Tools to assist in the implementation of Extended Scope Practice Allied Health Roles Starter Pack
FOREWORD

BY MS KAREN MURPHY –
ALLIED HEALTH ADVISOR ACT HEALTH DIRECTORATE

Since 2005 the ACT Health Directorate has had a keen interested in extended scope practice for Allied Health to explore new and novel models of care. This work has been undertaken in collaboration with the International Centre for Allied Health Evidence at the University of South Australia. This partnership has ensured that this work has academic rigour, whilst at all times focussing on health care delivery and patient-centred care.

This tool pack includes documents to assist other healthcare providers/institutions introduce extended scope practice roles, highlighting the requirements as well as the potential pitfalls. The aim of this pack is to ensure that efficient workforce redesign principles are employed at other sites and that these principles are underpinned in evidence-based practice and research.

The work included in this pack has been developed under the guidance of a committed and hardworking team whose ethos is innovative and patient-focussed care. The team includes Doctors, Allied Health, Educators, Academics, Nurses, Managers and Executives, this work would not have been possible without them.

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MODULE 1

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PUBLICATION: SKILLS ESCALATOR IN ALLIED HEALTH: A TIME FOR REFLECTION AND REFOCUS 42
Role redesign

Skills escalator

Aims of this module

• To present the spectrum of role redesign in allied health
• To develop an understanding of the different steps of role redesign
• To consider the flow-on effects of role design
Skills escalator

Issues of definitions, local scope of practice and historical practice may blur the edges of the escalator steps, within your local context

Australian context (allied health)

- Graduates have core competencies
- Continuing professional development is expected, but rarely monitored
- National professional registration is currently variable
  - Not all AH professions are registered, some are regulated by legislation, some are self-regulated
  - This will change over the next 2-5 years with national registration being ‘rolled out’
- Clinical postgraduate qualifications may, or may not, lead to increased remuneration
- Additional training may, or may not, result in higher skills
- Years of experience does not necessarily result in higher skills
**Discipline-specific practice innovations**

- Occurring variably within allied health disciplines
  - Variably driven by
    - Professional associations
    - Individuals with special interests
    - Public pressure
    - Local workforce constraints or opportunities
    - Perceived client need

**Example: Physiotherapy**

- Australian Physiotherapy Association professional development
  - Physiotherapists working within competency
    - APC Competency Standards
  - APA accredited courses
  - Titling and specialisation pathway
Advanced practice

A role that is within currently recognised scope of practice for that profession, but that through custom and practice has been performed by other professions. The advanced role would require additional training, competency development as well as significant clinical experience and formal peer recognition. This role describes the depth of practice.

NAHAC April 2010

Extended scope of practice

A role that is outside the currently recognised scope of practice and requires legislative change. Extended scope of practice requires some method of credentialing following additional training, competency development and significant clinical experience. Examples include prescribing, injecting and surgery. This role describes the breadth of practice.

NAHAC April 2010
Current state of play in Australia: extension of scope

- Extension of Scope of Practice (ESP) in physiotherapy has attracted the most focus in the research and grey literature, personal communications and in (often) unreported institution-based pilot studies
- Radiation therapy, Podiatry and Pharmacy have also progressed in this area (grey literature, personal communications and anecdotal evidence)
- Other AH professions such as OT, Speech Pathology, Dietetics are in preliminary stages of investigating ESP opportunities

Blurring of professional boundaries

- ESPs may take on roles traditionally undertaken by other health and medical professionals
- ESPs may be viewed as the Australian equivalent as US physicians assistants
- Recognise the sensitivities of role blurring
Impact of evolving roles: Allied health assistants

- Allied health assistant roles more formalised
- Allied health assistants take on tasks traditionally undertaken by allied health professionals
- Allows allied health professionals to take on 'advanced' or 'extended scope' roles

Impact of evolving roles: Extended scope practitioners

- More AH professionals taking on ESP roles
- Fewer AH professionals wanting to work 'within scope'
- AH assistants required to undertake more AH professional tasks
Issues to consider

• There are institution-by-institution differences in specific undergraduate training provided for allied health students
  - Undergraduate and graduate-entry programs
  - Pharmacology
  - Imaging
• There are state-by-state differences in allied health scopes of practice
  - Historical
  - Political
  - Local health care and organisational drivers
  - Reflect specific inter-professional relationships and alliances
• There are state-by-state differences in legislation

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Issues to consider

• Role redesign will require a rethink of
  - Training provided at undergraduate and postgraduate levels
  - Formal training for ‘out of scope’ activities
    - Who is eligible to enter formal training programs
    - Formal agreed ways of demonstrating ongoing safety and effectiveness
    - Formal professional monitoring of ‘out of scope’ activities
  - Career paths, opportunities for advancement and remuneration for professionals taking different career paths
  - Distribution of budget responsibilities and savings, if ‘out of scope’ allied health professionals work in a multidisciplinary environment
  - Legislation covering ‘out of scope’ allied health activities
    - National renewable license to practice specific ‘out of scope’ activities
    - Professional boundaries / ‘turf’
**Key points**

- Role redesign is rapidly evolving in allied health
  - Coupled with the emergence of new professional groups which are competitors for traditional areas of allied health practice
- Role redesign means allied health is well-positioned to think its activities and practice scope in a wider inter-professional forum
- Role redesign challenges allied health understanding of competencies and working within, and outside, professional boundaries
  - What does it mean to work to ‘the margins’ of professional scope?
  - How different is competency from ‘working to the margins’ of professional scope?

**Workbook activities**
Your Tasks

1) Consider opportunities for role redesign in allied health in your organisation in terms of:
   - The disciplines and subgroups (i.e. paediatric physiotherapy) which could be involved
   - Their current in-scope role (tasks, supervision etc)
   - The new tasks they may take on
   - The supervision/ support that may be required from other disciplines to enable these new tasks to be taken on?
     - Develop an understanding of the different steps of role redesign relevant to your organisation

2) Consider the flow-on effects of role redesign in your organisation
   - Who may you upset?
   - Who will you need to consult with
   - Is there any opportunity for increased revenue flow?
     - Who will this go to?
     - Who will have to pay for additional training, wages etc?

Allied health disciplines which could be interested in role redesign

**Physiotherapy**
- Musculoskeletal
- Obstetrics and gynaecology
- Paediatrics
- Neuro and rehabilitation
- Cardiorespiratory

**Occupational therapy**
- Hands
- Paediatrics
- Neuro and rehabilitation
Podiatry
Clinical nutrition and dietetics
Speech Pathology
Imaging and Radiation Therapy
Are there others in your organisation?

