Allied Health Expanded Scope Strategy 2016-2021

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Introduction

The Allied Health Expanded Scope Strategy 2016-2021 will guide a comprehensive program of work which aims to improve patient access to high-value healthcare by expanding allied health scope of practice. This strategy outlines work that will follow on from the implementation of recommendations from the 2014 Ministerial Taskforce on health practitioner expanded scope of practice: final report.¹

The Queensland Government supports expanded scope of practice for allied health professionals in order to improve the healthcare system for Queensland communities. This includes moving toward a value-based model of healthcare that promotes improved patient outcomes while lowering healthcare costs.²

Scope

The allied health workforce in Queensland is comprised of allied health professionals and other technicians, assistants and support workers who work with allied health professionals.³ Doctors, nurses and dentists are not included in this professional group.

Allied health professions include:

- audiologists
- physicists, including radiation oncology medical physicists, nuclear medical physicists, radiology medical physicists and health physicists
- breast imaging radiographers
- clinical measurement scientists and technicians
- dietitians/nutritionists
- physiotherapists
- exercise physiologists
- podiatrists
- leisure therapists
The expanded scope strategic priorities described in this document could equally be applied to other health practitioners. The term health practitioner is an industrial term used in Queensland Health to refer to a wide range of health professions, including therapy and diagnostic professions, health scientists and technicians, and health promotion and population health professionals.1

**Context**

The Ministerial Taskforce on health practitioner expanded scope of practice (the Taskforce) was established in 2013 to provide recommendations on expanding the scope of practice for health practitioners employed by Queensland Health.

The Ministerial Taskforce described expanded scope of practice to include:

- optimising the full scope of practice of an allied health professional
- extending their scope of practice to include tasks that fall outside of the recognised scope of practice of that profession - under the right circumstances
- delegating specific tasks related to patient care to the support workforce to enable full and extended scope of practice.

* Descriptions of full scope, extended scope and delegated roles are provided in Appendix A.

The Ministerial Taskforce on health practitioner expanded scope of practice: final report1 was released in June 2014. The report concluded that improvements to patient-centred care, as well as service effectiveness and efficiency, can and should be achieved by expanding the scope of practice of health practitioners.

The Taskforce made the following six recommendations, based on current literature and extensive consultation with internal and external stakeholders, to facilitate delivery of patient-centred and cost-effective services:

1. **Hospital and Health Boards to lead the implementation of models of care that include allied health professionals expanding their scope of practice.**

2. **Service agreements between the Department of Health and each Hospital and Health Service to require the implementation of models of care that include allied health professionals expanding their scope of practice, and to report annually.**

3. **The Allied Health Professions’ Office of Queensland to showcase to Hospital and Health Services, the Queensland Clinical Senate and clinical networks opportunities to enhance patient experiences and provide cost-effective services through allied health professionals expanding their scope of practice.**
4. The Department of Health to support redesign of models of care to improve the patient journey and deliver cost-effective services in outpatient clinics, emergency departments and mental health services by allied health professionals expanding their scope of practice.

5. The Department of Health to address barriers to allied health professionals expanding their scope of practice by: identifying and implementing alternative funding models and incentives with relevant partners; amending regulation, legislation and policy; and developing measures and facilitating research into the outcomes of full scope of practice and extended scope tasks to further contribute to evidence.

6. The Allied Health Professions’ Office of Queensland, in partnership with education providers, accreditation bodies and professional associations, to develop and facilitate access to education, training and tools to support allied health professionals to expand their scope of practice.

The implementation of Taskforce recommendations was led by the Allied Health Professions’ Office of Queensland through a series of targeted initiatives over a two-year period (June 2014 - June 2016). The initiatives focused on improving patient access to healthcare services, reducing waiting times in emergency departments (ED) and for medical and surgical outpatient appointments and improving patient flow.

**Progress against Taskforce Recommendations**

Since 2014, the Department of Health and Hospital and Health Services have made good progress in implementing Taskforce recommendations. Some examples are listed below and are outlined in Appendix B.

**Allied health first contact services**

A number of Hospital and Health Services have implemented allied health led models of care. These models provide patients with the right care at the right time, thereby providing medical officers with increased time and capacity to see patients that require medical or surgical intervention. These models have been shown to contribute to reduced waiting times, improved patient flow and improved patient outcomes and satisfaction.

