

Allied Health Workforce Educator Role

Project Report



NSW Ministry of Health
1 Reserve Road
ST LEONARDS NSW 2065
Tel. (02) 9391 9000
Fax. (02) 9391 9101
TTY. (02) 9391 9900
www.health.nsw.gov.au

Produced by: NSW Ministry of Health

This work is copyright. It may be reproduced in whole or in part for study or training purposes subject to the inclusion of an acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the NSW Ministry of Health.

The NSW Ministry of Health acknowledges the traditional custodians of the lands across NSW. We acknowledge that we live and work on Aboriginal lands. We pay our respects to Elders past and present and to all Aboriginal people.

Further copies of this document can be downloaded from the NSW Health webpage www.health.nsw.gov.au

© NSW Ministry of Health 2024

SHPN (WPTD) 230992
ISBN 978-1-76023-713-4

July 2024

Disclaimer: The purpose of this report is to summarise Allied Health Educator (AHE) roles in current practice and highlight the benefits of dedicated AHE roles. The report provides practical steps for AHE role implementation and it is intended that these be considered within LHD's/SHN's context.

Contents

01 EXECUTIVE SUMMARY	3
Current landscape	3
<i>The case for change: dedicated AHEs are essential to the allied health workforce of the future</i>	4
Options for AHE roles	6
Practical considerations for implementation	7
Building the future of AHEs in NSW Health	7
02 INTRODUCTION	8
Objective	9
Approach	9
03 AHES IN A CONTEMPORARY WORKFORCE	10
<i>Key themes</i>	11
Current AHE roles	11
Governance	11
Capabilities	11
Benefits	12
Future roles	12
04 CURRENT NSW HEALTH LANDSCAPE	14
<i>The NSW Health allied health workforce</i>	15
AHEs in NSW Health	15
<i>Current AHE roles</i>	15
<i>Current challenges facing AHEs</i>	16
<i>Nursing and medical educator roles in NSW Health</i>	17
05 THE CASE FOR CHANGE: THE STRATEGIC VALUE OF DEDICATED AHES	19
<i>The Benefits of AHEs</i>	20
<i>Strategic value of AHEs</i>	21
06 OPTIONS FOR THE TYPE AND SCOPE OF AHE ROLES	27
<i>AHE role descriptions and local examples</i>	28
<i>Demonstrated value of a dedicated clinical stream educator role</i>	36
<i>Demonstrated value of AHEs in regional areas</i>	37
07 PRACTICAL STEPS TOWARDS IMPLEMENTATION OF AHES IN NSW HEALTH	38
Example KPIs for consideration	41
08 BUILDING THE FUTURE OF AHES IN NSW HEALTH	42
09 APPENDIX 1: INFORMATION ON EDUCATION COURSE AND QUALIFICATIONS	45
10 REFERENCE LIST	50

Executive summary

01

Dedicated allied health educator (AHE) roles have the potential to be a significant driver of the ambitious workforce goals outlined in Future Health¹, the NSW Health Workforce Plan 2022-2032² and the NSW Regional Health Strategic Plan 2022-2023.³ The provision of essential education, training, and support to allied health professionals underpins the key prerequisites of delivering improved patient outcomes: workforce capability, research and innovation, and enhanced recruitment and retention efforts. Fully realising the value of AHEs has the potential to make a significant contribution to a sustainable and value-based healthcare system that meets the evolving needs of the NSW Health landscape.

This report presents a summary of AHE roles in contemporary practice, the benefits and value of introducing dedicated AHE roles, the various types of educator roles and considerations for practical implementation of AHE roles in NSW Health.

The objectives of the project were to:

- consider the full value of dedicated AHEs and benefits to patients, the workforce and the system
- define the various educator roles and practical considerations for their implementation
- articulate the contribution of dedicated AHE roles to the overarching future direction for the NSW Health allied health workforce.

In the context of this project AHEs are categorised as:

- Clinical AHEs (CAHE) providing training and education to the allied health workforce across NSW Health. This may include AHEs in strategic roles, and discipline-specific AHEs, clinical stream AHEs or general AHEs.

- Student AHEs providing guidance and education to the student population who are training in an allied health discipline.

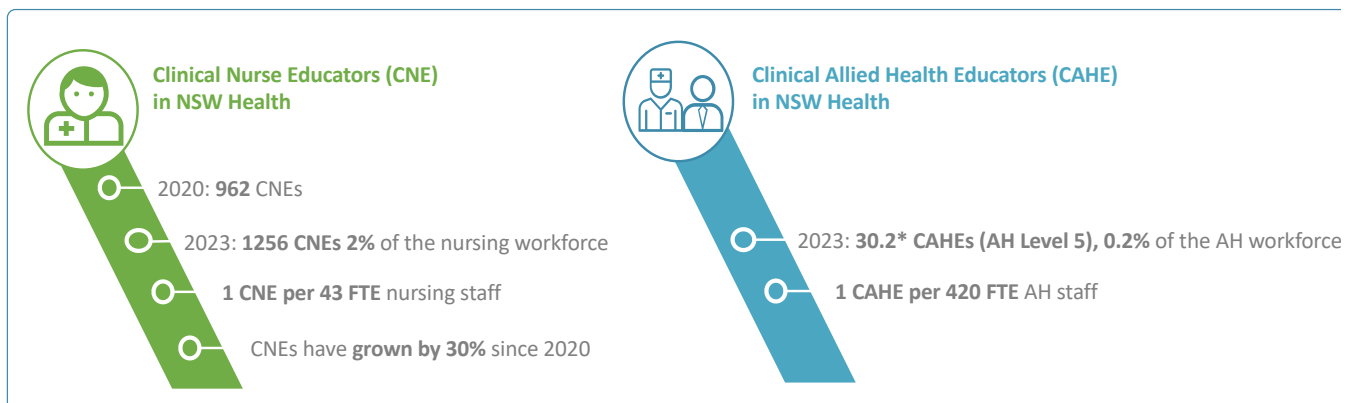
This report refers to AHEs throughout, comprising clinical and student AHEs. The role and scope of AHEs is described in further detail in this report.

Current landscape

The NSW allied health workforce is expected to double in number by 2040. AHEs are essential in supporting a well-trained and sustainable workforce to deliver safe and quality patient care to the population of NSW. The number of clinical AHEs currently employed across NSW Health is unclear from the available data, but indicative numbers suggest that it could be as low as 30.2 FTE AHEs.

Current estimates suggest that the need for clinical AHEs far outstrips their availability in the NSW health system. By way of illustration, Figure 1 below provides a snapshot comparison of the clinical nurse educator (CNE) workforce and clinical AHE workforce in NSW Health between 2020 and 2023. The CNE workforce includes 1 CNE per 43 nursing staff, while clinical AHEs make up 0.2% of the allied health workforce or 1 clinical AHE per 420 allied health staff. Student educators equate to 50 FTE* across NSW, however it should be noted that many of these FTE also include a clinical load, therefore actual numbers are much less than this. Some positions may also be funded through temporary funding provided by universities.

Figure 1: CNE and CAHE workforce in NSW Health



*AHE FTE validated with LHD/SHNs in October 2023.

Current AHEs highlighted a range of challenges impacting their roles, these are summarised below.

- Insufficient number of AHE roles and limited acknowledgment of the significance and value of AHEs.
- Each allied health discipline has unique requirements for workforce education, some of which may include registration pathways, competency and CPD requirements, practice endorsement, training pathways and processes for accreditation.
- Smaller workforces may lack dedicated clinical and/or student educators, impacting workforce recruitment and retention, competency development and upskilling, and governance.
- Barriers to providing training and education to the allied health workforce were identified including:
 - limited number or no AHEs across disciplines to support the allied health workforce in professional development, mandatory education requirements and upskilling.
 - limited or an absence of training modules impacting the delivery of effective education.
 - keeping pace with rapidly changing technology and scope of practice changes and advancements, in specific disciplines and in methods and modes for delivering education.
 - requirement to prioritise patient care above education.
 - constraints and competing role priorities for AHEs, particularly for those with fractional AHE appointments.
 - limited availability of support and training for new graduates and early career clinicians.
- Measurement of activity and outcomes that would assist to articulate the value of AHEs are not generally collected.
- NSW Health LHD/SHNs report limited capacity to increase allied health student placements with the current workforce capacity due to an absence of allied health student educators.

The case for change: dedicated AHEs are essential to the allied health workforce of the future

The need for a skilled and adaptable allied health workforce is recognised as central to an effective response to the evolving healthcare landscape. The imperative for the system lies in the fact that establishment of AHEs is an essential component of the future allied health workforce, a workforce that is driven by strategic alignment with system-wide priorities. The evident scarcity of dedicated educators in allied health, overlooks the numerous benefits these roles bring to the healthcare system.

1. Implementing the strategic priorities in Future Health and Workforce Plans:

AHEs align with the strategic priorities outlined in Future Health, and are critical to embedding patient-centred care, safety, and workforce development. AHEs are central to implementing the NSW Health Workforce Plan to enhance staff scope of practice, upskilling, diversity, and overall workforce agility.

2. Building the workforce pipeline:

AHEs play a pivotal role in developing and sustaining a skilled allied health workforce, offering specialised training and support. AHEs provide essential training and development for new graduates and early career clinicians fostering recruitment and retention within the profession.

3. Realising the Regional Health Strategic Plan priorities:

AHEs are essential to achieving the goals set out in the Regional Health Strategic Plan, particularly in areas such as strengthening the regional health workforce, building partnerships, implementing new roles across advanced scope of practice and rural generalist models and the provision of multidisciplinary care. Without AHEs to drive workforce capability and change, the realisation of these priorities will not be possible.

4. Maximising the benefits and value of AHEs:

The benefits and value of AHEs extend beyond individual skill enhancement. As outlined in the body of this report, the benefits and value include a suite of elements that together support the strengthened overall capability of the allied health workforce across the span of clinical careers from graduate to senior professional. These elements include enhanced safety and quality of care, provision of clinical supervision,

promotion of professional development, fostering of collaboration, partnerships and multidisciplinary approaches, and development of future leaders in the workforce. Strengthening the overall capability of the allied health workforce is the central platform for improving patient outcomes and reducing healthcare costs.

The benefits of AHEs are summarised in Figure 2 and discussed in detail in the body of the report.

