

# MINISTERIAL TASKFORCE ON HEALTH PRACTITIONER EXPANDED SCOPE OF PRACTICE

## TASKFORCE TERMS OF REFERENCE

### 1. BACKGROUND

The *Health Practitioners (Queensland Health) Certified Agreement (No. 2) 2011, (HPEB2)*, Clause 50<sup>1</sup>, indicates that:

*A ministerial taskforce, including union representation, will be established to identify ways to address the following issues:*

- a) advanced scope of practice areas/clinics in key occupational areas for health practitioners;*
- b) enabling patients/clients to begin treatments with health practitioners that do not require medical specialist oversight;*
- c) developing a framework to enable assistants to perform appropriate routine tasks to enable a greater proportion of health practitioners' time to be on the upper scope of practice end of the roles and duties within the classification level that they are employed, provided that such duties are in accordance with the relevant classification definitions and safe professional practice*

On 23 October 2012, The Hon Lawrence Springborg MP, Minister for Health, approved establishment of the Ministerial Taskforce on Health Practitioner Advanced Scope of Practice and Workforce Design. This title has been revised to the Ministerial Taskforce on Health Practitioner Expanded Scope of Practice (the Ministerial Taskforce) to allow a broader range of opportunities to be considered.

### 2. OBJECTIVES & DELIVERABLES

#### 2.1. Objectives

The objectives of the Ministerial Taskforce are:

- a.** to identify opportunities for *Health Practitioners* to work to full scope of practice (including advanced clinical practice) and extend scope in appropriate contexts,
- b.** to identify mechanisms to achieve effective delegation and therefore support better use of the *Health Practitioner* workforce
- c.** to identify an integrated education, training and clinical governance strategy to support effective introduction and integration of new roles
- d.** to identify the funding implications of implementing the recommendations

#### 2.2. Deliverables

The Ministerial Taskforce will culminate in a written report with recommendations focussing on each of the Taskforce objectives.

More specifically, the deliverables of the Ministerial Taskforce will include identification of:

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<sup>1</sup> Queensland Industrial Relations Committee (2011) 'Health Practitioners' (Queensland Health) Certified Agreement (No. 2) 2011 (HPEB2), available at [www.qirc.qld.gov.au/resources/pdf/certified\\_agreements/cert\\_agreements/2011/ca\\_106\\_2011.pdf](http://www.qirc.qld.gov.au/resources/pdf/certified_agreements/cert_agreements/2011/ca_106_2011.pdf).

- a. evidence-based, patient-centred models regarding expanded scope *Health Practitioner* roles, that Hospital and Health Service Boards can consider for implementation
- b. a contextually responsive framework of principles and processes to support implementation of expanded scope *Health Practitioner* roles in Hospital and Health Services
- c. the funding implications of implementing expanded scope *Health Practitioner* roles in the Queensland public health system.

## 3. SCOPE

### 3.1. Inclusions

#### 3.1.1. Domains of practice

The Ministerial Taskforce will examine issues pertaining to:

- advanced clinical practice<sup>2</sup>,
- extended scope of practice<sup>3</sup>,
- full scope of practice<sup>4</sup>, and
- delegated practice.

#### 3.1.2. *Health Practitioner Professions*

The *Health Practitioners' (Queensland Health) Certified Agreement (No. 2) 2011* (HPEB2) includes over 50 different disciplines. A number of principles have been used to inform the inclusion of the specific disciplines listed below:

- i. introduction of expanded scope of clinical practice will contribute significantly to achieving clinical efficiencies that benefit individual clients as well as the broader health service system.
- ii. existing evidence exists to support the implementation of expanded scope of practice, and/or
- iii. the principles of expanded scope of practice that have been successfully introduced in other professions could potentially be applied and bring similar benefits.
  - Audiologists
  - Breast Imaging Radiographers
  - Clinical Measurement Scientists and Technicians
  - Dietitians/Nutritionists

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<sup>2</sup> Advanced Clinical Practice (ACP) involves high level clinical skills, knowledge and practice, closely integrated with clinical leadership skills, applied research and evidence based practice capacities, and competence in facilitating education and learning of others. ACP is relevant to: generalist and focussed contexts; profession-specific situations; and situations relating to specific client groups or geographic settings.