1. **Emergency Departments**

   Models of care involving physiotherapists as first contact practitioners in the ED have been implemented in a number of Queensland Health facilities. Most models involve physiotherapists treating patients from triage Categories 3, 4 and 5 with a range of agreed musculoskeletal presentations. These roles typically involve assessment, intervention, referral for further treatment and assessment and discharge when appropriate. Allied health first-contact ED services assist Hospital and Health Services to meet National Emergency Access Targets (NEAT).

2. **Ear Nose and Throat Specialist Outpatient Clinics**

   Audiologists, speech pathologists and physiotherapists have been the first point of contact for an agreed range of Category 2 and 3 Ear Nose and Throat (ENT) referrals. Services include triage, assessment, management and discharge as appropriate. Outcomes include reduced waiting times for specialist outpatient appointments, an increase in non-surgical management for patients with routine conditions, escalation of referrals for patients with complex needs and release of ENT consultant time.

3. **Orthopaedic and Neurosurgery Specialist Outpatient Clinics**

   Category 2 and 3 orthopaedic and neurosurgery (spinal pain) patients, who are likely to benefit from conservative management, have also been managed by physiotherapists as first contact practitioners. Physiotherapists provide triage, assessment, conservative intervention and onward referral to other allied health services, primary care and medical specialists. These models for care assist Hospital and Health Services to meet National Elective Surgery Targets (NEST) and reduce waiting times for specialist outpatient appointments.
Despite demonstrating improved efficiency, increased service quality and improved health outcomes, allied health first contact models have not been implemented consistently across Hospital and Health Services. Additionally, many models continue to use secondary or joint triaging systems with medical officers rather than criteria based referral pathways.

**Legislative change**

Early success achieved legislative change enabling prescribing by endorsed podiatrists for the treatment of podiatric conditions. This occurred through revision of the Health (Drugs and Poisons) Regulation 1996. Additionally, the Radiation Safety Regulation 2010 was revised to enable physiotherapists and podiatrists to request plain-film x-rays.

Prescribing trials involving physiotherapists and pharmacists are currently being planned and are likely to commence in a number of Queensland Hospital and Health Services in late 2016 and early 2017. These trials are being undertaken to determine the safety, efficiency and effectiveness of allied health prescribing. Allied health practitioners are required to apply for temporary approval (under Section 18 of the Health (Drugs and Poisons) Regulation 1996) to allow them to prescribe, obtain, supply and administer scheduled medicines for the purpose of the trials. This is a temporary approval and no changes to legislation are required. All trials are occurring under a formal research framework.

Despite some early success, achieving legislative and policy change for expanded scope roles and activities has not progressed as expected.

**Delegation**

Delegation to the support workforce is recognised to be an important enabler of expanded scope of practice for allied health professionals. The Allied Health Assistant Framework was developed and launched to facilitate the implementation, effective employment and utilisation of allied health assistants within Hospital and Health Services.
Enablers and challenges

Enablers

Enablers to expanded scope of practice have included medical sponsorship and support, allied health and medical leadership to influence development and implementation of expanded scope roles, and access to training and supervision from experienced allied health professionals. Further opportunities exist from Queensland Health strategies and funding priorities, including the Integrated Care Innovation Fund, Clinical Prioritisation Criteria and funding allocated to improve access to medical and surgical outpatient services.

Challenges

Persistent challenges to expanded scope of practice have included a lack of funding (associated with resource allocation decisions and competing priorities), workplace culture (including resistance from medical, nursing and allied health staff) and legislation, regulation, policy and accreditation standards.

In 2015-16, the Allied Health Professions’ Office of Queensland supported 86 allied health practitioners to undertake training to enable them to expand their scope of practice.
The Queensland healthcare system continues to struggle with rising costs, increasing demand for services, inequitable access and variations in the safety and quality of services. A value-based model has been identified as an effective strategy to counter healthcare costs and manage service demand by being more responsive, evidence based, consumer focused, flexible and equitable.

High-value healthcare occurs when a large amount of health benefit is generated for a relatively small investment of resources. In contrast, low-value care confers little or no benefit compared with costs and potentially wastes limited resources.