ISSUES TO CONSIDER

- There are institution-by-institution differences in training provided for allied health students
  - Pharmacology
  - Imagining
- There are state-by-state differences in allied health scopes of practice
  - Historical
  - Political
  - Local health care drivers and organisation
  - Reflect specific inter-professional relationships and alliances

Do you have an understanding of the variability in training provided to the allied health workforce in your organisation?

What differences are you aware of in the training provided to allied health workforce in your organisation?

Consider difference in terms of:

- university attended for entry-level training
- additional training (professional development, or formal)
- not sure how to word it but something about differences in education over time...
  i.e. new grads this year may have dif training to those who graduated 5 years ago etc, so they shouldn’t assume that if they (say head physio) was taught something in depth at uni that more recent grads have

What opportunities are there to fill the gaps in training (i.e. PD events, formal training opportunities, potential for in-house training)?

- For instance, the amount of training provided in pharmacology in the undergraduate programs from which your new graduates have come?

Do you have an understanding of the scopes of practice of allied health in your organisation?
IN-MOTION: JUNE 2012

EXTENDED SCOPE
Emergency Department
Physiotherapy

ACT Health Directorate requires a Physiotherapist to provide expert musculoskeletal assessment, diagnosis and appropriate onward management for patients presenting with a musculoskeletal complaint to the Emergency Department at Canberra Hospital. Included in this role will be exploration of extended scope physiotherapy tasks, such as prescribing, injection of local anaesthetic, interpretation of investigations and management of simple fractures. This position will also contribute to the National role out of ED extended scope physiotherapy roles, through clinical supervision, communication, research and data collection.

For both Extended Scope Physiotherapy positions you will need:
- 5 years post-graduate experience
- 3 years musculoskeletal experience
- Clinically relevant masters

EXTENDED SCOPE
Orthopaedic Outpatient
Physiotherapy

ACT Health Directorate requires a Physiotherapist to provide expert musculoskeletal assessment, diagnosis and appropriate onward management for patients presenting to Orthopaedic Triage clinics at the Canberra Hospital. Included in this role will be exploration of extended scope physiotherapy tasks, such as prescribing, intra-articular joint and soft-tissue cortisone injections, interpretation of investigations and independent management of a complex Orthopaedic caseload.

EXTENDED SCOPE PRACTICE
Project Officer

ACT Health Directorate requires a project officer to monitor, manage and co-ordinate the Health Directorates involvement in a National role-out project for ED Extended Scope Physiotherapy roles. Central to this role is project management skills, including extensive communication with stakeholders, monitoring project outcomes and timeframes, reporting, risk register monitoring, delivery of workshops and resource development and dissemination.

Contact Officer
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XXXXX

Dear (Hiring Manager),

Health Professional Officer Level 4 (Clinician) – Extended Scope Physiotherapist (in training)

I understand that should I be offered and accept the above position that I agree to undertake a formal training program in Extended Scope Practice Physiotherapy, as directed by the ACT Government (Health Directorate) Office of the Allied Health Adviser. In the event that I do not enrol in the training program, withdraw from the program or fail to meet the requirements of the training program I understand that my contract with ACT Government may be terminated.

Yours sincerely
DUTY STATEMENT ED: EXTENDED SCOPE PHYSIOTHERAPIST – IN TRAINING

DUTY STATEMENT

Position Number:
Classification: Health Professional Officer Level 4 (Clinician)
Job Title: Extended Scope Physiotherapist (in training)
Division:
Branch:
Section:
Sub-Section:
Approved Duty Statement  Date:  Initials:

Overall Functions

- Promote positive client outcomes through the provision of high quality clinical services and health promotion activities in/across designated areas or units as part of a multidisciplinary team.
- Perform novel, complex, critical work at high level of expertise;
- Perform a consultative role within the field of professional specialty
- Contribute to the professional field of expertise;
- Facilitate positive outcomes on specialist and multidisciplinary service delivery through professional knowledge and skills;

Responsibility Statement:

1. Provide specialist clinical expertise and intervention across a range of clinical areas, including the Emergency Department.
2. Communicate effectively with patients and carers, other staff and doctors, maintaining confidentiality at all times.
3. Generate, analyse and interpret data; and advise ACT Health as required.
4. Develop, co-ordinate and evaluate services to meet organisational requirements.
5. Undertake responsibility for appropriate professional education and evaluation and participate in continuous quality improvement of physiotherapy services.
6. Lead in the quality review and management activities.
7. Participate in multidisciplinary and physiotherapy teams.
8. Provide professional supervision and leadership to staff within the professional field.
SELECTION CRITERIA
QUALIFICATIONS/OTHER REQUIREMENTS

Degree or equivalent qualification in Physiotherapy
Registration with Physiotherapy Board of Australia
Masters level qualification in a relevant clinical field

1. Extensive experience of at least five years in providing expert musculoskeletal assessment, diagnosis and appropriate onward management for patients presenting with a musculoskeletal complaint to the Emergency Department or a similar musculoskeletal primary contact role.

2. Proven ability to promote and demonstrate best practice, facilitating the integration of the evidence base into practice through an advanced level of clinical reasoning and decision making.

3. Highly effective interpersonal and written and oral communication skills, including the demonstrated ability to establish and maintain relationships with internal and external service providers and stakeholders.

4. Demonstrated ability to supervise/mentor professional staff and students as a clinical leader.

5. Proven ability in managing systems for clinical governance through the development of clinical practice and quality improvement activities, staff education and performance evaluation and research.

6. Experience and demonstrated ability to effectively develop, co-ordinate and evaluate services to meet organisational requirements, including organisational outcome/output measures.

7. Demonstrated ability to consistently display commitment to, compliance with and leadership in high quality Customer Service, Equity and Diversity, Workplace Safety and Industrial Democracy principles and practices and relevant legislation to these areas, and an understanding of and commitment to ACT Health values.

Note: This position(s) may be required to participate in an overtime, on call, and/or rotation roster. This duty statement outlines a range of possible duties that staff are expected to perform at this level. The emphasis placed on each duty will vary according to the requirements of each position.
DUTY STATEMENT ORTHOPAEDICS: EXTENDED SCOPE PHYSIOTHERAPIST- IN-TRAINING

DUTY STATEMENT

Position Number :
Classification : Health Professional Officer Level 4 (Clinician)
Job Title : Extended Scope Physiotherapist (in training)
Division : Deputy Chief Executive Strategy and Corporate
Branch : Professional Leadership, Research and Education
Section : Allied Health Advisers Office
Sub-Section :
Approved Duty Statement Date: Initials:

Overall Functions

- Promote positive client outcomes through the provision of high quality clinical services and health promotion activities in/across designated areas or units as part of a multidisciplinary team.
- Perform novel, complex, critical work at high level of expertise;
- Perform a consultative role within the field of professional specialty
- Contribute to the professional field of expertise;
- Facilitate positive outcomes on specialist and multidisciplinary service delivery through professional knowledge and skills;