Figure 2: Benefits of AHEs



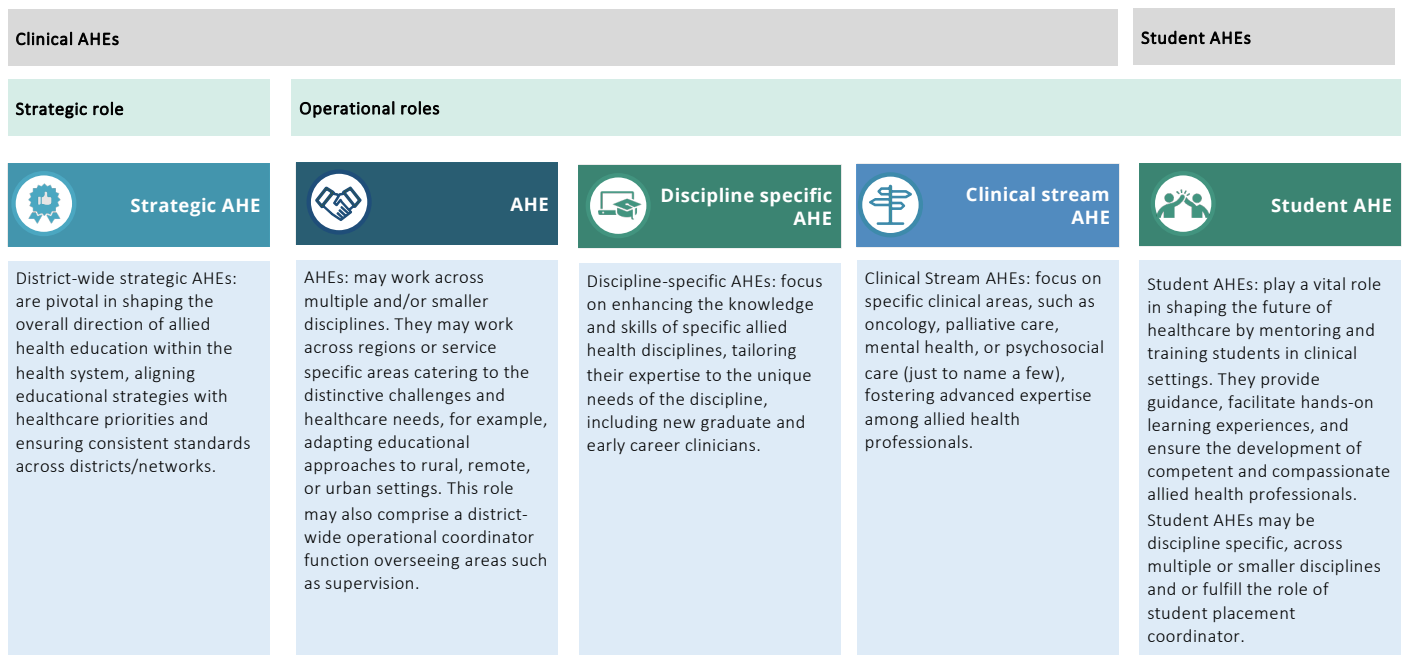
The shortage of AHEs is a critical issue, impacting the quality of education and training for allied health professionals and the ability to meet the need for ongoing workforce development. Expanding the number of AHEs is essential to meet the growing demand for education. The shortage of AHEs in allied health is disproportionate to the support available in nursing. Addressing this discrepancy is necessary to ensure a balanced and well-prepared healthcare workforce.

Options for AHE roles

AHE roles encompass a diverse range of responsibilities, including curriculum development, clinical training, and supporting clinicians across the career span from new graduates to senior clinicians. This report identifies five AHE roles that exist currently and describes how their role and function can be differentiated, refer Figure 3.

The five roles comprise a mix of strategic and operational responsibilities across a diverse range of disciplines, clinical specialties, geographies and student placement and education.

Figure 3: AHE roles for NSW Health

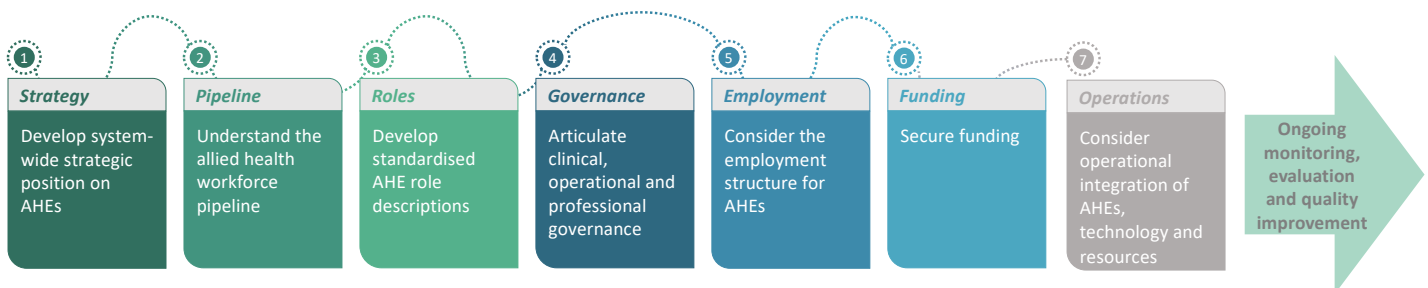


Practical considerations for implementation

The findings of this report suggest that there is an evident scarcity of AHEs, and that this scarcity is a limitation to achieving the full potential of a future focused AH workforce. However, it is recognised that addressing the need for these roles requires incremental change involving consideration of several factors to ensure their effectiveness. Any implementation of AHE roles should align with the broader workforce plans for NSW Health.

Figure 4 highlights the practical considerations for the implementation of dedicated AHE roles as discussed throughout this project. These considerations provide the foundational elements required to achieve the ultimate goal of enhancing future sustainability, outcomes and value in the allied health workforce.

Figure 4: Practical considerations for implementation of AHEs



Building the future of AHEs in NSW Health

Six key actions significant to building the case for dedicated AHEs in NSW Health are recommended:

- Action 1: Articulate allied health workforce demand and supply
- Action 2: Communicate the benefits and value of AHEs
- Action 3: Evaluate the current 'functioning' and value of different AHE roles across the state
- Action 4: Identify the costs and estimate the economic value of AHEs in NSW Health and develop a business case
- Action 5: Garner support and secure funding for dedicated AHE roles
- Action 6: Develop a recognised career pathway for AHEs
- Establishing AHEs as a universal position in the NSW Health workforce is essential to meet the evolving healthcare landscape, address workforce shortages, and align with strategic priorities, ultimately ensuring safe and high-quality patient care.

NSW Health and the allied health workforce have the opportunity to develop a long-term strategy to support the sustainability of the allied health workforce and contribute to patient safety and quality through the implementation of dedicated AHE roles.

Introduction

02

The allied health workforce in NSW Health is a diverse group of individual professions, who work in health-care teams providing assessment, diagnosis, treatment and other supports. The NSW Health Allied Health Macro Trends Report⁴ suggested opportunities exist to further support the allied health workforce in training and career progression. This included considering the benefits of allocating resources towards a dedicated AHE role.

Furthermore, an ambition of Future Health¹, the NSW Regional Health Strategic Plan³ and the NSW Health Workforce Plan 2022-2032² is to enhance the capability of the workforce and to support professional workforces to deliver value and empower staff to work to their full potential at the top of scope of practice.

It is acknowledged that AHE roles exist already, in pockets, and in different configurations. Currently, there is no formal guidance for these types of roles in NSW Health. Current role focus areas include:

- the provision of professional education, student education, career pathways and research involvement
- single profession focus or multi-professional focus.

Objective

The objectives of the project were to:

- consider the full value of dedicated AHEs and benefits to patients, the workforce and the system
- define the various educator roles and practical considerations for their implementation
- articulate the contribution of dedicated AHE roles to the overarching future direction for the NSW Health allied health workforce.

Approach

The project consisted of a number of key inputs to gather and synthesise information and understand the current state and future direction for AHE roles in NSW Health.

Table 1. Key project inputs

Activity	Description
Rapid literature review	A literature scan of relevant NSW, Australian and international literature was conducted to provide input to the role, benefits and future of AHEs (available on request).
Review of current position descriptions	LHD/SHNs provided current LHD/SHN examples of AHE role position descriptions. These provided input to the current state and future direction for AHEs.
Stakeholder consultations	A range of stakeholder groups were consulted including, discipline advisory network leads/nominees, existing AHEs in LHD/SHNs, the Nursing and Midwifery Office, the Health Education and Training Institute, Allied Health Professional Educator Network (AHPEN), and State Allied Health Chiefs/Advisors. Focus groups were conducted with these expert stakeholders with the objective of canvassing a range of information and experiences relevant to AHE roles.
Verification focus groups	Project inputs were synthesised, and the benefits, future directions and practical considerations for AHEs were verified with the Directors of Allied Health, the Health Education and Training Institute (HETI) and the AHPEN.

AHEs in a contemporary workforce

03

This section of the report provides a summary of the rapid literature review key findings as related to AHEs, including current roles, governance, capabilities, benefits and future roles.

As stated in the Review of Australian Government Health Workforce Programs, 8.2 Allied Health Workforce⁵:

“In very broad terms, Allied Health professionals provide services to enhance and maintain functions of their patients (clients) within a range of settings including hospitals, private practice, community health and in-home care. There is an emphasis on healthy lifestyle and independence; whether that is physically, psychologically, cognitively or socially. Allied health professionals also have a large role in the management of people with disabilities from childhood to adult.”

Key themes

The rapid literature review has elicited several key themes specific to the role, benefits and future of AHEs.

Current AHE roles

- Across other Australian states and territories, there exists a mix of roles providing support and education to staff/students. Roles are diverse and established according to needs, size and function of various work settings. The Victorian Allied Health Career Pathways Blueprint⁶ highlights ‘education’ as one of five key career pathways. The education core development stream is a mix of educational activities that an allied health professional could engage in for career development. It also describes some activities that may be included to support an AHE to become an “expert” or “acknowledged leader”.

Governance

- The HETI Allied Health Education and Training Governance Guidelines⁷ support the establishment, access and management of local systems of governance for allied health education and training within LHDs and SHNs in NSW. As noted in the Guidelines, governance is a core function in health system frameworks and critical to improving health outcomes. Health service organisations are responsible to the community to ensure continuous improvement and services are safe, effective and human-centred. This is achieved through good governance. Education and training are critical components of the overall clinical and corporate governance system of healthcare organisations. The Guidelines aim to support health services to develop systems of governance to grow allied health capabilities in the delivery of human-centred care and promote a culture of lifelong learning.
- The Allied Health Clinical Governance Framework in Queensland Health⁸ aims to better equip the allied health workforce across all Hospital and Health Services to improve quality, reduce risk, create continuous improvement cultures, and more effectively develop innovative roles and service delivery models. Among quality improvement activities are the establishment of profession-specific clinical education and training networks and the provision of training and orientation programs for new graduates.

Capabilities

- Gibson et al. (2019)⁹ conducted a systematic literature search to identify and synthesise the skills and qualities of clinical educators in allied health and their effect on student learning and patient care. Although their review was to inform student learning, the information has direct applicability to the roles of AHEs. The review identified seven educator skills and qualities:

1. Intrinsic and personal attributes of clinical educators
 2. Provision of skilful feedback
 3. Teaching skills
 4. Fostering collaborative learning
 5. Understanding expectations
 6. Organisation and planning
 7. Clinical educators in their professional role.
- Sidhu et al. (2023)¹⁰ conducted a literature review to identify an inclusive structure for competency domains that may be applied to educators. Six distinct domains of educator competence were identified, consistent across and applicable to a range of healthcare disciplines:
 1. Teaching and facilitating learning
 2. Designing and planning learning
 3. Assessment of learning
 4. Educational research and scholarship
 5. Educational leadership and management
 6. Educational environment, quality and safety.
 - Other skill requirements noted in the literature includes critical thinking, critical reflection and education and teaching skills.
 - In NSW, HETI supports AHEs through the AHPEN. The AHPEN provides a forum for professional support, information exchange, training and education and collaboration regarding the development of clinical education resources/tools, innovative and evidence-based models and teaching strategies in allied health professional education across NSW Health.

Benefits

- Workplace learning is essential for staff development and high quality clinical care. Lloyd et al. (2014)¹¹ conducted a qualitative study to explore the barriers to, and enablers of, workplace learning for NSW Health allied health professionals. They found that dedicated professional educator roles could support learning by enhancing the capability of allied health professionals to engage in workplace learning. These dedicated educator positions enabled learning by encouraging staff to learn, teaching them how to educate others, providing

feedback and guidance on practice, synthesising literature, and developing and delivering tailored education programs. Allied health managers and educators noted a lack of dedicated education positions and described this as a barrier to workplace learning, limiting the capabilities of allied health professionals to learn.

- It is important that the professional development of allied health professionals is maintained, developed and promoted to provide the best value, leading and advanced care (Health Education & Training (HETI), 2022 p.4).⁷ CPD within the workplace is valued due to knowledge and skill development, often being specific to organisational and patient needs, learned in the environment where it is to be applied. Potential economic benefits also exist if the cost of providing education is absorbed by the organisation (Golder et al., 2016, p.259).¹² AHEs may have a role in supporting staff CPD.