Nationally and internationally, there are many examples of the health workforce developing new and innovative ways to deliver high-value healthcare. Research suggests that allied health professionals working to an expanded scope, including extended scope where appropriate, can improve patient access to high-value healthcare. Allied health can also make important impacts by discontinuing low-value practices that provide little benefits. Value can also be obtained by delegating to the support workforce where appropriate.
Strategy development

The implementation period for Taskforce recommendations concluded in June 2016. A statewide workshop was convened on 30 April 2016 bringing together clinical and executive healthcare professionals, unions and consumers to identify and develop strategic priorities to maximise opportunities and address persistent challenges to implementation of allied health expanded scope of practice.

These strategic priorities aim to embed expanded scope of practice as part of normal practice where it is relevant and appropriate.

The following four priority areas were identified:

1. **one**
   Expand allied health scope of practice to improve patient access to high-value healthcare

2. **two**
   Develop evidence and promote research

3. **three**
   Develop sustainable workforce capacity and capability

4. **four**
   Maximise enablers and address challenges
Following this workshop, the Allied Health Professions’ Office of Queensland facilitated a planning session with Hospital and Health Service Directors of Allied Health and Statewide Discipline Chairs to discuss the strategy and proposed activities and initiatives. Information from the statewide workshop and planning session were used to develop the draft Allied Health Expanded Scope Strategy 2016-2021.

Feedback on the draft strategy was invited through an online survey available to all workshop participants. The survey was also distributed to Queensland Health executive forum members, allied health professional associations and to all medical colleges. Opportunity was also provided to give written feedback on the strategy directly to the Allied Health Professions’ Office of Queensland.

A breakfast forum was held with allied health professional associations to gain further feedback on the draft strategy. Face-to-face meetings were also undertaken with the Australian Medical Association Queensland and Health Consumers Queensland. Additionally, the draft strategy was tabled at relevant statewide consultative forums with Queensland unions.

The survey, workshops and face-to-face meetings provided participants with the opportunity to provide feedback on the draft strategy and identify opportunities to progress allied health expanded scope of practice roles and activities. Feedback from the consultations has been incorporated into the revised strategy document.
Partnerships

The priorities and activities outlined in this strategy represent a large program of work that will be supported by the Department of Health, but which will be implemented by Hospital and Health Services, in partnership with:

- statewide clinical networks
- professional associations
- medical colleges
- consumers
- unions
- private providers
- primary care networks
- education and training providers
- research organisations.

The Allied Health Professions’ Office of Queensland’s Allied Health Assistant Framework assists Hospital and Health Services to optimise the use of assistants and integrate them into service delivery.
1. Expand allied health scope of practice to improve patient access to value-based healthcare

The Allied Health Professions’ Office of Queensland will work with Hospital and Health Services to implement sustainable, high-value, patient-centred models of care that utilise allied health expanded scope of practice.

1.1 Embed proven allied health expanded scope models in ED and priority medical and surgical outpatient services. Current priority areas include ENT, orthopaedics and neurosurgery.

1.2 Invest in new allied health expanded scope models of care for other medical and surgical outpatient services including, but not limited to, paediatrics, neurology, mental health and strategies to improve access and health outcomes for Aboriginal and Torres Strait Islander Queenslanders.

1.3 Identify and implement models of care that include extended scope of practice within appropriate contexts. Extended scope practices should be overseen by recognised clinical governance processes, in collaboration with other members of the healthcare team.

1.4 Further develop and promote investment in allied health generalist roles and positions to improve access to quality healthcare for rural and remote communities.

1.5 Identify and support the development of pathways that provide patients with access to the right care at the right time. This may include self-management, integration with primary and community care and developing and embedding referral criteria for public allied health services.
2. Develop evidence and promote research

The Allied Health Professions' Office of Queensland will partner with Hospital and Health Services, allied health professional associations, education and training providers, research institutions and consumers to support the development of activities and initiatives to improve the use of data collection and management systems in order to demonstrate quality and value.

2.1 Invest in and undertake research and evaluation to improve the evidence base for allied health expanded scope models of care, in partnership with Hospital and Health Services and research organisations.

2.2 Work with Hospital and Health Services to develop outcome measures and data collection systems that facilitate the systematic collection, analysis and reporting of inpatient and outpatient allied health data sets to inform service delivery, investment and disinvestment decisions.

2.3 Target research grant allocation to evaluate the impact of expanded scope of practice models of care on:
   - patient outcomes and satisfaction
   - the safety, efficiency and effectiveness of health service delivery.

2.4 Work with other jurisdictions to facilitate the collection of national allied health data sets, including for first contact roles in medical and surgical outpatient services.

