Allied Health Professions’ Office of Queensland

Ministerial Taskforce on health practitioner expanded scope of practice – progress report 1

September 2014
Ministerial Taskforce on health practitioner expanded scope of practice: progress report

The Ministerial Taskforce on health practitioner expanded scope of practice: final report, released June 2014, is aligned to the Blueprint for better healthcare in Queensland. Taskforce recommendations called for a radical transformation of healthcare delivery to the community through the greater contribution to improved health services for the community by allied health professionals.

The recommendations aim to improve the delivery of health services to the community in a more cost-effective manner, including:

- improving patient access to services
- reducing waiting times in emergency departments and for specialist and surgical appointments; and
- improving patient flow.

Implementation progress of the Taskforce recommendations will be reported six-monthly at 30 September and 31 March each year. This is in keeping with business planning and budget cycles.

This report outlines achievements from January to September 2014 as a number of activities were underway prior to the release of the final report. Note that the timeframes for final reporting for the taskforce will now conclude 30 June 2016, rather than December 2015, as the report was not launched until June 2014.

Key areas of progress, issues and risks that have been identified to date are highlighted below as well as priorities for the next reporting period.

**Key achievements to January to September 2014**

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Achievements</th>
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<tbody>
<tr>
<td>Recommendation 1: Hospital and Health Boards</td>
<td>Taskforce report launched by the Minister for Health on 4 June 2014.</td>
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<td>Recommendation 2: Service agreements</td>
<td>Discussions held with regard to developing KPIs or incentivising purchasing for inclusion in service agreements between the Department of Health and Hospital and Health Services (HHSs).</td>
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</tbody>
</table>
| Recommendation 3: Showcase outcomes | Published *Innovations in Models of Care for the Health Practitioner workforce in Queensland Health 2011-2014*.  
Snapshots of Success (project reports) published to support implementation of social work assistant, medical leader and skill share models. |
### Recommendation Achievements

**Recommendation 4: Redesign models of care**
- Statewide groups have commenced to oversight implementation of Expanded Scope of Physiotherapy in Emergency Department, radiography commenting and prescribing trials.
- Commenced 11 Rural and Remote Generalist positions.
- Lymphodema redesign trial commenced to improve access to services in rural and regional centres.

**Recommendation 5: Address barriers**
- Amendment to the *Health (Drugs and Poisons) Regulation 1996* to enable podiatrists to prescribe in Queensland.
- Amendments to the *Radiation Safety Regulation 2010* to enable physiotherapists to request X-rays and to extend the authorisation of podiatrists in requesting X-rays in Queensland.
- Development of measures to evaluate the implementation of the Ministerial Taskforce recommendations.

**Recommendation 6: Education, training and tools**
- Development of tools, resources and education and training programs for:
  - credentialing of extended scope of allied health professional practice
  - requesting of pathology by allied health professionals
  - radiographer commenting on plain film X-rays
  - prescribing by allied health professionals
  - indemnity frequently asked questions.
- Supported expanded scope of practice training for 185 allied health professionals.

### Risks and issues
The inclusion of key performance indicators relating to the implementation of expanded scope of practice for allied health professionals within Service Level Agreements with HHSs has not occurred to date. However further discussions will occur with all relevant stakeholders with regard to this issue. In addition, alternate mechanisms including regular reporting on progress and incentivising workforce reform in the purchasing framework are being explored.
### Priorities for the next period

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<th>Recommendation</th>
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<tr>
<td>Recommendation 1: Hospital and Health Boards</td>
<td>Completed, no further action required.</td>
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<tr>
<td>Recommendation 2: Service agreements</td>
<td>- Negotiate the inclusion of key performance indicators or incentives to support implementation of allied health professional expanded scope of practice in service agreements with HHSs.</td>
</tr>
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| Recommendation 3: Showcase outcomes | - Facilitate workshops for allied health professional expanded scope of practice in ear, nose and throat services and general medicine.  
  - Publish Snapshots of Success (project reports) to support implementation of models for dietitian led gastroenterology clinics, audiology management of paediatric glue ear and fibreoptic endoscopic evaluation of swallowing by speech pathologists. |
| Recommendation 4: Redesign models of care | - Support statewide rollout of expanded scope models targeting emergency departments, ear, nose and throat outpatient services, allied health prescribing and radiographer commenting. |
| Recommendation 5: Address barriers | - Progress legislative reform relating to prescribing and diagnostic imaging to improve patient access and flow.  
  - Launch clinical governance framework and credentialing resources for allied health expanded scope service models.  
  - Identify successful applications for the Health Practitioner Research Scheme to support evaluation of allied health service delivery or workforce models that improve patient access and improve health outcomes in 2015-16.  
  - Complete data collection of taskforce measures for the baseline period (July 2013 to June 2014) to evaluate the impact of the Taskforce. |
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| Recommendation 6: Education, training and tools | - Progress discussions nationally with the physiotherapy, podiatry, sonography and medical physics professions in regards to accreditation standards to ensure training and education meet the requirements for the future workforce.  
- Complete mapping of existing tools and resources.  
- Development of tools, resources and education and training programs including:  
  o activity based funding for allied health and financial incentive fact sheets  
  o framework for effective delegation practices to support use of allied health assistants  
  o audiology management of paediatric glue ear training program.  
- Support expanded scope of practice training for  
  o speech pathology succioning  
  o nasendoscopy for fibreoptic endoscopic evaluation of swallowing  
  o primary contact audiology services  
  o upper limb image interpretation for occupational therapy  
  o prescribing for podiatry, physiotherapy and pharmacy. |

