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Allied Health Professions' Office of Queensland

Year in review

2017-18

Allied Health Professions' Office of Queensland - Year in review 2017-18

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Allied Health Professions' Office of Queensland

Year in review 2017-18

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Message from the Chief Allied Health Officer



Julie Hulcombe

Chief Allied Health Officer
Clinical Excellence Division
Queensland Health

I am pleased to present another Year in Review from the Allied Health Professions' Office of Queensland (AHPOQ) detailing the many achievements of 2017-18.

This year has seen continued growth for the Queensland Health allied health workforce with more than 9,200 full-time equivalent (FTE) positions, including professional, technical and assistant staff, bringing a significant diversity of skills and expertise to the organisation.

AHPOQ aims to support health services through the development, implementation and evaluation of strategies to ensure an appropriately skilled allied health workforce to meet the current and future health service needs of Queensland. This year has seen the continued implementation of the Allied Health Expanded Scope Strategy 2016-2021.

Key Strategy activities in 2017-18 have included:

- Support for nine projects across eight Hospital and Health Services (HHSs) to trial new and / or embed proven allied health expanded scope models of care.
- The establishment of research partnerships to investigate expanded scope roles including non-medical prescribing with Queensland University of Technology (QUT), remote audiology with University of Queensland and Cairns and Hinterland HHS and re-presentation data from physiotherapy primary contact clinics with Sunshine Coast HHS.
- Implementation of, and support for, allied health rural generalists including
 - Collaboration between James Cook University (JCU), QUT and AHPOQ to develop and trial a two-level, formal rural generalist education program for seven professions, and
 - Development of accreditation standards and a proposed accreditation system for post-graduate allied health rural generalist education programs.

Other broader achievements delivered by AHPOQ have included:

- The development of four draft National Allied Health Best Practice Data Sets, which have been progressed to the Australian Institute of Health and Welfare for endorsement.
- The expansion of the *Guideline for Compression garments for Adults with Lymphoedema: Eligibility Supply and Costing* improving equity of access for patients with lymphoedema.

These achievements would not have been possible without collaborative

partnerships with allied health professionals in HHSs who we are here to support, and our colleagues at the Cunningham Centre. I thank them for their input and assistance.

There have also been successful partnerships with the other branches of the department of health which have included:

- Collaboration with the Office of the Chief Nurse and Midwifery Office on
 - progressing changes to the Health Drugs and Poisons Regulation 1996 to optimise scope of practice for nurse practitioners, endorsed midwives and a number of allied health professions and
 - the evaluation of the implementation of Radiation Safety Regulation 2010 amendments in Queensland's Hospital and Health Services.
- Working with Statistical Services Branch to analyse data on sub-acute service delivery across Queensland and create a framework to evaluate the impact of changes over time.

I look forward to continuing this work with all of our valued stakeholders in 2018-19.

Allied Health Professions' Office of Queensland: our purpose and function

AHPOQ provides strategic advice and direction on the development of a sustainable, flexible and appropriately governed allied health workforce to the 16 HHSs, the Deputy Director-General, Clinical Excellence Division (CED), the Director-General, Queensland Health and the Minister for Health and Minister for Ambulance Services regarding issues that affect allied health professionals across Queensland, nationally and internationally.

The allied health workforce, including professional, technical and assistant staff, totals more than 9200 FTE positions. Most of these positions (8,290 FTE) are held by allied health professionals.

Allied health professionals are a distinct group of health professionals who apply their expertise to diagnose, treat and rehabilitate people. Together with a range of technical and support staff they deliver direct patient care, rehabilitation treatment, and diagnostic and health improvement interventions to restore and maintain optimal physical, sensory, psychological, cognitive and social functions.

This group play a vital role in the delivery of services and in assisting HHSs to meet key performance indicators such as shorter wait times for specialist outpatient clinics and reducing the length of emergency department stays.

The allied health professions include:

- audiologists
- breast imaging radiographers
- clinical measurement scientists and technicians
- dietitians/nutritionists
- exercise physiologists
- leisure therapists
- music therapists
- neurophysiologists
- nuclear medicine technologists
- occupational therapists
- orthoptists
- orthotists, prosthetists and technicians
- pharmacists and technicians
- physicists (such as radiation oncology medical physicists, nuclear medical physicists, radiology medical physicists and health physicists)
- physiotherapists
- podiatrists
- psychologists (including clinical and neuro-psychologists)
- radiation therapists
- radiographers/medical imaging technologists
- rehabilitation engineers and technicians
- social workers
- sonographers
- speech pathologists

Workforce planning and profiling

Allied Health Workforce Indicators 2013-18

Each year AHPOQ collects data on a range of key performance indicators to gain a snapshot of the Queensland Health allied health workforce and to measure the achievements of the AHPOQ Business Plan. Analysis of this data shows that while our workforce continues to grow, the relative proportion of senior and early career professional roles and assistants remain relatively unchanged. The impacts of this skill mix should be considered in light of the increasing demands which will be placed on the health care sector, including the aging population and workforce and the escalating cost of care. If the potential of strategies such as the Allied Health Expanded Scope Strategy 2016-2021 are to be fully realised and efficient models of care sustained, a shift in workforce composition will be required to better utilise the assistant workforce and enable succession planning through the development of new clinicians.

