

WA Health Physiotherapy Expanded Practice Project

Consultation Summary Report

FINAL

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Finally, WA Health acknowledges Queensland Health (in particular, the Allied Health Professions' Office of Queensland) for permitting the use and adaptation of a significant amount of consultation paper content for WA Health consultation purposes.

Content adopted and/or adapted from other State and Territory resources is acknowledged via citation.

LIST OF ABBREVIATIONS

APA – Australian Physiotherapy Association

APC – Australian Physiotherapy Council

CPD – Continuing Professional Development

ESP – Expanded Scope of Practice

ESPWG - Expanded Scope of Practice Working Group

JDF – Job Description File

PBA – Physiotherapy Board of Australia

NEAT – National Emergency Access Target

NEST – National Elective Surgery Target

1.0 Summary Report Overview

This report summarises the consultation findings of the WA Health Expanded Scope of Practice (ESP) Physiotherapy Project, an initiative of WA Health's Chief Health Professions Office (CHPO) in collaboration with the ESP Physiotherapy Project Working Group (Working Group) and the Department of Health Allied Health Council (DoHAHC). This report presents the overall project and consultation objectives as well as the consultation process, evaluation methodology, key findings and Working Group-approved recommendations.

Along with the Literature Overview findings and project principles, the recommendations inform the development of a standardised and sustainable strategic framework for ESP physiotherapy implementation in WA Health. A more detailed consultation report is available from the CHPO upon request (please contact Christie Sorenti, Policy Officer, CHPO – christie.sorenti@health.wa.gov.au).

2.0 Project Aim, Benefits and Existing WA Health ESP Physiotherapy Models of Care

The aim of the WA Health Physiotherapy ESP Project is to facilitate the standardised implementation of ESP physiotherapy models of care, where appropriate, in WA Health. The project deliverables are:

- A strategic framework guiding the mechanisms (processes and practices) for ESP physiotherapy role implementation by health services.
- An implementation plan to facilitate/enable ESP physiotherapy role implementation at the system manager level.

Compelling evidence of the benefits of such models of care for patients and the health system is presented in the literature overview, including improved patient outcomes and health system efficiencies:

<http://www.ochpo.health.wa.gov.au/docs/ExpandedScopeofPracticePhysiotherapy-ALiteratureOverview.pdf>).

The benefits of *standardised* statewide implementation include: the transferability of education, training and competencies; profession and patient understanding of ESP physiotherapy roles; the creation of a critical mass of skilled and credentialed ESP physiotherapists; and the evaluation of consistent outcomes.

Advanced practice physiotherapy musculoskeletal models of care are already operational in certain WA Health services. Anecdotally, integration of advanced practice physiotherapy models of care into the Fiona Stanley Hospital (FSH) emergency department (ED) and the Sir Charles Gairdner Hospital (SCGH) neurosurgical and orthopaedic clinics has been effective. An evaluation of the SCGH neurosurgical and orthopaedic outpatient clinics showed the advanced physiotherapy triage model of care reduced wasted surgeon time on non-surgical cases, facilitated referral to conservative management and provided early intervention, thereby reducing patient waiting times and reducing service costs.

Further implementation of these models of care will not result in physiotherapists being able to work outside their authorised scope of practice.

3.0 Expanded Scope of Practice Definitions

The *Australian Health Workforce Advisory Committee* (AHWAC) definitions were adopted for this project, as follows:

Expanded scope of practice: “An umbrella term that refers to both advanced and extended scope of practice”.

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.

Extended practice: “A role that is currently outside the currently recognised scope of practice and 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”.

The ESP physiotherapy models of care will build on the graduate skills of the physiotherapy workforce instead of being new graduate roles (such as the allied health assistant [AHA] workforce)¹. Allied Health Assistants (AHAs) may have a role to play in the ESP physiotherapy models of care with respect to supervised delegation of basic tasks, freeing up ESP physiotherapists to focus on advanced and/or extended scope tasks. The CHPO is currently scoping options for the expansion of AHA roles in WA Health.

As per the consultation paper, the ESPWG adopted the **delegation** definition of the Queensland Taskforce Consultation Paper for this project: “Delegation of tasks occurs when practitioners authorise another healthcare worker to provide treatment or care on their behalf. In making the decision to delegate, practitioners make the judgement that the person to whom they are delegating tasks has the appropriate education, knowledge and skills to undertake the activity. The delegating practitioner remains responsible for the overall management of the client and the decision to delegate. The person to whom responsibility has been delegated is accountable for their own decisions and actions”.

4.0 Stakeholder Consultation

4.1 AIM AND APPROACH

The aim of the consultation was to scope the range of stakeholder views on the ‘system manager’ implementation and strategic framework content options presented in the consultation paper.

Between 27 October and 9 December 2014, the Working Group consulted with a broad range of stakeholders via a consultation paper (electronic or paper based). This paper was informed by the literature review², and modelled on the *Queensland Ministerial Taskforce on Health Practitioner Expanded Scope of Practice Consultation Paper* (the QLD consultation) and corresponding final report³, covering:

- Principles
- Definitions of advanced and extended practice and delegation to support workforce
- Scope of practice (the range of role/activity/task competency and skills) for these roles
- Models of care (by clinical setting and specialty)

¹ McKimm, J et al. 2013, Expanded and extended health practitioner roles: a review of international practice, Human Resources for Health Knowledge Hub, Sydney, Australia.

