please describe how the frequency of the supervision provided to the allied health assistants is determined.				
If remote supervision is required for an allied health assistant, please describe how this occurs/is managed.				

Questions	Response			
	Yes	No	Unsure	N/A
<b>Component 7: Integrating allied health assistants into allied health teams</b>				
There is a strong culture of respect and collaboration within this team that supports good delegation practice.				
When I first started this job, I received orientation on how delegation is implemented and the role of allied health assistant/s in the team.				
I undertake activities that support the quality and operational performance of delegation by the team. If yes, please provide examples.				
<b>Component 8: Evaluation and sustainability</b>				
The team regularly evaluates the delegation process and outcomes for the service (e.g. activity data, periodic service reviews, quality improvement activities). If yes, provide examples.				
The team periodically reviews the tools used to support delegation (e.g. training resources, supervision arrangements, CTIs, WPIS, etc.). If yes, please describe.				
There is a formal process in place for managing, monitoring and evaluating allied health assistant roles. If yes, please describe.				
<b>Questionnaire 2: Summary</b>				
List areas for improvement:				

Questions	Response			
	Yes	No	Unsure	N/A
List strategies for improvement:				
Use this space to add any comments or suggestions regarding allied health assistant roles, governance and support arrangements:				

# Questionnaire 3: Allied health manager

This questionnaire should be completed by the allied health manager of the work unit, team, service or HHS where delegation is used as part of service delivery.

Allied Health Assistant Framework Self-audit Tool				
Questionnaire 3: Allied health manager				
Name:		Team:		
Line Manager:		Location:		
Questions	Response			
	Yes	No	Unsure	N/A
<b>Component 1: Scope of practice</b>				
All role descriptions, for new and existing team members, reference delegated practice.				
The clinical, administrative and operational functions performed by allied health assistants reflect the needs of the team and service.				
Allied health assistant scope of practice is reviewed regularly to ensure it remains relevant to the needs of the team and service.				
I am confident that delegated clinical tasks are consistent with each team members' scope(s) of practice, and the local delegation model.				
There are systems/ processes in place to ensure the allied health assistant works within a specified scope of practice. If yes, please describe.				
<b>Component 2: Education, skills and competencies</b>				
All CA4 allied health assistants hold the mandatory qualification (i.e. minimum Cert IV in Allied Health Assistance or equivalent).				
Qualifications attained from outside Australia have been assessed for equivalency. If so, describe how.				
Allied health assistants are encouraged and supported to undertake further education and training.				



Questions	Response			
	Yes	No	Unsure	N/A
On-the-job training and regular feedback is provided to all allied health assistants. If yes, please describe.				
The current training program provided to allied health assistants covers all the tasks they are required to perform.				
Training records for team members are kept. If yes, who monitors them?				
The allied health assistant/s ongoing competence in clinical tasks is regularly assessed and documented. If yes, describe the process used, how often and by whom.				
<b>Component 3: Governance</b>				
I have a clear understanding of my responsibilities and accountabilities for managing a team that implements delegation.				
I have a clear understanding of the responsibilities and accountabilities of each team member involved in delegation. This includes the allied health assistant, supervisor, delegating health professional, discipline/professional leader/manager.				
The team/ work unit uses protocols and guidelines to support clinical decision-making by allied health assistants. If yes, please describe.				
I manage the allied health assistant roles that have responsibility for providing support, guidance, direction and/or operational management to other assistant staff or trainees. If yes, please describe. If no, who does?				
Generic role descriptions are available for CA3, CA4 and CA5 allied health assistants.				
I am confident that all team members understand, and their practice reflects, their responsibilities and accountabilities when using delegation to deliver services.				

Questions	Response			
	Yes	No	Unsure	N/A
<b>Component 4: Delegation</b>				
All team members using delegation receive training in delegation practice. If yes, state what type of training.				
Team members are available to coordinate and deliver/support delegation training. If yes, who?				
All team members understand the documentation requirements for delegation.				
All allied health assistants receive training and achieve competence in recognising 'when to stop' delegated tasks (i.e. <a href="#">CTI WTS 01</a> ) and/ or escalate concerns before accepting delegated clinical tasks.				
All allied health professionals delegating clinical tasks understand the training content and competency assessment processes provided to allied health assistants including <a href="#">CTI WTS 01</a> .				
There are agreed and documented processes for allied health assistants to escalate issues or request additional support/ advice during the delegated task (e.g. emergency procedures, communication systems, escalation processes).				
All team members understand and apply appropriate monitoring (direct, indirect or remote) and support processes, when using delegated practice to deliver a task or activity.				
<b>Component 5: Continuing education and development</b>				
All team members using delegated practice have a current PDP which includes activities related to delegation.				
All team members have access to and participate in, continuing education and development to maintain/enhance skills and knowledge in delegation practice. If yes, provide recent examples.				
The allied health assistants' PDP's include continuing education and development activities that reflect service needs.				

Questions	Response			
	Yes	No	Unsure	N/A
Allied health assistants are supported to access funding for continuing education and development activities.				
Allied health assistants participate in workplace-based learning activities (e.g. in-services, peer networks, etc.). Please list.				
Continuing education and development activities are recorded and monitored. Provide details.				
<b>Component 6: Supervision</b>				
The primary supervisor for each allied health assistant is an allied health professional.				
All team members who provide supervision receive training. If yes, provide details on type of training.				
All team members have a formal (written) supervision plan that includes learning and development activities related to delegation.				
Supervision is appropriately documented. If yes, what records are kept? and who manages and monitors these?				
The frequency and delivery mode (face to face, videoconference) of supervision is appropriate for the needs of each supervisee. Provide details.				
All supervisors and supervisees in the team understand the purpose of supervision and integrate delegation practice concepts into plans and sessions.				
All supervisors and supervisees understand their responsibilities in supervision, including scheduling and documentation. Provide details/examples.				

