Allied Health Professions' Office of Queensland

Ministerial Taskforce
on health practitioner expanded scope of practice
Implementation phase completion report

December 2016

Queensland Government

Ministerial Taskforce on health practitioner expanded scope of practice Implementation phase completion report

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Summary

The Ministerial Taskforce on health practitioner expanded scope of practice (the Taskforce) was a commitment made in the *Health Practitioners (Queensland Health) Certified Agreement (No. 2) 2011 (HPEB2)*[1]. The focus was on exploring opportunities for more effective and efficient use of the allied health workforce in Queensland Health in order to achieve better outcomes for patients, the community and the workforce.

For the purposes of the Taskforce and ongoing workforce reform, 'expanded scope of practice' for allied health professionals in Queensland Health has been defined as:

- 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 to the support workforce to enable full and extended scope of practice.

The *Ministerial Taskforce on health practitioner expanded scope of practice: final report*[2] was released in June 2014. This report made a number of recommendations to facilitate delivery of client-centred, cost-effective services through allied health professionals expanding their scope of practice. If implemented, it is anticipated these recommendations will improve access to services, reduce waiting times in the emergency department and for outpatient specialist and surgical appointments, and improve patient flow.

This report summarises the work undertaken in response to the Taskforce recommendations, achievements, lessons learned, and future priorities for allied health expanded scope of practice.

The Taskforce recommendations have been implemented through a range of activities focussed on enabling and supporting the Queensland public health sector allied health workforce to move towards working to full scope of practice and extended scope of practice, where such practices enhance clinical care and efficiency.

Key achievements have included:

- implementation of first contact allied health expanded scope roles in emergency departments, and pelvic health, orthopaedic, vestibular and ENT services that have assisted Hospital and Health Services to achieve key performance indicators including emergency length of stay (ELOS) and surgery waiting time targets (NEST).
- amendments to the *Health (Drugs and Poisons) Regulation 1996* and *Radiation Safety Regulation 2010* to extend the scope of physiotherapy and podiatry practice.
- implementation and evaluation of rural and remote allied health generalist models and positions.

The impact to date demonstrates 'work in progress' that is leading to a shift in how allied health professionals perceive opportunities for the future, with reported pockets of success across the State. Key lessons learned will drive the next steps in allied health workforce redesign and service delivery reform. The challenge is to continue to tackle barriers and take proven roles, tasks and models of care to scale and embed them into usual practice in the public health system across Queensland.

Progress against taskforce recommendations

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 primary contact physiotherapy services for the emergency department, physiotherapy-led pelvic health clinics and primary 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.

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 including allied health expanded scope of practice models.
- 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 allied 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 professional 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.

Introduction

The Ministerial Taskforce on health practitioner* expanded scope of practice (the Taskforce) was a commitment made in the *Health Practitioners (Queensland Health) Certified Agreement (No. 2) 2011 (HPEB2)*[3]. The focus of the Taskforce was to explore opportunities for more effective and efficient use of the allied health workforce in Queensland Health, in order to achieve better outcomes for patients, the community and the workforce. Drivers for changing the way healthcare services are delivered, and by whom, are well known; they include escalating demands on services, rising costs, increasing prevalence of chronic diseases, and changing demographics and community expectations.

This report summarises the work undertaken in response to the Taskforce recommendations, achievements, lessons learned, and future priorities for allied health expanded scope of practice.

* The term health practitioner is an industrial term used in Queensland Health to refer to a wide range of health professions, including therapy and diagnostics professionals, oral health professionals, health scientists and technicians, and health promotion and population health professionals. Doctors, nurses and dentists are not included in this professional group. In this context the Taskforce focuses on a subset of the health practitioner workforce, namely the traditional allied health professions within Queensland Health.

Context

The work of the Taskforce was undertaken by Queensland Health, led by the Allied Health Professions' Office of Queensland (AHPOQ). The goal was to identify and provide recommendations to the Minister for Health on the value that allied health professionals, working to expanded scope of practice, could play in the public health sector to improve delivery of health services to Queenslanders.

Taskforce membership included broad representation from consumers, industrial bodies, universities, the Commonwealth Department of Health, and corporate and clinical services in Queensland Health.

The following principles were established to be applied to decision-making regarding expanding the scope of practice for allied health practitioners within Queensland Health:

- delivering client-centred care
- ensuring quality and safety
- providing cost-effective services
- providing collaborative care within a team environment.

Taskforce methodology

The process included a review of current literature and a comprehensive consultation phase with internal and external stakeholders, including health professionals, health educators, health service managers and administrators, consumers, professional associations, specialist medical colleges and unions[4]. Feedback was gathered from across Queensland through an e-survey, written submissions, consultation workshops, focus groups, interviews and an invitation to submit evidence-based models incorporating full-scope and extended-scope tasks undertaken by allied health professionals.

Examples of full scope of practice activities common to a number of allied health professions 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 clinical decision-making and care
- prescribing equipment and consumables
- documenting findings on investigations performed by diagnostic allied health professionals
- criteria-led discharge
- criteria-led admission (e.g. from acute to sub-acute services).

Taskforce findings

Although the findings of the Taskforce were mixed, it was overwhelmingly clear that allied health professionals were not consistently working to their full scope of practice. The extent to which individual allied health professionals were working to their full scope of practice varied significantly across the State and was influenced by many factors, including the health professionals themselves, their colleagues and their working environment. A range of scope of practice roles were identified across many different allied health disciplines in many services within Queensland, other states of Australia and internationally with the potential to improve health service delivery in Queensland.

The Taskforce concluded that improvements to client-centred care, as well as service effectiveness and efficiency, can and should be achieved by expanding allied health scope of practice within Queensland Health through:

- implementation of full scope of practice
- implementation of extended scope of practice in appropriate contexts
- delegation of appropriate tasks to the support workforce.

Appendix 1 provides detailed descriptions of full scope, extended scope and task delegation roles.

Findings highlighted many misunderstandings about what constitutes full scope of practice, how full scope is determined, and the way scope of practice is both limited and enabled. Full scope of practice includes the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within that profession are educated, competent and authorised to perform. The full scope of a profession is set by professional standards and, in some cases, legislation. What is considered to be within scope varies across professions. For example, prescribing of medicines is within the scope of practice for any podiatrist or optometrist with a national endorsement for scheduled medicines but is deemed as extended scope of practice for other allied health professions at this time.

The *Ministerial Taskforce on health practitioner expanded scope of practice: final report* (Final Report)[5], released in June 2014, recognised that expanding allied health scope of practice had the potential to bring significant benefits to clients, the community and the workforce, including:

- improved access to services for the community
- improved efficiency
- increased service quality
- improved health outcomes
- increased client satisfaction
- improved job satisfaction and retention of allied health staff
- reduced demand on Queensland Health medical officers and private general practitioners.