Responsibility Statement:

1. Provide specialist clinical expertise and intervention across a range of clinical areas, including Orthopaedic Outpatients.
2. Communicate effectively with patients and carers, other staff and doctors, maintaining confidentiality at all times.
3. Generate, analyse and interpret data; and advise ACT Government – Health Directorate as required.
4. Develop, co-ordinate and evaluate services to meet organisational requirements.
5. Undertake responsibility for appropriate professional education and evaluation and participate in continuous quality improvement of physiotherapy services.
6. Lead in the quality review and management activities.
7. Participate in multidisciplinary and physiotherapy teams.
8. Provide professional supervision and leadership to staff within the professional field
SELECTION CRITERIA

QUALIFICATIONS/OTHER REQUIREMENTS
Degree or equivalent qualification in Physiotherapy
Registration with Physiotherapy Board of Australia
Masters level qualification in a relevant clinical field

1. Extensive experience of at least five years in providing expert musculoskeletal assessment, diagnosis and appropriate onward management for patients presenting with chronic and/or acute pain to an Outpatient clinic.

2. Proven ability to promote and demonstrate best practice, facilitating the integration of the evidence base into practice through an advanced level of clinical reasoning and decision making.

3. Highly effective interpersonal and written and oral communication skills, including the demonstrated ability to establish and maintain relationships with internal and external service providers and stakeholders.

4. Demonstrated ability to supervise/mentor professional staff and students as a clinical leader

5. Proven ability in managing systems for clinical governance through the development of clinical practice and quality improvement activities, staff education and performance evaluation and research.

6. Experience and demonstrated ability to effectively develop, co-ordinate and evaluate services to meet organisational requirements, including organisational outcome/output measures.

7. Demonstrated ability to consistently display commitment to, compliance with and leadership in high quality Customer service, Workplace Diversity, Occupational Health and Safety and Industrial Democracy principles, practices relevant to legislation relating to these areas and an understanding of and commitment to the organisation’s values.

Note: This position(s) may be required to participate in an overtime, on call, and/or rotation roster. This duty statement outlines a range of possible duties that staff are expected to perform at this level. The emphasis placed on each duty will vary according to the requirements of each position.
DUTY STATEMENT ED: EXTENDED SCOPE PHYSIOTHERAPIST

DUTY STATEMENT

Position Number :
Classification : Health Professional Officer Level 5 (Clinician)
Job Title : Extended Scope Physiotherapist
Division : Deputy Chief Executive Strategy and Corporate
Branch : Professional Leadership, Research and Education
Section : Allied Health Advisers Office
Sub-Section :
Approved Duty Statement Date: Initials:

Overall Functions

- Promote positive client outcomes through the provision of high quality clinical services and health promotion activities in/across designated areas or units as part of a multidisciplinary team.
- Perform novel, complex, critical work at high level of expertise;
- Perform a consultative role within the field of professional specialty
- Contribute to the professional field of expertise;
- Facilitate positive outcomes on specialist and multidisciplinary service delivery through professional knowledge and skills;
- Provide clinical professional leadership, including organisational, national and international research and education as appropriate
- Provide high level input into practice and service development within the field of expertise

Responsibility Statement:

1. Provide specialist clinical expertise and intervention across a range of clinical areas, including the Emergency Department.
2. Communicate effectively with patients and carers, other staff and doctors, maintaining confidentiality at all times.
3. Generate, analyse and interpret data; and advise ACT Government - Health Directorate as required.
4. Develop, co-ordinate and evaluate services to meet organisational requirements.
5. Undertake responsibility for appropriate professional education and evaluation and participate in continuous quality improvement of physiotherapy services.
6. Lead in the quality and research review and management activities.
7. Participate in multidisciplinary and physiotherapy teams.
8. Provide professional leadership and supervision to staff within the professional field and the wider multidisciplinary team as required.
SELECTION CRITERIA

QUALIFICATIONS/OTHER REQUIREMENTS

1. Degree or equivalent qualification in Physiotherapy
2. Registration with Australian Health Practitioner Regulation Agency
3. Masters level qualification in a relevant clinical field
4. Completion of a recognised postgraduate qualification and advanced training in the relevant specialist area (e.g. graduate diploma in Extended Scope Physiotherapy or a substantial equivalent)
5. Minimum five years clinical experience post entry-level qualification
6. Minimum three years experience in the relevant specialist area

1. Experience in extended scope physiotherapy tasks within the emergency department setting, including but not limited to, independent management of fractures, independent review of radiology and limited prescribing and administering of medications.
2. Proven ability to promote and demonstrate best practice, facilitating the integration of the evidence base into practice through an advanced level of clinical reasoning and decision making.
3. Highly effective interpersonal and written and oral communication skills, including the demonstrated ability to establish and maintain relationships with internal and external service providers and stakeholders.
4. Demonstrated ability to supervise/mentor professional staff and students as a clinical leader.
5. Proven ability in managing systems for clinical governance through the development of clinical practice and quality improvement activities, staff education and performance evaluation and research.
6. Experience and demonstrated ability to effectively develop, co-ordinate and evaluate services to meet organisational requirements, including organisational outcome/output measures.
7. Demonstrated ability to consistently display commitment to, compliance with and leadership in high quality Customer Service, Equity and Diversity, Workplace Safety and Industrial Democracy principles and practices and relevant legislation to these areas, and an understanding of and commitment to ACT Health values.

Note: This position(s) may be required to participate in an overtime, on call, and/or rotation roster. This duty statement outlines a range of possible duties that staff are expected to perform at this level. The emphasis placed on each duty will vary according to the requirements of each position.
DUTY STATEMENT ORTHOPAEDICS: EXTENDED SCOPE PHYSIOTHERAPIST

DUTY STATEMENT

Position Number :
Classification : Health Professional Officer Level 5 (Clinician)
Job Title : Extended Scope Physiotherapist
Division : Deputy Chief Executive Strategy and Corporate
Branch : Professional Leadership, Research and Education
Section : Allied Health Advisers Office
Sub-Section :

Overall Functions

- Promote positive client outcomes through the provision of high quality clinical services and health promotion activities in/across designated areas or units as part of a multidisciplinary team.
- Perform novel, complex, critical work at high level of expertise;
- Perform a consultative role within the field of professional specialty
- Contribute to the professional field of expertise;
- Facilitate positive outcomes on specialist and multidisciplinary service delivery through professional knowledge and skills;
- Provide clinical professional leadership, including organisational, national and international research and education as appropriate
- Provide high level input into practice and service development within the field of expertise

Responsibility Statement:

