

POSITION STATEMENT

Extending Scope of Practice



Preamble

On June 4th, 2014, the Queensland Government released a report entitled *Ministerial Taskforce on Health Practitioner Expanded Scope of Practice*.¹ This final report detailed the findings of a Ministerial taskforce that had been established in March 2013 to identify opportunities for expanded scope of practice for non medical health practitioners (NMHP).

NMHP fall into three categories:

- (a) health practitioners who are registered to practice by the relevant National Board established under the *Health Practitioner Regulation National Law 2009* (the National Law)
- (b) health practitioners who are registered to practice in one or more jurisdiction and subject to the law in that jurisdiction (e.g. dietician)
- (c) health care workers who are unregistered (e.g. massage therapist)

This position statement deals with NMHP in categories (a) and (b)

AMA Queensland's Feedback to the Taskforce

The Ministerial Taskforce, which had been a commitment agreed to by the Queensland Government as part of the *Health Practitioners (Queensland Health) Certified Agreement (No.2) 2011*, was tasked by the Minister for Health with identifying;

- opportunities for NMHP to work to full scope of practice (including advanced clinical practice) and extend scope in appropriate contexts
- mechanisms to achieve effective delegation and support better use of the health practitioner workforce
- an integrated education, training and clinical governance strategy to support effective introduction and integration of new roles
- the funding implications of implementing the recommendations.

AMA Queensland was represented on this Taskforce. Our feedback to the Taskforce's interim response emphasised that while we cautiously supported some of the aims of the Taskforce, we felt the changes should be evidence based, implemented with care and not introduced until full scope models had been successfully implemented. Further, we noted that there were key roles that only a medical practitioner could perform, including;

- Diagnosis and prognosis
- Complex decision-making and care planning
- Training other doctors
- Medical leadership

¹ <http://www.health.qld.gov.au/ahwac/docs/min-taskforce/ministerial-taskforce-report.pdf>

AMA Queensland also advised that we could never support substitution of medical practitioners with other classes of health practitioners for workforce reasons or cost savings.

Report Recommendations

The final report made six recommendations that aim to optimise delivery of patient-centred and cost-effective services through allied health professionals expanding their scope of practice. These were;

- **Recommendation 1:** Hospital and Health Boards to lead the implementation of models of care that include allied health professionals expanding their scope of practice.
- **Recommendation 2:** Service agreements between the Department of Health and each Hospital and Health Service to require the implementation of models of care that include allied health professionals expanding their scope of practice, and to report annually.
- **Recommendation 3:** Allied Health Professions' Office of Queensland to showcase to Hospital and Health Services, the Queensland Clinical Senate and clinical networks opportunities to enhance patient experiences and provide cost-effective services through allied health professionals expanding their scope of practice.
- **Recommendation 4:** The Department of Health to support redesign of models of care to improve the patient journey and deliver cost-effective services in outpatient clinics, emergency departments and mental health services by allied professionals expanding their scope of practice.
- **Recommendation 5:** The Department of Health to address barriers to allied health professionals expanding their scope of practice by:
 - identifying and implementing alternative funding models and incentives with relevant partners
 - amending regulation, legislation and policy
 - developing measures and facilitating research into the outcomes of full scope of practice and extended scope tasks to further contribute to evidence.
- **Recommendation 6:** Allied Health Professions' Office of Queensland, in partnership with education providers, accreditation bodies and professional associations, to develop and facilitate access to education, training and tools to support allied health professionals to expand their scope of practice.

The report argues that these recommendations have been designed “to realise more effective and efficient use of the allied health workforce in order to achieve better outcomes for patients, the community and the workforce within Queensland Health.”²

AMA Queensland Position

AMA Queensland's view on extending allied health is consistent with AMA's position on task delegation as stated in the position statement on '*Task substitution in hospital settings 2006*'.³ AMA Queensland believes expansion of the scope of practice of NMHP should be allowed where:

² <http://www.health.qld.gov.au/ahwac/html/hpminitaskforce.asp>

³ <https://ama.com.au/position-statement/task-substitution-hospital-settings-2006>

- there is evidence to support the practice is safe, appropriate and benefits patients; and
- A doctor always leads the team the allied health professional is working in and has approved and delegated the practice and is available to give advice and support;
- The expanded scope of practice does not include the medical skills of diagnosis or prescribing prescription only medications.