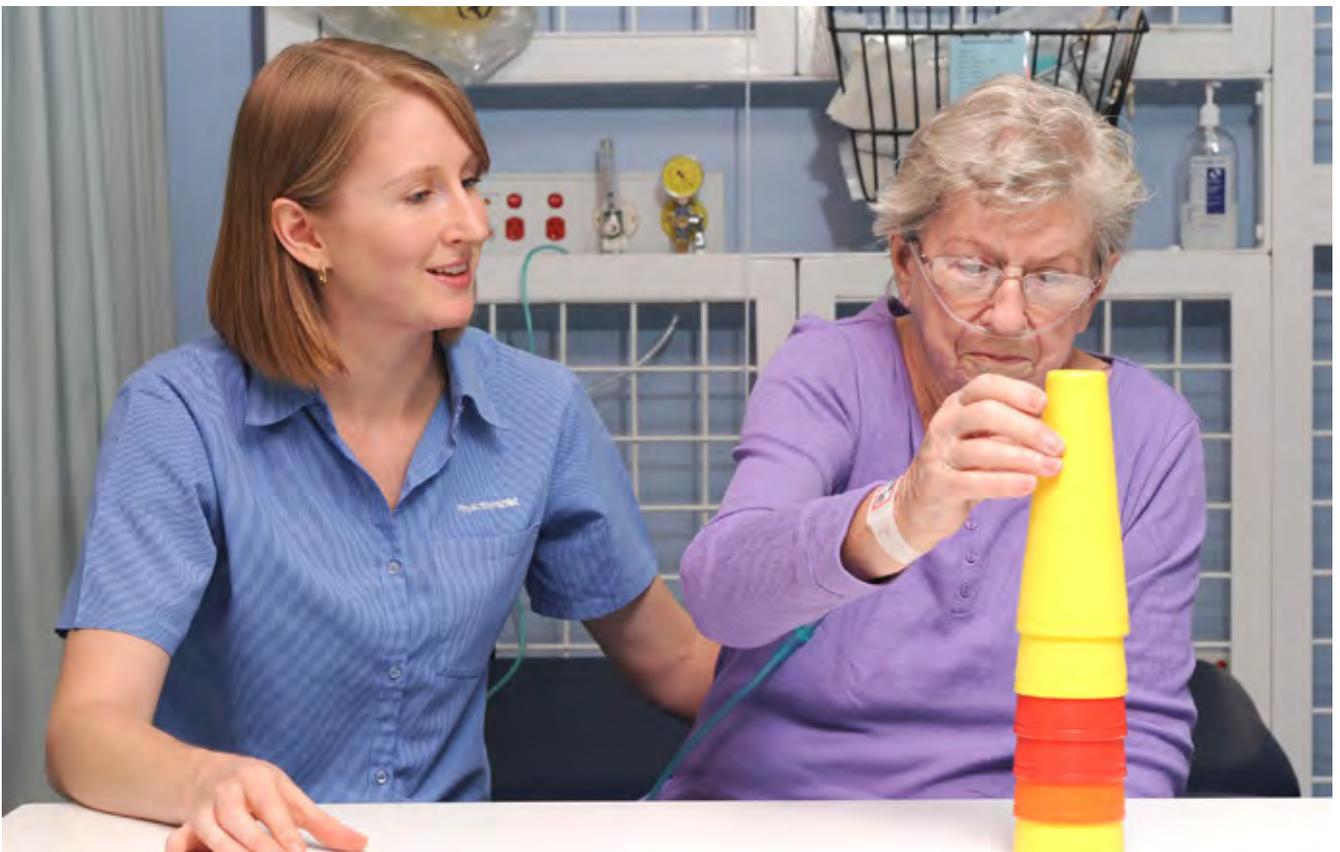


Table 1. Allied Health Workforce Indicators 2013-2018

Issue	Indicator	Year					
		2013	2014	2015	2016	2017	2018
Queensland Health workforce ¹ at 30 June	1. Total allied health workforce ²	6,933.1	7,229.5	7,889.8	8,336.4	8,809.3	9,292.6
	2. Total allied health professional workforce ³	6,105.7	6,418.1	7,037.4	7,455.8	7,851.0	8,290.6
	3. Total allied health professional workforce: HP1 and HP2	34.5	135.0	153.5	163.1	174.2	187.6
	% (of total allied health professional workforce)	1%	2%	2%	2%	2%	2%
	4. Allied health professional workforce: new graduate ⁴	384.4	479.2	510.5	503.4	499.8	475.7
	% (of total allied health professional workforce)	6%	7%	7%	7%	6%	6%
	5. Allied health professional workforce: HP3.2-HP3.8	1,871.1	1,942.0	2,171.3	2,297.4	2,395.5	2553.0
	% (of total allied health professional workforce)	31%	30%	31%	31%	31%	31%
	6. Allied health professional workforce: HP4+	3,815.7	3,861.9	4,202.1	4,491.8	4,781.5	5,074.3
	% (of total allied health professional workforce)	62%	60%	60%	60%	61%	61%
	7. Allied health assistant workforce	827.4	811.4	852.3	880.6	958.3	1002.0
	% (of total allied health workforce)	12%	11%	11%	11%	11%	11%
	8. Temporary allied health professional workforce	1,113.9	1,286.3	1,448.8	1,595.6	1,790.0	1,810.9
	% (of total allied health workforce)	18%	20%	21%	21%	20%	19%
	9. Part-time allied health professional workforce	1,089.5	1,190.3	1,363.0	1,459.5	1,882.2	2021.0
	% (Part-time allied health workforce)	18%	19%	19%	20%	21%	21%

Issue	Indicator	Year					
		2013	2014	2015	2016	2017	2018
Turnover ⁵ 1 July-30 June	10. % of Allied health professional staff who have left Queensland Health	16.2%	11.1%	10.5%	12.3%	14.8%	12.6%
Rural and remote ⁶ Allied Health	10a. Major cities	70.0%	69.6%	70.2%	70.1%	74.0%	74.5%
	10b. Inner regional	14.4%	14.4%	13.9%	13.6%	10.5%	10.2%
	10c. Outer regional	14.2%	14.5%	14.5%	14.8%	13.9%	13.9%
	10d. Remote	1.0%	1.0%	0.9%	1.0%	1.0%	0.8%
	10e. Very remote	0.4%	0.5%	0.5%	0.5%	0.5%	0.6%

¹ Workforce is calculated using minimum obligatory human resource information (MOHRI) occupied full-time equivalents (FTE).

² Allied health workforce includes allied health professionals, technicians and allied health assistants.

³ Allied health professional workforce includes allied health professionals and technicians, but **excludes assistants**.

⁴ New graduate includes HP3.0 and HP3.1 and may include technical staff.

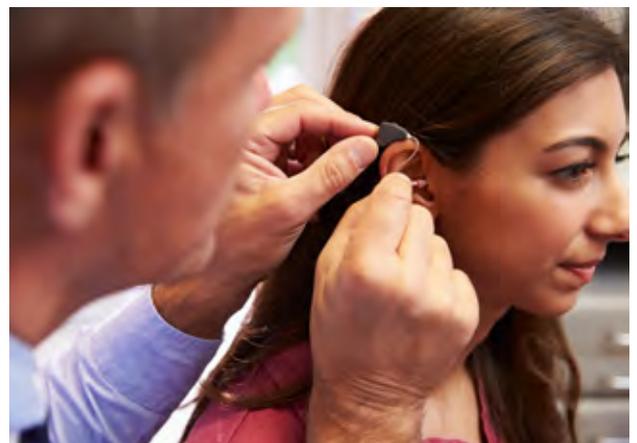
⁵ Turnover is calculated as the percentage of staff that have left the organisation using MOHRI Occupied Headcount.

⁶ Rural and remote is calculated as the percentage of staff working for the organisation using MOHRI Occupied

Workforce dashboard

The Allied Health Workforce Dashboard is an interactive document hosted on AHPOQ's intranet site. It analyses data taken from Decision Support System at a point in time and show a range of different data sets by HHS, position classification and discipline, including:

- workforce resourcing;
- skill-mix;
- flexibility; and
- sustainability.



MOHRI Occupied FTE

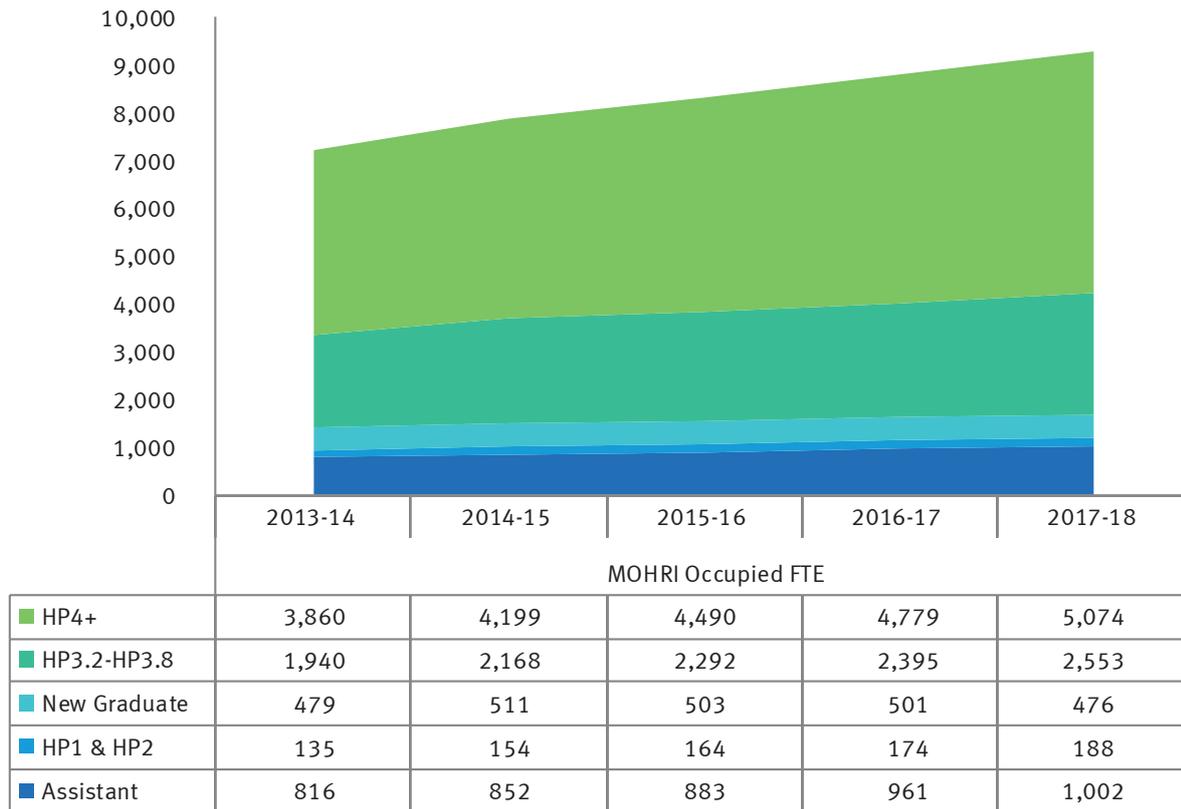


Figure 1. Resourcing and skill mix data demonstrated as the number of FTE per year, by position classification from 2013-14 to 2017-18