1. Provide specialist clinical expertise and intervention across a range of clinical areas, including Orthopaedic Outpatients.
2. Communicate effectively with patients and carers, other staff and doctors, maintaining confidentiality at all times.
3. Generate, analyse and interpret data; and advise ACT Government - Health Directorate as required.
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5. Undertake responsibility for appropriate professional education and evaluation and participate in continuous quality improvement of physiotherapy services.
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8. Provide professional leadership and supervision to staff within the professional field and the wider multidisciplinary team as required.
SELECTION CRITERIA

QUALIFICATIONS/OTHER REQUIREMENTS

1. Degree or equivalent qualification in Physiotherapy
2. Registration with Australian Health Practitioner Regulation Agency
3. Masters level qualification in a relevant clinical field
4. Completion of a recognised postgraduate qualification and advanced training in the relevant specialist area (e.g. graduate diploma in Extended Scope Physiotherapy or a substantial equivalent)
5. Minimum five years clinical experience post entry-level qualification
6. Minimum three years experience in the relevant specialist area

1) Experience in extended scope physiotherapy tasks within an Orthopaedic Outpatient setting, including but not limited to, independent management of complex Orthopaedic patients, independent review of radiology and limited prescribing and administering of medications.

2) Proven ability to promote and demonstrate best practice, facilitating the integration of the evidence base into practice through an advanced level of clinical reasoning and decision making.

3) Highly effective interpersonal and written and oral communication skills, including the demonstrated ability to establish and maintain relationships with internal and external service providers and stakeholders.

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6) Experience and demonstrated ability to effectively develop, co-ordinate and evaluate services to meet organisational requirements, including organisational outcome/output measures.

7) Demonstrated ability to consistently display commitment to, compliance with and leadership in high quality Customer Service, Equity and Diversity, Workplace Safety and Industrial Democracy principles and practices and relevant legislation to these areas, and an understanding of and commitment to ACT Health values.

Note: This position(s) may be required to participate in an overtime, on call, and/or rotation roster. This duty statement outlines a range of possible duties that staff are expected to perform at this level. The emphasis placed on each duty will vary according to the requirements of each position.
# SAMPLE QUESTIONS

<table>
<thead>
<tr>
<th>SC 1</th>
<th>Demonstrated expertise with relevant, recognized experience (at least five to seven years) in providing musculoskeletal assessment, diagnosis and appropriate onward management for patients presenting with a musculoskeletal complaint to the Emergency Department or a similar musculoskeletal primary contact role.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question</strong></td>
<td>A 60 year old man presents to ED following a reported injury to his right calf.</td>
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<tr>
<td>On assessment he advises you that he has been renovating his house recently, going up and down ladders and moving furniture. He reports that he felt a pain in the right calf yesterday when moving a bookcase. The pain has gradually worsened over the last 36 hours. On further questioning he reports that in the last 24 hours he has felt a little unwell.</td>
<td></td>
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<tr>
<td>PMH:</td>
<td>Mild Asthma</td>
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<td></td>
<td>Right medial menisectomy 1999</td>
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<td></td>
<td>Smoker</td>
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</tbody>
</table>

**What further questions/assessment would you undertake?**

**What are the possible diagnoses?**

**How would you manage this patient?**

<table>
<thead>
<tr>
<th>Key responses / indicators</th>
<th>Clearly evident</th>
<th>Emerging</th>
<th>Not evident</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of relevant further questioning- eg chest pain, SOB, medical history of clots/DVT, travel history</td>
<td></td>
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<tr>
<td>Clinical assessment of calf- review presentation (hot, swollen, red shiny)/cap refill/pedal pulses, wells score</td>
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<tr>
<td>Review of baseline obs- BP, HR, O2 sats</td>
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<tr>
<td>Identifies possible diagnoses- DVT, PE, grade 11 gastroc strain, radiculopathy, compartment syndrome</td>
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<tr>
<td>Applies theoretical and clinical evidence to inform assessment and practice decisions and interventions</td>
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<td>Demonstrates an understanding of ESP role in the assessment and planning in emergency department</td>
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<tr>
<td>Demonstrates appropriate interprofessional discussion regarding ongoing investigations and plan e.g. liaise with registrar/consultant</td>
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</table>
Unsuitable | Requires development | Competent | Fully Competent | Excellent

SC 1

Demonstrated expertise with relevant, recognized experience (at least five to seven years) in providing musculoskeletal assessment, diagnosis and appropriate onward management for patients presenting with a musculoskeletal complaint to the Emergency Department or a similar musculoskeletal primary contact role.

Question

A 33 year old female present to ED with an acute onset of neck and right arm pain. She is given panadeine forte at triage due to the significant reported pain.

On assessment she describes that she has had some mild aching pain in her neck for approximately 4-6 weeks.

She is a keen snow-boarder, mountain bike rider and runner. She is generally fit and well, with no other medical history of note.

She describes that she jumped down two steps at home this morning and since that time has had increasingly severe pain in her neck, and in the last 2-3 hours she has developed right arm pain. She also describes that her vision has been “fuzzy”.

What further questions/assessment would you undertake?

What are the possible diagnoses?

How would you manage this patient?

NB is the applicants ask further history taking would reveal that the patient had a fall from her mountain bike 6 weeks ago, no neurological deficits revealed on questioning or assessment. VAS 8/10.

<table>
<thead>
<tr>
<th>Key responses / indicators</th>
<th>Clearly evident</th>
<th>Emerging</th>
<th>Not evident</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of relevant further questioning-eg mechanisms/context linked to 4-6 weeks history, MSK history eg CSP, headaches, shoulder arm pain, visual disturbances, previous/recent HI’s, nausea/vomiting history</td>
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<tr>
<td>Assessment of and screening of red flags eg. dysarthria, dysplasia, diplopia, drop attacks, dizziness, VBI, palpation central tenderness, Canadian C-Spine rules, neuro changes (P/N, numbness, weakness)</td>
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<tr>
<td>Distribution of arm symptoms, head pain</td>
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</tr>
<tr>
<td>Identifies possible diagnoses - discogenic CSP pain, facet irritation, CSP fracture, VBI</td>
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<tr>
<td>Applies theoretical and clinical evidence to inform assessment and practice decisions and interventions</td>
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<tr>
<td>Demonstrates an understanding of ESP role in the assessment and planning in emergency department</td>
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<tr>
<td>Demonstrates appropriate interprofessional discussion regarding ongoing investigations and plan e.g. liaise with Sports doctor/GP. Medication, referral to physio, advice to monitor visual symptoms, where to go if no better or deteriorating, imaging eg MRI, letter to GP</td>
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<tbody>
<tr>
<td>Unsuitable</td>
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</tbody>
</table>
Proven ability to promote and demonstrate best practice, facilitating the integration of the evidence base into practice through an advanced level of clinical reasoning and decision making. Including a demonstrated ability to recognize and respect the defined role and scope of practice.