Future roles

- AHE positions play a key role in education and training leadership. The HETI Guidelines recommend allied health representation on education committees within organisations. Boyce and Jackway (2016)¹³ reported on an evidence-based snapshot of allied health in leadership positions in Australia in 2015. To ensure allied health maintains the ability to reconfigure workforce profiles and the establishment of new roles to meet patient and service needs, it is necessary to maximise the use of clinical specialists and educators, with delegated authority to review workforce and services in collaboration with other managers (Boyce & Jackway, 2016, p.52).¹³
- Leadership is essential to develop and coordinate training for interprofessional education opportunities. Leadership is also required to ensure there are integrated health and education policies to promote effective interprofessional education and collaborative practice.
- Many papers identified some of the limitations of undergraduate/graduate university or institutional programs (e.g. (Tai et al., 2018)¹⁴ [audiology], (Lucas et al., 2021)¹⁵ [culture, working with Aboriginal people]), clinical placement and student needs or the use of specialised educators to support specialised training

An example of the significance of education in allied health

Allied health educators play a crucial role in shaping the future of various allied health professions, which have distinct and ever-evolving education and training prerequisites. A recent case in point is seen in the field of Pharmacy: Australia's introduction of an innovative international credentialing program for pharmacists. This program provides an independent assessment of knowledge and skill in up to two specific areas of practice at the levels of 'Resident,' 'Registrar,' or 'Consultant.' This credential could provide assurance of the quality of a Clinical Educator's practice at recruitment or facilitate the expansion of advanced practice using provided resources.

This development underscores the increasing significance of education within allied health. In this context, allied health educators serve as instrumental catalysts in promoting the ongoing evolution and quality assurance of allied health professions, such as Pharmacy.

- (Wideman et al., 2018).¹⁶ While there may be limited ability to influence curricula or any recommended changes to training may be protracted, there is an opportunity to leverage AHEs to support the training needs and retention of new staff.
- The World Health Organization (WHO) acknowledges that evidence has shown “effective interprofessional education enables effective collaborative practice.” (cited in Mouser et al., 2018, p.129).¹⁷ The HETI guidelines⁷ also report that interprofessional education and collaboration in education and practice improve health outcomes. The benefits include teamwork, reduced service duplication, patient centred care, and elevated levels of workforce satisfaction and wellbeing. Integrated and quality care is enhanced by interprofessional practice and enables a more responsive workforce to meet population health care needs.
 - While there is value and there may be a need for discipline or cohort specific AHE positions to meet specialised workforce requirements, multidisciplinary AHEs are also able to address a broad range of common allied health skill development such as interpersonal communication, patient assessment, management, education, discharge planning, working within multidisciplinary teams, advocacy, employing evidence-based practice and integrating the science of their fields in their clinical decision- making (Gibson et al., 2019)⁹
 - Golder et al. (2016)¹² described an education framework model that would be patient and person-centred, flexible, evidence-based, usable, robust, and contemporary. The model identifies key stages of the CPD cycle, which results in promoting patient-centred care through the effective education and training of allied health professionals. This is well aligned with the HETI Governance Guidelines. Framework elements include:
 - Element 1 – Governance
 - Element 2 – Planning
 - Element 3 – Delivery
 - Element 4 – Evaluation and research.
 - The Northern Territory Review¹⁸ offers some guiding principles to consider when deciding on a clinical educator service model. Points relevant to NSW include:
 - Agreement and transparency on the specific tasks and responsibilities of the role (including what is out of scope) between relevant parties such as managers, team leaders, professional leads, allied health clinical education units and tertiary institutions
 - Agreement between executive and operational leaders on the scope of operational managers to tailor roles and responsibilities to each work unit
 - Governance of the role and how it will fit into existing structures of a department or work unit
 - Whether the number of staff within a profession or work unit warrants a new clinical educator position, and how their training and education needs may be met through existing resources
 - Impact of current or future workforce priorities (including areas for expansion and expected number of student placements)
 - How the position will provide equitable service to staff across all areas and sub-disciplines of a profession
 - Accreditation and CPD requirements of the profession
 - Infrastructure to accommodate the role (and any expected student increases).

Current NSW Health landscape

04

This section of the report provides an overview of the current allied health workforce in NSW Health, AHE roles and challenges faced by AHEs. The scope of educator roles in the nursing and medical workforces are also summarised.

As a critical workforce for public health services and the health of the community, NSW Health has a focus on developing the allied health workforce.

The NSW Health allied health workforce

The allied health workforce in NSW Health is a diverse group of 23 individual professions that are tertiary qualified (AQF level 7 or higher) who work in healthcare teams or as sole therapists to support a person's health needs.¹⁹ The workforce comprises of nationally registered professions (under the National Registration and Accreditation Scheme)²⁰ and self-regulated allied health professions. Allied health professionals are well represented in leading and contributing to contemporary integrated approaches to healthcare delivery and future innovation.

The NSW Health allied health workforce delivers healthcare and services to the people of NSW, spanning large geographical areas across metropolitan, regional, rural and remote regions and multiple settings, including acute, sub-acute, ambulatory and community locations. Collectively, allied health professions contribute diverse clinical, scientific and therapy skills and are well positioned to lead the way in more integrated approaches to health care delivery.

AHEs in NSW Health

The role of a health professional educator is outlined in the NSW Health Service Health Professionals (State) Award 2022 under Schedule B – Classification of Health Professional Positions.²¹

The Health Professional Educator (Level 5) position facilitates learning and professional development for health professionals and technical and support staff. The Health Professional Educator may work across a geographic region, zone or clinical network.

The Health Professional Educator is responsible for the design, development, delivery and evaluation of education programs including continuing professional education, new graduate orientation and general staff development courses. The role may also entail instructional design and research into education best practice to support ongoing learning and development of clinical staff.

Schedule B also details the general requirements of positions at Levels 5 and 6. These positions may have a clinical, education or management focus or may have elements of all three features. Positions at Levels 5 and 6 deliver and/or manage and direct the delivery of services in a complex clinical setting. Staff at this level perform novel, complex and critical discipline specific clinical work with a high level of professional knowledge and by the exercising of substantial professional judgement. Health professionals at this level would undertake work with significant scope and/or complexity and/or undertake professional duties of an innovative, novel and/or critical nature without direction. Work is usually performed without direct supervision with a discretion permitted within the boundaries of broad guidelines to achieve organisational goals.

Current AHE roles

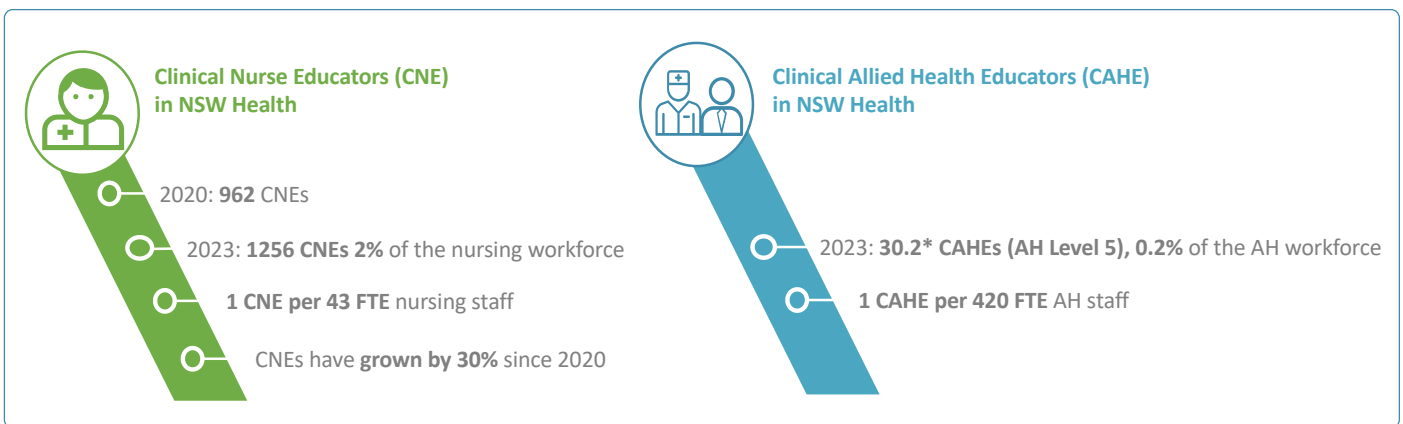
The landscape of AHE roles across districts and networks encompasses a diverse range of positions tailored locally to meet the evolving demands of healthcare education and workforce development. These roles span various dimensions, including district-wide strategic positions, discipline-specific educators, geographic-specific roles, specialty educators, and those dedicated to educating the next generation of allied health professionals as student educators.

Data on the number of AHE roles in NSW Health is not currently collected or easily derived from existing systems. Data extracted from the StaffLink system is available at the allied health award level. The award levels 4 and 5 derived from the StaffLink system that includes AHEs also include other roles (as based on the award level). For example, award level 4 roles may include AHEs, student educators and some team leaders, award level 5 roles may include AHEs, student educators and some clinical leads.

Figure 5 below provides a snapshot comparison of the clinical nurse educator (CNE) workforce and clinical AHE (CAHE) workforce in NSW Health between 2020 and 2023. The CNE workforce includes 1 CNE per 43 nursing staff, while clinical AHEs make up 0.2% of the allied health workforce or 1 clinical AHE per 403 allied health staff.

Student educators equate to 50 FTE* across NSW, however it should be noted that many of these FTE also include a clinical load, therefore actual numbers are much less than this. Some positions may also be funded through temporary funding provided by universities.

Figure 5: CNE and CAHE workforce in NSW Health



Current challenges facing AHEs

Allied health professionals in NSW Health aspire to provide safe and quality care to the population of NSW. Consultation identified a number of current allied health workforce challenges faced by existing AHEs highlighting the complexity and diversity of issues faced by AHEs.

- Recognition of the need for AHEs:** in contrast to the medical and nursing workforce where dedicated teaching and education time is embedded and funded, AHEs are not considered a fixed component of the allied health workforce. Gaining recognition for the role of AHEs, including discipline specific educators as a core requirement within NSW Health and securing funding for positions is an ongoing challenge. There is often a need for disciplines and
 - services/departments to 'grow their own' educators who may or may not be discipline specific. This requirement places additional pressure on services and the workforce. Often workforce education relies on the goodwill of staff and may not be sustainable.
- Discipline-specific educators:** each allied health discipline has unique requirements for workforce education some of which may include registration pathways, competency and CPD requirements, training pathways and processes for accreditation.
- Workforce size:** smaller workforces may lack dedicated clinical and/or student educators, impacting workforce recruitment and retention, competency development and upskilling, and governance.

- **Recognised development and training pathways for AHEs:** formalised education and training of AHEs is variable, and currently, no formal model for AHE-specific education and training exists. Educators may undertake post graduate studies in adult education, train-the-trainer or assessor modules or rely on skills and experience, and collaboration with colleagues. Consultation also identified that there is no recognised pathway in LHD/SHNs for allied health professionals wishing to extend their practice to work as an AHE.

There is opportunity to develop and build AHE pathways including recommended further education options.

