

# ***Extended scope models of allied health assistant practice & the impact of organisational culture***

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## **Background**

Within Australia, the development of the Allied Health Assistant (AHA) workforce has been identified as a viable solution to the increasing demand for Allied Health services, and rising healthcare costs. To this end, new models of service delivery are sought, incorporating AHA task delegation and role substitutions. However, within the Occupational Therapy (OT) profession, there is growing concern that the introduction of extended AHA roles could erode our professional scope of practice, and potentially compromise the quality of care received by our clients.

The objective of this pilot project was thus to examine the potential benefits of an extended scope AHA model in the traditional OT practice area of home environment interventions, and examine drivers/barriers to the uptake of this model within a large, inpatient OT service.

## **Methods**

Clear delineation of role boundaries between OT and extended AHA practice was necessary to firstly identify specific home environment interventions commensurate with AHA skills/capabilities and clinical risk parameters. A training program for AHA staff was then developed for each intervention, culminating in competency-based assessment to ensure the attainment of minimum knowledge and skills. Lastly, a cohesive change management and communication strategy was implemented, targeting both AHA and OT stakeholders.

## **Results**

For the six period post initial project implementation, five of seven AHA staff were delegated home interventions tasks by OT clinicians, and reported higher self-ratings on job satisfaction, work variety, and role autonomy measures. Although the AHA cohort perceived OT staff to be strongly supportive of their new extended scope role, clinician feedback identified significant concerns regarding AHA work quality and potential clinical risks, and hence limited uptake of this practice model.

## **Discussion**

Preliminary results from this pilot project highlight the importance of organisational culture in leading clinical practice change, and support further evaluation of the uptake of this extended scope model, in line with ongoing change management initiatives.