Examples of tasks and roles undertaken by allied health professionals working to extended scope of practice include:

- prescribing and administering medications where this is not already within current scope of practice
- requesting investigations, including pathology and imaging if not already within current scope of practice
- skill-sharing between allied health professionals
- conducting procedures such as suturing, intra-joint injections and PEG insertions.

Taskforce recommendations

To realise these benefits, the Taskforce made six recommendations to facilitate delivery of client-centred, cost-effective services through expanding the scope of practice of allied health professionals.

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

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.

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.

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 professionals expanding their scope of practice.

Recommendation 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.

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 allied health professionals to expand their scope of practice.

Implementation of the Taskforce recommendations took place over two years: from 1 July 2014 to 30 June 2016. The remainder of this report describes the progress over this period using the following structure:

- description of activities implemented
- what has been achieved to date
- lessons learned
- next steps to embed expanded scope of practice within health services.

Implementation

Implementation of the Taskforce recommendations has occurred through a range of activities focussed on enabling and supporting progress towards allied health professionals working to full scope of practice, extended practice in the appropriate context, and delegating specific tasks to the support workforce.

Activities, which will be discussed in more detail below, included:

- implementing targeted initiatives designed to trial new, and embed proven, models
- addressing barriers
- developing and sourcing training and education
- supporting relevant research
- monitoring and evaluating progress
- disseminating achievements.

A robust clinical governance policy and framework, including a credentialing directive and implementation guidelines for allied health professionals working in extended scope of practice roles, underpinned these activities. In addition, a suite of tools supported allied health professionals working in full and advanced clinical practice roles, delegation to allied health assistants, skill-sharing and requesting pathology.

Activities built on the considerable work already implemented in recent years, supported by AHPOQ. This large-scale *models of care* program, comprising more than 50 demonstration projects, explored new models of care using allied health professionals in full and extended scope roles; and better use of allied health assistants.

Targeted initiatives

Funding was provided to implement specific initiatives that trialled allied health professionals undertaking expanded scope tasks and working in expanded scope of practice roles.

The initiatives included projects that targeted the following:

1. **Allied health professionals delivering primary contact services in the emergency department (ED):** The majority of these initiatives use physiotherapists to treat clients triaged as Categories 3, 4 and 5 with a range of agreed musculoskeletal presentations. Other models involve social workers working with people presenting with primary psychosocial needs and occupational therapists working with clients with hand injuries. This primary contact allied health role typically includes assessment, intervention, referral-on for further assessment and treatment, and discharge as appropriate. Allied health first-contact ED services can assist Hospital and Health Services (HHS) to meet emergency length of stay targets.
2. **Allied health delivering primary contact outpatient services:** These models of care involve allied health professionals as the first point of contact for Category 2 and 3 referrals that are likely to benefit from conservative management. Allied health professionals perform triage, assess cases, provide conservative intervention and refer on to other allied health services or medical specialists as required. Examples include physiotherapy primary contact clinics for Category 2 and 3 orthopaedic and neurosurgery (spinal pain) referrals and speech pathology and audiology-led clinics for Category 2 and 3 ear, nose and throat (ENT) referrals. Allied health-led outpatient services can assist HHSs to both reduce specialist outpatient waiting times and meet specialist outpatient targets.
3. **Allied health rural generalist model:** A generalist allied health professional workforce and service model has been developed to help improve health services in rural and remote areas. Implementation of the Allied Health Rural Generalist training positions has led to recruitment of 11 supernumerary, early career positions hosted in rural and remote health services in 2015, and a further ten in 2016.
4. **Allied health working in transdisciplinary roles and undertaking transdisciplinary tasks:** Originally developed in the United Kingdom, the Calderdale Framework is a workforce development tool. The tool has been used to provide a clear and systematic method for reviewing skill-mix, developing new roles, and identifying which tasks can be delegated or skill-shared between professions[6, 7].
5. **Allied health professionals delegating to allied health assistants:** An Allied Health Assistant Framework package and delegation training packages have been developed to provide a better understanding of models of care incorporating assistants, and the roles, responsibilities and relationships of allied health professionals within these models.
6. **Allied health professionals prescribing:** Nine allied health prescribing trials involving physiotherapists and pharmacists have either already commenced, or are due to commence in 2017 across Queensland. The aim of the trials is to determine the safety, efficiency and effectiveness of allied health prescribing. The trials will operate within a research framework, using formal training pathways established through the Taskforce implementation phase.

A number of these projects were led by HHSs across the State, with seed funding using two funding rounds in 2014-15 and 2015-16. These projects were a mix of collaborations using a hub and spoke approach to replicate proven models, and projects exploring emerging models of care. The hub and spoke approach involved multiple sites working together in a formal collaboration to adopt and adapt effective models of care. Projects included a wide range of models using allied health professionals working to full scope, in extended scope roles, and delegating to the support workforce. A full list of these projects is available in Appendix 2.

As of 30 June 2016, two Queensland Health podiatrists have been endorsed by the Podiatry Board of Australia to prescribe scheduled medicines. A further 15 Queensland Health podiatrists have completed a Graduate Certificate in Podiatric Therapeutics through the Queensland University of Technology (QUT), and are in the process of seeking endorsement from the Board. It is therefore anticipated that more podiatrists are likely to commence prescribing in Queensland Health facilities in the near future.

Legislative changes

The Taskforce identified a number of legislative barriers inhibiting allied health professionals from working to full scope of practice or limiting extended scope of practice, where such a practice would enhance clinical care and efficiency. It is important to note that any changes to the legislation will support expanded scope of practice for the relevant allied health professionals across Queensland, and will not be limited to the Queensland Health context.

Revision of the *Health (Drugs and Poisons) Regulation 1996* in April 2014 has enabled podiatrists with a national endorsement for scheduled medicines to work to their full scope of practice and prescribe scheduled medicines for the treatment of podiatric conditions.

Temporary legislative approvals under Section 18 of the *Health (Drugs and Poisons) Regulation 1996* have enabled trials of a number of allied health extended scope activities. These activities include: speech pathologist administration of topical anaesthetic spray (co-phenylcaine forte nasal spray) as a procedural component of passing a nasendoscope during Fibreoptic Endoscopic Evaluation of Swallowing (FEES) procedures, and the physiotherapy and pharmacy prescribing trials detailed above.

Changes to the *Radiation Safety Regulation 2010* have enabled physiotherapists to request x-rays, and have extended the range of plain film x-rays that podiatrists are authorised to request, enabling both professions to work to their full scope of practice.

Work continues regarding the seeking of authorisation for other specified allied health professionals to administer medications, where such practice will improve efficacy of allied health interventions and access to client care. Examples include respiratory scientists administering medicines as part of respiratory investigations to identify airways disease, and nuclear medicine technologists administering scheduled medicines to enhance the quality and definition of imaging.