- **Workforce development and training:** several challenges in providing training and education to the workforce were identified including:
 - Limited number or no AHEs across disciplines to support the allied health workforce in professional development, mandatory education requirements and upskilling
 - Limited or an absence of training modules impacting the delivery of effective education
 - Difficulties in engaging busy clinicians in non-clinical activities
 - Keeping pace with rapidly changing technology, in specific disciplines and in methods and modes for delivering education
 - Planning new education within the context of evolving scopes of practice
 - Cross-disciplinary roles worked well in some instances while others identified difficulties in maintaining knowledge and currency in practice
 - Constraints and competing role priorities.
- **Peer support and networking:** while some disciplines and educator groups have established networks, others report feeling isolated in their roles and identified poor coordination of educators across the district.
- **Strategic directions:** representation of AHEs varies across different specialties and districts. Choosing what to prioritise as an allied health workforce was noted to be difficult at a district level. NSW Health has traditionally had a focus on acute care services and nursing and medical workforces, which has not fully realised the goal of purposefully expanding the

allied health workforce to drive value based care. Contemporary models of care, and their funding, are increasingly ones based on driving value through multidisciplinary teams with all professions working at the top of scope.

- **Measuring the value:** of AHEs has not been established within some AH professions and services, and is mostly absent from health service executive reporting.
- **Student educators:** limited capacity for NSW Health LHDs to increase allied health student placements with the current workforce capacity.
- **Technology:** infrastructure to support the development, collation and distribution of resources is lacking.

Nursing and medical educator roles in NSW Health

Clinical nurse educators and nurse educators provide education and training to nurses and midwives. They are responsible for developing, implementing, and evaluating clinical education programs at the ward/unit level, as well as providing mentoring, preceptorship, and feedback to nursing and midwifery staff. They also coordinate clinical placements and partnerships with education institutions, and liaise with other educators, managers, and stakeholders to ensure quality and consistency of education.

Clinical nurse educators and nurse educators are required to have current registration with the Australian Health Practitioner Regulation Agency (AHPRA) and hold relevant clinical or education post-registration qualifications or such education and clinical experience deemed appropriate by the employer. They must also demonstrate clinical competence, leadership skills, and a commitment to lifelong learning.

Medical staff generally work in teams led by a staff specialist or visiting medical officer. This team structure supports education and training.

Registered Medical Officers (RMOs) and Registrars do not have an 'educator' equivalent position, but they do have structured and resourced pathways for newly graduated doctors and specialists in training.

HETI organises medical training for RMOs in NSW. HETI provides a range of resources and support to enable medical practitioners in training to fulfil their roles and responsibilities and to provide useful and relevant support for teachers and clinical supervisors.

Registrar training in NSW public hospitals is organised by NSW Health, which co-ordinates an annual junior medical officer recruitment campaign where a number of vocational and non-vocational positions are advertised for the following clinical year.

Registrars can choose to train on a rural or general pathway and can elect to further their knowledge in various specialisations. Registrars are also entitled to study leave as part of their Award conditions, as opposed to allied health professionals, who have access to study leave via the Leave Matters Policy Directive.²² The role of the colleges in registrar training in NSW is to provide education, support, and accreditation. The role of staff specialists in registrar training is to provide supervision, guidance, feedback and assessment to the registrars who are pursuing a specialty qualification.

Staff specialists may collaborate with other stakeholders in registrar training, such as regional training organisations, colleges, universities and external clinical teachers. They may participate in educational activities, such as workshops, webinars and conferences, to enhance their own skills and knowledge as supervisors. Training and teaching time is an important component of a staff specialists' role.

Visiting medical officers (VMOs) provide speciality input in various disciplines in public health organisations. They are engaged on individual employment contracts that may vary depending on the location and the service they provide. Some contracts may have a teaching component built into them, depending on the role and the employer's expectations. For example, some VMOs may be required to supervise and mentor junior medical staff.

The case for change: the strategic value of dedicated AHEs

05

Achieving the strategic priorities of NSW Health involves building the health workforce of the future—a workforce that provides safe, high-quality care sustainably and delivers improved experiences and outcomes for patients and carers.

Establishing AHEs as a universal position in the NSW Health workforce lays the critical foundations for the AH workforce of the future.

This chapter of the report describes the benefits that AHEs could achieve in developing the NSW AH workforce and how this development would contribute to NSW Health’s strategic aspirations.

The benefits of AHEs

AHE roles within NSW Health contribute to the overall excellence and adaptability of the allied health workforce, ensuring that professionals are well-prepared to meet the ever-changing demands of the healthcare system while also promoting safe and high-quality patient care; the AHE role is well placed to support comprehensive healthcare reform in alignment with key strategic priorities.

Figure 6 presents the benefits of AHEs. The specific benefits of AHEs distilled through the literature review and the consultations are described.

At face value, the benefits of AHEs contribute to a high performing health system. More specifically, the benefits are demonstrably of high strategic value to delivering the NSW Health Workforce Plan² outcomes and cascade to support the achievement of NSW Health’s larger strategic ambitions.

Figure 6: Benefits of AHEs



Strategic value of AHEs

AHEs are pivotal to the success of healthcare reform initiatives, providing essential education, training, and support to allied health professionals at every stage of their careers and contributing to improved patient safety and outcomes. AHEs are instrumental in broad workforce skill development and development of advanced scope of practice and new models of care, research and innovation, and workforce recruitment and retention. AHEs are invaluable across the ever evolving healthcare landscape.

Future Health: Strategic Framework Guiding the Next Decade of Care in NSW (2022-32)

The vision in Future Health¹ is to create a sustainable health system that delivers outcomes that matter most to patients and the community. AHEs can contribute significantly to all Future Health strategic outcomes. At an overarching level, realising the benefits of AHEs lays the foundations critical to achieving the aspirational priorities of Future Health, refer to Figure 7.

The NSW Health Workforce Plan

The NSW Health Workforce Plan² is a part of the portfolio of detailed strategic endeavours that underpin Future Health. The Workforce Plan highlights the need to empower, equip and support healthcare staff to deliver person-centred care, drive innovation and work to their full potential. The key priorities

- **Priority 1: Build positive work environments**
- **Priority 2: Strengthen diversity in our workforce and decision-making**
- **Priority 3: Empower staff to work to their full potential**
- **Priority 4: Equip our people with the skills and capabilities to be an agile, responsive workforce**
- **Priority 5: Attract and retain skilled people who put patients first**
- **Priority 6: Unlock the ingenuity of our staff**

The AHE role directly contributes to achieving the goals of each of the six strategic priorities, as summarised in Table 1.

Figure 7: AHE contribution to Future Health strategic outcomes







Future Health strategic outcomes		AHE contribution
Priority 1: Patients and carers have positive experiences and outcomes that matter		Enhanced overall workforce capability development and enhanced individual skills to provide patient-centred care
Priority 2: Safe care is delivered across all settings		Provision of evidenced based education aligned to key policies, guidelines and reported incidents and near misses
Priority 3: People are healthy and well		Application of education and training in all environments focusing on the needs of all people especially vulnerable populations
Priority 4: Our staff are engaged and well supported		Supporting the workforce pipeline, retention of senior staff and positive workforce experiences, including staff working to their full potential through extended scope of practice, multi-skilled and combined-function roles
Priority 5: Research and innovation, & digital advances inform service delivery		Embedding translation of research and new technology to new models of care and roles
Priority 6: Managing for a sustainable business		Advancing value-based care, promoting sustainability and focusing on outcomes

Table 1: Strategic value of the benefits of AHEs

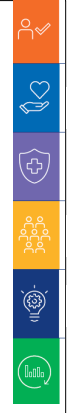
Future Health	Identified Benefit	Benefit description	Strategic alignment to Workforce Plan and Regional Health Strategic Plan
	Support safety and quality of care	<ul style="list-style-type: none"> Dedicated professional educator roles support learning by enhancing the capability of allied health professionals to provide effective and safe health services Support workforce skill development specific to organisational and patient needs, learned in the environment where it is to be applied Support workforce upskilling and credentialing in advanced scope of practice to enhance patient experiences and outcomes Clinical education and training are critical for the delivery of high quality healthcare 	<ul style="list-style-type: none"> WP: 3. Empower staff to work to their full potential around the future care needs. 3.1: Expanded scopes of practice for clinicians suit the local community need
 <p>Experience</p> <p>Safety</p> <p>Wellbeing</p> <p>Staff</p> <p>Innovation</p> <p>Sustainability</p>	Strengthen expertise to support new roles and models of care.	<ul style="list-style-type: none"> Equip allied health professionals with the expertise and knowledge needed to work effectively and efficiently, maximising their potential. All allied health professional roles are continually evolving and there is a need to support capability to deliver new and future models of care. This is particularly evident in priorities to implement expanded scope of practice, new workforce roles and multidisciplinary models of care across all service settings 	<ul style="list-style-type: none"> WP: 3. Empower staff to work to their full potential around the future care needs. 4. Equip our people with the skills and capabilities to be an agile, responsive workforce. 4.6 Staff are supported to work to their full potential through extended scope of practice, multi-skilled and combined-function roles RH areas: developing and promoting the Allied Health Rural Generalist Program for NSW Health; implementing expanded scope of practice for allied health professionals; developing and sustaining multidisciplinary care models to support patients in regional areas; expanding models for regional home-based care, community and outreach
	Provide clinical supervision	<ul style="list-style-type: none"> Provide clinical supervision to the workforce Provide supervision and education to supervisors 	<ul style="list-style-type: none"> WP: 4. Equip our people with the skills and capabilities to be an agile, responsive workforce

Table 1: Strategic value of the benefits of AHEs (cont.)


Future Health	Identified Benefit	Benefit description	Strategic alignment to Workforce Plan and Regional Health Strategic Plan
 <p data-bbox="170 619 253 639">Experience</p> <p data-bbox="170 691 224 711">Safety</p> <p data-bbox="170 762 246 783">Wellbeing</p> <p data-bbox="170 818 210 839">Staff</p> <p data-bbox="170 890 250 911">Innovation</p> <p data-bbox="170 962 271 983">Sustainability</p>	<p data-bbox="282 260 450 560">Enhance workforce capability development and strengthen learning opportunities.</p>	<ul data-bbox="472 260 1149 911" style="list-style-type: none"> • Enable and encourage learning through supporting staff to educate one another, providing feedback and guidance on practice, synthesising literature, and development and delivery of tailored education programs • Support CPD within the workplace • Promote professional development opportunities for staff • Facilitate a positive workplace culture to support staff's mental health, reduce burnout, and increase productivity and workforce retention in a rapidly changing environment • Assist to increase job satisfaction and enhance patient care • Professional development of allied health professionals is maintained, developed and promoted to provide the best value, leading and advanced care 	<ul data-bbox="1193 260 1951 679" style="list-style-type: none"> • WP: 1.2 Wellbeing and self-care are organisational priorities; 4. Equip our people with the skills and capabilities to be an agile, responsive workforce including 4.1 We have ongoing opportunities to learn and upskill, so our workforce is fit for purpose now and in the future • RH areas: developing and promoting the Allied Health Rural Generalist Program for NSW Health; implementing expanded scope of practice for allied health professionals; developing and sustaining multidisciplinary care models to support patients in regional areas; expanding models for regional home-based care, community and outreach
	<p data-bbox="282 949 443 1090">Develop internal and external partnerships</p>	<ul data-bbox="472 949 1061 1129" style="list-style-type: none"> • AHEs promote collaboration among different healthcare disciplines, fostering a team-based approach to patient care • AHEs develop partnerships with research and academic institutions 	<ul data-bbox="1193 949 1912 1209" style="list-style-type: none"> • WP 3.2 We have consistent scope and use of multidisciplinary teams across the system; 4.4 We have mature partnerships with education providers to develop health career pipelines aligned with plans • RH area: building partnership models with private allied health practitioners and models for cross border partnerships
	<p data-bbox="282 1240 439 1422">Support all allied health clinicians across the career span.</p>		

Table 1: Strategic value of the benefits of AHEs (cont.)