MOHRI Occupied Headcount by Age/Gender

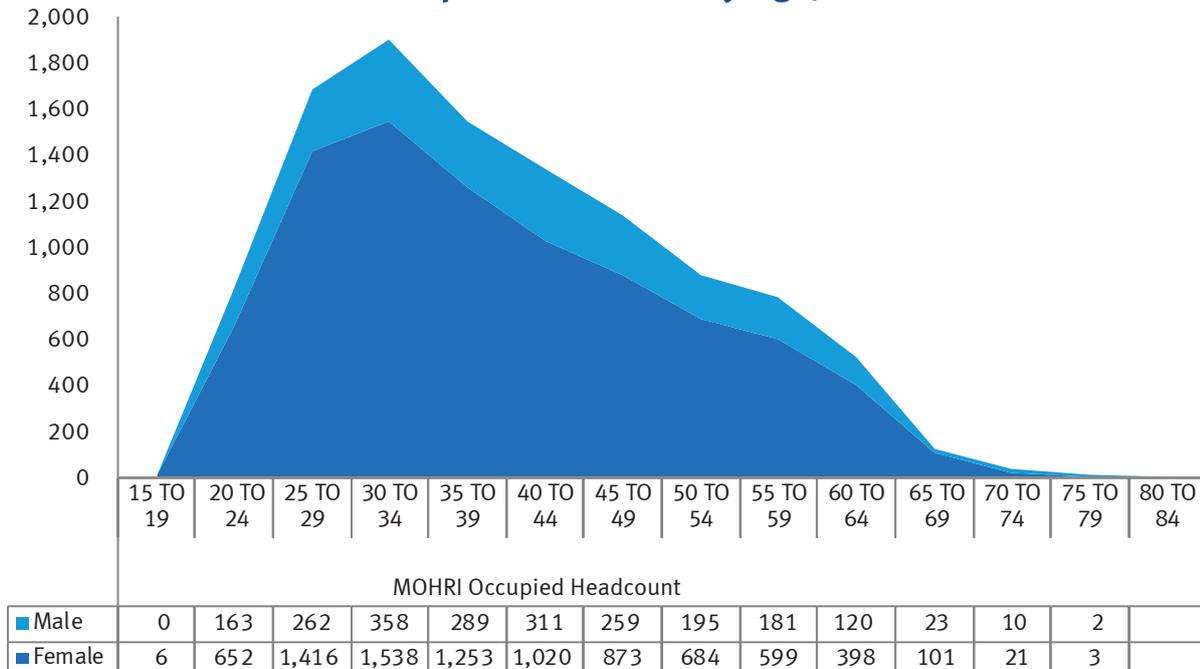


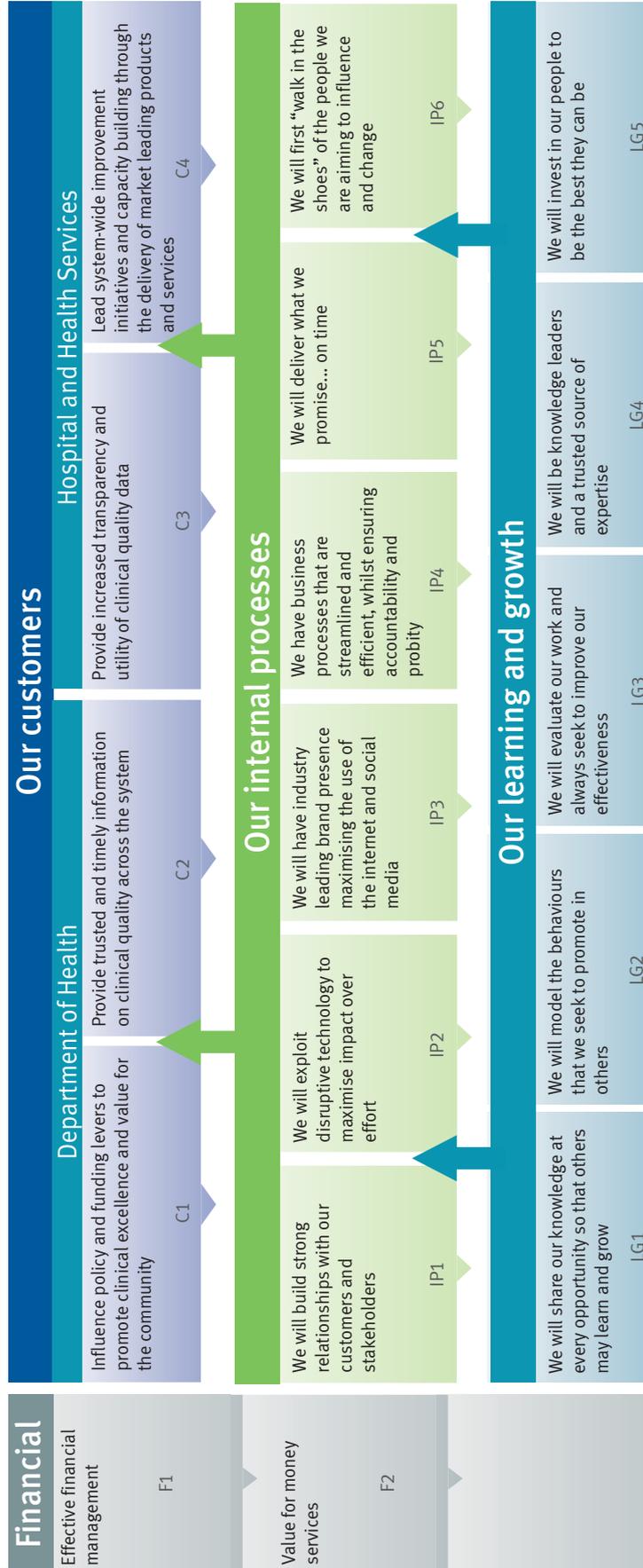
Figure 2. Sustainability data demonstrated as total allied health workforce headcount per age group, by gender for 2017-18

Our 2017-18 strategic priorities, and delivering for our customers

In 2017-18 AHPOQ's work aligned to Clinical Excellence Division's strategic priorities:

Clinical Excellence Division - Strategy Map 2016-2019

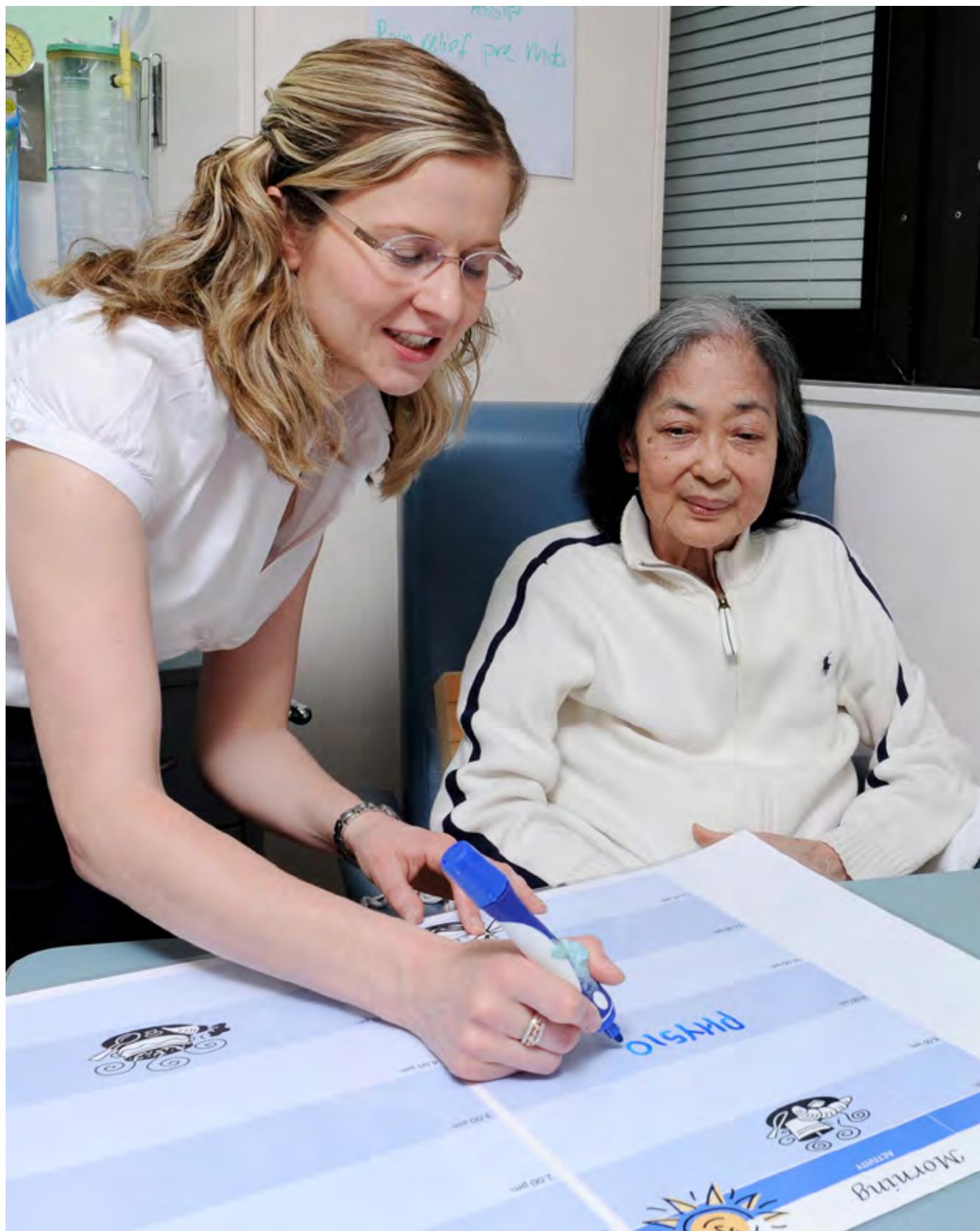
Our vision: Creating solutions for better healthcare
Our mission: We partner with health services, clinicians and consumers to drive measurable improvement in patient care through continual pursuit of excellence.



Our values: Customers first, Ideas into action, Unleash potential, Be courageous, Empower people



The following pages demonstrate a range of deliverables consistent with the Clinical Excellence Division Strategy Map. Where possible, further reading is available on the AHPOQ internet site. However, on occasion, certain documents are available via the Queensland Health intranet (QHEPS). As these intranet pages are only available to Queensland Health staff, copies are also available on request from allied_health_advisory@health.qld.gov.au.



C1: Influence policy and funding levers to promote clinical excellence and value for the community

AHPOQ has continued work to address regulation, legislation, policy and accreditation issues that impact expanded scope of practice for allied health professionals.

Evaluation of the implementation of *Radiation Safety Regulation 2010* amendments in Queensland's Hospital and Health Services

In 2014, amendments to the *Radiation Safety Regulation 2010* (the Regulation) granted physiotherapists the authority to request plain film x-rays, with the previous authority for podiatrists to request x-rays extended beyond the foot and ankle to include the knee, femur and hip.

Further amendments in 2016 granted registered nurses authority to request plain film x-rays without the need for a Diagnostic Radiography Protocol (DRP).

This project, conducted in collaboration with the Office of the Chief Nursing and Midwifery Officer (OCNMO), evaluated the extent of practice change across Queensland Health facilities as a result of these amendments to the Regulation and the existence of any barriers to change.

Project findings have demonstrated a paucity of accurate data to measure the extent of practice change but suggests x-ray requesting by physiotherapists and podiatrists has been well received within HHSs.

Identified barriers to implementation persist for allied health practitioners working in community settings, where referrals to private radiology practices may not attract a Medicare subsidy.

Recommendations include working towards improved data collection systems, enabling improved mechanisms for clinical governance and gaining increased clarity with respect to Medical Benefit Scheme access for patients of publicly employed allied health practitioners.

The full project report is available on the AHPOQ intranet site for Queensland Health staff, or on request by emailing allied_health_advisory@health.qld.gov.au.

C2: Provide trusted and timely information on clinical quality across the system

Research

AHPOQ continues to manage the Health Practitioner Research Capacity Building Program on behalf of the Department of Health, utilising funding provided in the *Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 2) 2016*. Updates on the key components of the program are detailed below:

Health Practitioner Research Scheme

The 2018–19 funding round of the Health Practitioner Research Scheme was open to new researchers, targeting research projects which examined health practitioner service delivery or workforce models that improve patient access to care and health outcomes.

Forty-four applications for funding were submitted by the closing date. Of these, funding for eight new researcher projects was awarded across six HHSs.

In June 2018, the Chief Allied Health Officer launched the 2019 funding round of the Scheme at the Health Practitioner Research Showcase. The continued early launch of the Scheme allows researchers more time to complete their applications for funding and for successful applicants to begin their ethics applications early, resulting in fewer delays to research activity.

Allied Health Research Friends

The Allied health research friends group was established in 2016 to provide a collaborative forum to share information regarding the best strategies to build allied health research capacity within Queensland Health. This group consists of Department of Health research representatives, Health Practitioner Research Fellows and their managers, allied health researchers, Directors of Allied Health, university partners and other parties interested in allied health research.

The group met in May 2018 to discuss the development of a ten-year allied health research strategy. Once finalised, this strategy will underpin the research activities coordinated by the Allied Health Professions' Office of Queensland in conjunction with the appropriate stakeholder groups until 2028.

Rates of re-referral to specialist orthopaedic outpatient clinics at Sunshine Coast HHS

The Musculoskeletal Pathway of Care (MPC) was introduced in 2014 as an alternative pathway of care for patients on the orthopaedic outpatient waiting list at Sunshine Coast HHS. AHPOQ partnered with Sunshine Coast HHS to explore rates of re-referral to specialist orthopaedic outpatient services for patients previously discharged from the MPC without requiring medical consultation.

Findings showed that 96 per cent of patients with non-urgent musculoskeletal (MSK) conditions were effectively managed and did not re-present to access specialist orthopaedic outpatient services within 12 months of discharge from the MPC service.

Evaluation of allied health prescribing initiatives

AHPOQ has partnered with QUT to evaluate the impact of allied health prescribing initiatives (physiotherapy and pharmacy) and established (podiatry) allied health prescribing initiatives on scope of practice, the multidisciplinary team and health service delivery.

Evaluating the impact of allied health expanded scope practices

The Allied health specialist clinics project, led by Metro North HHS, has continued to evaluate allied health primary contact clinics across Queensland Health against standardised core metrics using the Measurement Analysis and Reporting System (MARS) database. Forty-nine clinics across the state have participated in the data collection, including MSK, ear, nose and throat (ENT), women's health and vestibular clinics. Reports have been developed to capture individual clinic, clinic type, HHS and aggregated statewide data. This reporting has enabled analysis of the outcomes of each clinic and assisted in determining the value of primary contact allied health clinics and their impact on specialist outpatient clinics.