Progress and achievements to date in accordance with the implementation plan are outlined in Appendix A. Note an additional strategy, 5.9 to develop and implement measures has been added to the implementation plan.
### Appendix A: Progress against implementation plan

Legend:
- **[ ]** Denotes achieved
- **[ ]** Denotes on hold
- **[ ]** Denotes in progress
- **[ ]** Denotes not achieved

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| 1. Hospital and Health Boards (HHBs) to lead the implementation of models of care that include allied health professionals expanding their scope of practice. | 1.1 Minister to launch the Ministerial Taskforce report and distribute to HHSs.  
1.2 Present at the meeting of HHB chairs on the background, purpose and benefits of allied health professionals expanding their scope of practice. | Achieved | Report launched by the Minister for Health, 4 June 2014.  
Report distributed to HHSs on 5 June 2014.  
Initial presentation to Board Chairs on 5 March 2014. Regular updates will be provided to the Boards. |
| 2. Service agreements between the Department of Health and each Hospital and Health Service (HHS) to require the implementation of models of care that include allied health professionals expanding their scope of practice, and to report annually. | 2.1 Work with HHB chairs and the Healthcare Purchasing, Funding and Performance Branch to include expanded allied health scope of practice in service agreements between the Department of Health and HHSs.  
2.2 Develop key performance indicators reflecting outcomes achieved through expanding allied health scope of practice for inclusion in service agreements between the Department of Health and HHSs. | In progress | Working with all relevant stakeholders to include in next service agreements.  
Discussions held with Department of Health with regard to developing KPIs or incentivising purchasing. |
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<td>3. Allied Health Professions’ Office of Queensland (AHPOQ) to showcase to HHSs, 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.</td>
<td>3.1 Distribute the Ministerial Taskforce report and implementation plan to all stakeholders.</td>
<td>Achieved</td>
<td>• Report published on AHPOQ website and distributed to stakeholders. Awaiting distribution to Health Ministers in other jurisdictions.</td>
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<td>3.2 Present the Ministerial Taskforce report at the meeting of health services chief executives, the Queensland Clinical Senate and to relevant statewide clinical networks.</td>
<td>In progress</td>
<td>• Presentations to: o HHS Chief Executive forum o General Medicine meeting o Rural and Remote and Cancer Care clinical network Forums o Statewide Allied Health (AH) clinicians o Director of Physiotherapy Services o Directors of Pharmacy o Cairns AH Directors, Redland and Townsville AH clinicians o Allied Health Professional Associations o Royal Australasian College of Surgeons o Australian Medical Association Qld; and o Medical Workforce Forum.</td>
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<td>3.3 Collaborate with HHS allied health professionals to undertake a roadshow focussed on allied health expanded scope of practice. Include local HHBs, health service chief executives, medical, nursing, allied health professionals, and allied health assistants.</td>
<td>In progress</td>
<td>• Workshops and showcases: o Allied Health Discipline Chairs Workshop o Expanded Scope of Physiotherapy in Emergency Department Workshop; and o Rural generalist models workshop (Roma). • Published <em>Innovations in Models of Care for the Health Practitioner workforce in Queensland Health 2011-2014</em> to showcase models implemented. • Snapshots of Success (project reports) published to support implementation of social work assistant, medical leader and skill share models.</td>
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| 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. | 4.1 Collaborate with the Clinical Access and Redesign Unit, HHSS and relevant statewide clinical networks to develop a plan for targeted implementation of allied health expanded scope of practice, targeting emergency departments and outpatient services, particularly for musculoskeletal and ear, nose and throat needs. 4.2 Work with HHSS and relevant statewide clinical networks to implement allied health professional expanded scope roles. 4.3 Work with and report through the Rural and Remote Statewide Clinical Network and national stakeholders (including Health Workforce Australia and Greater Northern Australia Regional Training Network) to oversee implementation of rural and remote allied health generalist roles, and Telehealth and support worker models. | In progress | • Commenced advisory groups for expanded scope of practice in emergency department and allied health prescribing.  
• Established HHS collaborative for radiographer commenting.  
• Provided a brief to the Emergency Department Network regarding the physiotherapy primary contact role.  
• 11 Rural and Remote allied health generalist positions in place and developed an evaluation framework for this initiative.  
• Southern Cross University engaged to assist with the evaluation.  
• Lymphoedema management redesign trial including telehealth and training of generalist clinicians in regional and rural sites commenced. |
Legend:
- **Denotes achieved**
- **Denotes on hold**
- **Denotes in progress**
- **Denotes not achieved**