Questions	Response			
	Yes	No	Unsure	N/A
<b>Component 7: Integrating allied health assistants into allied health teams</b>				
There is a strong culture of respect and collaboration within this team that supports good delegation practice.				
All new team members involved in delegation receive orientation to how delegation is implemented and the role of allied health assistants in the team.				
All team members support the quality and operational performance of delegation. If yes, provide examples.				
<b>Component 8: Evaluation and sustainability</b>				
The team regularly evaluates the delegation processes and outcomes for the service (e.g. activity data, periodic service reviews, quality improvement activities). If yes, provide examples.				
The team periodically reviews the tools and resources used to support delegation (e.g. training resources, supervision arrangements, CTIs, WPIs, etc.). If yes, provide examples.				
There are formal processes in place for managing, monitoring and evaluating allied health assistant roles. If yes, please describe.				
<b>Questionnaire 3: Summary</b>				
List areas for improvement:				
List strategies for improvement:				

Questions	Response			
	Yes	No	Unsure	N/A
<p>Use this space to add any comments or suggestions regarding assistant roles, governance and support arrangements:</p>				

# Appendix 1: Action Plan template

Once the responses have been collated for each of the three questionnaires the results can be entered into the Action Plan template. This provides a structured format for summarising the areas where action is required and provides users with a process for recording key actions (based on the audit statements) against an agreed timeframe.

A summary spreadsheet is available to assist with collating your responses.

Action Plan Template				
Audit statements	Action required		Key Actions	Timeframe & Person responsible
	Yes	No		
<b>Component 1: Scope of practice</b>				
1.1 Allied health assistants will have an individual scope of practice that is informed by/ and reflected in their role description and service/ team plans, procedures and related documentation.				
1.2 An allied health assistant's scope of practice includes tasks that the individual has been trained in and is competent to safely perform, and that are within the scope of the allied health assistant role.				
1.3 The scope of practice of allied health assistants will vary between settings and clinical areas and can change over time, requiring periodic review to reflect evolving needs.				
<b>Component 2: Education, skills and competencies</b>				
2.1 All allied health assistant role descriptions should reference the Certificate IV in Allied Health Assistance as the desirable qualification (mandatory at CA4).				
2.2 Allied health assistants are encouraged to progress to attainment of the competencies and skill sets required for/ or linked to their role.				

<b>Component 3: Governance</b>				
3.1 Allied health managers, professionals and assistants will have a clear understanding of their responsibilities and accountabilities when implementing delegation.				
3.2 Operational and professional responsibilities for allied health assistant roles are reflected within organisational structures and role descriptions for relevant team members.				
3.3 Allied health assistants will have a role description that reflects the role type and setting, organisational and professional structure and links directly to the clinical service and role supports.				
<b>Component 4: Delegation</b>				
4.1 Allied health managers, professionals and assistants will have a clear understanding of the process for delegation within the local service setting, including the systems that support delegation and monitoring.				
4.2 Delegation practice and the systems and processes that support safe and effective delegation will be integrated into the team's quality review cycle.				
<b>Component 5: Continuing education and development</b>				
5.1 Continuing education and development is important for allied health assistants to maintain and enhance their skills and knowledge.				
5.2 Continuing education and development is a shared responsibility between the individual and their employer, aimed at optimising performance and enhancing patient care.				
5.3 Continuing education and development is linked to supervision.				
<b>Component 6: Supervision</b>				
6.1 Supervision will be provided to allied health assistants for the purpose of continuing education and development.				

6.2 Allied health assistant positions will have one primary supervisor, who is an allied health professional, but an experienced allied health assistant can provide supervision in collaboration with the allied health professional.				
6.3 Supervision sessions will be documented.				
6.4 Supervision may be provided face-to-face or via telehealth.				
<b>Component 7: Integrating allied health assistants into allied health teams</b>				
7.1 Delegation is supported by well-developed collaborative practice of a multidisciplinary team.				
7.2 Allied health assistants and professionals in the team require orientation to how delegation is implemented and the role of the allied health assistant/s in the local team.				
<b>Component 8: Evaluation and sustainability</b>				
8.1 Evaluation forms an integral part of delegated practice.				
8.2 Strategies for sustainability should be implemented to embed allied health assistants in the service team.				
<b>Additional comments</b>				



# References

1. Queensland Government: Queensland Health (2015). Allied Health Assistant Framework – Revised 2022. Available at: [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0017/147500/ahaframework.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0017/147500/ahaframework.pdf)
2. Queensland Government: Queensland Health (2022). Delegation Framework- allied health. Available at: <https://www.health.qld.gov.au/ahwac/docs/aha/Delegation-Framework.pdf>
3. Queensland Government (2021). Health Service Directive: QH-HSD-034: 2014 Credentialing and defining the scope of clinical practice. Available at: <https://www.health.qld.gov.au/system-governance/policies-standards/health-service-directives/credentialing-and-defining-the-scope-of-clinical-practice>