AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

2 March 2012

Our ref: 120301-JHCH-DL

Julie Hulcombe
Director
Allied Health Workforce Advice and Coordination Unit
GPO Box 48
Brisbane Qld 4001

Dear Julie

**Re: Draft Discussion Paper: Framework for Advanced Clinical Practice for Allied Health Professionals within Queensland Health**

The Australian Physiotherapy Association (APA) thanks the Queensland Government for the opportunity to comment on the Draft Discussion Paper: Framework for Advanced Clinical Practice for Allied Health Professionals within Queensland.

Physiotherapy practice has expanded considerably over the last few years, and this has had a major impact on improving and expediting patient access to health services with proven better health and financial outcomes for the community. The APA is committed to supporting innovative extension of the scope of physiotherapy practice to continue achieving those goals, and hence has been keen to assist in the development of the Queensland Health framework.

The APA's responses to the questions raised by the draft discussion paper can be found in Attachment 1.

Our response highlights a number of concerns that we have with the draft framework described in this discussion paper. Anticipating that this framework would see further draft iterations through the consultation process, we would appreciate the opportunity to be involved in any further consultation before finalisation of the framework.

Please feel free to contact Darren Li, Senior Policy Officer at darren.li@physiotherapy.asn.au or phone (03) 9092 0840 for any enquiries or clarification of the points made our submission. Once again thank you for the opportunity to comment and we look forward to any further correspondence from you.

Yours faithfully,

Cherie Hearn
Branch President

Victoria / National Office
Level 1, 1175 Toorak Road, Camberwell, VIC 3124 Australia

Postal Address
PO Box 437, Hawthorn BC, VIC 3122 Australia

p: (+61 3) 9092 0888
f: (+61 3) 9092 0899

e: info@physiotherapy.asn.au
www.physiotherapy.asn.au

ABN 89 004 265 150

**ATTACHMENT 1**

**1. Does the paper clearly describe what constitutes advanced allied health practice in the QH context?**

The use of the term 'specialist' in the draft framework's *level of complexity of practice / breadth of practice* continuum as conceptualised in Figure 1 is incompatible with the Australian Health Practitioner Regulation Agency (AHPRA) and the APA's definition of the term 'specialist' and thus does not help create a clear description of advanced allied health practice.

While the APA acknowledges that the use of the 'specialist' and 'generalist' in this framework refers to roles and not titles, we must highlight the complications that will arise due to the way the term 'specialist' is understood by AHPRA and the APA.

Under the Health Practitioner Regulation National Law Act (2009) the term 'specialist' is a registrable title under AHPRA – granted if a practitioner 'meet[s] the eligibility and qualifications requirements set out in sections 57 and 58 of the National Law, as well as any registration standards issued by [the respective] National Board.'[1] Registered practitioners who do not hold specialist registration under the National Law must not present themselves to the public in any way as holding specialist registration, and risk incurring a $30,000 fine if they do so.

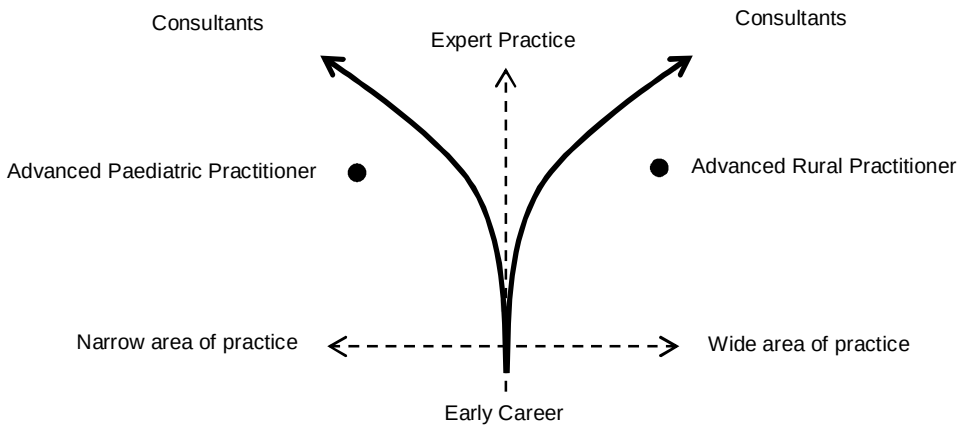
Specialist registration for the physiotherapy profession is currently in the process of being recognised. The Physiotherapy Board of Australia meanwhile considers physiotherapists who have attained specialist qualifications awarded by the Australian College of Physiotherapists as specialist physiotherapists. Similarly, the APA's Code of Conduct states that only 'Fellows of the Australian College of Physiotherapists are entitled to use the term 'Specialist 'or any of its derivatives.