Other legislative and regulatory barriers, such as the ability to initiate a Workcover claim and request home modifications are still in the early stages of being addressed. In the case of home modifications, changes need to be made to enable suitably-trained allied health professionals to be eligible to request those modifications which are funded under government programs.

Ordering diagnostic investigations

Allied health professionals require access to a wide range of clinical information to facilitate clinical reasoning and support the formation of a differential diagnosis. Full and extended scope of practice activities enable allied health professionals to order diagnostic investigations, and can assist in improving patient flow, decreasing clinical transactions and facilitating rapid access to treatment to better meet client needs. Examples include:

- a dietitian, working in a dietitian-first gastro-enterology clinic, requests a full blood count, electrolyte and liver test and other relevant pathology, in order to inform the treatment plan.
- an audiologist refers a client for magnetic resonance imaging (MRI) where indicated by audiological assessment results and based on a pre-determined clinical criteria, in order to inform rapid diagnosis, treatment and referral on as required.

Training has been offered and guidelines established to facilitate allied health professionals to request pathology tests, where there is agreement from a supervising medical officer.

Education and training

Findings from the consultation phase of the Taskforce identified education and training as a key enabler to expanding scope of allied health practice. This related to the development of new skills as well as addressing the loss of clinical skills due to historical practice.

In order to provide appropriate education, training and training pathways, AHPOQ has worked in partnership with education providers, accreditation bodies and professional associations.

A wide range of tools and resources has been developed to support the allied health workforce to undertake expanded scope roles. In addition, a range of training has been sourced and supported by AHPOQ, including training for relevant professions in prescribing, requesting pathology, image interpretation and radiographer commenting on plain x-rays. A training pathway for allied health rural generalist positions is also under development. A comprehensive list of training and education tools and resources is available in Appendix 3.

Efforts are continuing to build sustainable partnerships with key stakeholders to ensure training and education options meet the future needs of the professions. To date, this has included discussions at a national level with various allied health professions (physiotherapy, podiatry, sonography and medical physicist professions) regarding accreditation standards and biannual allied health education forums between Queensland Health, universities and TAFE Queensland.

Research

Research funding and continued support for allied health research fellows within each HHS have complemented efforts to implement the Taskforce recommendations and contributed to the body of knowledge on allied health expanded scope of practice. The annual Queensland Health Health Practitioner Research Scheme provides funding grants to research projects that examine service delivery and workforce models, including models that expand health practitioner scope of practice.

Monitoring and evaluation

Progress on implementing the Taskforce recommendations has been monitored and evaluated using a number of methodologies and reporting mechanisms, including quarterly progress reports, key performance indicators (KPI) reports[8], individual project reporting, and an annual evaluation of funded projects.

KPIs were developed based on a project logic developed for the implementation phase of the Taskforce. Achievements against the KPIs were collected through a baseline survey, with two subsequent surveys undertaken after the first and second year of the Taskforce. There are, however, some limitations to the KPI survey reports, particularly in relation to inaccuracies associated with self-reporting, inconsistencies in the understanding of key definitions, and gaps in the data for the second round.

Evaluations were undertaken for the two successive funding rounds for projects implementing allied health expanded scope roles[9]. These evaluations considered the use of a hub and spoke collaborative model on replicating proven models, perceived benefits, challenges and barriers to implementation and sustainability. The methodology for these evaluations included structured questionnaires completed by project contacts, and a series of focus groups or interviews with a representative sample from project sites. Findings were used to formulate recommendations for subsequent funding rounds.

In addition, a research collaboration between AHPOQ and the Queensland University of Technology is underway to evaluate allied health prescribing initiatives. The study will evaluate the impact of emerging (physiotherapy and pharmacy) and established (podiatry) allied health prescribing initiatives on the scope of practice, the multidisciplinary team and health service delivery.

Dissemination

Sharing information has been an important component of the implementation phase. Dissemination has been through a systematic and purposeful strategy using a range of channels both internal and external to Queensland Health.

The *Ministerial Taskforce on health practitioner expanded scope of practice: final report*[10] was published on the AHPOQ website, and copies were distributed to all stakeholders. It was also presented at a number of statewide meetings and forums that included HHS executives, clinical networks, allied health professional associations, national allied health registration boards, the Royal Australasian College of Surgeons and the Australian Medical Association (Queensland Branch).

Numerous events, presentations and publications have showcased effective models of care and other implementation activities, including presentations at various state and national fora[11, 12, 13]. A paper, presenting findings from the Taskforce consultation, has also been published in the Australian Health Review[14].

In addition, progress reports on implementation of the Taskforce recommendations, and project reports and summaries, have been disseminated to stakeholders and posted on the Queensland Health intranet and profiled through the monthly Allied Health eNews. Reports have also been posted on the Queensland Health internet site (www.health.qld.gov.au/ahwac/).

Achievements to date

The Taskforce implementation phase should be seen as the first two years of a much longer journey. The key question needing consideration, when looking at what has been achieved, is:

To what extent have the activities to implement the Taskforce recommendations contributed to increasing the number of allied health professionals working in expanded scope of practice roles, thereby improving service efficiencies and client outcomes?

As yet it is too soon to measure the outcomes and impacts of the Taskforce implementation at a 'whole of health system' level. In this context, the project logic for the Taskforce implementation phase offers a tool to measure progressive change. The project logic describes a series of steps: from addressing the necessary conditions underpinning introduction of expanded scope roles, putting in place mechanisms to develop competency and training, introducing processes to develop expanded scope tasks and roles, through to designing and implementing service delivery models and achieving health system outcomes.

Progress is reported against each of the following steps:

1. identifying and removing barriers
2. building competency and delivering training
3. developing expanded scope of practice tasks and roles
4. impact on service delivery.

To explore each of these concepts, information was drawn from a mix of qualitative and quantitative data from the KPI surveys, evaluation reports, project reports and Taskforce progress reports.

Identification and removal of barriers

Amendments to the *Health (Drugs and Poisons) Regulation 1996* and *Radiation Safety Regulation 2010* have resulted in increased numbers of podiatrists and physiotherapists working to their full scope of practice.

Other legal and policy issues still need to be addressed if allied health professionals are to be able to work in expanded scope roles. Examples include authorisation for other specified allied health professions to administer medications in the appropriate context, and allowing allied health professionals to initiate Workcover claims and request home modifications.