**Question**
See question 2 for SC4 as an example question

<table>
<thead>
<tr>
<th>Key responses / indicators</th>
<th>Clearly evident</th>
<th>Emerging not evident</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Active planning, participation and commitment to regular professional development: (i.e. reflection, goal setting, action planning and review)</td>
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<tr>
<td>Utilises a range of relevant frames of reference to enhance clinical reasoning</td>
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<tr>
<td>Ability to critically analyse and apply literature and evidence relevant to practise</td>
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<tr>
<td>Ability to clearly describe ESP role and that of others and utilising best practice guidelines, knowledge and skills</td>
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<tr>
<td>Demonstrates ability to embed evidence into clinical decisions and practise</td>
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**SC 3**

| Highly effective interpersonal, written and oral communication skills, including the demonstrated ability to establish and maintain good working relationships with patient, family, internal and external service providers and other stakeholders. |

**Question options**

1. In an environment of constant change, with many new initiatives occurring at once, what communication strategies would you use to ensure that your team is well informed?

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<tbody>
<tr>
<td>Understands and demonstrates communication skills required to establish and maintain good working relationships</td>
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<tr>
<td>Awareness of process and protocols for consensus decision making</td>
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<tr>
<td>Selects and uses with expertly a range of communication options: eg verbal, written, email, virtual or face to face meetings for building collaborative relationships and active listening</td>
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<tr>
<td>Liaises with skill with a range of stakeholders, including clients, team members, colleagues, internal and external stakeholders</td>
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<tr>
<td>Quality and structure of the written application</td>
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<tr>
<td>Awareness of need to adhere to legislative and/or departmental requirements e.g. confidentially; documentation; privacy in communication</td>
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<tr>
<td>Ability utilise to advocacy and influencing skills to promote change or role understanding</td>
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<tr>
<td>Conflict management skills, reflection,</td>
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### SC 4

Exceptional time management, conflict resolution and negotiation skills with the demonstrated ability to be a leader in complex clinical and non clinical situations.

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<thead>
<tr>
<th>Question options</th>
<th>Clearly evident</th>
<th>Emerging</th>
<th>Not evident</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>1. Have you ever been in a situation where communication has not gone well? What did you learn from this experience? And in what way would you do things differently next time?</td>
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<tr>
<td>2. A mother presents to the triage desk with her 13 year old son. She is very angry and demanding to see the physio that saw her son previously. She states that they presented 2 days ago after her son hurt his right ankle at the BMX track. They waited 7 hours to be seen and then were only seen by a physio who did an xray and said that it was only a sprain and sent him home partial weight bearing on crutches. The GP has performed an xray today that shows a Salter Harris type 1 fracture of the distal right tibia and according to the mother told them that the hospital has missed a fracture, he should never have been walking on it and he needs to be seen straight away for a plaster and an operation. When you saw the patient in ED you had discussed the xray with one of the residents in fast track who also agreed that there was no fracture. The triage nurse approaches you and says that the mother is demanding to speak to you. How would you manage this situation? (this also relates to SC2)</td>
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<tr>
<td>Key responses / indicators</td>
<td>Clearly evident</td>
<td>Emerging</td>
<td>Not evident</td>
<td>Notes</td>
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<tr>
<td>Ability to identify needs, prioritise and implement an action plan</td>
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<tr>
<td>Evaluates performance, identifies need for change and initiates change when required</td>
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<tr>
<td>Makes best use of team and individual capabilities and negotiates responsibilities for work outcomes</td>
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<tr>
<td>Discusses issues credibly and thoughtfully without getting personal or aggressive</td>
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<tr>
<td>Focuses on gaining a clear understanding of others comments by listening, asking clarifying questions and reflecting back</td>
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<tr>
<td>Listens and reflects when own ideas are challenged and can justify own position and actions</td>
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<tr>
<td>Knowledge and skilled application of conflict resolution/negotiation techniques</td>
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<tr>
<td>Question 2:</td>
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<tr>
<td>Communication: style, open apology, recognising and acknowledging grievance, non confrontational, appropriate environment</td>
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<tr>
<td>Seeking appropriate information prior to discussion; formal xray report, ED notes from previous visit</td>
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<tr>
<td>Clinical governance: Involvement of ED Consultant initially and informing senior physio staff</td>
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<tr>
<td>Management and Referral: ED senior staff, Orthopaedic follow up, plastering, rexray,</td>
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<tr>
<td>Awareness of Salter Harris +/- management of types</td>
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<tr>
<td>Follow up after initial consultation: with patient, RMO and ED staff</td>
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<td>Advice to patient how to lodge formal complaint</td>
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<tr>
<td>Strategies to cope with new role of physio in ED and public perception &quot;only a physio&quot;</td>
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<tr>
<td>Teaching points learnt from this case about SH fractures and diagnosis in ED for Medical, Nursing and Physio staff</td>
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<td>Quality Improvement response (may require promoting in interview):</td>
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<td>Evaluation current practice and identify drivers for change</td>
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<tr>
<td>Literature review of current evidence to support (or not) the new initiative</td>
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<tr>
<td>Benchmarking, liaise with other areas who may have do a similar thing</td>
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<tr>
<td>Client/Stakeholder focused</td>
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<tr>
<td>Strategy to implement change developed, including liaising with appropriate stakeholders, using different types of communication – brainstorming forums, email, adverts, reports on the literature, power point presentations</td>
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<td>Plan, including a project plan</td>
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<tr>
<td>Implement</td>
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<tr>
<td>Evaluate – lessons learnt from implementation phase, as well as statistical and stakeholder analysis of the new initiative</td>
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</table>
### SC 5

Demonstrated ability to supervise/mentor and provide leadership support to health professional staff and students

#### Question options

a) What benefits does effective supervision bring to the Physiotherapy Department? And what attributes do you have to facilitate this?

b) What skills do you use to build an effective team?