This definition of the specialist title is also congruent to the definition employed by the medical colleges.

The APA recommends that the use of the term 'specialist' is avoided in the framework.

The APA believes that the entire continuum of expertise from entry level practice to expert level 'consultants' should be described. The APA also contends that it is vital that discussion on the role of consultants is also included in the paper, as it is critical for a framework to delineate the difference between an advanced practitioner role and a consultant role, and to be able to describe definitively the corresponding level of expertise that is required of a consultant.

Assuming consultants to be at the pinnacle of their practice, Figure 1 would hence be better presented as:




Specialist health practitioners would have had advanced training and expertise in their respective areas of specialisation. Specialist physiotherapists, in addition to their existing advanced experience,

[1] Specialist registration, available from the AHPRA website at http://www.ahpra.gov.au/Registration/Registration-Process/Specialist-Registration.aspx; retrieved 27 February 2012

knowledge and skills base, must have had at least two additional years of clinical practice in their specialisation sub-discipline, followed by a period of formal training facilitated by the Australian College of Physiotherapists and rigorous examinations. The APA contends that by providing clarity through recognition and use of the 'specialist' title consistent to the National Law, Queensland Health may also be assisted in the identification of candidates with the appropriate qualifications, skills and experience attributes for advanced practice and to fill consultant roles.

The framework also does not clearly describe how the skills and experience levels of advanced practitioners within Queensland Health will map against the existing industry awards. The APA firmly believes that it is necessary to clarify this relationship, particularly in reference to how, and at what level of practice, advanced practice positions and consequently consultant positions will fit into this framework.

There is also a need for the framework to provide more clarity over the nature of profession specific advanced roles as well as service/cohort specific advanced roles which may be trans-professional.

**2. Do the principles, described in section 6.1 (page 10), underpin the development of an advanced practice role for allied health professionals in QH?**

As the discussion paper states earlier, it refers 'specifically to advanced *clinical* practice for AHPs'. The APA therefore believes that under point 4, aside from recognising that advanced roles should demand a level of performance in clinical, research, education and leadership domains, there should be an emphasis on the application of research, education and leadership abilities to clinical practice.

**3. Does the paper adequately describe advanced, extended and trans-professional practice?**

The final point on extended scope 'may require clinical experience' is inappropriate – it is difficult to imagine a circumstance in which clinical experience would not be required to undertake an extended scope activity. The descriptor may instead require 'relevant clinical experience' (assuming clinical experience unrelated to the extended scope activity is already a prerequisite).

The APA's position on scope of practice (see Attachment 2) provides a clearer definition of tasks considered as 'extended scope' in the draft framework:

> *Advanced Scope of Practice* - A role that is within the currently recognised scope of practice for that profession, but that through custom and practice has been performed by other professions. The advanced role may require additional training as well as significant professional experience and competency development.
>
> *Extended Scope of Practice* – A role that is outside the currently recognised scope of practice and one that requires some method of credentialing following additional training, competency development and significant professional experience, as well as legislative change.

The APA contends that clearer definitions such as the above will provide further clarity to roles.

The APA's position does not define the term 'advanced practice', but it considers the definition used by Queensland Health in the draft framework document to be appropriate.

However, the APA argues that it is necessary to clarify that extended scope of practice tasks (defined simply as 'extended scope' in the discussion paper) would build on advanced practice roles, and that such roles would require the skills and attributes of an experienced practitioner. It is important to also clearly state the requirement that practitioners undertaking advanced practice roles must also be registered health professionals.

The APA supports the description of trans-professional practice.

**4. Do the knowledge, attitudes and skills in the four domains outlined in section 4 (page 7) describe advanced practice for an allied health professional?**

**List any additional skills and attitudes that should also be included.**

With reference to the APA's recommendation that the role of consultants is defined in this framework – the APA believes that this definition is vital and the framework must address how the required attributes in the four domains will relate to consultants. It is only when all levels of practice are included that the descriptors of the domains of advanced practice can be appropriately assessed.

For example the APA contends that some of the attributes currently listed require level of skills above that required of a practitioner working in an advanced practice role. For example, under the *Applied Research* domain, 'disseminates research through conferences and published work' could be taken to mean that a practitioner would have to conduct and publish original research – an attribute the APA believes is not required for some advanced practice roles which are predominantly clinically focussed. Such an attribute may be more appropriately required of a practitioner in a consultant role or a designated research position.

As also mentioned above, there should be a greater emphasis on clinical practice in the framework. While the APA acknowledges that this may not be the intention of the discussion paper, Table 1 can be interpreted that the four domains should be assessed at the same level.