Service and efficiency-related Key Performance Indicators (KPIs) from 2015-18

AHPOQ continues to collect a range of indicators to measure allied health activity in non-admitted clinics. Monitoring over time provides an indicator of the extent of allied health non-admitted activity and the number and percentage of services provided closer to home via telehealth. It also provides an indication of any shift in the delivery of allied health services as a proportion of total non-admitted activity. It should be noted that while allied health telehealth activity continues to grow, there is untapped potential to greatly increase this type of activity.

Table 2. Allied Health Service and Efficiency Indicators 2015-18

Issue	Indicator	Year		
		2015-16	2016-17	2017-18
Delivery of Allied Health non-admitted clinics	1. Allied Health led outpatient clinic ¹ (WAU)	33,309.13	36,212.1	42,230.6
	2. Allied Health outpatient clinic ¹ occasions of service (OOS)	810,802	856,584	1,005,232
	3. % of total QH outpatient OOS	10.27%	7.27%	8.11%
	4. Allied Health led outpatient OOS delivered via Telehealth	2,879	5,091	7,578
	5. % of total allied health led outpatient OOS	0.29%	0.57%	0.75%

¹ Allied Health led outpatient clinics reflect the data reported against allied health profession specific Tier 2 clinics.

C3: Provide increased transparency and utility of clinical quality data

Queensland Health Allied Health Data Set Specification

AHPOQ has continued to progress work to finalise the review of the Queensland Health Allied Health Dataset Specification (QHAHDSS). Building on work initiated during 2016-17 there has been further refinement of profession specific code sets.

The QHAHDSS applies to the following 10 professions:

- audiology
- clinical measurements
- dietetics and nutrition
- exercise physiology
- occupational therapy
- physiotherapy
- podiatry
- psychology
- social work
- speech pathology

The QHAHDSS has been developed to standardise information documented by allied health professionals in Queensland and complements the ongoing development of allied health data collection within the integrated electronic medical record (ieMR).

As part of this work an extensive project to map allied health clinical terms to SNOMED CT-AU has been undertaken with the Australian eHealth Research Centre, CSIRO.

Mapping allied health code sets for clinical finding, assessment, intervention and indicator for intervention to SNOMED CT-AU enables sharing and interoperability with the integrated electronic Medical Record (ieMR) which is currently being rolled out across 27 Queensland Health sites by June 2020. This can assist to effectively report clinical outcomes for clinicians and managers.

AHPOQ has worked closely with representatives from the Audiology, Exercise Physiology, Occupational Therapy, Nutrition and Dietetics, Physiotherapy, Podiatry, Psychology, Speech Pathology and Social Work professional networks to refine the codesets.

The process has identified over 1500 allied health terms in SNOMED CT-AU for use in ieMR. A further 200 have also been referred to the Australian Digital Health Agency (AHDA) for their potential addition to the terminology and broader use.

AHPOQ will continue to work with the Health Standards and Capability Team, eHealth Queensland to incorporate these changes into the QHAHDSS.

Allied health service event form

Since the launch of the ieMR, AHPOQ has supported the development of a service event form intended to streamline the collection of both activity and clinical data elements.

It is anticipated that incorporation of the service event form into the ieMR will enable the capture of activity and clinical data in a single application.

The Allied Health SNOMED CT- AU reference set will be used to inform clinical data items used in the form.

Allied Health National Best Practice Data Sets

The work on the QHAHDSS has been closely aligned to work at a national level. Queensland Health has participated in the National Allied Health Data Working Group, leading a project to progress collection and reporting of nationally consistent allied health data.

Four allied health National Best Practice Data Sets have been developed in consultation with all jurisdictions for the admitted patient, non-admitted patient, non-admitted patient emergency department settings and for non-individual patient attributable and non-clinical care activity.

The data sets include a combination of administrative, activity and clinical data designed to:

- build a clearer picture of allied health services
- identify patients and conditions which allied health professionals treat
- determine the effectiveness of allied health interventions
- demonstrate the contribution of allied health services to health outcomes and
- assist with resource allocation.

These data sets have been submitted to the Australian Institute of Health and Welfare for endorsement and inclusion in their metadata on-line registry METeOR.



C4: Lead system-wide improvement initiatives and capacity building through the delivery of market leading products and services

Allied Health expanded scope strategy

The *Allied Health Expanded Scope Strategy 2016-2021* (the Strategy) outlines work that follows on from the implementation of recommendations from the *Ministerial Taskforce on health practitioner expanded scope of practice: final report*, to be implemented in partnership with HHSs.

During 2017-18, a number of activities were undertaken within each of the priority areas of the strategy to:

- test and implement models of care;
- support relevant research;
- identify and develop sustainable education and training pathways and;
- work to address some persistent barriers to expanding the scope of practice for allied health professionals.

The work of the Strategy is underpinned by a comprehensive monitoring and evaluation framework.

Supporting expanded scope models of care

During 2017-18, AHPOQ provided funding to HHSs to test emerging and/or adapt proven expanded scope of practice models of care. Nine allied health projects received funding across 11 HHSs covering metropolitan, regional and rural areas of Queensland:

Mater Health Services, Metro North HHS (TPCH), Mackay HHS and Cairns and Hinterland HHS: *Primary-contact post-orthopaedic surgical review clinics*. Implementation and evaluation of post-orthopaedic surgical review clinics for post-operative total knee replacement, total hip replacement and fractured neck of femur. This project is led by Mater Health Brisbane and TPCH, with roll out to multiple locations across the state.

Royal Brisbane and Women's Hospital, Metro North HHS: *Workforce development pathway for musculoskeletal physiotherapy roles*. Development of a consistent statewide sustainable workforce education, training and supervision pathway for musculoskeletal physiotherapy roles from early career to advanced practice.

South West HHS: *Transdisciplinary child development service*. Development and piloting of a transdisciplinary child development service for regional and rural settings.

Logan Hospital, Metro South HHS: *Expanding scope of practice for allied health assistants in dysphagia screening*. Development and publication of clinical task instructions to support allied health assistants undertaking dysphagia screening.

South West HHS: Rural generalist physiotherapy clinical lead. Identification and development of an appropriate rural generalist emergency department model of care for physiotherapy specific to the rural context.

Gold Coast HHS: Expanded scope allied health neurology outpatient service. Development, implementation and evaluation of an allied health led outpatient neurology model of care.

Central West, Central Queensland, North West and Townsville HHSs: Sub-acute Collaborative - Transition 2 Sub-acute. A novel collaboration between public allied health services and primary healthcare service providers to develop an integrated sub-acute service across agencies and geographical boundaries in central and north-west Queensland.

Cairns and Hinterland HHS: Trialling a Tele-audiology service. Development and evaluation of a co-located, student-assisted tele-audiology service utilising allied health assistants to support ENT and other specialty services.

Royal Brisbane and Women's Hospital, Metro North HHS: Spinal Physiotherapy Screening Clinic (SPSC) Telehealth Clinic. Development, implementation and evaluation of a multidisciplinary telehealth service to enable equitable access to timely and affordable allied health interventions for patients who are unable to access services within their local community.

Outcomes from these projects will be shared via showcases and workshops in 2018-19 with the learnings informing roll out of the models to other HHSs in the future.

Education to support expanded roles

To support the implementation of the expanded scope of practice roles, AHPOQ has supported the development and provision of education and training programs. In 2017-18 AHPOQ supported 78 allied health practitioner training placements in the following programs:

- Image interpretation for physiotherapy;
- Allied health pathology requesting training;
- Pharmacology for allied health professionals and
- Provision of advice on insulin dose.