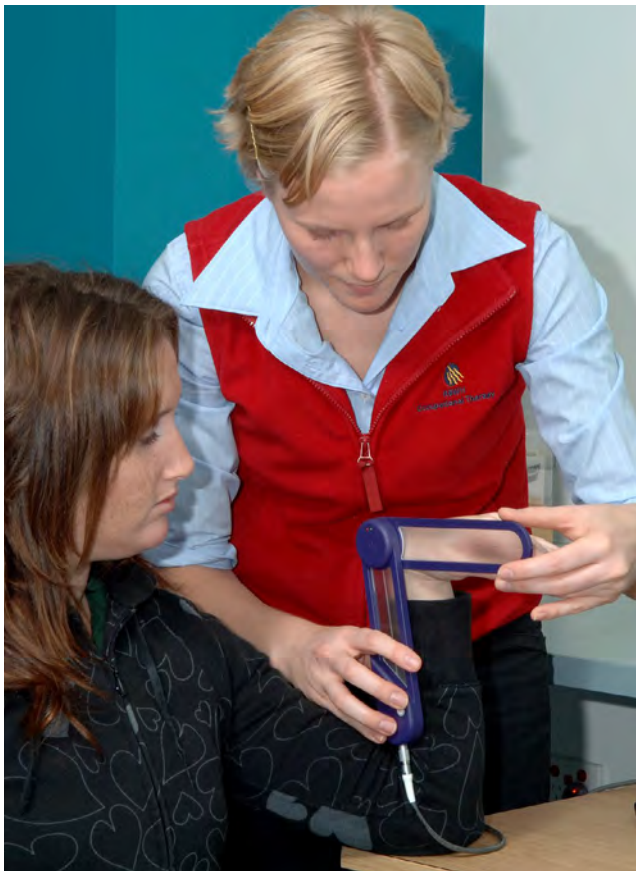
Not all barriers restricting a change in allied health scope of practice are a result of legislative arrangements and some are, to a certain extent, either unwarranted or readily managed. Ongoing and frequently expressed concerns have been raised by medical practitioners and some allied health professionals about the impact of expanded scope of practice on professional indemnity and liability, and implications to activity-based funding and Medicare revenue. Fact sheets have been developed to dispel myths and provide consistent information regarding the real impact of the barriers and how they can be managed.

Results indicate progress towards addressing the necessary conditions that need to be in place in order to implement expanded scope of practice for allied health professionals, although there is still work to be done to address identified barriers. Addressing these barriers takes time, but in itself will not be enough to address what could be called the softer barriers to change; the resistance and concerns that are more linked to professional boundaries and task ownership.

Building competency and delivering training

Significant investment has been made in building allied health workforce capacity by ensuring access to relevant education and training. Many tools, guidelines and frameworks have been developed or sourced and are readily available on the Queensland Health intranet. Over the past two years more than 360 training places have been supported by AHPOQ across a range of areas of practice. In addition, the most recent Taskforce implementation KPI survey results[15] indicate there has been considerable investment in education and training by HHSs to support specific expanded scope tasks.

Evaluations from AHPOQ-supported training have shown that training consistently increases knowledge and confidence. However, there was a relatively low number of instances of reported translation of acquired knowledge into implementing expanded scope roles, even when the training approaches were modified, based on participant feedback[16]. This suggests that even when training is applicable and relevant it is only one piece of the puzzle to creating the necessary change in practice.



Developing expanded scope tasks and roles

Whilst there was a number of limitations to the 2015-16 KPI Survey Report[17], as described above, the results indicate that progress has been achieved towards allied health professionals acquiring skills and working in expanded scope roles. As outlined in Table 1, there are now more allied health professionals, in more HHSs, working in expanded scope roles and undertaking tasks identified in the Final Report[18], compared to the situation at the commencement of the Taskforce consultation.

The number of allied health professionals working in primary contact roles across Queensland Health has reportedly doubled from 68 in 2014 to 114 full time equivalent (FTE) positions in mid 2016. These roles are found across EDs, outpatient and inpatient settings, and largely within larger metropolitan HHSs. There are also more allied health professionals working in roles including tasks that may not have traditionally been considered within scope, such as speech pathologists undertaking fibreoptic endoscopic evaluation of swallowing (FEES) and reporting by sonographers. The results show a modest increase in the number of allied health professionals performing expanded scope of practice activities since the commencement of the Taskforce implementation phase. Although improving, the numbers of FTE positions and professions involved remain small.

More allied health assistant staff members are reportedly working within the public health system; however, this increase is proportionate to the increase in the number of allied health professionals, and therefore may not indicate that more tasks are being delegated to the support workforce.

Skill-sharing across the allied health professions is also becoming more prevalent. The Calderdale Framework has been used to drive changes to skill-sharing across allied health professions, particularly in rural and remote, acute medical, paediatric and community-based settings[19].

What have not changed greatly since the commencement of the Taskforce are the expanded scope tasks that could potentially improve admission, discharge and early referral along a patient's journey. Direct referral to a medical specialist, and criteria-led admission and discharge continue to be non-existent or sporadic at best and are generally concentrated in the metropolitan HHSs.

Table 1, presents progress against identified expanded scope of practice roles and tasks as reported in the final KPI report[20].

Table 1: Progress against identified expanded scope roles and tasks

Expanded scope roles and tasks	Reported progress
Primary contact roles	The number of allied health professionals working in primary contact roles has increased from 68 in 2014 to 114 FTE positions in 2016, representing an increase of 67%. Examples include: • allied health clinical leads in acute medical and inpatient rehabilitation wards • emergency physiotherapy practitioners in emergency departments • audiology/speech pathology-led ENT clinics • dietitian-led gastrostomy clinics.
Prescribing and administering medicines	Two podiatrists are currently prescribing scheduled medicines. The number is expected to increase as more podiatrists complete training in line with endorsement requirements of the Podiatry Board of Australia. A small number of allied health professionals, including physiotherapists, podiatrists and speech pathologists, are administering scheduled medicines. Where required, temporary legislative approvals have been sought under Section 18 of the *Health (Drugs and Poisons) Regulation 1996*.

Table 1: Progress against identified expanded scope roles and tasks

Expanded scope roles and tasks	Reported progress
Requesting diagnostic investigations	More allied health professionals are requesting plain x-rays and pathology tests than prior to the Taskforce. • 83 allied health FTE positions are requesting plain x-rays (mainly physiotherapists and podiatrists) compared with 43 FTE at the commencement of the implementation phase • 30 allied health FTE positions are requesting pathology tests (physiotherapists, podiatrists and dietitians) compared with seven FTE at the commencement of the implementation phase.
Extended scope	Six of 13 HHSs reported allied health professionals undertaking new procedures / tasks previously considered out of scope (for that allied health profession). Examples of extended scope tasks include: • speech pathologists undertaking FEES • speech pathologists suctioning tracheostomies • sonographers reporting (final report) • physiotherapists performing fracture reduction • physiotherapists undertaking intrajoint aspiration • radiographers undertaking peripherally-inserted central catheter (PICC) insertion
Delegating to the support workforce	Eleven of 13 HHSs reported implementing approximately 40 FTE new allied health assistant positions, 30 FTE redesigned allied health assistant positions and 19 FTE new administrative positions. This represents an increase in the number of new support worker positions
Skill-sharing across traditional role boundaries	Five of 13 HHSs reported models of care involving professional skill-sharing across a variety of service settings (e.g. acute medical, community rehabilitation and paediatrics) and access to supporting policies, guidelines and/or clinical task instructions. A large repository of locally-developed clinical task instructions is now accessible by professionals across the state.
Direct referrals to medical specialist	Nine of 13 HHSs reported models where allied health professionals make direct referrals to medical specialists. This represents a slight increase from seven HHSs at commencement of the implementation phase.
Criteria-led admission and discharge	Two facilities within Metro South HHS and one within Metro North HHS reported allied health professionals were involved in criteria-led discharge. No HHSs reported criteria-led admissions.