The APA does not have any recommendations on additional skills and attitudes that should also be included.

**5. An education and training model is required to support the development of advanced AHP roles. Does the framework provide enough information to inform the education and training requirements?**

The APA believes that the second point proposed in the interim measures: 'mapping a portfolio of evidence to demonstrate masters level thinking and submit to a higher education institution for recognition of prior learning' may be problematic to achieve in practice, and would require collaborative agreements with a higher education institution.

Similarly, the last point 'undertaking a masters level continuous professional development (CPD) unit/s' is also problematic without defining how 'masters level' CPD would be defined and by whom.

The 'standardisation' of education, as described in the draft framework, across profession-specific and trans-professional advanced roles is also unclear – the APA believes it would be necessary to clarify exactly how education across vastly different professions will be standardised.

The APA believes that as an interim measure, an AQF Level 9 qualification is an appropriate minimum standard for someone to begin working in advanced practice roles.

The framework should also take into consideration existing training programs facilitated outside universities, such as the abovementioned training program run by the Australian College of Physiotherapists.

**6. Any other comments?**

In addition to the principles in section 6.1, when considering the service delivery model, the APA believes that once a need and an opportunity for the creation of an advanced role is identified, the nature of the role should be carefully considered to identify the knowledge and skills required to undertake the role. These should be mapped against the existing knowledge base and skills set of registered health professions to identify whether the new role should be profession specific or would be appropriate for development as a trans-professional role. It is vital that tasks are built upon existing roles and functions of the appropriate profession.

*Approved: October 2009*

*Due for review: 2014*

# Scope of Practice

## Background

Australia's health system is in need of reform in order to meet a range of long-term challenges, including timely access to services, the growing burden of chronic disease, the ageing population and the costs of emerging new health technologies.

A review of the workforce is critical to the success of any health reform agenda. Any changes to our workforce scope of practice should be focussed on maximising the use of existing human resources, streamlining efficiencies to reduce costs while maintaining quality, and improving access to health care for all Australians.

The 1995 Report of the Pew Health Professions Commission, Taskforce on Healthcare Workforce Regulation (Pew Commission Report) defined scope of practice as:

> Definition of the rules, the regulations, and the boundaries within which a fully qualified practitioner with substantial and appropriate training, knowledge, and experience may practice in. . . a specifically defined field. Such practice is also governed by requirements for continuing education and professional accountability.

The terms 'extended scope practice' and 'advanced scope practice' are often used interchangeably which leads to some confusion when discussing these issues. Unfortunately there are no agreed definitions within health professions in Australia regarding how these terms are defined. The Australian Physiotherapy Association (APA) supports the following definitions:

> *Advanced Scope of Practice* - A role that is within the currently recognised scope of practice for that profession, but that through custom and practice has been performed by other professions. The advanced role may require additional training as well as significant professional experience and competency development.
>
> *Extended Scope of Practice* – A role that is outside the currently recognised scope of practice and one that requires some method of credentialing following additional training, competency development and significant professional experience, as well as legislative change.

Scope of practice is often limited to that which the law permits for specific education and experience, and specific demonstrated competency, but is also often restricted by local custom and practice. The Productivity Commission report 'Australia's Health Workforce'[1] promoted extending the scope for health professionals as a way to maximise the skills of the health workforce.

Since the publication of that report, the domain of physiotherapy practice has expanded considerably to meet the needs of the Australian health system and its consumers.[2] [3] The result has been a major impact on improving and expediting patient access to health services with proven better health and financial outcomes for the community.[4]

There are many other professions looking to expand their current scope of practice. In recent years nursing, optometry and podiatry have successfully expanded into new areas - such as limited prescribing and direct referral to medical specialists. The experience of these professions in delivering these changes provides useful information that physiotherapy can draw upon when undertaking strategic advocacy.

Scope of practice is dynamic. Some roles which are currently considered advanced or extended now may not be in the future. As a consequence, it is inappropriate to publish a list of tasks / activities that are considered either within or outside of physiotherapist's scope of practice. A 'rigid and narrow definition of scope of practice will restrict opportunity and innovation for individuals, the profession and the health system by placing fixed limits on the boundaries of practice which are not sensitive to changes in the health and social care environment.'[5]

## Barriers to advanced and extended scope practice

In order for physiotherapists to undertake advanced and extended roles, the following barriers will need to be addressed.