<sup>3</sup> Extended scope of practice describes a discrete knowledge and skill base additional to the recognised scope of practice of a profession. Any health practitioner, at any health practitioner level, might undertake tasks that constitute extended scope of practice for their profession.

<sup>4</sup> Working to *full scope of practice* involves having the opportunity to work to the full extent of a profession's recognised skill base and/or regulatory guidelines. Custom and historical practice in certain settings can result in this not being the case. For example, physiotherapy scope of practice includes referral of clients for certain diagnostic imaging procedures. However, some services exclude this function from a physiotherapist's role.

- Exercise Physiologists
- Leisure Therapists
- Music Therapists
- Neurophysiologists
- Nuclear Medicine Technologists
- Occupational Therapists
- Orthoptists
- Orthotists, Prosthetists and Technicians
- Pharmacists and Technicians
- Physicists, including Radiation Oncology Medical Physicists, Nuclear Medical Physicists, Radiology Medical Physicists, and Health Physicists
- Physiotherapists
- Podiatrists
- Psychologists including Clinical and Neuropsychologists
- Radiation Therapists
- Radiographers/Medical Imaging Technologists
- Rehabilitation Engineers and Technicians
- Social Workers
- Sonographers
- Speech Pathologists

## 3.2. Exclusions

### 3.2.1. Domains of practice

The Ministerial Taskforce will not examine issues pertaining to:

- Specialist *Health Practitioner* roles<sup>5</sup>
- Specialised *Health Practitioner* roles<sup>6</sup>

Part (d) of Clause 50 of the *Health Practitioners (Queensland Health) Certified Agreement (No. 2) 2011* (HPEB2) notes that the Ministerial Taskforce will specifically exclude consideration of extending the use of radiation to roles assisting Medical Radiation Professionals.

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<sup>5</sup> *Specialist* as the title of a health profession is restricted by national law. Specialist titles must be approved by the Australian Health Ministers' Advisory Council. Professionals using the title 'specialist' must be registered by the Australian Health Professions Regulatory Agency (AHPRA). Podiatric surgeons are the only health practitioner professionals eligible under national law, and recognised by AHPRA, as being entitled to use the term 'specialist'.

<sup>6</sup> *Specialised practice* describes a focussed area of practice where professionals work with a discrete patient group in a defined clinical setting. Any level of health practitioner might provide focussed/specialised practice.

### 3.2.2. Health Practitioner Professions

A range of issues have influenced the decision for specific *Health Practitioner* professions, listed below, to not be directly involved in the Ministerial Taskforce. A full rationale is provided in the Ministerial Taskforce on Health Practitioner Expanded Scope of Practice Project Plan. It is acknowledged that the principles, strategies and tools arising from the Ministerial Taskforce may benefit these workgroups.

- Biomedical Engineers and Technicians
- Cardiac Perfusionists
- Chemists and/or Radio-chemists
- Dental Prosthetists
- Dental Technicians
- Dental Therapists
- Environmental Health Officers
- Epidemiologists
- Forensic Scientists and Technicians
- Genetics Counsellors
- Health Promotion Officers
- Medical Illustrators
- Medical Laboratory Scientists and Technicians
- Oral Health Therapists
- Oral Therapists
- Social Work Associates
- Welfare Officers

## 4. GOVERNANCE

### 4.1. MINISTERIAL TASKFORCE ADMINISTRATION

The Ministerial Taskforce will be coordinated by the Allied Health Professions' Office of Queensland, under the direction of the Minister for Health.

### 4.2. HEALTH PRACTITIONER EXPANDED SCOPE OF PRACTICE MINISTERIAL TASKFORCE

The Health Practitioner Expanded Scope of Practice Ministerial Taskforce (the Taskforce) will oversee the work of the Ministerial Taskforce until submission of the report to the Minister for Health on 27 September 2013.

#### Chair

The Taskforce will be chaired by the Assistant Minister for Health, Dr Chris Davis, as delegated by the Hon Lawrence Springborg MP, Minister for Health.