Impact on service delivery

Considerable progress has been made towards implementing new models and contributing to new evidence that supports allied health professionals working to full scope, extended scope and delegating to the support workforce. Results to date demonstrate that allied health professionals working in expanded scope of practice roles are making a difference to service and client outcomes. If taken to scale and the results shared, these models would be expected to achieve system-wide impact.

Project outcomes

As detailed earlier, projects were funded to test emerging models of care and to replicate proven models using a hub and spoke approach whereby multiple sites worked together as a collaborative. The projects were a mix of models with allied health professionals working in various primary contact roles and extended scope of practice roles. While the long-term impact on health services and sustainability cannot yet be determined, an evaluation at the end of the second funding round reported that most projects had been successful in reducing waiting lists, providing more timely access to care, providing services closer to clients' homes, reducing duplication of services, and improving client satisfaction[21].

The first intake of the rural allied health rural generalist model has also been evaluated. This workforce redesign and service delivery model encapsulates tenets of expanded scope of practice, with each generalist position demonstrating a mix of working to full scope, skill-sharing and delegation. Findings from the evaluation demonstrated improvement in client access to services and better integration of client services between service providers; for example by introducing telehealth services supported by delegated models to remote allied health assistants.

Client access to services has also been improved through the Compression Garment Selection, Fitting and Monitoring Project for malignancy-related lymphoedema. This project has demonstrated that compression garment selection, fitting and monitoring for clients with stable lymphoedema is within the full scope of generalist occupational therapists and physiotherapists who have undergone targeted training and supervision.

Below is a snapshot of the impact allied health professionals, working in expanded scope of practice roles, can have on service delivery. This is by no means a comprehensive list, and not all of these projects were funded by AHPOQ.

Snapshot of the impact of allied health professionals working in expanded scope models:

Logan Hospital has established an integrated ENT model. This model includes audiologists, speech pathologists and physiotherapists using agreed criteria to triage, assess, manage and discharge, where appropriate, clients directly from the ENT Category 2 and 3 waiting lists.

Since commencement nine months ago the number of clients waiting outside the recommended times for Category 2 and 3 have been reduced by 4634. On commencement, 87% of clients on the waiting list were waiting outside the recommended wait times, but this has since decreased to 20% of the total wait list.

Caboolture Hospital has established an allied health paediatric outpatient service initiative liaison service to triage and assess all children referred to the hospital in order to improve patient flow. Allied health professionals, working in primary contact roles, triage referrals with the paediatrician, then assess, provide brief intervention if required and refer appropriate clients on to community services.

In the 12 months since the model was introduced the number of Category 3 clients waiting more than 12 months has reduced from 227 to 15, and the number of general Category 3 clients has been reduced by nearly 50%.

Emergency physiotherapy practitioners (EPP) at the Royal Brisbane and Women's Hospital work in primary contact roles within the ED to provide early assessment, management and discharge for clients presenting with Category 3, 4 and 5 musculoskeletal problems. During 2015-16 financial year a total of 1836 patients were triaged, treated and discharged by the emergency physiotherapy practitioners. This represents approximately 4% of all ED non-admitted patients.

The emergency length of stay for patients seen by the EPP was 148 minutes less than for other Category 3, 4 and 5 non-admitted patients; 96% of these patients were discharged within four hours.

An allied health-led primary contact vestibular screening clinic at the Gold Coast University Hospital, consisting of a physiotherapist and audiologists, uses criteria-based triaging to take eligible patients directly from neurology and ENT waiting lists.

The clinic has demonstrated a 30% reduction in the number of patients on long wait lists over a three-month period. Clinics in other facilities have shown similar results.

The Sunshine Coast HHS has introduced a musculoskeletal pathway of care (MPC) to address long orthopaedic waiting lists and times. An advanced physiotherapist, working in a primary contact role, triages all Category 2 and 3 client referrals on the orthopaedic waiting list into operative and non-operative pathways. Clients on the non-operative pathway are then assessed and referred on for conservative treatment if needed and back to the GP with a management plan.

As of September 2016, 66% of clients have been removed from Category 2 and 3 waiting lists and managed non-operatively, and of these only 13% are returned to the waiting list after being assessed by the physiotherapist. Approximately 5% re-present one year after MPC management.

An audiology-first clinic in West Moreton HHS has positioned the audiologist as a triage category within the ENT pathway. All ear-related ENT referrals, with agreed exclusions, are triaged to the audiology-first contact clinic. The audiologist assesses, then either refers clients back on to the ENT wait list, manages the patient themselves, refers on or discharges.

Since commencement the audiologist has been able to assess and discharge 47% of adult clients triaged directly to audiology and redirect a further 12% to other services.

Research

The annual Queensland Health Health Practitioner Research Scheme has targeted grants to research projects that examine service delivery and workforce models, including models that expand health practitioner scope of practice. Examples of relevant research include:

- testing whether an allied health assistant can deliver an assessment tool with the same reliability and confidence as a dietitian.
- undertaking an extended scope multi-site trial to implement and validate speech pathologists performing tracheal suctioning.
- the impact of a physiotherapy-led gynaecology clinic on client access and outcomes.

The results of research undertaken during the Taskforce implementation phase are still to be realised, given the time-lag between funding, research and publication, and the even longer time-lag between gaining knowledge and its translation into practice[22]. It is anticipated, however, that research about service delivery models and workforce redesign will contribute to the body of evidence on the impact of allied health professionals working in expanded scope of practice roles. In time this will lead to greater understanding and confidence to shift to new models.

Replicability

The hub and spoke collaborative approach, used by many of the projects, was evaluated to determine how effective it was as a model to scale up proven models of care. The approach has been shown to be an effective way to replicate proven models. The collaborative nature of the approach was also found to be powerful in enabling a shared learning process for designing systems and tools, and providing support through the cultural change process.

In most cases, respondents from the spoke sites, where models from the hub sites had been replicated, reported that the model would continue if long-term funding could be secured. Seed funding was highlighted as key to supporting the service changes needed to enable the roll-out or trial of the models. The evaluation highlighted the importance of tailoring the implementation approach between the hub and spoke sites, respecting the local contexts of the spoke sites, including the differing professional contexts, and recognising that each health service is at a different stage of readiness to pick up a new model. Given the slow pace of dissemination and replication in healthcare this is an important finding[23, 24, 25].