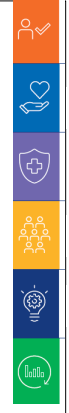
Future Health	Identified Benefit	Benefit description	Strategic alignment to Workforce Plan and Regional Health Strategic Plan
	Support all allied health clinicians across the career span.	<ul style="list-style-type: none"> • Provide dedicated new graduate support and support graduate programs enhancing attraction, recruitment and retention in a competitive market • Contribute to a stable and sustainable workforce, with successful recruitment and increased number of applicants, and retention of staff • Provide a consistent point of education and development support for the workforce • Training for and development of advanced and extended scopes of practice to support the Future Health Strategy • Particularly important for small professions, solo clinicians and those in rural areas. 	<ul style="list-style-type: none"> • WP: 1. Build positive work environments that bring out the best in everyone; 2. Strengthen diversity in our workforce and decision- making; 3. Empower staff to work to their full potential around the future care needs. 4. Equip our people with the skills and capabilities to be an agile, responsive workforce; 5. Attract and retain skilled people who put patients first; 6. Unlock the ingenuity of our staff to build work practices for the future • RH: building and maintain an allied health workforce pipeline for regional communities
 <ul style="list-style-type: none"> Experience Safety Wellbeing Staff Innovation Sustainability 	Support student education and experience of placement.	<ul style="list-style-type: none"> • Provide consistent support for students during placements and improve clinical placement experience. The experience of having clinical placements in the public sector has been identified as contributing to the readiness and capability of new graduates. • Support an increased capacity for student placements, integral to growing the future allied health workforce. Capacity for allied health placements in regional and rural sites are often limited by staffing vacancies or part time positions • Provide a dedicated resource for work units and staff to facilitate student placements, including liaising with universities, administration, orientation and supervision • Support other clinicians to supervise students • Reduce workload for clinical staff related to student administration, which increases capacity for client interventions 	<ul style="list-style-type: none"> • WP: 4.3: Students entering the workforce are job ready; 4.4 We have mature partnerships with education providers to develop health career pipelines aligned with plans • RH: building and maintain an allied health workforce pipeline for regional communities

Table 1: Strategic value of the benefits of AHEs (cont.)

Future Health	Identified Benefit	Benefit description	Strategic alignment to Workforce Plan and Regional Health Strategic Plan
	Strengthen research and innovation	<ul style="list-style-type: none"> Foster innovation by promoting research, continuous learning and improvement among allied health professionals Support both clinical and translational research to expand the evidence base for allied health services, effective models of care, and service delivery Support innovative projects and new ways of working 	<ul style="list-style-type: none"> WP: 3.2 We have consistent use and scope of multidisciplinary teams across the system, including actions: <i>Research and showcase local and international best practice in high-performing multidisciplinary care models that are scalable; Seek mechanisms to support and grow local research, innovation and roll-out of best practice multidisciplinary care</i>
 <ul style="list-style-type: none"> Experience Safety Wellbeing Staff Innovation Sustainability 	Support recruitment and improve retention of senior AH staff	<ul style="list-style-type: none"> Provide a role in attracting and retaining skilled allied health professionals by offering continuous education and career development opportunities. Recruitment and retention are a considerable challenge across the allied health workforce. Availability of professional development opportunities has been reported to be limited and is highlighted as one of the top supply drivers that impact retention of allied health professionals Facilitate building a diverse workforce through training and education that addresses the specific needs of different communities Actively contribute to reaching and maintaining the desired diversity of the allied health workforce Enhance AH career options and pathways Develop future leaders Support increased time for senior allied Health staff and/or managers to focus on other non-clinical areas such as strategic planning, service development, and recruitment 	<ul style="list-style-type: none"> WP: 2. Strengthen diversity in our workforce and decision-making; 3. Empower staff to work to their full potential around the future care needs. 4. Equip our people with the skills and capabilities to be an agile, responsive workforce; 5. Attract and retain skilled people who put patients first; 6. Unlock the ingenuity of our staff to build work practices for the future
	Realise economic benefits and system efficiencies	<ul style="list-style-type: none"> Support workforce recruitment and retention Potential economic benefits also exist if the cost of providing education is absorbed by the organisation (Golder et al., 2016, p.259) 	<ul style="list-style-type: none"> 5. Attract and retain skilled people who put patients first; 6. Unlock the ingenuity of our staff to build work practices for the future RH: building and maintaining an allied health workforce pipeline for regional communities

Regional Health Strategic Plan 2022-2032

The Regional Health Strategic Plan³ emphasises the importance of strengthening the regional health workforce and providing training and support. Priority 1 Strengthen the regional health workforce, in particular is relevant to the allied health workforce.

AHEs are essential to achieving the goals set out in the Regional Health Strategic Plan and upskilling allied health professions to provide safe and quality patient care aligned with these goals, including:

- developing and promoting the Allied Health Rural Generalist Program for NSW Health.
- implementing expanded scope of practice for allied health professionals.
- developing and sustaining multidisciplinary care models to support patients in regional areas.
- building partnership models with private allied health practitioners and models for cross border partnerships.
- expanding models for regional home-based care, community care and outreach services.
- building and maintaining an allied health workforce pipeline for regional communities.

Table 1 presents the benefits of AHEs supporting their value in contributing to a high performing health system. The specific benefits of AHEs distilled through the literature review and the consultations are described. These benefits demonstrably align with the outcomes of the NSW Health Workforce Plan and the Regional Health Strategic Plan and cascade to support the achievement of NSW Health's larger strategic ambitions.

Options for the type and scope of AHE roles

06

Exploring the diverse landscape of allied health education, there are a range of options to consider when defining the type and scope of AHE roles. Consultation findings, current practice and literature were synthesised to determine the different AHE role types for NSW as presented in this section of the report. Two case study examples from the literature are also highlighted.

Five future focused AHE roles for NSW Health are presented in Figure 8. It is suggested that individual districts and networks consider the roles identified and select the appropriate combination of educator roles according to their local workforce and population needs. It should be noted that the educator roles described are not meant to be applied rigidly as the requirements for LHDs and networks will be different. An AHE may comprise a combination of these roles. Furthermore, it is recognised that three strategic paediatric educator roles exist at the state level, however only one role is filled currently (these roles are not reflected in the figure below).

AHE role descriptions and local examples

The tables below provide further detail specific to the five AHE roles presented above including functions, position classification and education.

In relation to educational requirements, HETI has provided information relating to current courses. A summary of postgraduate qualification courses is also provided. Refer to Appendix 1.

During the project, LHD/SHNs were requested to provide local examples of current AHE position descriptions. Relevant AHE roles operating across LHD/SHNs, based on the position descriptions provided are included below each table. It should be noted that this is not an exhaustive list of all position descriptions provided.

Figure 8: AHE roles for NSW Health

Clinical AHEs				Student AHEs	
Strategic role		Operational roles			
Strategic AHE	AHE	Discipline specific AHE	Clinical stream AHE	Student AHE	
District-wide strategic AHEs: are pivotal in shaping the overall direction of allied health education within the health system, aligning educational strategies with healthcare priorities and ensuring consistent standards across districts/networks.	AHEs: may work across multiple and/or smaller disciplines. They may work across regions or service specific areas catering to the distinctive challenges and healthcare needs, for example, adapting educational approaches to rural, remote, or urban settings. This role may also comprise a district-wide operational coordinator function overseeing areas such as supervision.	Discipline-specific AHEs: focus on enhancing the knowledge and skills of specific allied health disciplines, tailoring their expertise to the unique needs of the discipline, including new graduate and early career clinicians.	Clinical Stream AHEs: focus on specific clinical areas, such as oncology, palliative care, mental health, or psychosocial care (just to name a few), fostering advanced expertise among allied health professionals.	Student AHEs: play a vital role in shaping the future of healthcare by mentoring and training students in clinical settings. They provide guidance, facilitate hands-on learning experiences, and ensure the development of competent and compassionate allied health professionals. Student AHEs may be discipline specific, across multiple or smaller disciplines and or fulfill the role of student placement coordinator.	

Table 2: Strategic AHE role description

Strategic allied health educator	
Purpose	District-wide strategic roles are pivotal in shaping the overall direction of allied health education within the health system, aligning educational strategies with healthcare priorities and ensuring consistent standards across districts/networks.
Function	<p>Clinical:</p> <ul style="list-style-type: none"> • Maintain clinical specialist knowledge and embed a culture that values advanced clinical knowledge and skills. <p>Strategy, leadership and management:</p> <ul style="list-style-type: none"> • Assess the learning and development needs of allied health professionals and their support staff. • Develop strategic and work plans to support staff learning and continuing professional development (CPD). • Provide advice on the strategic use of allied health CPD resources. <p>Education, training and assessment:</p> <ul style="list-style-type: none"> • Lead the planning, design, curriculum development and implementation of compliant education and professional development programs, incorporating evidence-based research, adult learning principles and cultural competence within the specialty portfolio. • Contribute to allied health workforce sustainability by building capacity to provide high quality undergraduate education, new graduate programs, and continuing professional development across the district. • Develop interdisciplinary learning opportunities. <p>Research translation and evaluation:</p> <ul style="list-style-type: none"> • Lead the evaluation strategy to ensure programs are current, compliant with legislative and policy requirements and evidence based, ensuring best practice and inclusive education and training strategies are being applied. • Support translation of new evidence and directions in current clinical practice into services. <p>Collaboration:</p> <ul style="list-style-type: none"> • Develop and sustain collaborative working partnerships with teaching, training and research institutions. • Establish collaborative networks and relationships, including Allied Health Executives, that facilitate identification of educational needs and sharing information to achieve mutually relevant goals and perform advisory assessment support for senior clinicians, and managers, in supporting staff with identified clinical practice issues. <p>Supervision:</p> <ul style="list-style-type: none"> • Facilitate access to clinical placement supervision training. • Support allied health professional supervisors to supervise students on clinical placements. • Support allied health professionals to extend their practice when working with AHAs. <p>Planning and performance</p> <ul style="list-style-type: none"> • Evaluate learning and development programs and report on key performance areas.

Table 2: Strategic AHE role description (cont.)

Strategic allied health educator	
Classification	Level 5 or Level 6
Education	<p><i>Core competencies</i></p> <ul style="list-style-type: none"> • Principles of adult teaching and learning • Evaluation (evaluation of the training programs) • Research and professions education • Assessment (student learning) • Education needs analysis, design and development • Curriculum development • Use of educational media, virtual education, presenting skills <p><i>Qualifications (or working towards) to consider</i></p> <ul style="list-style-type: none"> • Certificate IV Workplace Training and Assessment • Assessor training through HETI • Qualifications in adult education • Postgrad with qualifications in allied health clinical specialties
Examples of AHE roles that align with the strategic AHE role description	
<ul style="list-style-type: none"> • NBMLHD - Professional Educator – Allied Health & Community Programs • MLHD – Allied Health Educator • SCHN – Allied Health Educator • SNSWLHD – Allied Health Educator 	

Table 3: Allied health, discipline-specific and clinical stream educator role descriptions

Allied health educator, discipline-specific allied health educator, clinical stream allied health educator	
Purpose	<ul style="list-style-type: none"> • Allied health educators: may work across multiple and/or smaller disciplines. They may work across regions or service specific areas catering to the distinctive challenges and healthcare needs, for example, adapting educational approaches to rural, remote, or urban settings. This role may also comprise a district-wide operational coordinator function overseeing areas such as supervision. The role may develop and support new graduate programs. • Discipline-specific allied health educators: focus on enhancing the knowledge and skills of specific allied health disciplines, tailoring their expertise to the unique needs of the discipline. • Clinical stream allied health educators: focus on specific clinical areas, such as oncology, palliative care, mental health, or psychosocial care (to name a few), fostering advanced expertise among allied health professionals.
Function	<p><i>Clinical</i></p> <ul style="list-style-type: none"> • Maintain clinical specialist knowledge and create a workplace culture that values development of clinical knowledge and skills to provide the best possible quality and safe services to patients. <p><i>Leadership and management</i></p> <ul style="list-style-type: none"> • Develop a workplan to support the roll-out of training to staff in response to identified and targeted education and training areas. • Provide advice on the strategic use of allied health CPD resources, specific to the training. • Oversee, coordinate and actively seek opportunities to lead and participate in teaching, research, redesign, and clinical practice improvement. <p><i>Education, training and assessment</i></p> <ul style="list-style-type: none"> • Development, coordination and teaching in new graduate programs and supporting early career clinicians. • Assess learning and development needs of AH staff in relation to specialty areas/ identified needs. • Contribute to allied health workforce sustainability by building staff and organisation's capacity to provide optimal care. • Build capacity and capability within allied health by coordinating and facilitating best practice models. <p><i>Translational research and evaluation</i></p> <ul style="list-style-type: none"> • Build the capacity and engagement of clinicians in service improvement, quality and research. • Actively contribute to and participate in planning as a specialist clinician to ensure the translation of new evidence and directions in current clinical practice into services. • Coordinate the planning, implementation, participation and evaluation of education programs tailored to building the capacity of allied health and nursing staff (where relevant) working with patients.