3. Develop sustainable workforce capacity and capability

The Allied Health Professions’ Office of Queensland will work collaboratively with Hospital and Health Services, allied health professional associations and education providers to develop a flexible and sustainable allied health workforce.

3.1 Develop flexible and sustainable workforce supervision models and pathways that enable staff development for expanded scope roles, in partnership with Hospital and Health Services.

3.2 Develop and facilitate access to education, training and tools to enable expanded scope roles for allied health professionals, including the support workforce, in partnership with Hospital and Health Services, tertiary education and training institutions and allied health professional associations.

3.3 Share supervision models and training resources across jurisdictions, in order to support the implementation of expanded scope models.

Since 2013, the Health Practitioner Research Scheme has targeted projects which evaluate Health Practitioner service delivery/workforce models that improve patient access to care.
4. **Maximise opportunities and address challenges**

The Allied Health Professions’ Office of Queensland will lead and support initiatives to maximise opportunities and address persistent challenges in order to achieve improvements in the efficiency of the allied health workforce.

4.1 Engage with and support consumers to contribute to allied health models of care that improve the quality, availability and accessibility of health services for Queensland communities.

4.2 Further develop and implement models of care that optimise use of the allied health assistant workforce through effective delegation and supervision, in partnership with Hospital and Health Services.

4.3 Work with Hospital and Health Services to promote the use of information technology enhancements (e.g. telehealth) to deliver effective and high-quality allied health services.

4.4 Maximise opportunities and address restrictions to allied health funding:

- Develop strategies to incentivise expanded scope of practice where opportunities exist through funding allocated to Queensland Health strategies and priority areas (e.g. integrated care, specialist outpatient service funding), in collaboration with internal Department of Health stakeholders and other partners.

- Identify and disinvest in low-value practices and optimise the skill mix across multidisciplinary allied health teams by working with consumers, Hospital and Health Services, professional groups and Statewide Clinical Networks.

4.5 Advocate for and investigate Commonwealth and other government and non-government funding models that support access to allied health services in the community.

4.6 Work to address regulation, legislation, policy and accreditation issues that impact expanded scope of practice for allied health professionals.

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The number of allied health professionals working in primary contact roles has almost doubled over the last two years. This has facilitated a reduction in the number of patients waiting outside the recommended wait times based on triage category and contributed to reduced long wait lists.
Funding

The Department of Health will work with and support Hospital and Health Services to prioritise expanded scope of practice roles and initiatives through disinvestment in low-value activities and subsequent redirection of funding to high-value activities.

Implementation plan

A five-year implementation plan has been developed to guide the Department of Health and Hospital and Health Services in the implementation of the priorities and activities outlined in this strategy document.

The Allied Health Professions’ Office of Queensland plays a key role in ensuring there is an appropriately skilled allied health workforce designed to meet Queensland’s current and future health service needs.
Definitions for key terms related to scope of practice for allied health professionals differ across professions and contexts. The Ministerial Taskforce used the term expanded scope of practice to refer to any role or task that would result in an expansion to the current scope of practice for a profession within a particular context in Queensland Health.¹

Expanded scope of practice can include:

- optimising full scope of practice
- extending scope of practice to include tasks that fall outside of the recognised scope of that profession, under the right circumstances
- delegating specific tasks related to patient care to the support workforce to enable full and extended scope of practice.

Appendix A.
Descriptions of key terms
Full scope of practice

Full scope of practice of a professional includes the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within the profession are educated, competent and authorised to perform. The full scope of a profession is set by professional standards and in some cases legislation.

Working to full scope means working to the full extent of the profession’s recognised skill base and/or regulatory guidelines, acknowledging that some functions may be shared with other professions, individuals or groups.

Full scope roles and tasks include:

- first contact in the care pathway
- making direct referrals to medical specialists in Queensland Health
- making direct referrals to other allied health professionals
- requesting investigations to enhance current decision-making and care
- prescribing equipment and consumables
- documentation of findings on investigations performed by diagnostic allied health professionals
- criteria-led discharge
- criteria-led admission (e.g. from acute to sub-acute services).

Extended scope of practice

Extended scope of practice is a discrete knowledge and skill base additional to the recognised scope of practice of a profession and/or regulatory context of a particular jurisdiction. Extended scope of practice tasks are usually undertaken by other professions; however, over time, extended scope of practice may become part of a profession’s full scope of practice.