More information about these activities is available in the *Clinical Education and Training in Allied Health 2017-2018 report*.

Allied health assistants

Review of the Allied Health Assistant Framework

The Allied Health Assistant Framework (the Framework) was launched in 2016 to assist HHSs with the integration of allied health assistant roles into service delivery practices and support delegation of tasks to the allied health assistant workforce.

An evaluation was conducted to determine whether the Framework, and associated resources, supported HHSs to facilitate the implementation and expansion of models of care that optimise the effective use of allied health assistants. It was found that the framework had been helpful to:

- facilitate the development of new and/or redesigned allied health assistant roles
- undertake an overarching service review
- support supervision and/or education and training needs for allied health assistants and allied health professionals
- review existing governance structures.

While feedback provided on the Framework and supporting resources was generally positive, several improvements were identified, primarily around providing more emphasis on supporting allied health professionals to delegate and/or supervise.

In light of the evaluation outcomes, the Framework will be updated in the coming year.

Allied Health Assistant Workshop

AHQOQ hosted a one-day Allied Health Assistant Workshop on 23 March 2018. The workshop provided the opportunity to:

1. present an overview of the current status of the allied health assistant workforce within Queensland Health
2. discuss the evaluation of the Allied Health Assistant Framework
3. showcase a number of innovative models of care that have optimised the use of allied health assistants
4. discuss the persistent barriers and challenges to using allied health assistants to full scope
5. consider the roles that HHSs and the Department of Health play in supporting the statewide replication of proven models of care.

Workshop attendees comprised allied health managers and clinicians including Chairs of professional groups, workforce development officers and allied health assistants from across the state together with representatives from unions, TAFE and other Department of Health units.

A number of actions were identified to progress workforce reform and redesign activities to optimise the use of allied health assistants including: revision of the Allied Health Assistant Framework and companion documents; development of an evaluation framework to support consistent evaluation of allied health assistant models of care by health services; and identification of allied health assistant models for scale and spread.

Compression garments

The *Compression Garment Selection, Fitting and Monitoring Project for Lymphoedema: Phase Two* project was undertaken to improve equity in access to compression garments for the treatment of patients with lymphoedema.

To achieve this end, the objectives of the project were to:

- Embed the previously developed service model which involves compression garment selection, fitting and monitoring provided by generalist occupational therapists, physiotherapists and podiatrists. These clinicians have completed the *Compression garment, selection, fitting and monitoring education package* with professional support from lymphoedema therapists, supported by telehealth (where relevant), implementation resources and governance processes.

- Expand the *Guideline for Compression Garments for Adults with Malignancy Related Lymphoedema: Eligibility, Supply and Costing* to include non-malignancy related lymphoedema and a broader range of eligible prescribers
- Develop a sustainable and efficient method of monitoring and evaluating the impact of guideline.

The project was successfully completed with the implementation of the service model in 12 HHSs, expansion of the Guideline as proposed and the development of a sustainable Compression Garment Data Collection System.

The Guideline and updated resources for Queensland Health staff can be found on the AHPOQ intranet site.

Allied Health Mental Health Strategy

AHPOQ also initiated a number of initiatives designed to support mental health, allied health professionals:

- The statewide Allied Health Mental Health Advisory Group (SwAHMHAG) provides strategic direction and advice on workforce development and service issues that build the capability of the allied health mental health workforce and support the delivery of safe and sustainable allied health services in mental health. The key priorities and activities for SwAHMHAG are detailed in the [Statewide Allied Health Mental Health Advisory Group Strategies \(2017-2019\)](#) located on the AHPOQ internet site.
- An Allied Health Mental Health Scope of Practice Forum held in Brisbane in March 2018 aimed to showcase mental health models of care that optimise the scope of practice for all health professionals in line with the State-wide Allied Health Mental Health Advisory Group Strategies (AHMHAG).
- A statewide videoconference series showcasing mental health led models of care that optimise the scope of practice for all health professionals has been held as a lunchtime session during 2018.

The strategy and presentations from the forum and videoconferencing series can be found by Queensland Health staff on the AHPOQ intranet site, and on request from Allied_Health_Advisory@health.qld.gov.au.

Clinical education and training

Clinical education and training is fundamental in ensuring that the current and future workforce has the capacity and capability to provide effective, safe and high quality healthcare.

AHPOQ works in collaboration with key stakeholders, including the Cunningham Centre, Queensland Centre for Mental Health Learning and allied health clinical education program managers, to coordinate education and training programs across HHSs and allied health professions.

Details of the clinical education and training activities are in the *Clinical Education and Training in Allied Health 2017-2018 report* which can be found on AHPOQ's internet site. The annual highlights are summarised below.

Pre-entry clinical placements

In 2017-18, HHSs and Mater Health Services offered 161,627 allied health clinical placement days to universities.

Eighty-eight per cent of the offered days were used, with 141,450 allied health clinical placement days provided. This is a four and a half per cent increase in the number of placement days provided, compared with the 2016-17 financial year (see Figure 3).

Student Days Offered vs Provided by Financial Year

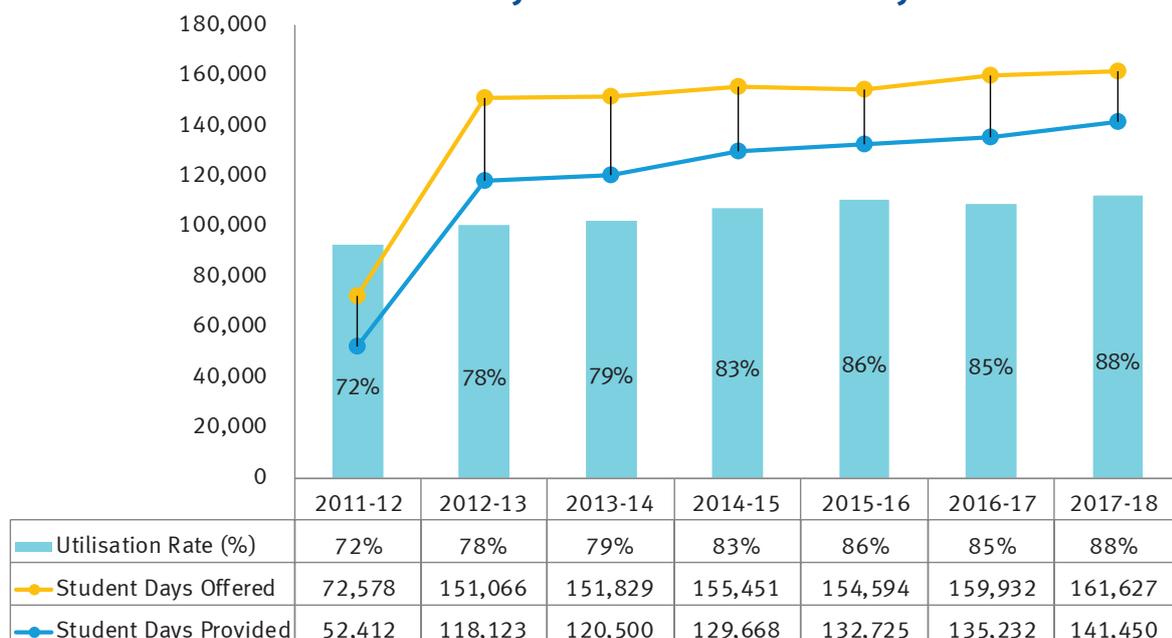


Figure 3. Student placement days offered and provided by HHSs and Mater Health Services from 2011-12 to 2017-18

Clinical education videoconference series

The statewide interprofessional clinical education videoconference series is sponsored by AHPOQ and run by the allied health statewide clinical education program managers.

The monthly lunchbox format videoconference series continues to be popular with clinical educators, supervisors and new graduates, with over 80 participants dialling in to each session from across the state.