Table 3: Allied health, discipline-specific and clinical stream educator role descriptions (cont.)

Allied health educator, discipline-specific allied health educator, clinical stream allied health educator (cont.)	
Function	<p>Collaboration</p> <ul style="list-style-type: none"> • Develop interdisciplinary learning opportunities, including discipline/specialty area education for staff as required. • Mentor, support and facilitate professional education for allied health, medical and nursing professionals working in the specialist area to ensure their ongoing professional growth and enhanced application of clinical knowledge. • Liaise and work collaboratively with educational institutions and the various pillars within NSW Health (including HETI, CEC and ACI) to ensure that key initiatives meet the educational needs of allied health clinicians. <p>Planning and performance</p> <ul style="list-style-type: none"> • Coordinate the planning, implementation, participation in and evaluation of continuous improvement activities focused on the specialty area. • Evaluate learning and development programs and report on key performance areas. • Utilise service data to identify areas of risk and priority for education, training and/or service improvement. • Analyse and use appropriate data to inform decision making around the requirements, opportunities for and effectiveness of education for allied health clinicians in specialty areas. <p>Supervision</p> <ul style="list-style-type: none"> • Support allied health professional supervisors to supervise students on clinical placements.
Classification	Level 5
Educational requirements	<p>Core competencies</p> <ul style="list-style-type: none"> • Principles of adult teaching and learning • Evaluation (evaluation of the training programs) • Research and professions education • Assessment (student learning) • Education needs analysis, design and development • Curriculum development • Use of educational media, virtual education, presenting skills <p>Qualifications (or working towards) to consider</p> <ul style="list-style-type: none"> • Certificate IV Workplace Training and Assessment • Assessor training through HETI • Qualifications in adult education • Post grad qualifications in an allied health clinical specialties
Examples of AHE roles	
Examples of AHE roles that align with the AHE roles description	
<ul style="list-style-type: none"> • SCHN – AHE Western Region 	

Table 3: Allied health, discipline-specific and clinical stream educator role descriptions (cont.)

Allied health educator, discipline-specific allied health educator, clinical stream allied health educator (cont.)
Examples of AHE roles (cont.)
Examples of AHE roles that align to the discipline-specific AHE role description
<ul style="list-style-type: none">• SCHN – Pharmacy Educator• SESLHD – OT Educator• SVHN – Social Worker Educator• WSLHD – Physiotherapy Educator
Examples of AHE roles that align with the clinical stream AHE role description
<ul style="list-style-type: none">• HNELHD – Mental Health Educator• ISLHD – Palliative Care Educator

Table 4: Student AHE role description

Student allied health educator	
Purpose	<p>Student educators play a vital role in shaping the future of healthcare by mentoring and training students in clinical settings and in building the capacity of LHD/SHNs to take more AH students. They provide guidance, facilitate hands-on learning experiences, and ensure the development of competent and compassionate allied health professionals.</p> <p>Student educators may be discipline specific, across multiple or smaller disciplines and or fulfill the role of student placement coordinator.</p>
Function	<p><i>Clinical</i></p> <ul style="list-style-type: none"> • Maintain up to date clinical knowledge as well as professional competency and ethical standards. <p><i>Leadership and management</i></p> <ul style="list-style-type: none"> • Assist in administrative and reporting requirements. • Assist to prepare workplans to develop, monitor and evaluate an effective education/professional development model for students. <p><i>Education, training and assessment</i></p> <ul style="list-style-type: none"> • Maintain up to date knowledge, skills and practice by researching and developing adult education principles, models of best practice in training and education and developing training programs, in order to support and improve the delivery of training to students. • Assess, plan, organise, deliver, evaluate, and report on the provision of high quality student education and training. • Build capacity of clinicians to take H students and coordinate student placements across the LHD/SHN. <p><i>Translational research and evaluation</i></p> <ul style="list-style-type: none"> • Identify opportunities for research and review of evidence based practice through ongoing research into relevant issues, practices and policies to assist in improving delivery of best practice and quality and safety of patient care. • Develop and maintain appropriate teaching and research links with academic institutions. <p><i>Collaboration</i></p> <ul style="list-style-type: none"> • Work collaboratively with the multidisciplinary team, including active participation in team meetings and demonstration of high level communication and interpersonal skills, to achieve optimal patient outcomes. <p><i>Planning and performance</i></p> <ul style="list-style-type: none"> • Initiate, plan, implement and evaluate services based on patient/client feedback, data analysis and available evidence, demonstrating commitment to quality improvement and completion in a timely manner. <p><i>Supervision</i></p> <ul style="list-style-type: none"> • Supervise, teach and coordinate educational activities for students on clinical placements, and liaise with education providers to ensure student training outcomes are achieved.

Table 4: Student AHE role description (cont.)

Student allied health educator (cont.)	
Classification	Level 4
Educational requirements	<p>Core competencies</p> <ul style="list-style-type: none"> • Principles of adult teaching and learning • Evaluation (evaluation of the training programs) • Research and professions education • Assessment (student learning) • Education needs analysis, design and development • Curriculum development • Use of educational media, virtual education, presenting skills <p>Qualifications (or working towards) to consider</p> <ul style="list-style-type: none"> • Certificate IV Workplace Training and Assessment • Assessor training through HETI • Qualifications in adult education • Post grad qualifications in an allied health clinical specialties
Examples of AHE roles that align with the student AHE role description	
<ul style="list-style-type: none"> • CCLHD – Student Educator Physiotherapy • NSLHD – Student Educator Dietetics • SESLHD – Student Educator Orthoptics 	

Demonstrated value of a dedicated clinical stream educator role

A case example from the literature illustrates the measurable value of a dedicated clinical stream educator geared towards all health professionals in stream specific care teams.

Case Example – Value of Dedicated Educator Positions in paediatric palliative care

Demand for generalist health professional knowledge and skills in paediatric palliative care (PPC) is growing in response to heightened recognition of the benefits of a palliative approach across the neonatal, paediatric, adolescent and young adult lifespan. Donovan et al. (2019)²³ investigated factors that enhanced PPC workforce capability and education outcomes in metropolitan and regional areas through the integration of dedicated educator roles within specialist paediatric palliative care (SPPC) teams through a national education project (Slater et al., 2018).²⁴

In 2014, the Quality of Care Collaborative Australia (QuoCCA) project was formed to enhance the knowledge, skills, and confidence of acute and community-based health professionals in the principles of PPC.²⁴

Participants represented services in 5 Australian states, including NSW. The majority of health professionals participating came from an allied health discipline, while the majority of the educators came from a nursing discipline. Participants engaged in either a scheduled general education session in a metropolitan, regional, or rural health site or “pop-up” education and mentoring focused on a specific patient and family’s needs.

Three relevant themes emerged from the study - some descriptions are also provided below:

Building Capability In PPC

- Transitioning to PPC educators - implementation of QuoCCA educator roles in PPC meant that a dedicated role existed within the team to collate resources, coordinate and deliver education, and contribute to the national education program. A secondary benefit of the educator role was the capacity to focus on enhancing the knowledge, confidence, and well-being of clinical staff. In turn, clinical staff described a positive impact on the experience of caring for the child and family

- Providing effective education - teaching styles were adjusted as educators gained confidence in their new roles and received feedback on education delivery. Traditional didactic teaching methods evolved into more interactive and innovative teaching models
- Making education accessible - given the small proportion of PPC patients in regional areas, many professionals could not rationalise attending longer education sessions. The pop-up education model was a more innovative way of engaging the network of support in the family’s community when PPC was required by a specific local patient. Local teams appreciated the time, care, and support provided by specialist PPC educators, and this relationship extended beyond the initial visit.

Developing Inter-Professional Partnerships

- Establishing communication pathways - dedicated educators had integrated more fully into local communities through scheduled and pop-up education and enhanced effective communication between the tertiary specialist service and regional services. This also encouraged earlier referrals to the specialist service.
- Enhancing capability throughout mentoring relationships

Self-care and wellbeing

- Educators and health professionals affirmed that sustaining well-being was essential and adopted a range of self-care strategies such as maintaining professional boundaries, good physical and emotional health, and making time for themselves and with their own family.

The perspective of health professionals in the study affirmed the value of dedicated educator roles in SPPC teams. Educator roles extended beyond resource development and targeted education in areas of need.

Demonstrated value of AHEs in regional areas

The below case example from the literature illustrates the measurable value of AHEs working in regional areas providing leadership, training and professional development in a collaborative model.

Case Example – Hume Allied Health Education Group

The Allied Health Education Group (AHEG)²⁵ provides leadership for allied health education, training and professional development in Victoria's North East and Goulburn Valley areas. It was first established in 2012, following a direction from the then Hume Allied Health Leaders Council (now called the OM-G Allied Health Leaders Council); the AHEG was tasked with developing a mechanism for regional allied health education coordination.

Since 2012 the AHEG has provided opportunity for educators from rural and regional health services to collaborate and better coordinate education opportunities for the regions allied health practitioners. The AHEG has acted as the planning committee for the regional allied health conference, in addition to accessing interprofessional allied health professional development funding from the Department of Health and Human Services.

The AHEG coordinates allied health education, training, and professional development in the Northeast and Goulburn Valley areas. This enables them to strengthen their networks and promote a learning culture throughout the region. Educational opportunities are available to the region's allied health practitioners by:

- Developing and promoting educational programs and resources
- Facilitating a regional allied health conference biennially
- Submitting, administering, and accessing relevant funding

- Conducting local education needs analysis at a regional level, whilst recognising international and national trends regarding the practice of allied health service delivery
- Consulting as a group and with relevant stakeholders to plan, conduct and evaluate education coordinated by the group.

Stable leadership was first provided by a designated AHE. Shortly after, Goulburn Valley Health created a new Allied Health Clinical Placement Coordinator role, and an existing Hume AHEG member was appointed to the role. There were also two AHE roles created at Albury Wodonga Health. These roles further strengthened the leadership and capacity of the group as the three largest health services in the region now had appointed AHEs. Early evaluation of HAHEF activities identified that education and training success was achieved by a stable core membership of AHEs in these areas.

The Hume AHEG had become a Community of Practice. Issues related to the upskilling of the workforce and improving professional development opportunities, which could not be achieved by any single health service in the region, can be addressed through the collaboration of AHEG members. This is because the critical mass required to deliver regional education programs can only be achieved through structured collaboration.