AMA Queensland values the role and specific expertise of NMHP. We acknowledge and support the collaborative arrangements between medical practitioners and other health practitioners, for example, those between general practitioners, pharmacists and nurse practitioners; obstetricians and midwives; ophthalmologists and optometrists. However, NMHP do not have the education, training or skills to independently formulate medical diagnoses, independently interpret diagnostic tests, prescribe medication, issue repeat prescriptions, or decide on the admission of patients to, and discharge from, hospital.

AMA Queensland supports better utilising the skills and expertise of NMHP within their current scopes of practice to maximise health system capacity and efficiency. There is a current deficiency in time available by allied healthcare practitioners for direct patient care – this deficiency requires correction prior to expansion in practice. AMA Queensland believes they should be better resourced and enabled to maximise the full scope of their field of expertise, for example, utilising physiotherapists in an emergency department setting to provide better quality and more effective care to patients.

To optimise current scope of practice, it is necessary to ensure that there is a sufficient:

- NMHP workforce
- Funding for NMHP services
- Ancillary resourcing that supports current full scope (e.g. therapeutic equipment)

NMHP must have core skills and appropriate competencies to support safe scopes of practice, attained by completing high quality and accredited education and training courses. Training to undertake services falling under medical practitioner scopes of practice should be completed as formal, accredited training, not as an add-on non-formal short course.

Medical practitioners are the only health professionals with the depth of education, training and skills to assess and diagnose the patient as a whole, know the full range of clinically appropriate treatments for given conditions and to understand the risks and benefits inherent in those treatments for individual patients' clinical circumstances. They are the only practitioners who are trained to deal with the complexities of patients with co-morbidities.

It is an essential part of the training and ongoing education of medical practitioners to perform many procedures and treat many patients covering the full spectrum of potential eventualities. Shifting responsibility for routine procedures to NMHP will impact on the capacity of the health system to adequately train medical practitioners. Further, AMA Queensland is concerned that this change in scope is being suggested at a time when many medical graduates are already struggling to find available training opportunities. All health practitioners need to undertake a wide range and scope of cases - simple, routine and complex - in order to become, and remain, appropriately skilled. Extending the scope of practice of NMHPs has the potential to negatively impact upon this essential training for medical graduates, and is further reason why AMA Queensland urges the Government to implement this model with care and not until after full scope models have been successfully implemented.

AMA Queensland does not support independent diagnosis and treatment of medical conditions by NMHP. This encourages fragmented healthcare and presents an inherent risk to patient safety.

Nor does AMA Queensland support independent prescribing by NMHP outside a collaborative arrangement with a medical practitioner. This is in the interests of patient safety and quality of care.

Collaborative care arrangements between medical practitioners and NMHP must remain the benchmark standard of practice. AMA Queensland believes any services of a medical nature provided by NMHP should occur within a medically-led health care team where the medical practitioner remains responsible for leading the team and managing the care of patients. Medical practitioners are a cost effective provider of health care services and they have the breadth of skill to fully care for patients and lead health care teams.⁴ AMA Queensland believes effective collaboration is good for patients and in the best interests of all members of the collaborative team.⁵

Where NMHP are working autonomously, there needs to be a clear definition of the mechanisms for patient follow-up and ongoing management. The extent of responsibility and medicolegal risk management requires definition and would appropriately be borne by the healthcare practitioner managing the patient. Where medical practitioners are deemed to still have a supervisory and/or follow-up role, then policy and practice must allow for the medical practitioner to be able to act fully and appropriately in their best judgement, in this supervisory role, including in the direction of other healthcare team members.

Furthermore, AMAQ does not support extending scope of practice without:

- An evidence base of effectiveness and safety
- Transparent and robust indemnity arrangements
- Analysis of capacity to resource extended scope of practice and longer term sustainability
- Consideration of costs of achieving enhanced skills, which includes potentially reduced capacity for existing medical , allied health and nursing training

Overall, AMA Queensland believes that the current balance of care is working effectively, maximising patient safety while preserving patient access. We do not yet see a convincing case to change a system that is not broken, especially when there is still a need for the current NMHP scope of practice to be completely fulfilled in order for it to realise its current and future potential.

Date for review: September 2016

⁴ General Practice Advisory Council Queensland (2007). *General Practice Workforce Capacity Project Plan*

⁵ See “*Collaborative Arrangements – What You Need To Know*” at <https://ama.com.au/collaborative-arrangements-what-you-need-know> for further information