<table>
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<tbody>
<tr>
<td>Expertise in facilitation of development of skills in other team members</td>
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<tr>
<td>Engenders a supportive work environment and relationships</td>
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<tr>
<td>Facilitates open, honest culture and communication</td>
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<tr>
<td>Provides targeted feedback and instruction to facilitate competency development and learning</td>
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<tr>
<td>Adapts supervision and mentoring to different learning styles</td>
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<tr>
<td>Acknowledges people on achievements and gives timely recognition for good performance</td>
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**Part B:**

- Assume leadership if appropriate.
- Define outcomes for team.
- Establish appropriate/realistic timeframes.
- Identify, utilise and develop the skills of others within the team.
- Respect for the role, opinions and requirements of others.
- Respect for efficient use of time
- Able to work on independent issues to assist team.
- Appropriate and supportive delegation skills
- Logical construction of arguments/issues.
- Negotiate solutions for 'win/win' outcomes
Meet all stakeholder needs

Ability to coordinate ideas, establish priorities and develop strategies

Wide perspective without losing focus of outcomes required

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<tr>
<td>SC 6</td>
<td>Proven ability in managing systems for clinical governance through the development of clinical practice and quality improvement activities, education and training, innovative work practices</td>
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<tr>
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<tr>
<td>Identifies risks and uncertainties and takes account of these in planning and improvement activities</td>
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<tr>
<td>Agrees on performance standards with staff and conducts regular reviews</td>
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<tr>
<td>Ability to develop, train and evaluate standard operating procedures relevant to clinical area</td>
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<tr>
<td>Works with staff to identify areas for development encourages staff to engage in development opportunities</td>
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<tr>
<td>Presents messages/learning materials confidently and selects appropriate medium for conveying information</td>
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### SC 7

Demonstrated ability to effectively plan, develop, co-ordinate and evaluate services to achieve research or organisational/project requirements, including outcome, output measures or project deliverables

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<tbody>
<tr>
<td>Demonstrates appreciation of purpose and outcomes of professional networking and quality teaming</td>
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<tr>
<td>Knowledge and application of team processes which result in successful outcomes for clients and the organisation</td>
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<tr>
<td>Awareness of process and strategies to enhance effective networks</td>
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<tr>
<td>Provides accurate impartial and forthright advice to colleagues stakeholders and clients</td>
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<tr>
<td>Researches and analyses information and draws accurate conclusions based on evidence</td>
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### SC 8

Demonstrates the ability to work collaboratively as a team and as an autonomous health care professional where required

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<tbody>
<tr>
<td></td>
<td>Values individual differences and diversity and roles in the team</td>
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<td></td>
<td>Consults, seeks input from others and shares information with own team</td>
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<td></td>
<td>Ability to complete agreed upon actions and work with minimal supervision</td>
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<td></td>
<td>Effectively facilitate discussions and interactions among team members</td>
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<td></td>
<td>Ability to develop a level of consensus among those with differing views, allowing all members to feel their viewpoints have been heard no matter what the outcome</td>
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<tr>
<td>Demonstrates flexibility and copes effectively with day to day work changes or shifting priorities</td>
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<td>Gets on with the job at hand and applies self with energy and drive</td>
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<td>Takes initiative to progress work when required</td>
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<td>Takes personal responsibility for accurate completion of work with timeframes and quality requirements</td>
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<tr>
<td>Follows up actions to ensure that issues are finalised</td>
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<td>Share information with patients and others in a respectful manner and in such a way that is understandable, encourages discussion and enhances participation in decision making.</td>
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<tr>
<td>Professionalism and confidentiality</td>
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<tr>
<td>Listening to all relevant stakeholders,</td>
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<tr>
<td>Setting client focussed goals</td>
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<td>high standard of service delivery</td>
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<td>timeliness and accessibility of service</td>
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<td>Act on client feedback and report any incident.</td>
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### SC 10

Demonstrated ability to consistently display commitment to, compliance with and leadership in high quality Customer Service, Equity and Diversity, Workplace Safety and Industrial Democracy principles and practices and relevant legislation to these areas, and an understanding of and commitment to the organisation's values.

<table>
<thead>
<tr>
<th>Question options</th>
<th>How does the role of a manager differ to clinicians when there is a risk present?</th>
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<tr>
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<tbody>
<tr>
<td>Adheres to public service values and code of conduct, behaves in an honest, ethical and professional way</td>
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<tr>
<td>Understands and complies with legislative, policy and regulatory frameworks</td>
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<tr>
<td>Operates in a professional manner with representing the organisation in internal and external forums</td>
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<td>Risk: establish context, identify, analyse, evaluate (matrix- likelihood v consequence) treat (eliminate, substitute separate, administrate) review, monitor</td>
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<td>Risk reporting - aggregated data</td>
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<td>Risk Register</td>
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<tr>
<td>Clinical Governance</td>
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<td>Audit/accreditation</td>
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Skills Escalator in Allied Health: A Time for Reflection and Refocus

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Abstract: It is abundantly clear that the health workforce of tomorrow will meet a number of unique challenges. There are a number of drivers for this, including the changing demographics of patients and health professionals, changing working patterns and mobility of the health workforce, evolving models of care, emerging evidence base, altering funding models, and the need to underpin health care service delivery with safety, effectiveness, patient centeredness, efficiency, equity, and timeliness. It is in this time of change that role extension within health disciplines is seen as an important tool to meet some of these challenges. Role extension is viewed as a skills escalator, where practitioners move up the skills escalator within the scope of their discipline, to advance it and then, with training, extend it. Within allied health, in some disciplines, advanced and extended scope of practice initiatives have mushroomed. Often these initiatives have been ad hoc, and opportunistically created in response to local needs and requirements. As these initiatives are local and context-dependent, to date there is very little uniformity or congruency between these initiatives. This has led to variability in implementation, lack of rigorous evaluations and, ultimately, poor long-term sustainability. In this paper, we reflect on a number of key issues, drawing on our own experiences in undertaking such initiatives, which need to be taken into account when considering advanced and extended scope of practice for allied health.

Keywords: allied health, skill escalation, extended scope of practice, advanced scope of practice

Introduction

Future health workforce modeling appears to indicate that role extension across most health disciplines will become a reality sooner rather than later. Some of these extensions are already in place and well established, for instance, nurse practitioners and physician assistants.1 Role extension is viewed as a skills escalator, where practitioners move up the skills escalator within the scope of their discipline, to advance it and then, with training, extend it (which often means adopting roles usually undertaken by other health professionals).2,3 Discussions have occurred around Australia regarding the potential for extending the scope of a number of allied health disciplines as a means of addressing workforce shortages and patient demand. A number of pilot projects have subsequently been conducted to operationalize extension of scope in allied health disciplines.4 In some instances, scope extension in allied health has even become accepted practice, albeit without appropriate processes or evaluation. While role extension is relatively new in allied health, the skills escalator provides current and new allied health graduates with opportunities to advance and extend their scope of practice and build on their core competencies.
Recognizing the opportunities presented by role extension, the Australian Capital Territory (ACT) Government Health Directorate, an organization that provides a range of coordinated health and community health care services to the people of ACT in Australia, has committed to extending the scope of practice in several allied health disciplines by undertaking a series of staged investigations and pilot projects. All of the projects on skills escalation have been underpinned by current best available evidence from the literature. This has been in the form of extensive and structured reviews of the literature, e.g., systematic and rapid reviews. Many lessons have been learnt from the current evidence base, including the many evidence gaps. What has been clear from these reviews is not only the lack of rigorous evaluation of clinical outcomes, but also the lack of detailed descriptions of processes undertaken as part of these initiatives or descriptions of the many elements that need to be considered before implementing an advanced or extended scope role on allied health. Advanced scope of practice can be termed as a role that is within currently recognized scope of practice for that profession, but that through custom and practice has been performed by other professions. The advanced role would require additional training, competency development as well as significant clinical experience, and formal peer recognition. This role describes the depth of practice. Extended scope of practice can be termed as a role that is outside the currently recognized scope of practice and requires legislative change. Extended scope of practice requires some method of credentialing following additional training, competency development, and significant clinical experience. Examples include prescribing, injecting, and surgery. This role describes the breadth of practice. Our experiences in the ACT Government Health Directorate have led us to develop questions which need to be answered before considering introducing role extension in any allied health discipline.

