Allied health assistant remote supervision workforce model

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Aim: Distance is frequently cited as a barrier that limits access to optimal delivery of health services in rural and remote areas. The aim of this project was to develop, trial and evaluate a remote supervision allied health assistant (AHA) model that could potentially be replicated in other rural health environments and thus reduce this barrier. The project aimed to improve the overall health outcomes for rural and regional communities through the increased training and utilisation of AHAs, under the remote supervision of allied health professionals (AHPs), to augment timely, and closer, access to some allied health services.

Method: The project was a collaborative arrangement where two rural hospitals, Inglewood and Districts Health Service (IDHS) and Boort District Health (BDH), partnered with Bendigo Health and Bendigo TAFE to develop and implement this AHA remote supervision model. IDHS and BDH nominated employees from their organisations to undertake training in Certificate IV in Allied Health Assistance (physiotherapy and occupational therapy streams) at Bendigo TAFE. In addition, the AHAs undertook a skills set in community rehabilitation that was contextualised to the AHA’s individual hospital setting. A peer-support framework was also initiated to enhance the employees’ knowledge and enable benchmarking with other AHAs. The remote supervision model commenced in June 2012, trialling a range of supervision and reporting methods including face to face, email, telephone and videoconferencing.

Results: By the time of the Conference this project will be fully implemented and evaluated. To date thematic analysis of the baseline interviews of management and allied health staff has identified issues with economics, great expectations, gaps in service, communication, sustainability, community acceptance and the need to work smarter. Practical tools that have been developed and introduced include supervision logs, internal and external referral pathways, a model of peer supervision, videoconferencing accounts and equipment, as well as marketing tools and materials.

Conclusion and relevance/practical application: Although the final results of the evaluation are pending, the benefits of this model of remote supervision are already being realised with the participating health services exploring the expansion of AHA roles across disciplines and divisions. Another local rural health service has also already looked at replicating this model to assist with improving health outcomes for their community.