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Ms Julie Hulcombe
Allied Health Professions' Office of Queensland
Via email: Allied_Health_Advisory@health.qld.gov.au

Dear Ms Hulcombe

Thank you for providing AMA Queensland with the opportunity to give feedback on the *Allied Health Expanded Scope Strategy 2016 - 2021*.

AMA Queensland is the state's peak medical advocacy group, representing over 6000 medical practitioners across Queensland and throughout all levels of the health system. Both we and our members value the role and specific expertise of non-medical health practitioners (NMHP). We acknowledge and support the collaborative arrangements between medical practitioners and other health practitioners, for example, those between general practitioners, pharmacists and physiotherapists; 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. The move to expand the scope of practice for NMHP away from collaborative care arrangements between medical practitioners and NMHP puts patient safety at risk, exposes staff to medicolegal risk and rather than providing efficiencies in health care delivery, may prove to be more costly overall.

For these reasons and more, we have serious concerns with the proposals put forward in the *Allied Health Expanded Scope Strategy 2016 – 2021*.

Section 1: Optimise allied health scope of practice to improve patient access to value-based healthcare

At the outset, we acknowledge that this document is mostly a roadmap on what work needs to be done by the Allied Health Profession's Office (AHPO) to implement Queensland Health's expanded scope strategy. However there are indications that it will be tasking NMHP with duties that are far beyond what many of our members would find acceptable.

For instance, in 1.1, it says the strategy will aim to embed allied health models that optimise scope in areas such as ENT and neurosurgery. There are very few concrete details provided in the document as to what this "optimisation of scope" will be in these fields or how this will work in practice. However, given the high degree of training and medical knowledge that a medical practitioner requires to practice safely and efficiently in these specialties, it is difficult to envisage what Queensland Health might see as

an expanded scope of practice for NMHP in areas such as neurosurgery without compromising patient safety or diminishing a doctors timely access to patients who might require medical care.

AMA Queensland would therefore like to stress that while we have strong reservations in regard to expanding scope of practice for NMHP, if it is to occur at all it should only occur where:

- 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
- expanded scope of practice does not include the medical skills of diagnosis or prescribing prescription only medications (for example, S8 drugs)

Importantly, 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 NMHP should be better resourced and enabled to maximise the full scope of their field of expertise, for example, rehabilitating ward patients, utilising physiotherapists in an emergency department setting to provide better quality and more effective care to patients.

In this sense, we cautiously welcome the strategic priority expressed within the *Allied Health Expanded Scope Strategy 2016 – 2021* of optimising allied health scope of practice in areas such as the ED. However, we are concerned that this will not be backed up with additional funding, as stated on page viii. It is clear to us that to optimise current scope of practice for NMHP it will be necessary to ensure that there is sufficient resources to ensure they are readily available to meet the needs of patients. Ancillary resourcing that supports current full scope (e.g. therapeutic equipment) should also be available. How this can be achieved without further resourcing in an environment where full scope of NMHP is not currently being achieved is difficult to understand.

Section 2: Develop evidence and promote research

The lack of extra funding or resourcing is also a concern in regards to this part of the strategy. AMA Queensland appreciates the need to perform high quality, independent research, particularly given the scarcity of research which shows expanded scope can have a positive impact in the health system. However, we do question whether this should be a priority given that there will be no extra resourcing to fund this research. The money spent on commissioning this research would be better directed back into the health system to ensure that NMHP can practice at their full scope. In the design of trials attempting to show expanded scope might have some benefit, there needs to be careful selection of end points of relevance to meaningful patient outcomes and without any sense of role substitution with medical officers.

Section 3: Develop sustainable workforce capacity and capability

AMA Queensland supports the principle of providing NMHP with extra training, education and tools to support their full scope role. 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 is not appropriate given the over-supply of doctors in Australia. For example, a short graduate certificate or similar qualification in prescribing can never be an adequate substitute for the years of multi-faceted learning and mentoring undertaken by doctors and any suggestion that this is in any way equal to medical training is refuted.

However this again underlines our concern around the appropriateness of NMHP expanding their scope of practice. Currently 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 comorbidities. 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 or attempting to 'slice out' a small portion of this holistic medical officer role to NMHP will impact on the capacity of the health system to adequately train medical practitioners, shifts responsibility to ill-equipped colleagues and undervalues the role of 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. Current proposals for co-signed scripts between pharmacists and doctors deprive junior doctors of critical discussion and learning opportunities.

Section 4: Maximise opportunities and address persistent barriers

AMA Queensland supports further engagement between the AHPO and its stakeholders and consumers. We also support moves by the AHPO to seek funding for its initiatives from the Commonwealth and other levels of government. However we reiterate our belief that any funding should first be directed as achieving full scope of practice before expanding scope to support current activity and not reach towards role substitution with doctors.

General Comments

As the Allied Health Professions Office continues to develop the strategy and the specifics of an expanded scope model for Queensland, AMA Queensland would like to provide some general advice in regards to our view on the matter.

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 supervising medical practitioner and never of potentially dangerous drugs such as S8's. 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. AMA Queensland believes effective collaboration is good for patients and in the best interests of all members of the collaborative team. Role substitution which reduces doctors contact with patients and their ability to perceive potential problems is dangerous.

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 medico-legal risk management requires definition and would appropriately be borne by the non-medical 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, independently and appropriately in their best judgement, in this supervisory role, including in the direction of other healthcare team members.

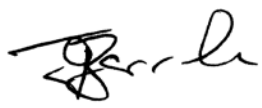
Furthermore, AMAQ does not support extending scope of practice without:

- A credible evidence base of superior effectiveness and safety to current models of care
- Transparent and robust indemnity arrangements
- Analysis of capacity to resource extended scope of practice and longer term sustainability
- Enduring prominence placed on ensuring current capacity and training models are in line with credible workforce data supporting appropriately trained scopes of practice

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 potential.

In closing, AMA Queensland thanks you for providing us with the opportunity to provide the committee with a submission on the *Allied Health Expanded Scope Strategy 2016 - 2021*. If you require further information or assistance in this matter, please contact Mr Leif Bremermann, Senior Policy Advisor, on 3872 2200.

Yours sincerely



Dr Chris Zappala
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