Practical steps towards implementation of AHEs in NSW Health

07

The implementation of AHE roles in NSW Health involves consideration of various factors to ensure their effectiveness. Any implementation of AHE roles should align with the broader workforce plans for NSW Health. This section of the report focuses on practical implementation steps for AHE roles across the state.

Table 5 presents the practical steps required to implement AHE roles in NSW Health and identifies the State and/or local responsibility for action.

Table 5: Practical considerations for implementation

Practical implementation steps	Responsibility
Develop a system-wide strategic position on AHEs <ul style="list-style-type: none"> • Articulate the value and benefits of AHEs and alignment with key strategic priorities as identified in Future Health, the NSW Health Workforce Plan and the Regional Strategic Health Plan • Share strategic position with key stakeholders including NSW Ministry of Health executive, LHD Chief Executives and Directors of Allied Health • Consider AHEs as part of Award reform and modernization 	State Lead: NSW Ministry of Health, Directors of Allied Health Group
Understand the allied health workforce pipeline. <ul style="list-style-type: none"> • Conduct a comprehensive workforce assessment to determine: <ul style="list-style-type: none"> – current educator roles across districts/networks and disciplines – current and future demand for the allied health workforce – AHE gaps and areas of need in the existing workforce structure – the distribution of future AHE by discipline and geographical area to ensure equitable access to education and training – training and education needs ranging from new graduates to senior clinicians and advanced scope of practice requirements across LHD/SHNs 	State Lead: NSW Ministry of Health, Directors of Allied Health Group
Completing the HETI Allied Health Education and Training Governance Guide Checklist ²⁶ for organisations may also assist LHD/SHNs to identify their gaps	
Develop standardised AHE role descriptions <ul style="list-style-type: none"> • Develop clear and detailed role descriptions for AHEs, specifying their function and responsibilities • Define the competencies and educational qualifications required for these roles, considering the diverse needs of different allied health disciplines 	State Lead: Profession specific Advisory Groups

Table 5: Practical considerations for implementation (cont.)

Practical implementation steps	Responsibility
<p>Articulate clinical, operational and professional governance.</p> <ul style="list-style-type: none"> Define governance structures that define the reporting lines, decision-making processes, and accountability for AHEs in line with the Principles of Allied Health Governance document²⁷ and local LHD/SHN governance structures and HETI Allied Health Education and Training Governance Guide⁷ Ensure alignment with any relevant professional standards and guidelines 	<p>Local</p> <p>Lead: LHD AH Leadership Other: Profession specific Advisory Groups, AMSs, local community groups, Centre for Aboriginal Health</p>
<p>Consider the employment structure for AHEs</p> <ul style="list-style-type: none"> Determine the appropriate employment arrangements for AHEs based on need and workload and aligned with any legal or regulatory requirements Consider the level of expertise required for each AHE role and align it with relevant job classifications, suggested levels are provided in the previous section of this report 	<p>Local</p> <p>Lead: LHD AH Leadership</p>
<p>Secure funding</p> <ul style="list-style-type: none"> Identify sustainable funding sources to support the AHE positions including training, and resources required Explore opportunities for state and LHD/SHN funding 	<p>State and Local</p> <p>Lead: NSW Ministry of Health, LHD Directors of Allied Health</p>
<p>Consider operational integration of AHE.</p> <ul style="list-style-type: none"> Integration with other educators and training <ul style="list-style-type: none"> facilitate integration of new AHE roles with existing educators (across AH, nursing and medical professions) and training programs facilitate collaboration and knowledge-sharing among all educators to promote a cohesive approach to education and training 	<p>Local</p> <p>Lead: LHD AH Leadership</p>
<p>Technology and resources</p> <ul style="list-style-type: none"> Provide AHEs with access to necessary technology, such as e-learning platforms and simulation tools Allocate resources for curriculum development, training materials, and ongoing professional development 	
<p>Ongoing monitoring and evaluation of AHE roles</p> <ul style="list-style-type: none"> Define key performance indicators to measure the effectiveness of AHE roles Establish benchmarks for educational outcomes, workforce development, and quality improvement initiatives Evaluate the impact of AHEs on recruitment and retention of allied health professionals, contributions to innovation projects and quality improvement initiatives, and safety and quality of patient care 	<p>State and Local</p> <p>Lead: NSW Ministry of Health, LHD Directors of Allied Health</p>

Example KPIs for consideration

Key Performance Indicators (KPIs) for AHEs should be designed to measure their effectiveness in enhancing the education and development of allied health professionals, as well as their contribution to healthcare outcomes. Table 6 outlines KPIs for consideration as identified through consultation with current AHEs.

Table 6: Key performance indicators for AHEs

Domains	Responsibility
Clinical outcomes	<ul style="list-style-type: none"> Measurement of patient outcomes, such as decreased incident rates or improved patient satisfaction, attributed to the education provided by AHEs
Research and innovation	<ul style="list-style-type: none"> Number of research projects or innovations initiated or led by educators Publication of research findings or implementation of innovative practices
Feedback and evaluation	<ul style="list-style-type: none"> Feedback from students regarding the quality and effectiveness of the education provided Assessment of educator performance through peers
Retention rates	<ul style="list-style-type: none"> Retention rates of allied health professionals where educators are active Comparison of retention rates among professionals who have received education from educators and those who haven't
Continuing education participation	<ul style="list-style-type: none"> Percentage of allied health professionals participating in continuing education programs led by educators, by discipline and location, e.g. rural areas Increase in new models of care or treatments as a result of education Increase in other areas of education, e.g. diversity awareness, psychosocial care, specialty areas Increases in advanced scope of practice
Student outcomes	<ul style="list-style-type: none"> Assessment of students' clinical skills and competence based on predefined criteria Students reporting a good experience following placements Increase in student placements and new graduate positions
Innovation and curriculum development	<ul style="list-style-type: none"> New educational programs or modules developed by educators Successful integration of innovative teaching methods and technologies Interprofessional education and projects Growth of advanced and extended scopes of practice and rural generalists
Professional and strategic outcomes	<ul style="list-style-type: none"> Achievement of specific service, workforce or strategic plan goals related to education
Cost effectiveness	<ul style="list-style-type: none"> Staff retention rates, turnover, and recruitment aligned to AHEs Staff feedback and learning outcomes Decreased incidents in areas of training and potential cost savings

Building the future of AHEs in NSW Health

08

It is essential to consider several key actions at the State level when building the case for AHEs in NSW Health to support and strengthen the need for these positions. This section of the report presents the key actions significant to building the case for dedicated AHEs in NSW Health.

Six key actions are identified to support NSW Health to support the compelling case for dedicated AHEs. These actions should be led and championed by the NSW Ministry of Health in partnership with the LHD/SHN Directors of Allied Health.

Action 1: Articulate allied health workforce demand and supply

- Consistent and accurate data will inform decision making and support the case for AHEs.
- Recent workforce modelling⁴ highlights the expected growth in demand for allied health services and the growth in the supply of allied health professionals required per annum to meet this demand to 2040. The allied health workforce is expected to double in size by 2040.
- This projected demand strongly supports the case for increasing the number of AHEs.
- It is also widely acknowledged, as stated in the Henry Review (2019)²⁸ that the allied health paediatric workforce is significantly under resourced and there exists significant gaps in the delivery of services to paediatric patients across the state.
- An under resourced allied health workforce will have significant consequences on patient care and the availability of allied health services.
- AHEs are well placed to support recruitment and retention of the workforce and ensure a well-trained and educated allied health workforce to meet the needs of the population.
- A state-wide stocktake to understand the allied health workforce pipeline will support the case for AHEs. A comprehensive workforce assessment should be conducted to determine:
 - current educator roles across districts/ networks and disciplines
 - current and future demand for the allied health workforce
 - identify AHE gaps and areas of need in the existing workforce structure

- assess the distribution of future AHEs by discipline and geographical area to ensure equitable access to education and training.
- the benefit of considering the possibility of establishing a mechanism for identification of AHEs in StaffLink data via a ‘flag’ or similar. Implementation considerations would also need to be explored.

Action 2: Communicate the benefits and value of AHEs

- This report highlights the significant benefits and value of AHEs, most significantly being that high-quality education and training for allied health professionals supports the delivery of safe and quality patient care and the training and support of new graduates and early career clinicians.
- Importantly, AHEs are critical in achieving the strategic priorities of NSW Health as outlined in Future Health¹, the NSW Health Workforce Plan² and the Regional Health Strategic Plan.³ Without these critical roles, supporting priority areas including expanded scope of practice, advances in technology, student and workforce pipeline, new graduate programs, building of multidisciplinary teams, and implementation of alternate workforce roles and rural generalist roles will not be possible.
- Professional development, capability development and continuous learning can improve patient outcomes, reduce incidents and enhance the overall quality of care. Furthermore, educational opportunities assist to release stress and provide greater job satisfaction and staff retention.
- Continuing advancements in practice and technology necessitate ongoing education and training to keep up with industry standards.

- There are opportunities to communicate the benefits and positive impact of AHEs for a sustainable workforce with key stakeholders including Ministry of Health staff, Chief Executives, Allied Health Directors, and workforce planners.

Action 3: Evaluate the current ‘functioning’ and value of different AHE roles across the state

- Evaluation of AHE roles is critical in building the case for additional roles across NSW Health.
- There is an opportunity to evaluate current roles collectively across each LHD/SHN, driven by Directors of Allied Health.
- The evaluation may be undertaken locally based on agreed measures and stakeholder input, including key performance indicators for AHEs (refer to Table 6); feedback from AHEs, allied health professionals and managers; and alignment of AHE role with the documented position description.
- Results from each LHD/SHN will highlight the benefits and value of AHEs in NSW Health and support the case for implementing dedicated AHEs as standard practice.

Action 4: Identify the costs and estimate the economic value of AHEs in NSW Health and develop a business case

- Accurate costings will inform priorities and a possible phased approach for implementing AHE roles. The estimated cost of implementing AHEs (in line with current CNE data) is provided in Table 7.

Table 7: Estimated cost of AHEs in NSW Health

Description	FTE
Current number of AHEs	30 (0.2% of AH workforce)
Current number of CNEs	1050 (2% nursing workforce)
Staged increase in the number of AHEs:	1% = Total of 120 AHEs (increase of 90)
<ul style="list-style-type: none"> • 1% initially • 2% in line with CNE nursing ratios 	2% = Total of 240 AHEs (increase of 210)
Description	Costs
Salary of Allied Health professional Award Level 5 ²¹ (\$125,807) plus 20% on costs (\$25,161)	\$150,986 salary, including 20% on costs
Total budget to increase the workforce by:	\$13.6M recurrent
<ul style="list-style-type: none"> • 1% (additional 91 AHEs at Level 5) • 2% (additional 211 AHEs at Level 5) 	\$31.7M recurrent

- Undertaking a cost-benefit analysis will further demonstrate the economic and operational benefits of investing in AHEs.
- A comprehensive and compelling business case should be developed including data on workforce supply and demand, the benefits and potential return on investment.

Action 5: Garner support and secure funding for dedicated AHE roles

- There are opportunities to garner support for implementing AHE roles with key stakeholders including NSW Ministry of Health Executive, Chief Executives and Directors of Workforce.
- Allied health workforce educator roles strongly align with the strategic directions and actions prioritised in Future Health¹, the Regional Health Strategic Plan³ and the Workforce Plan.²
- The comparison of the clinical nurse educator workforce provides a compelling benchmark for AHEs.
- The development of a business case will support the engagement of stakeholders and discussions to secure funding.

Action 6: Develop a recognised career pathway for AHEs

- Work with the Workforce Planning and Talent Development Branch to develop a career pathway for AHEs, considering the different options and roles of AHEs.
- Identify relevant competencies and educational requirements for AHEs roles.