#### Members

Membership of the Taskforce will include the following external and internal stakeholders:

##### *External representatives*

- *Health Consumers Queensland*
  - Mr Mark Tucker-Evans, Chief Executive, Council of the Ageing Queensland

- *Medical*
  - Dr Alexandra Markwell, President, Australian Medical Association Queensland
- *Universities*
  - Professor Susan Nancarrow, School of Health and Human Services, Southern Cross University
- *Health Workforce Australia*
  - Professor Sandra Capra AM, Board Member, HWA & Professor of Nutrition, University of Queensland
- *Together Queensland*
  - Mr Alex Scott, Secretary, or delegate
- *United Voice Queensland*
  - Mr Gary Bullock, Secretary, or delegate
- *Queensland Nurses Union*
  - Ms Beth Mohle, Secretary, or delegate

#### **Queensland public health system representatives**

- *Statewide Clinical Networks*
  - Dr Elizabeth Whiting, Co-Chair, General Medicine Statewide Clinical Network & Medical Director, Internal Medicine Services, Metro North Hospital and Health Service
  - Dr Bruce Chater, Chair, Rural and Remote Clinical Network & Medical Superintendent, Theodore Hospital, Central Queensland Hospital and Health Service
- *Queensland Clinical Senate*
  - Dr David Rosengren, Chair, Clinical Senate & Senior Staff Specialist, Department of Emergency Medicine, Royal Brisbane and Women's Hospital, Metro North Hospital and Health Service
- *Hospital and Health Services*
  - Mr Ian Langdon, Chair, Gold Coast Hospital and Health Service
  - Ms Julia Squire, Chief Executive, Townsville Hospital and Health Service
- *Nursing and Midwifery Office Queensland*
  - Dr Frances Hughes, Chief Nursing and Midwifery Officer, or delegate
- *Executive Directors of Allied Health*
  - Ms Judith Catherwood, Executive Director Allied Health Professions, Royal Brisbane and Women's Hospital, Metro North Hospital and Health Service
  - Ms Danielle Hornsby, Executive Director Allied Health Services, Mackay Hospital and Health Service
- *Health Service and Clinical Innovation Division*
  - Dr Michael Cleary, Deputy Director General



- *Human Resource Services Branch*
  - Ms Lyn Rowland, Chief Human Resources Officer
- *Health Systems Innovation Branch*
  - Mr Michael Zanco, Executive Director, Clinical Access and Redesign Unit
- *Allied Health Professions' Office of Queensland*
  - Ms Julie Hulcombe, Chief Allied Health Officer
  - Ms Gretchen Young, A/Principal Workforce Officer

#### **4.3. TASKFORCE MEETINGS**

The Taskforce will meet on three occasions at key points relevant to the project stages outlined above. Details are provided in section 6, below.

## **5. ROLE OF THE TASKFORCE**

The Taskforce will:

- provide advice on the strategy for achieving the Ministerial Taskforce objectives and deliverables
- oversee progress on and achievement of each of the objectives and deliverables of the Ministerial Taskforce
- ensure successful engagement of the Ministerial Taskforce with internal and external stakeholders
- ensure effective links are made between relevant workforce, education, training and clinical governance initiatives at the national and State level, including assessment of their impact on recommendations made
- oversee preparation of a report to the Minister for Health addressing each of the Ministerial Taskforce objectives and deliverables

## **6. TIMELINES AND MEETINGS**

The Taskforce will oversee the Ministerial Taskforce from the inception meeting in March 2013 until the final report is delivered to the Minister for Health on 27 September 2013.

The Taskforce will meet on three occasions, corresponding to key milestones in the Project Plan.

- *Wednesday 13 March 2013 (3 hours)*  
Meeting focus: provide an overview of the Ministerial Taskforce concepts and intent; discuss and refine the Ministerial Taskforce deliverables and Project Plan
- *Wednesday 10 April 2013 (3 hours)*  
Meeting focus: confirm Ministerial Taskforce deliverables; discuss and confirm consultation paper structure and content; discuss and confirm consultation strategy
- *Thursday 1 August 2013 (3 hours)*  
Meeting focus: review feedback and draft report