Sessions have been presented by Queensland Health clinical education staff, program managers and external guest speakers, including the following topics:

- Dealing with the tough stuff – authentic conversations
- Supporting students towards critical reflection
- Strategies for supporting students from culturally and linguistically diverse backgrounds
- Impacts of student stress and anxiety on student performance and strategies for students and clinical educators

The recorded sessions are available for access by Queensland Health staff via AHPOQ’s intranet site.

Clinical Education Forum

The 2017 Allied Health Clinical Educator Forum held in October at the Royal Brisbane and Women’s Hospital Education Centre, had over 170 attendees from across the state.

The forum program included a guest presentation by Associate Professor Megan Dalton (The Australian Catholic University) on *Feedback and Assessment for Learning*, followed by an afternoon expert panel discussion regarding fostering interprofessional collaborative practice.

Delegates also participated in interactive workshops which covered topics from interprofessional education on discipline specific placements, the use of simulation in interprofessional education, and effective feedback for educators.

Clinical Education Preparation Support

The Clinical Education Preparation and Support (CEPS) Program is a series of ten online modules relating to teaching and learning in the clinical setting. The program was developed to guide allied health professionals through the experience of supervising students during clinical placements.

An extensive review of the CEPS modules took place in 2017. The new CEPS package will be launched in July 2018 and will be free to access via the Queensland Health iLearn platform.

Clinical Learning Framework for Allied Health learners

The Clinical Learning Framework was launched in February 2018 with the purpose of engaging allied health staff and clinical education teams in critical thinking, reflection and inquiry and also to develop new insights regarding clinical learning environments and experiences and opportunities for allied health learnings across Queensland Health.

The Framework draws upon current evidence and best practice principles and provides an accessible user-friendly guide to supporting quality learning within Queensland Health facilities. The Framework can be accessed via the AHPOQ intranet site.

New graduate support

Flying Start Queensland Health is an online learning program hosted by the Cunningham Centre. It is designed to support early career allied health professionals and their supervisors.

The program consists of a range of learning activities, such as communication, teamwork, research for practice and career planning, which are designed to complement professional support practices such as supervision and mentoring.

During 2017-18, the Flying Start program was used by 63 new starters and 32 supervisors. From July 2018, the content will transition to a new format and will be available on the Cunningham Centre intranet site.

Allied health student health and wellbeing

The Allied Health Student Health and Wellbeing Guide for Hospital and Health Services was released in October 2017 and is available via the [Allied Health clinical placements internet site](#).

The guide aims to support the health and wellbeing of allied health students undertaking clinical placements within Queensland Hospital and Health Services and Mater Health Services. It also guides the development of safe and supportive learning environments, strategies and resources, and reflects the shared responsibility of HHS staff, students and education providers in promoting and supporting student health and wellbeing.

Rural and remote training and support

The Cunningham Centre is a registered training organisation based in the Darling Downs HHS. The Allied Health Education and Training team provides a range of education and training products that are

specifically designed to support allied health clinicians, managers and assistants in their work roles, and to increase the capability and confidence of the allied health workforce.

The Cunningham Centre also offers an increasing range of inter-professional training products.

Further information is available on the [Cunningham Centre internet site](#).

Allied Health HP3 to HP4 Rural Development Pathway

The Allied Health HP3 to HP4 Rural Development Pathway is a human resource and workforce development strategy jointly coordinated by the Cunningham Centre and AHPOQ. The pathway provides a recruitment strategy for health services and an intensive development plan for practitioners that is tailored to rural and remote practice requirements.

Two allied health professionals successfully completed the pathway during 2018, with three other employees continuing their training in Rural Development Pathway roles.

A suite of online learning resources aligned to development topics in the pathway are available to Queensland Health staff through the Cunningham Centre. Formal education offered by James Cook University in the Rural Generalist Program was also integrated into development plans for current Rural Development Pathway employees in 2017-18.

Allied Health Professional Enhancement Program

The Allied Health Professional Enhancement Program (AHPEP) provides regional, rural and remote allied health professionals and assistants with access to individually tailored placement opportunities which focus on improving services and health outcomes for their clients.

Placements focus on service improvement themes such as clinical or evidence-based practice, clinical education, skill development, succession planning, and investigation of new service delivery models.

In 2017-18 a total of 82 placements were completed, including 75 individuals, one team and five expert clinician visits. A total of 335 placement days were completed. Sixty-three per cent of participants were from regional areas.

Immediately after their placement, 100 per cent of participants who completed the post-placement survey reported that they intended to make changes / improvements in their workplace or clinical practice.

When surveyed three months after their placement, 93 per cent of participants who completed the survey reported they had implemented changes to their practice or service as a result of their placement.

Introductory X-ray Operator Course

In Queensland, X-ray operators are persons without formal qualifications in diagnostic radiography who are licensed to use diagnostic X-ray equipment in rural or remote health facilities to perform a limited range of plain radiography examinations. X-ray operators are needed when a radiographer is not available to provide medical imaging services.

An introductory course was developed to expand access to practical, high quality X-ray operator training. The pilot course was completed in September 2017, with 12 successful participants across two cohorts. A further cohort of 13 successful participants was completed in April 2018, with a fourth cohort of 31 participants underway as at 30 June 2018.

Attendees with administration, allied health, medical, nursing and operational service backgrounds across ten HHSs participated in this course during 2017-18. Overall evaluation was positive, with 90 percent of participants rating the course as good or very good. Feedback from participants, their radiographic advisors and managers has also been valuable in further improving course content and delivery.

Allied health rural generalist pathway

AHPOQ has continued to work with health sector stakeholders including the Cunningham Centre, HHSs, Services for Australian Rural and Remote Allied Health (SARRAH), and health departments and services in the Northern Territory, Western Australia, South Australia, Tasmania and New South Wales on the development of an Allied Health Rural Generalist Pathway (AHRGP). This is a key strategy to increase the accessibility, effectiveness and sustainability of allied health services for rural and remote communities.

Initiatives undertaken to progress the strategy included:

- Eleven supernumerary allied health rural generalist training positions continued to be implemented across eight HHSs for a two-year term from January 2017, providing opportunities for early career professionals to commence their rural practice journey.
- Eight rural and remote allied health positions were redesigned by HHSs as rural generalist training positions, with AHPOQ contributing funding for education program fees.
- James Cook University, in partnership with QUT, continued to collaborate with AHPOQ to develop and trial a two-level, formal rural generalist education program for seven professions.

Level 1 of the Rural Generalist Program commenced in May 2017. The level 2 program, the Graduate Diploma of Rural Generalist Practice, commenced in February 2018. The three-year trial is being evaluated by the World Health Organisation Collaborating Centre for Nursing and Midwifery Education and Research Capacity Building. AHPOQ formed a partnership with the Australian Healthcare and Hospitals Association to design an accreditation system for education programs delivering training in rural generalist practice for seven allied health professions. The project outcomes include competency standards and recommendations for the structure and processes of an accrediting body.

Implementation of the accreditation system in a subsequent phase is anticipated to support the growth of education offerings for rural and remote allied health professionals and provide a quality indicator for health services that are integrating rural generalist training into employment models.

Communication, engagement and strategic partnerships

AHPOQ has developed a comprehensive model for communication and consultation to support the Queensland Health allied health professional workforce.

Internal advisory groups

Advisory groups coordinated and supported by AHPOQ include:

- Directors of Allied Health Professions Advisory Group
- Allied Health Mental Health Advisory Group
- Digital Information Strategy for Allied Health
- Allied Health Clinical Education Program Managers Network
- Health Practitioners Research Advisory Group

AHPOQ also provides support to statewide professional groups that meet regularly to discuss issues and progress clinical practice. The office produces a monthly newsletter for stakeholders, providing project and other important information updates and sharing of activities happening across the state.

Statewide and national groups

AHPOQ also provides representation and leads a number of state and national groups to influence and provide advice on allied health workforce issues.