It is clear that although many models have demonstrated the effectiveness of allied health working in primary contact roles, these have not been universally implemented across the State.

Examples of collaborative models which have facilitated the uptake of expanded scope of practice models of care

Physiotherapists in primary contact roles in EDs have now been taken to scale in six HHSs across the State, employing 21.2 full time equivalents.

Audiologists and physiotherapists are working in primary contact roles in vestibular screening clinics and ED settings in 14 facilities across Queensland.

Speech pathologists working in primary contact roles are now providing telepractice services for the assessment of adult dysphagia across 13 clinical sites within Queensland Health. This model enables a speech pathologist to direct a swallowing assessment online and at a distant location while an allied health assistant or nurse assists the patient to complete assessment tasks.

Lessons learned

The key lessons that can be learned from the implementation of the Taskforce recommendations relate to introducing innovative change into a traditional public health system and change management more broadly.

1. The Taskforce process itself has been the impetus for a conversation across public health facilities about how allied health professionals, working to full and extended scope, can make a difference. It is the first stage in a longer journey towards workforce reform and requires time to implement and take to scale.
2. Greater emphasis needs to be placed on the possibilities for allied health professionals to work to their full scope and operate as primary contact practitioners within the public health system in Queensland. To that end there needs to be greater clarity about what constitutes full scope of practice for allied health professionals (in particular primary contact roles) to optimise allied health professional practice within the Queensland public health system.
3. Moving forward, the expanded scope agenda must remain consistent with the overarching intent of the Taskforce – to improve health outcomes for Queenslanders, as well as service effectiveness and efficiency.
4. Implementation of expanded scope of practice relies on harnessing identified enablers to success. These include strong allied health leadership to drive and support change, executive and medical sponsorship and support, and access to training and supervision from experienced allied health professionals.
5. Key to successful change management are building relationships, trust and credibility, stakeholder engagement, and alignment with the priorities of the HHS and political environment.
6. A number of barriers need to be addressed for allied health professionals to be able to effectively and consistently work to full scope of practice and to extend scope of practice in appropriate contexts. Some of these are soft barriers that relate to workplace culture and ongoing resistance from medical, nursing and allied health staff. Other barriers include funding (associated with resource allocation decisions and competing priorities), legislation, regulations, and policy and accreditation standards.
7. Change agents need to be prepared for opportunities as they arise, and to make best use of government strategies and funding priorities. Current opportunities include the Integrated Care Innovation Fund, implementation of the Clinical Prioritisation Criteria and the Specialist Outpatient Strategy.
8. While seed funding is seen as an effective enabler to test innovative models that utilise allied health working to expanded scope roles, it should not be seen as essential to introducing new models of care. Leadership in response to the growing evidence for implementing new clinical models is the key.
9. Collaborative approaches incorporating hub and spoke sites are effective for replicating proven models where agreed principles are applied consistently but process flexibility is applied to the local context.
10. Relevant and robust data is critical for demonstrating the effectiveness of expanded scope of practice roles and building evidence for system change.

Next steps

A statewide workshop, convened in April 2016, identified priorities and initiatives to embed expanded scope of practice as part of standard practice where it is relevant and appropriate. The workshop brought together clinical and executive healthcare professionals, unions and consumers.

It also focussed on building consensus on activities to maximise opportunities for expanded scope As a result of this consultation, and informed by new evidence in the literature[26, 27, 28, 29], a number of strategic priorities have been used to inform the *Allied Health Expanded Scope Strategy 2016-2021* that will be executed over the next five years by the Queensland Department of Health, HHSs and their partners. The four strategic priorities moving forward include:

1. optimise allied health scope of practice to improve client access to value-based healthcare practice, and address barriers to implementation
2. develop evidence and promote research
3. develop sustainable workforce capacity and capability
4. maximise opportunities and address persistent barriers.

It is anticipated that this strategy will build on the work of the Taskforce implementation phase to continue to develop a modern, responsive and effective allied health workforce that provides a value-added, effective and efficient contribution to health service delivery.

Contemporary clinical practice models that incorporate allied health professionals working to full scope of practice, supported by robust clinical governance, will enable HHSs to more effectively achieve their key performance indicators. In turn, this will support HHSs to meet the priorities identified in Queensland Health's ten-year vision and strategy *My health, Queensland's future: Advancing health 2026*. The priorities outlined in the *Allied Health Expanded Scope Strategy 2016-2021* will also assist Queensland Health to deliver on the *Specialist Outpatient Strategy: Improving the patient journey by 2020*.

Conclusion

The Taskforce has been a catalyst to progressing workforce redesign and health service reform aimed at enhancing the roles that allied health professionals can play in improving the quality and efficiency of health service delivery.

This progress, which is leading to allied health professionals working in expanded scope of practice roles, can be attributed to activities undertaken to remove barriers, build capacity and trial new models of care. There is still, however, considerable work to be done if these roles are to be seen as valued resources which should be implemented across Queensland Health. More specifically, there needs to be a greater emphasis on supporting and facilitating allied health professionals to work in roles that optimise full scope of practice, including operating as primary contact practitioners.

The impact to date demonstrates 'work in progress' that is leading to a shift in how allied health professionals perceive opportunities for the future. With reported pockets of success across the State, the challenge remains to tackle barriers and embed proven roles, tasks and models of care into usual practice across the Queensland public health system.

Appendices

Appendix 1: Definitions

Definitions for key terms relating to scope of practice for health professionals differ across professions and contexts, which can cause confusion in exploring the issues involved.

The Taskforce provided the following key definitions:

Expanded scope of practice

Expanded scope of practice for allied health professionals in Queensland Health has been described as:

- 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 to the support workforce to enable full and extended scope.

Full scope of practice

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

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.

Delegation

Delegation of tasks occurs when practitioners authorise another healthcare worker to provide treatment or care on their behalf.