This paper outlines these questions, in no particular order, and offers a blueprint (checklist) for key stakeholders in allied health (e.g., health professionals, managers, administrators, and workforce policy makers) to ensure that when allied health extended roles are considered, they are likely to be sustainable and successful in the long term.

Is there a need for a new role?

Role extension discussions should be underpinned by clear patient need, for instance, extensive waiting lists, which cannot be addressed using the traditional workforce. Our work at ACT Government Health Directorate, especially in the area of extended scope physiotherapy, to date has shown that the intervention of an extended scope physiotherapist has significantly impacted on waiting times for outpatient orthopedic appointments and has improved access to appropriate care for patients who would otherwise have remained untreated for some years. Extending the scope of practice simply to offer a career path for health professionals, rather than to address patient need or workforce shortage, is unlikely to be successful because it may well impact on other health professionals’ within scope roles.

What is the impact on other health professionals by introducing the new role?

Extending the skills of any allied health discipline is likely to cross into other health discipline areas (for instance, extended scope physiotherapists prescribing or injecting). Thus, there is the distinct possibility of “turf wars.” It is imperative to consider what impact the introduction of a new (extended scope) role may have on other health professionals. Where there is a workforce shortage, the role extension may be welcomed; however, where there is no obvious workforce driver and where there is no clearly demonstrable patient need (e.g., extensive waiting lists) there may be little point in investing effort in the role extension, which may very quickly adversely impact on currently successful interdisciplinary working relationships.

Have appropriate rationale and networks been established?

Any role extension, even if it is indicated by workforce or service delivery gaps, will impact on the tasks undertaken by other health professionals, and therefore consultation is required. This may be welcomed in the absence of sufficient workforce or it may be vigorously resisted and will be counterproductive to the notion of professional advancement, and interprofessional care. Prior to any concerted effort to extend scope of practice in any one discipline, there appears to be a need for several things:

- A transparent and comprehensive literature review, preferably undertaken by an independent body, to describe what has been done elsewhere, how it has been evaluated, and what outcomes have been achieved (identifying the evidence base).
- Discussions held with key stakeholders (anyone who is in a position to facilitate or block the initiative) in order to understand local contexts and to outline clearly the steps that will need to be undertaken to ensure a smooth passage of the extended scope initiative, if it is indeed required (setting the scene).
The outcomes from a new role extension must be clearly defined and discussed with all stakeholders before anything is done to establish a new role. The literature on extended scope is sparse in terms of measures of effectiveness (patient health outcomes), cost savings, and role substitution. Less tangible and measurable outcomes may be the result (improved access, decreased waiting time). However, it is difficult to put a value on these (the end point).

Conflicts of interest need to be declared early, and throughout the process (open and honest communication).

Has a business framework been put forward?

A business case needs to be established prior to commencing discussions on role substitution (even in the pilot phase). It is unlikely that any organization will have the capacity to absorb the costs of new activities such as role extension, without looking for tradeoffs. For example, if a staff member moves into a new role, others may need to backfill the previous role. Thus not only is a business case required to demonstrate tangible outcomes from this investment of resources, but the allied health staff compliment in a department needs to be in agreement with the initiative, in both the short and long term.

What, if any, training has been undertaken?

Much of the extended scope literature for allied health originates from the United Kingdom and the United States, where training for skills outside scope appears to have been provided mostly on an ad hoc bases, i.e., by a specialist for an allied health provider working in a particular institution. While this may address local contextual issues, such as local needs and requirements, this has resulted in a poorly defined and recognized workforce which has restricted both the value of the extended scope role and the capacity of an individual to move from one institution to another, and be recognized for their expertise, and continue the same work.

For role extension in allied health to be a valid and continuing workforce option in Australia, formal accredited training programs are required. For instance, it would be efficient and visionary if allied health disciplines, which are interested in extending scope of practice, worked together with accredited tertiary educational institutions to provide core courses with which to underpin skill acquisition. These could include limited prescribing, invasive procedures such as injecting or inserting catheters, and ordering and reading imaging.

The notion of the professional doctorate has been poorly pursued by allied health training institutions, especially in Australia, and this pathway of study could well be linked with formal training to extend scope of practice.

Have roles and responsibilities been adequately clarified?

Australian graduates in allied health disciplines are assumed to have core competencies. For some allied health disciplines these are recognized by national or local state-based registration and for others the competencies are specified by professional bodies (which have no regulation capacity). Countries such as Hong Kong have developed clear remunerated career paths for allied health clinicians in the public sector, involving accumulated competencies, years of practice, and areas of interest. Australia does not have this approach, although acquisition of continuing education is an expectation (albeit rarely monitored). Clinical postgraduate specialty programs are generally undertaken by students on the understanding that there will be increased remuneration, particularly in the private sector. However, neither longevity in an allied health profession, nor additional training, necessarily mean higher level skills. Furthermore, the notion of maintenance of core competencies, specialization, and advanced scope of practice are poorly defined and variable with, and between, allied health disciplines and work places.

The literature on extended scope of practice often blurs the boundaries between advanced roles and extended roles. It appears that much ground could be gained by firstly defining scope, then advancing it by demonstrating professional excellence and improved health and cost outcomes. These steps are required prior to initiating discussions on extending the scope of practice. Based on our experience to date, in Australia at least, there is the current situation where physiotherapists working within scope, but in a specialist role, may use the title “specialist” practitioner.

Commensurate with the skills escalation model is an increasing focus on allied health assistants. In recent years, these roles have become more formalized and the notion abounds that assistants will take on tasks that historically have been within the scope of allied health practitioners. The allied health assistant is presumably cheaper and no less safe than the allied health professional, who can then pursue advanced or extended scope activities. However, the skills escalation model would also infers that allied health professionals working in advanced or extended scope roles may well be seen by other health professionals as working in assistant roles in different areas. For instance, what is the
difference between a physiotherapist working in extended scope, an advanced nurse practitioner, and a physician assistant? If there is a sound business case for role extension and blurring of professional boundaries, then it may be reasonable to proceed with training in extended scope in one discipline. However, without such a case, role confusion and professional barriers may result.