Appendix 1: Information on education courses and qualifications

09

The snapshot below provides an overview of current relevant courses offered through HETI My Health Learning (MHL)

Empowering the Educator Learning Pathway Course code 205349368

[Browse Catalogue](#)



Learning Pathway
Empowering the Educator Learning Pathway
[Enrol](#) [Bookmark](#)

Description - Hide

The Empowering the Educator learning pathway supports NSW Health staff to become skilled work place educators. These resources support the *Empowering the Educator Framework* developed by the Health Education and Training Institute. The framework identifies a range of proficiency levels which describe the skills and knowledge of staff who facilitate learning.

Assessing Others All Mandatory (1)

The aim of this module is to provide you with the knowledge required to start working towards developing skills as an assessor in the workplace.



Online
Assessing others

[Details](#)

Assessing Others - Part 2 All Optional

This module is for staff who have some experience conducting workplace assessments. It is useful for those who wish to enhance their knowledge and skills in working with a learner to complete an assessment.



Online
Assessing Others Part 2

[Details](#)

Assessing Others - Part 3 All Optional

This module is for staff who are experienced in conducting workplace assessment who would like to build their knowledge and skills in developing assessment tools and reviewing assessment procedures.



Online
Assessing Others Part 3

[Details](#)

Empowering All to Educate All Optional

This module aims to enable NSW Health staff to become skilled at facilitating learning in the workplace. This module aims to introduce the roles and responsibilities of staff providing education and to encourage these staff to consider their own ongoing professional development.



Online
Empowering All to Educate

[Details](#)

Getting Started with eLearning Design All Optional

If you are a Learning & Development professional, or an experienced educator, this course will give you the skills to start designing your own eLearning modules.



Online
Getting Started with eLearning Design

[Details](#)

Facilitating for Learner Success All Optional

This module is for experienced educators who would like to enhance their knowledge and skills at adapting teaching strategies to facilitate learning and support learners in difficulty.



Online
Facilitating learner success

[Details](#)

Exploring Education Delivery Methods All Optional

As part of the Empowering the Educator pathway, this module aims to assist educators to choose a variety of teaching strategies to support learner centred education and foster learner interaction and reflection.



Online
Exploring Education Delivery Methods

[Details](#)

Other My Health Learning modules that may be relevant:

Staff education

Training that supports clinicians involved in providing education to other staff and colleagues.









-  Empowering the educator Learning Pathway (205349368)
-  Qstream Tutorials (218605488)
-  Health Literacy and Teach-back (241744958)
-  Qstream Sampler (211380199)
-  Presentation Skills (42033607)
-  Qstream Hands-on (227921695)
-  Professional Development – Your Role and Your Vision (326585728)
-  Supporting the Learner (39966188)

Table 8 provides a summary of post-graduate qualifications for educators.

Table 8: relevant post-graduate qualifications for educators

Description	FTE and costs		
Health specific post grad courses			
Notre Dame	Graduate Certificate in Health Professional Education	Online	Graduate Certificate in Health Professional Education Notre Dame
	Master of Health Professional Education	Online	Master of Health Professional Education Notre Dame
	Master of Health Professional Education (Coursework and Thesis)	Online	Master of Health Professional Education (Coursework and Thesis) Notre Dame
Australian Catholic University	Graduate Diploma of Health Professional Education	Online	Graduate Certificate in Health Professional Education ACU Online courses
	Graduate Diploma of Health Professional Education	Online	Graduate Certificate in Health Professional Education ACU
	Master of Health Professional Education	Online	Master of Health Professional Education ACU Online
James Cook University	Graduate Certificate of Health Professional Education	Online	Graduate Certificate of Health Professional Education JCU - JCU Australia
	Graduate Diploma of Health Professional Education	Online	Study a Graduate Diploma of Health Professional Education
	Master of Health Professional Education	Online	Study a Master of Health Professional Education at JCU - JCU Australia
Western Australia University	Graduate Certificate in Health Professions Education	Online	Graduate Certificate in Health Professions Education: The University of Western Australia (uwa.edu.au)
	Graduate Diploma in Health Professions Education	Online	Graduate Diploma in Health Professions Education: The University of Western Australia (uwa.edu.au)
	Master of Health Professions Education - Coursework and Dissertation	Online	Master of Health Professions Education - Coursework and Dissertation: The University of Western Australia (uwa.edu.au)
	Master of Health Professions Education - Thesis and Coursework	Online	Master of Health Professions Education - Thesis and Coursework: The University of Western Australia (uwa.edu.au)

Table 8: relevant post-graduate qualifications for educators (cont.)

Description		FTE and costs	
Other options available			
	Micro credentialing courses	mixed	UTS Other tertiary education may provide micro credentialing that educators could access.
Other Postgrad			MPH and MHA have subjects you can choose that would support at educator role for example you could have a health promotion speciality. Below are some examples – not a complete list
QUT online	Graduate Certificate in Education (Career Development and Counselling)	Online	Could be used as a pathway to a Master of Education Graduate Certificate in Education (Career Development & Counselling) (qut.edu.au)
USYD		mixed	Have a variety of education courses through the education and arts school including professional education (some courses require an undergraduate bachelors in education) Postgraduate courses – Faculty of Arts and Social Sciences (sydney.edu.au)
Swinburne online	Graduate Certificate of Educational Studies	Online	Covers theories etc, and it is a postgrad non-teaching qualification Study Graduate Certificate of Educational Studies Online Swinburne Online This can be done through TAFE, RTOs
Cert IV	Certificate IV Training and Assessing	Both F2F and online	This can be done through TAFE, RTOs
Tell Centre	Teaching on the Run		Home (tellcentre.org)

Reference List

10

1. NSW Health. (2022). *Future Health: Guiding the next decade of care in NSW 2022-2032*. <https://www.health.nsw.gov.au/about/nswhealth/Publications/future-health-report.pdf>
2. NSW Health. (2022). *NSW Health Workforce Plan 2022-2032*. <https://www.health.nsw.gov.au/workforce/hpwp/Publications/hwp-2022-2032.pdf>
3. NSW Health. (2023). *NSW Regional Health Strategic Plan 2022-2032*. <https://www.health.nsw.gov.au/regional/Publications/regional-health-strategic-plan.pdf>
4. NSW Health. (2022). *Allied Health Workforce Macro Trends Report*. <https://www.health.nsw.gov.au/workforce/alliedhealth/Publications/ah-wf-macro-trends-report.pdf>
5. Mason, J. (2013). *Review of Australian government health workforce programs [Mason review]*. Department of Health and Ageing.
6. State of Victoria, Department of Health and Human Services. (2019). *Allied health career pathways blueprint*. <https://www.health.vic.gov.au/allied-health-workforce/allied-health-career-pathways-blueprint>
7. Health Education & Training Institute (HETI). (2022). *Allied Health Education and Training Governance Guidelines*. <https://www.heti.nsw.gov.au/education-and-training/our-focus-areas/allied-health/allied-health-education-and-training-guidelines>
8. Queensland Government – Queensland Health. (2018). *Allied Health Clinical Governance Framework in Queensland Health*. https://www.health.qld.gov.au/_data/assets/pdf_file/0030/143895/clingovframe.pdf
9. Gibson, S. J., Porter, J., Anderson, A., Bryce, A., Dart, J., Kellow, N., ... Palermo, C. (2019). Clinical educators' skills and qualities in allied health: A systematic review. *Medical Education*, 53(5), 432-442.
10. Sidhu, N. S., Allen, K. J., Civil, N., Johnstone, C. S. H., Wong, M., Taylor, J. A., ... Hennessy, M. (2023). Competency domains of educators in medical, nursing, and health sciences education: An integrative review. *Medical Teacher*, 45(2), 219-228.
11. Lloyd, B., Pfeiffer, D., Dominish, J., Heading, G., Schmidt, D., & McCluskey, A. (2014). The New South Wales allied health workplace learning study: Barriers and enablers to learning in the workplace. *BMC Health Services Research*, 14(1), 1-17.
12. Golder, J., Farlie, M. K., & Sevenhuysen, S. (2016). Improving quality and reducing waste in allied health workplace education programs: A pragmatic operational education framework approach. *Journal of Allied Health*, 45(4), 259-266.
13. Boyce, R., & Jackway, P. (2016). *Allied health leaders: Australian public-sector health boards and top management teams*. Victorian Department of Health and Human Services. Office of the Chief Allied Health Advisor.
14. Tai, S., Barr, C., & Woodward-Kron, R. (2018). Competing agendas and other tensions in developing patient-centred communication in audiology education: A qualitative study of educator perspectives. *International Journal of Audiology*, 57(4), 274-282.
15. Lucas, C., Aly, M., & Power, T. (2021). Clinical partners' reflections on Indigenous curricula in health education and the development of a pre-clinical placement student toolkit. *Reflective Practice*, 22(2), 263-277.
16. Wideman, T. H., Miller, J., Bostick, G., Thomas, A., & Bussi eres, A. (2018). Advancing pain education in Canadian physiotherapy programmes: Results of a consensus-generating workshop. *Physiotherapy Canada*, 70(1), 24-33.

17. Mouser, A. L., Wallace, L., Whitmore, B., & Sebastian, H. (2018). Bridging understanding in nursing and radiography students: An interprofessional experience. *Nursing Forum*.
18. Allied Health Directorate. (2022). *Allied Health Clinical Educator Review*. Department of Health, Northern Territory Government.
19. NSW Health. (2023). *Allied health professions in NSW Health*.
<https://www.health.nsw.gov.au/workforce/alliedhealth/Pages/professions.aspx>
20. Australian Government – Department of Health and Aged Care. (2023). *National Registration and Accreditation Scheme*. <https://www.health.gov.au/our-work/national-registration-and-accreditation-scheme>
21. NSW Health. (2023). *NSW Health Service Health Professionals (State) Award 2023*.
<https://www.health.nsw.gov.au/careers/conditions/Awards/health-professional.pdf>
22. NSW Health. (2023). *Leave Matters for the NSW Health Service*.
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_045.pdf
23. Donovan, L. A., Slater, P. J., Baggio, S. J., McLarty, A. M., Herbert, A. R., & Quality of Care Collaborative Australia. (2019). Perspectives of health professionals and educators on the outcomes of a national education project in pediatric palliative care: The Quality of Care Collaborative Australia. *Advances in Medical Education and Practice*, 949-958.
24. Slater, P. J., Herbert, A. R., Baggio, S. J., Donovan, L. A., McLarty, A. M., Duffield, J. A., ... Johnson, S. A. (2018). Evaluating the impact of national education in pediatric palliative care: The Quality of Care Collaborative Australia. *Advances in Medical Education and Practice*, 927-941.
25. Verdon-Meyland, J., & Lowe, K. (2014). Regional collaboration in educating our present and future allied health workforce. National Rural Health Alliance.
https://www.ruralhealth.org.au/14nrhc/sites/default/files/Lowe%2C%20Kathie_B9_0.pdf
26. Health Education & Training Institute (HETI). (2024). *The Allied Health Education and Training Governance Guidelines - Organisation self assessment checklist*.
<https://www.heti.nsw.gov.au/education-and-training/our-focus-areas/allied-health/allied-health-education-and-training-guidelines/organisation/self-assessment-checklist-organisation>
27. NSW Health. (2023). *Principles of Allied Health Governance*.
<https://www.health.nsw.gov.au/workforce/alliedhealth/Publications/principles-ah-governance.pdf>
28. NSW Health. (2023). *Allied health workforce modelling*.
<https://www.health.nsw.gov.au/workforce/modelling/Pages/allied-health.aspx>
29. Henry, R. (2019). Review of health services for children, young people and families within the NSW Health system. <https://www.health.nsw.gov.au/kidsfamilies/paediatric/Documents/henry-review.pdf>