Appendix 2: Funded activities

Project	Summary	Contact
Allied health paediatric outpatient service initiative liaison service (AHPOSILS)	The AHPOSILS model provides a shared triage process for children referred to Caboolture Hospital in order to improve patient flow and set in place an ongoing strategy to match patient demand with service capacity. The model was adapted and implemented at the West Moreton Hospital and Health Service Paediatric Health Service to test how readily the model could be generalised to other health services. A toolkit has been developed as a resource to support roll-out of the model.	Dr Hsien-Jin Teoh, Clinical Psychologist Paediatric Allied Health Service, Metro North HHS and West Moreton HHS hsien-jin.teoh@health.qld.gov.au
Allied health-led ENT service	A collaborative, using a hub and spoke approach, was established to replicate an allied health professional ENT service model successfully implemented at Logan Hospital. The model involves a part-time advanced audiologist and speech pathologist assessing and managing patients directly from the ENT waitlist.	Marnie Seabrook, Speech Pathologist – Advanced ENT Logan Hospital, Metro South Health marnie.seabrook@health.qld.gov.au
Expansion of dysphagia telepractice – speech pathology	A collaborative was established to translate a validated telepractice service model for the assessment of adult dysphagia across multiple clinical sites within Queensland Health. This model enables a speech pathologist to direct a swallowing assessment online and from a distant location while an allied health assistant or nurse assists the patient to complete assessment tasks.	Clare Burns, Speech Pathologist Royal Brisbane and Women's Hospital, Metro North Hospital and Health Service clare.burns@health.qld.gov.au
Physiotherapy prescribing	Enabling physiotherapists to prescribe scheduled medicines for the management of pain in patients presenting with musculoskeletal and/or spinal conditions to emergency departments or specialist outpatients screening clinics has been identified as a way to provide more timely access to pain relief, reduce waiting times and improve patient flow. This initiative supported and enabled trained physiotherapists to provide advice, prescribe or administer from an agreed list of scheduled medicines under a research framework, subsequent to local credentialing and following approval under Section 18 of the *Health (Drugs and Poisons) Regulation 1996*.	Mark Cruickshank, Director Physiotherapy Department Royal Brisbane and Women's Hospital, Metro North Hospital and Health Service mark.cruickshank@health.qld.gov.au

Project	Summary	Contact
Physiotherapy-led pelvic health clinics	A physiotherapy-led first contact model of care has been developed to support female patients referred to gynaecological, colorectal and urological specialist outpatient department services. Within this first contact service, physiotherapists provide early conservative management, thereby reducing unnecessary referrals and associated waiting times, and providing specialists with increased time and capacity to see patients that require medical intervention. A model of care was scoped and an implementation package developed to support implementation of this model of care at additional Queensland Health sites.	Wendy Rintala, Director of Physiotherapy Logan Hospital, Metro South Hospital and Health Service wendy.rintala@health.qld.gov.au
Full Scope Dietetic Practice in gestational diabetes mellitus	This initiative was a result of collaboration between Mater Mothers Hospital (lead site) and Cairns and Toowoomba Hospitals (spoke sites) to assess factors that support the local adaptation of a best practice nutrition and dietetic intervention for women with gestational diabetes mellitus (GDM). The overall goal was to develop an off-the-shelf package for GDM service planning and delivery to be available across Queensland.	Ms. Elin Donaldson, A/Senior Clinical Dietitian Mater Mothers Hospital (MMH), Mater Health Services (MHS) Brisbane Elin.Donaldson@mater.org.au
Speech Pathology Administration of Medication for Instrumental Assessment	This initiative completed the necessary local and legislative processes required to enable administration of CoPhenylcaine forte nasal spray (a local anaesthetic) by a credentialed speech pathologist within speech pathology-led nasendoscopy clinics (e.g. fibreoptic endoscopic evaluation of swallowing, videostroboscopy and ENT).	Marnie Seabrook, Senior Speech Pathologist Logan Hospital, Metro South Hospital and Health Service marnie.seabrook@health.qld.gov.au
Primary contact Physiotherapy in the Emergency Department	This collaborative project supported existing emergency physiotherapy practitioners at multiple sites within Queensland Health to optimise their scope of practice (including extending scope of practice within appropriate contexts) and fulfil primary contact physiotherapy roles, using the workplace competency framework as developed by HWA.	Dean Blond, Director of Allied Health Speciality and Procedural Services, Professional Head Physiotherapy. Gold Coast Hospital and Health Service dean.blond@health.qld.gov.au
Publication of clinical task instructions to support implementation of the Calderdale Framework	This project translated locally-developed clinical task instructions (CTIs) using the Calderdale Framework into validated and publishable documents, in order to reduce duplication and produce resources that health services can use to support workforce development and provision of safe, quality services.	Alison Pighills, Associate Professor of HP Research Mackay Base Hospital, Mackay Hospital and Health Service alison.pighills@health.qld.gov.au

Project	Summary	Contact
Allied Health Rural Generalist Model of Care	A transferable allied health rural generalist model of care was developed and implemented in the hinterland of Mackay HHS with representation from occupational therapy, physiotherapy, speech pathology, social work and podiatry, while dietetics is provided from Mackay Base Hospital via telehealth.	Alison Pighills, Associate Professor of HP Research Mackay Base Hospital, Mackay Hospital and Health Service alison.pighills@health.qld.gov.au
Lymphoedema model of care redesign	A telehealth model for lymphoedema was developed using an online education package and supervision from trained lymphoedema therapists to support generalist physiotherapists and occupational therapists to effectively fit and supply compression garments.	Fiona Hall, Allied Health Professional Leader Torres and Cape Hospital and Health Service fiona.hall@health.qld.gov.au
Primary contact occupational therapy hand clinic	This initiative developed standardised clinical pathways, education resources and an evaluation framework to support statewide implementation of an established primary contact occupational therapy model of care for the management of hand and wrist conditions in specialist outpatient clinics. A subsequent collaborative was established to replicate this model using a hub and spoke approach.	Sue Laracy, Director of Occupational Therapy Royal Brisbane and Women's Hospital, Metro North Hospital and Health Service sue.laracy@health.qld.gov.au
Vestibular collaborative	A collaborative was formed to evaluate and expand physiotherapy- and audiology-led models of care for the management of patients with vestibular dysfunction to other health services.	Simon Whitehart, Physiotherapist Royal Brisbane and Women's Hospital, Metro North Hospital and Health Service simon.whitehart@health.qld.gov.au
Torres and Cape HHS telepharmacy	Medication misadventure is a serious issue, with 2-3 % of all hospital admissions being medication-related. A hub and spoke model from Cairns and Hinterland HHS (CHHHS) was used to address a gap in services and provide clinical pharmacy services via telepractice to prescribers and patients within primary health care outpatient settings in the Torres and Cape HHS (Southern Sector)	Fiona Hall, Allied Health Professional Leader Torres and Cape Hospital and Health Service fiona.hall@health.qld.gov.au
Insulin adjustment by accredited dietitians	This initiative implemented and evaluated a model of care for authorised accredited practising dietitians (APDs) to adjust insulin dosage in accordance with the draft Statewide Diabetes Clinical Network Guideline. This model may be particularly relevant to locations where access to endocrinologists, general practitioners or nurse practitioners experienced in insulin adjustment is limited.	Jan Hill, A/Director Nutrition and Dietetics Princess Alexandra Hospital, Metro South Hospital and Health Service jan.hill@health.qld.gov.au