At a statewide level this includes:

- Allied Health Education Forum which meets twice a year with representatives from all educational institutions offering training for allied health professionals.
- Allied Health Research Friends which meets twice a year with clinicians and researchers, including researchers from non-Queensland Health organisations.

At a national level the Chief Allied Health Officer of Queensland (or delegate) represents Queensland in the following capacity:

- Member, National Allied Health Advisors and Chiefs (NAHAC) committee
- Member, National Allied Health Assistant Working Group
- Member, National Allied Health Clinical Education Network
- Member, Allied Health Rural Generalist Project Governance Group
- Chair, National Allied Health Data Working Group

Stakeholder partnerships and events

AHPOQ continues to maintain productive, collaborative partnerships with education providers, professional associations, other jurisdictions and all HHSs. These partnerships allow AHPOQ to share resources and approaches, prevent duplication, and provide input into national policies and strategies which impact on the sustainability and future of allied health professionals.



Queensland Health

Healthy eating for Gestational Diabetes Mellitus



Food	Quantity	Notes
Whole grains	48g	Whole grains are a good source of fiber and help to control blood sugar levels.
Lean protein	28g	Lean protein helps to keep you full and is essential for a healthy pregnancy.
Low-fat dairy	240ml	Low-fat dairy products are a good source of calcium and protein.
Vegetables	480g	Vegetables are a good source of fiber, vitamins, and minerals.
Fruit	240g	Fruit is a good source of fiber, vitamins, and minerals.
Healthy fats	28g	Healthy fats are essential for a healthy pregnancy.
Water	8-10 glasses	Water is essential for a healthy pregnancy.

Looking ahead: our 2018-19 strategic priorities

Aligned with *My health, Queensland's future: Advancing health 2026*, the key priority for 2018–19 is to continue implementing the activities and initiatives outlined in the *Allied Health Expanded Scope Strategy 2016-2021*.

This includes:

- supporting implementation projects to embed proven and/or trial new allied health expanded scope models;
- identifying and supporting the further development of referral pathways including self-management, integration with primary and community care and developing and embedding referral criteria for public allied health services;
- continuing to address policy and legislative issues which impact on scope of practice;
- revision of the AHA framework and supporting resources
- implementation of a state-wide workforce survey of Queensland public sector allied health professionals (*PREPARE – Allied Health PROfessional PrActice suRvEy*) to inform workforce development strategies and the revision of the Allied Health Advanced Practice Framework;
- continued implementation of the rural and remote allied health generalist training program;
- developing and evaluating education and training programs to enable expanded scope of practice; and.
- continuing to undertake and support dissemination of best practice and promotion of relevant research to evaluate the impact of changes to practice.

Other priorities include:

- the development and implementation of the Queensland allied health ten year strategy;
- further development and piloting of standardised clinical data collection and reporting systems for implementation in electronic medical records;
- continued analysis of the allied health workforce, including education and training capacity and effort; and
- coordination of the National Allied Health Conference 2019.

AHPOQ looks forward to working with the HHSs, professional associations, consumers, unions and primary care networks to address these activities.

13th National Allied Health Conference

The 13th National Allied Health Conference will be held 5-8 August 2019 at the Brisbane Convention and Exhibition Centre. This conference, held every two years, provides a forum for the allied health workforce to showcase innovations in service delivery and education, share their latest research findings, network with colleagues and celebrate the achievements of allied health both nationally and internationally.

Returning to Queensland for the first time since 2013, AHPOQ is coordinating the establishment of the 2019 conference on behalf of Queensland Health in conjunction with the affiliated conference partners: Allied Health Professions Australia (AHPA), Indigenous Allied Health Australia (IAHA), Services for Australian Rural and Remote Allied Health (SARRAH) and the Australian Council of Deans of Health Sciences (ACDHS).

In 2017-18, AHPOQ convened the Conference Organising Committee which consists of Queensland allied health professionals and representatives from the affiliated conference partners. The Conference Organising Committee has developed a draft pre-conference workshop and scientific program and is currently liaising with appropriate speakers and workshop facilitators for this event.

The theme for the 2019 conference is 'realising our value' – further information is available via <http://www.nahc.com.au/>.



Peer reviewed publications

- Payer, S., Kuipers, P., Bell, K., & **Hall, F.** (2018). Evaluation of a peer group model of supervision for the allied health workforce in Queensland. *Internet Journal of Allied Health Sciences and Practice*, 6(2), Article 5.
- **Passfield, J., Nielsen, I.,** Brebner, N., & Johnstone, C. (2017). Skill sharing and delegation practice in two Queensland regional allied health cancer care services: a comparison of tasks. *Australian Health Review*, <https://doi.org/10.1071/AH16160>.

Conference presentations

- Bettany, K., **McBride, LJ., Hulcombe, J.,** & Nissen, L. (2017). Pilot study to evaluate the perceptions of allied health professionals on the potential impact of allied health prescribing and the facilitators and barriers to implementation of prescribing roles. 12th National Allied Health Conference, Sydney NSW (poster).
- Chang, A., **Gavaghan, B.,** O'Leary, S., **McBride, LJ.,** & Raymer, M. (2017). Do patients discharged from advanced practice physiotherapy-led clinics re-present to specialist medical services? 12th National Allied Health Conference, Sydney NSW (oral presentation).
- Charles, D., & **McBride, LJ.** (2017). Implementation of podiatry prescribing in Queensland public health services: regulatory change was the easy part. 12th National Allied Health Conference, Sydney NSW (oral presentation).
- Elliott, S., & **Nielsen, I.** (2017). Grasping opportunities and realising benefits of Rural Generalist Training Positions: the North West experience. Inaugural Outback Allied Health Conference, Mt Isa QLD (oral presentation).
- **Gavaghan, B., Barrett, C.,** & **McBride, LJ.** (2017). Can hub and spoke collaborations accelerate the implementation of allied health expanded scope models of care? 12th National Allied Health Conference, Sydney NSW (oral presentation).
- **Hulcombe, J.,** Capra, S., & Whitehouse, G. (2017). Return to work practices of Allied Health Professionals after a maternity leave event. 12th National Allied Health Conference, Sydney NSW (oral presentation).
- **Nielsen, I.** (2018). Supporting multi-professional care for rural and remote communities: Allied Health Rural Generalist Pathway. Australian Healthcare and Hospitals Association Blueprint Town Hall, Canberra ACT (oral presentation).
- **Nielsen, I.,** Barker, R., Chamberlain-Salaun, J., Nash, R., Nissen, L., **Hulcombe, J.,** Burge, V., & Davis, S. (2017). Rural generalist training and employment pathways for allied health. 12th National Allied Health Conference, Sydney NSW (oral presentation).
- **Perkins, K., Stephens, C.,** & **Hulcombe, J.** (2017). Nationally consistent allied health data collection - the next steps. 12th National Allied Health Conference, Sydney NSW (oral presentation).
- Thomas, J., & **Hall, F.** (2017). Developing a short-term rehabilitation response to a critical incident in a remote indigenous community Cape York QLD, Australia. 12th National Allied Health Conference, Sydney NSW (oral presentation).
- Winter, N., McMillan, K., Harvey, D., **McBride, LJ., Finch, J.,** da Silva, D., Russell, T., Theodoros, D., Whitehead, A., Fagan, A., & Hickson, L. (2017). Student-assisted tele-audiology: evaluation of a new service model in Cairns and Hinterland Hospital and Health Service. Audiology Australia National Conference, Sydney NSW (oral presentation).
- Winter, N., McMillan, K., Harvey, D., **McBride, LJ., Finch, J.,** da Silva, D., Russell, T., Theodoros, D., Whitehead, A., Fagan, A., & Hickson, L. (2017). Student and clinical educator experiences with tele-audiology service to Cairns and Hinterland Hospital and Health Service. Audiology Australia National Conference, Sydney NSW (poster).