*Legislative*

Many of the new roles proposed as an expansion of current practice are regulated by various, mostly state based, Acts of Parliament. These include the various Physiotherapists' Registration Acts, Poisons Acts and Radiation Safety Acts. Others relate to funding under the Pharmaceutical Benefits Scheme (PBS) and the Medicare Benefits Schedule (MBS).

*Funding*

Referral to medical specialists is ethically and legally within scope of practice for physiotherapists in Australia. It is prevented by the fact that if a physiotherapist refers a patient to a medical specialist, any consultation or procedure which results is not covered by the MBS schedule. Physiotherapists are able to refer to Radiologists for certain plain film x-rays however investigations such as CT and diagnostic ultrasound are restricted by Medicare Australia. It is possible for a physiotherapist to request such investigations, however this is not covered by the MBS schedule.

*Cultural*

There are significant cultural barriers within health services that may serve to discourage physiotherapists from undertaking roles traditionally managed by other practitioners. These vary markedly not only between states and territories but also between health services in individual jurisdictions as well as between practices in metropolitan and rural areas.

## Regulation

Physiotherapy in Australia is a profession regulated in each state and territory. From July 2010, it is planned that the physiotherapy profession will be regulated through a new national scheme. The legislation for that scheme does not provide a definition of physiotherapy scope of practice. It does however restrict the use of the title physiotherapist and physical therapist. This is different to many other countries where the scope of physiotherapy is defined by legislation.[6]

As physiotherapy is not defined by legislation in Australia it is therefore the responsibility of the profession to define the practice. The Australian Physiotherapy Association supports the following definition of physiotherapy contained within the *Australian Standards for Physiotherapy* (2006):

> Physiotherapy involves a holistic approach to the prevention, diagnosis, and therapeutic management of disorders of movement or optimisation of function to enhance the health and welfare of the community from an individual or population perspective. The practice of physiotherapy encompasses a diversity of clinical specialties to meet the unique needs of different client groups.[7]

Healthcare education and practice has developed in such a way that most professions today share some skills or procedures with other professions. It is no longer reasonable to expect each profession to have a completely unique scope of practice, exclusive of all others.[8] The *Health*

*Practitioner Regulation National Law (2009)*[9] provides a framework for extending the scope of practice for all registered health professionals.

There is significant discussion within the health workforce literature regarding scope of practice. Increasingly, health profession regulatory structures and mechanisms, although well-intentioned, are becoming out of sync with health care delivery processes.[10 11]

"As the pace of change in health care delivery accelerates in response to the new emphases on competition, health care outcomes, efficiency, and patient-focused care systems, the incongruence between the regulatory framework and the needs of the health care industry will be exacerbated".[12]

When defining physiotherapy scope of practice, the goal of public protection can be realized when legislative and/or regulatory bodies include the following critical factors in their decision-making process:

- Historical basis for the profession, especially the evolution of the profession advocating a scope of practice change,
- Relationship of education and training of practitioners to scope of practice. [13]
- Evidence related to how the new or revised scope of practice benefits the public, and
- The capacity of the regulatory agency involved to effectively manage modifications to scope of practice changes.[14]

It is important that the regulation of physiotherapy in Australia continues to ensure that its primary objective of protecting the public is achieved without unnecessarily restraining the natural evolution of the profession.

## The APA position

The Australian Physiotherapy Association supports a system of practice regulation that is standardised, flexible, accountable and effective. The framework for assessing Scope of Practice must be consumer centric, competency based and recognise that differently educated health professionals can deliver the same services.

The position of the APA is that:

- The scope of physiotherapy in Australia may include both existing and emerging practices. The APA believes it is inappropriate to list the activities which are considered either within or outside the current scope of practice.
- Physiotherapists may practice any activity that falls within the broad scope of physiotherapy providing that they are appropriately educated, trained, credentialed and competent to practice.
- Physiotherapists working in new and innovative roles must at all times be able to demonstrate how their activities align with the professional practice of physiotherapy.
- Regulation of physiotherapy must be based on demonstrated initial and continuing competence. This process must allow and expect different professions to share overlapping scopes of practice.
- Education providers should be encouraged to develop courses for physiotherapists that equip them with the appropriate skills and competencies to expand their scope of practice.
- The government should implement more flexible funding models for health care service delivery.
- Innovation and close collaboration among health care professionals is the key to providing efficacious and evidence-based care. There currently exist many barriers to innovative practice including legislation and regulation as well as custom and culture. These barriers serve to

prevent health professionals from maximising their contribution to the health and wellbeing of all Australians.

- The government at all levels must establish processes which identify and seek to remove barriers to innovative practice within the health system
- Regulatory bodies and professional associations should explore pathways to allow all professionals to provide services to the full extent of their current knowledge, training, experience and skills.

## References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