Project	Summary	Contact
Improved hydration management in dysphagic rehabilitation patients	The aim of this initiative was to develop and implement training packages and hydration management processes for rehabilitation patients with dysphagia at Logan Hospital (as the lead site) and Darling Downs HHS, using a collaborative approach.	Anne Coccetti, Director of Speech Pathology and Audiology Logan Hospital, Metro South Hospital and Health Service anne.coccetti@health.qld.gov.au
Dietitian management of gastrostomy devices	A dietitian-led management of gastrostomies model of care is well-established at the Royal Brisbane and Women's Hospital (RBWH). Credentialed dietitians undertake extended scope tasks in the management of gastrostomies as a strategy to increase patient access to gastrostomy management services outside of tertiary hospitals. A collaborative was established to facilitate adoption of this service model to other health services, as a strategy to increase patient access to gastrostomy management services outside of tertiary hospitals.	Claire Blake, Accredited Practicing Dietitian Royal Brisbane and Women's Hospital, Metro North Hospital and Health Service claire.blake@health.qld.gov.au

In addition the following reports are available on the Queensland Health intranet site:

1. **Allied health collaborative funding summaries reports: 2014-15 and 2015-16**

   These reports provide a summary outlining the aims and deliverables of funded projects for 2014-15 and 2015-16.

   Allied health collaborative funding 2014-15 summaries report
   http://qheps.health.qld.gov.au/alliedhealth/docs/strategies/collabreport1415.pdf

   Allied health collaborative funding 2015-16 summaries report
   http://qheps.health.qld.gov.au/alliedhealth/docs/strategies/collabreport1516.pdf

2. **Allied health collaborative and initiatives projects 2015-16: evaluation**

   This evaluation was undertaken following the completion of funded projects in 2015-16. The evaluation reported on the impact of the collaborative approach using a hub and spoke model and associated processes to implementing expanded scope roles.

   http://qheps.health.qld.gov.au/alliedhealth/docs/strategies/collabeval1516.pdf

Appendix 3: Resources

Resource	Document	Website link
Framework	Framework for advanced clinical practice for allied health professionals within Queensland Health	www.health.qld.gov.au/ahwac/docs/AHP-advclinicalprac.pdf
Framework	Framework for allied health professional prescribing trials	www.health.qld.gov.au/ahwac/docs/min-taskforce/prescribing-fwork.pdf
Framework	Allied Health Clinical Governance Framework	www.health.qld.gov.au/ahwac/docs/ClinGovFrame.pdf
Framework	A framework for local implementation and support of skill-sharing and delegation practice for allied health services in the Queensland Public Health System	www.health.qld.gov.au/ahwac/docs/moc/ssdp-framework.pdf
Framework	Framework of allied health rural and remote practice capabilities (the Rural Development Pathway)	http://qheps.health.qld.gov.au/cunningham-centre/docs/allied-health/ah-rdp/hp3-4rdp-v1.0.pdf
FAQ expanded scope	Indemnity and expanded scope of practice - Frequently asked questions	http://qheps.health.qld.gov.au/alliedhealth/docs/clingov/indemnity.pdf
FAQ expanded scope	Barriers to implementation: Activity based funding	http://qheps.health.qld.gov.au/alliedhealth/docs/strategies/fact-abf.pdf
FAQ expanded scope	Barriers to implementation: Medicare revenue	http://qheps.health.qld.gov.au/alliedhealth/docs/strategies/fact-revenue.pdf
Guideline	Guideline for credentialing, defining the scope of clinical practice and professional support for allied health professionals	www.health.qld.gov.au/directives/docs/gdl/qh-hsdgdl-034-1.pdf
Guideline	Allied Health Assistant Governance Guidelines	www.health.qld.gov.au/ahwac/docs/aha/ahagovguide.pdf

Resource	Document	Website link
Guideline	Guideline for allied health professionals requesting pathology tests	www.health.qld.gov.au/ahwac/docs/ahppathologytests.pdf
Guideline	Guideline for Compression Garments for Adults with Malignancy Related Lymphoedema: Eligibility, Supply and Costing	www.health.qld.gov.au/directives/docs/gdl/qh-hsdgdl-030-1.pdf
Guideline	Queensland Health clinical placement capacity and offers of clinical placements for allied health professionals: a guide for HHSs	www.health.qld.gov.au/ahwac/docs/cet/placement-guide.pdf
Model redesign resource: ENT	Ear nose and throat allied health professional service model package	http://qheps.health.qld.gov.au/alliedhealth/docs/strategies/ahp-ent-model.pdf
Model redesign resource: Paediatrics	Improving paediatric patient flow: redevelopment of patient pathways, triage and access to first contact allied health practitioners	http://qheps.health.qld.gov.au/alliedhealth/docs/strategies/paed-patient-flow.pdf
Model redesign resource: Paediatrics	Paediatric allied health outpatient service implementation guidebook	http://qheps.health.qld.gov.au/alliedhealth/docs/strategies/paed-implementation.pdf
Model redesign resource: Urology, Gynaecology and Colorectal Care	Physiotherapy led pelvic health clinics implementation guide	http://qheps.health.qld.gov.au/alliedhealth/docs/strategies/pt-pelvic-clinic.pdf
Model redesign resource:	Primary contact occupational therapy hands toolkit	http://qheps.health.qld.gov.au/alliedhealth/docs/strategies/qplot-ot-hands.pdf
Model redesign resource: Emergency department	Primary contact physiotherapy in the Emergency Department	http://qheps.health.qld.gov.au/alliedhealth/docs/strategies/pt-in-the-ed.pdf

Resource	Document	Website link
Model redesign resource: Vestibular	Primary contact vestibular clinic implementation guide	http://qheps.health.qld.gov.au/alliedhealth/docs/strategies/vestibular-clinic.pdf
Model redesign resource: FEES	Speech pathology advanced scope of practice - administration of CoPhenylcaine Forte nasal spray	http://qheps.health.qld.gov.au/alliedhealth/docs/strategies/sp-medication-admin.pdf
Model redesign resource: Radiography	Radiographer written comment implementation toolkit	www.health.qld.gov.au/ahwac/docs/moc/radiographertoolkit.pdf
Model redesign resource:	Telepharmacy service model	http://qheps.health.qld.gov.au/alliedhealth/html/strategies/alliedhealth/docs/strategies/tele-servicemodel.pdf
Education and training	Free water protocol education	http://qheps.health.qld.gov.au/alliedhealth/html/strategies/alliedhealth/docs/strategies/hym-waterproed.pdf
Education and training	Audiologist (Paediatric Glue-Ear) Training Program	http://qheps.health.qld.gov.au/alliedhealth/docs/audiology/audiologytraining.pdf
Education and training	Allied health requesting pathology	https://ilearn.health.qld.gov.au/
Education and training	Insulin dose adjustment for APDs	https://ilearn.health.qld.gov.au/

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Ministerial Taskforce on health practitioner expanded scope of practice Implementation phase completion report

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