Have the waters been tested?

Once the decision is made to move forward with a role extension, it is imperative that a formal pilot project should first be conducted. This has three clear elements.

Firstly, the right person needs to be in place in the extended scope role. The pilot practitioner has far more responsibility than merely working in role extension. Prior to any new role development, it may be necessary that the core skills of the discipline are promoted widely to other health practitioners (within and outside the institution), administrative and clerical support workers, and patients. It is important to liaise with health professionals outside the institution because an extended scope practice role within a hospital may impact on acute care, outpatient clinics, and the community sector. General medical practitioners and representatives of the community health sectors are important to include in stakeholder representation during the consultative phase.  

The pilot extended scope practitioner must also actively and transparently seek training for new skills and responsibilities, and must be comfortable in the role of professional leader. Validation of the new skills of the extended scope practitioner is essential, and will come from one or more of the following:

- Completion of formal, accredited training programs to support the new skills
- Observation by senior health practitioners in relevant disciplines to ensure that new skills can be undertaken safely, appropriately, and effectively
- Mentorship by senior health practitioners
- Credentialing using formal processes such as case studies, workbooks, presentations at grand rounds, and structured learning and assessment opportunities.

The pilot practitioner should be supported by appropriate permits or licenses related to extended scope tasks and responsibilities. He/she should be provided with requisite training and mentorship (within and outside the discipline) so that new tasks can be undertaken with safety and effectiveness.

The extended scope practitioner must also promote the new role, within and outside the profession, and become the “face” of the new role. Responsibilities of the new role include:

- Educating other health professionals about the new scope of practice
- Troubleshooting and identifying and dealing with unforeseen barriers within and outside the profession
- Promoting the new role in workplace and academic forums
- Promoting the new role to the public
- Separating the role itself from the role evaluation, in terms of ethics, data collection, quality improvement, performance measures, and research
- Being prepared to lead the way for others to follow.

The pilot project should be conducted under formal research principles. Formal ethical approval should be sought, the research should build on the business case, the time period of the pilot project should be limited, and there should be clear process, health and cost outcomes expected, and measured.

The results of the pilot study should be formally reported, preferably in the peer-reviewed literature. Whilst there is a wealth of literature available on role advancement and extension in allied health, much of this evidence lies within gray literature. Moreover, the research designs underpinning research into extension of scope are largely of low hierarchy because of the often uncontrolled biases in the research designs. Institutions wishing to implement extended scope roles would currently have little guidance in operationalizing the role and little confidence in whether the role is likely to be effective, on the basis of the current literature base.

Have governance issues been considered?

Any pilot project should be supported by appropriate governance.29 A steering committee which is committed to the project is essential. The committee should comprise stakeholder representatives who have two responsibilities in addition to assisting the pilot role. One is to communicate to their peers about the pilot role and to advocate for it, and the other is to bring the concerns and suggestions of their peers to the committee for consideration. It is our experience that many of those pilot projects which have failed to proceed to new long-term initiatives, or have achieved less than desired outcomes, have not had the right governance structures in place.
What about legislation and registration requirements?

Allied health role extension may require legislative changes to registration acts in the short term and long term. Unless these are considered as part of any pilot study, the allied health extended practitioner may not be appropriately protected from public or professional litigation. Prior to implementing any pilot project, steering committees should be mindful of the need to seek support from appropriate licensing bodies and to be aware of the processes and time periods required to make long-term changes to the legislation. Tertiary training institutions which provide basic allied health training and advanced training (in the form of clinical postgraduate qualifications) also have a role to play in extending the scope of practice. What is role extension now, may well become core competencies over time, and therefore, skills escalation, or the potential for it, should be a consideration in training programs.

Have clear outcomes, taking into account multiple stakeholders perspectives, been captured and reported?

Role extension has been promoted as a way of saving money by having less expensive staff to do tasks currently undertaken by health practitioners who could be freed up to do more complex work. However, there is little evidence to support this in the literature. At best, role extension in allied health may impact on health service quality in terms of improved

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**What**

- What are the drivers for the extended role?
- What research can be generated by this new role (including a formal evaluation of a pilot program)?
- What measures of outcome, looking into account different stakeholders perspective, will be reported to support (or not) the effectiveness and efficiency of the new role?

**Why**

- Is current scope of practice well understood within the context of skills escalation (from an assistant’s role through to an extended scope role) building on why there is a need for this role extension?

**How**

- How will role extension impact on existing services and on the health professionals currently undertaking tasks that will be undertaken by the new extended scope role?
- Considering the point above; are existing professional boundaries understood and can these be addressed by the governance structure?
- How will the role be validated, credentialled and monitored?

**Who**

- Will the new position be adequately remunerated?
- Will the new role attract the right people (people committed to professional advancement and prepared to provide quality professional leadership)?
- Is the new role sustainable in the long term (i.e., will the new role generate sufficient income [real or in kind] to ensure that the remaining “in scope” professionals in an institution will not have to assume an additional ongoing workload). Can the position be backfilled in the long term?

**Where**

- Has a business case been developed and where has it been defended (in the appropriate forms)?
- Where have links been made with formal training programs to provide support for role extension?

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Figure 1. Checklist to assist in determining the need for extension of scope in allied health.
access to care, improved efficiencies, and reduced morbidity. Extended scope practice may impact on role substitution in the absence of the traditional provider of care (for example, in rural and remote health situations where a full complement of health care providers may not be available). Thus, the outcomes proposed from any new extended scope role in allied health should be considered from the perspective of all stakeholders and not just in terms of cost savings.

Conclusion
Advancing and extending the scope of allied health roles has the potential to assist in improving health care delivery in Australia. These initiatives thus are a viable part of the future Australian health care workforce as it faces several challenges in the coming decades. While such drivers exist, so do key evidence gaps on the effectiveness and sustainability of these initiatives. In order to ensure that the best value is made of advanced and extended scope allied health practitioners, we suggest that a concerted approach is taken to conceptualising and implementing new roles.

The following series of questions, in the form of a checklist (Figure 1), is provided as a way of conceptualising extended roles initiatives, streamlining efforts and avoiding potential pitfalls. This checklist is developed based on our experiences of, and lessons learnt from, piloting initiatives on advanced and extended scope of practice. These personal insights have been layered with evidence from the literature, where available, regarding advanced and extended scope of practice. On completion of this checklist it may be clearer about the need and support for a new, extended role, and where this is not currently available, interim steps would be to promote what tasks are undertaken by a discipline (within the scope of practice), what outcomes are achieved and how this discipline adds to the outputs of the institution.

Disclosure
The authors report no conflicts of interest in this work.

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