Extended scope of practice of a profession is relevant where it allows more efficient management and care of the patient and decreases the number of visits or transactions in the patient journey. Legislative change may be required to legally enable extended scope of practice.

Where there is a clear benefit to patient care, extended scope of practice may include:

- prescribing and administration of medications where this is not already within current scope of practice
- requesting of investigations such as medical imaging if not already within current scope of practice
- skill sharing between allied health professionals.

Delegation of tasks

Effective delegation to the support workforce, including allied health assistants and administration officers, is required for allied health professionals to dedicate a greater proportion of time to roles and tasks at the upper end of their scope of practice.

Delegation of tasks occurs when allied health professionals authorise another healthcare worker to provide treatment on their behalf.

When delegating tasks, allied health professionals determine that the person to whom they are delegating has the appropriate education, knowledge and skills required to undertake the activity safely.
Appendix B.
Progress Report for the Ministerial Taskforce on health practitioner expanded scope of practice

Recommendations in the Ministerial Taskforce on health practitioner expanded scope of practice: final report¹ were made to facilitate the delivery of patient-centred, cost-effective services through allied health professionals expanding their scope of practice.

The implementation of Taskforce recommendations was led by the Allied Health Professions’ Office of Queensland through a series of initiatives over a two-year period (June 2014 - June 2016).
Recommendations and progress against Taskforce recommendations are listed below.

**Recommendation 1**

Hospital and Health Boards to lead the implementation of models of care that include allied health professionals expanding their scope of practice.

- Hospital and Health Services have made good progress in implementing expanded scope models of care. However, models of care have not been implemented consistently across Hospital and Health Services and are often not sustained in the mid to long-term.

**Recommendation 2**

Service agreements between the Department of Health and each Hospital and Health Service to require the implementation of models of care that include allied health professionals expanding their scope of practice, and to report annually.

- Negotiations continue with internal and external stakeholders to implement indicators and/or incentives to support allied health expanded scope models in service agreements (e.g. addressing specialist outpatient waiting lists).

**Recommendation 3**

Allied Health Professions’ Office of Queensland to showcase to Hospital and Health Services, the Queensland Clinical Senate and clinical networks opportunities to enhance patient experiences and provide cost-effective services through allied health professionals expanding their scope of practice.

- Numerous showcase presentations and publications detailing effective models of care have been made available by the Allied Health Professions’ Office of Queensland to support the implementation of expanded scope of practice models.

**Recommendation 4**

The Department of Health to support redesign of models of care to improve the patient journey and deliver cost-effective services in outpatient clinics, emergency departments and mental health services by allied health professionals expanding their scope of practice.

- The Department of Health has supported Hospital and Health Services to collaborate and implement proven expanded scope models of care, including first contact physiotherapy services for the emergency department, physiotherapy-led pelvic health clinics and first contact allied health vestibular and ENT services.

- The Department of Health has also supported the implementation and evaluation of rural and remote allied health generalist models and positions.

- The implementation and evaluation of the Lymphodema service redesign trial has been completed with further roll out of the model planned for the coming year.
Recommendation 5

The Department of Health to address barriers to allied health professionals expanding their scope of practice by:

(a) identifying and implementing alternative funding models and incentives with relevant partners;
(b) amending regulation, legislation and policy; and
(c) developing measures and facilitating research into the outcomes of full scope of practice and extended scope tasks to further contribute to evidence.

- The Health Practitioner Research Scheme has targeted research of health services designed to improve patient outcomes and access to services.
- The Health (Drugs and Poisons) Regulation 1996 has been revised to enable prescribing by podiatrists. The Radiation Safety Regulation 2010 has also been revised to enable physiotherapists to request X-rays and to extend the authorisation of podiatrists in requesting X-rays. However, a range of regulation, legislation and policy barriers continue to inhibit allied health expanded scope of practice.

Recommendation 6

Allied Health Professions’ Office of Queensland, in partnership with education providers, accreditation bodies and professional associations, to develop and facilitate access to education, training and tools to support health professionals to expand their scope of practice.

- The Allied Health Professions’ Office of Queensland has provided a range of tools and training opportunities to support the allied health workforce to undertake expanded scope roles.
- Engagement with professional bodies and education providers continues to support responsive workforce reform and sustainable education and training pathways for expanded scope of practice.
References

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