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<td>5. The Department of Health to address barriers to allied health professionals expanding their scope of practice by:</td>
<td>5.1 Work with the Healthcare Purchasing, Funding and Performance Branch and HHSs to address funding barriers to models of care changes.</td>
<td>In progress</td>
<td>• Workshop held with allied health directors to identify funding models and barriers.</td>
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<td>• identifying and implementing alternative funding models and incentives with relevant partners</td>
<td>5.2 Partner with HHSs and Medicare Locals to investigate funding and service delivery models to improve access to allied health services in the community.</td>
<td>On hold</td>
<td>• Meeting held with Metro North Medicare Local regarding pathways for musculoskeletal care.</td>
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<td>• amending regulation, legislation and policy</td>
<td>5.3 Liaise with the Australian Government Department of Health to advocate for and investigate funding models to support access to allied health services in the community.</td>
<td>In progress</td>
<td>• No further progress - awaiting transition to Primary Health Networks.</td>
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<td>• developing measures and facilitating research into the outcomes of full scope of practice and extended scope tasks to further contribute to evidence.</td>
<td>5.4 Work with the Regulatory Instruments Unit and the Chief Health Officer to progress changes in legislation relating to prescribing by podiatrists and requesting of X-rays by physiotherapists and podiatrists.</td>
<td>Achieved</td>
<td>• Health (Drugs and Poisons) Regulation 1996 revised to enable prescribing by podiatrists.</td>
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<td>5.5 Work with Human Resource Services and unions to implement flexible healthcare assistant roles</td>
<td>In progress</td>
<td>• Health (Drugs and Poisons) Regulation 1996 revised to enable prescribing by podiatrists.</td>
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<td>5.6 Promote the Health Service Directive on Credentialing and defining the scope of clinical practice and the Allied health clinical governance framework in Queensland Health.</td>
<td>In progress</td>
<td>• Radiation Safety Regulation 2010 revised to enable physiotherapists to request X-rays and to extend the authorisation of podiatrists in requesting X-rays.</td>
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<td>5.7 Address policy and legislative issues impacting on allied health professional scope of practice including home modifications, ordering of equipment and supplies and WorkCover Queensland.</td>
<td>In progress</td>
<td>• Developed resources to assist with credentialing for expanded scope service models including pathology requesting, radiography commenting, prescribing and physiotherapists in emergency department.</td>
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<td>5.8 Target research grant allocation to further evaluate models of care incorporating expanded scope of practice.</td>
<td>In progress</td>
<td>• Working with Nursing and Midwifery Office of Queensland to develop a submission to enable authorisation for health professionals other than medical officers to initiate and progress workers compensation claims.</td>
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<td>5.9 Develop and collect measures to evaluate the success of implementation of the Ministerial Taskforce</td>
<td>In progress</td>
<td>• Applications open for Health Practitioner research scheme 2015-16, with focus on service delivery / workforce models.</td>
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<td>• Workshop held in Roma to support 10 novice researchers from the South West HHS.</td>
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<td>• Measures developed in collaboration with HHS Allied Health Directors.</td>
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| 6. AHPOQ, 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. | 6.1 Work with accreditation bodies and professional associations to influence training courses so the professions are capable of meeting future workforce needs. | In progress | • Report provided to each accreditation body, professional association and Australian Health Practitioner Regulation Agency.  
• Meetings held with:  
  o Psychology Board of Australia  
  o Australian Psychological Society  
  o Pharmacy Board of Australia  
  o Pharmacy Guild of Australia  
  o Australian Sonographer Accreditation Registry  
  o Australian Sonographers Association  
  o Australasian Podiatry Council  
  o Australasian Podiatry Council - Qld  
  o Podiatry Board of Australia  
  o Australian Physiotherapy Council  
  o Australian Physiotherapy Association  
  o Physiotherapy Board of Australia; and  
  o Australasian College of Physical Scientists and Engineers in Medicine. |
| 6.2 Refresh and promote tools and resources available to support the workforce to implement expanded scope of allied health practice. | In progress | • Published pathology requesting guidelines, prescribing framework and radiographer commenting toolkit resources. |
| 6.3 Identify gaps in tools and resources. | In progress | • Commenced catalogue of existing tools and resources. |
| 6.4 Work with universities to identify and provide flexible training packages to deliver education and training to the workforce to facilitate expanded scope of practice. | In progress | • Engaged Monash University to develop training package to support radiographer commenting.  
• Worked with QUT to develop education and training to support allied health prescribing trials.  
• Engaged Pathology Queensland to develop training for requesting pathology. |
| 6.5 Support the workforce to undertake required training. | In progress | • Supported workforce to undertake required training:  
  o pathology requesting for podiatry, physiotherapy and dietetics (60)  
  o image interpretation for physiotherapy (71)  
  o prescribing for podiatry (11) within scope of practice, physiotherapy (11) and pharmacy (5)  
  o provision of written comment for radiography (20). |