² <http://www.ochpo.health.wa.gov.au/docs/ExpandedScopeofPracticePhysiotherapy-ALiteratureOverview.pdf>

³ The Queensland consultation covered a broad range of allied health professions, not just physiotherapy.

- WA Health strategic priority areas
- Barriers to implementation
- Implementation concerns
- Safety and quality
- Implementation evaluation

Stakeholder feedback was invited from the following groups: All of WA Health (including all professions in rural and metropolitan regions – allied health and health sciences, nursing, pharmacy, medicine), the Australian Physiotherapy Association (APA WA), universities providing physiotherapy training (Curtin, UWA and Notre Dame), the Health Consumer’s Council of WA, and the Physiotherapy Board of Australia (WA Branch).

4.2 ANALYSIS METHODOLOGY

Content analysis was used to categorise responses into themes. Themes were identified on the basis of the consistency of support/opposition (yes/no responses) to the proposed strategic framework content in the consultation paper and of any additional open-ended responses. The relative strength of a theme was indicated by the number of similar or consistent responses in a category.

Due to significant response overlap, and to inform the broader *expanded* scope of practice analysis, questions 2 and 3A (advanced and extended scope of practice) and 5-7 (model of care and priority areas) were independently combined for analysis. Most of the confusion between questions 2 and 3A related to question 3A (extended scope) responses incorrectly referring to advanced scope. With regard to particular roles, activities and tasks, this overlap spanned:

- Would management
- Prescribing
- Injecting (Botox for spasticity management)
- Diagnostic imaging
- Plastering

Confusion between questions 5-7 may reflect insufficient definition and differentiation of *priority areas* and *models of care*, specifically Attachment 1 of the WA Health consultation paper: *Evidence Based ESP Physiotherapy Models of Care*. The questions aimed to identify:

- Question 5 - Whether the priority areas (clinical setting and associated WA Health service priorities) covered in Attachment 1 reflected models of care relevant to the respondent’s health service.
- Question 6 - Any additional priority areas (clinical settings/specialty areas) not covered in Attachment 1 that would address WA Health service priorities and opportunities.
- Question 7 - Additional models of care not covered by Attachment 1.

4.3 FINDINGS AND RECOMMENDATIONS

A total of 49 responses to the consultation paper were received from the physiotherapy (88%), pharmacy, medicine and nursing professions, the APA WA, a university and an aggregated WACHS response. Themes were categorised by profession/group and location (metro/WACHS), where applicable. Where comparable, the WA findings showed general consistency with the Queensland Health findings.

Given the paucity of responses from medical, nursing and other allied health/health science professions (only pharmacy), the results may not be representative of the views of these professions in WA Health.

QUESTION 1 – PRINCIPLES

Are there additional principles that should underpin maximizing physiotherapist ESP?

- Of the 26 responses, almost two-thirds agreed with the proposed consultation paper principles without providing any additional information. Except for the single APA WA respondent, all of these responses were from physiotherapists.
- None of the additional information provided by nine respondents opposed the proposed principles. Two additional complimentary principles were identified as themes, as follows (in order of support):
 - *Whole of Health applicability and transferability*
 - *Contemporary and adaptable/flexible*

RECOMMENDATION/S

REC 1: Retain the proposed consultation paper principles and add the suggested themes as principles in the strategic framework:

- Safe, ethical, high quality and evidence based health care;
- Patient centred;
- Equitable, accessible and timely services;
- Cost effective;
- Sustainable;
- Compliant with legislation, regulation and healthcare standards;
- Relevant to the demographic and clinical context;
- Collaborative - multi-disciplinary and inter-professional context;
- Supporting a highly skilled and dedicated workforce;
- Full utilisation of workforce skills;
- Contemporary and adaptable/flexible; and
- Whole of WA Health applicability and transferability.

QUESTIONS 2 AND 3A – ADVANCED AND EXTENDED SCOPE OF PRACTICE

Qu 2: Do the SCGH Advanced Practice Scope Physiotherapist and FSH ED Advanced Scope Physiotherapist duty statements (JDFs) capture all the roles, tasks and activities associated with advanced scope practice. If not, specify others.

Qu 3A: Are there other roles, tasks and activities that reflect extended scope of practice that should be considered for physiotherapy?

- Nine respondents (all physiotherapists) agreed and the remainder (17) disagreed that the FSH and SCGH JDFs included all the roles, tasks and activities associated with advanced scope of practice. Ten respondents (physiotherapists, the APA WA, and the university) agreed that there were other relevant roles, activities and tasks reflecting extended practice, than proposed in the consultation paper.
- For advanced practice, the 17 respondents provided additional information, representing all professions/groups except the single 'Other AHHS' (pharmacist) respondent. Almost half (8) of these respondents indicated that the JDFs and the consultation paper proposed roles,

tasks and activities were specific to the musculoskeletal area and therefore incomplete. For extended practice, 21 respondents provided additional information, representing all professions/groups, except medicine.

- The nursing, pharmacy and medicine respondents expressed concern with the prescribing and administration of medication by ESP physiotherapists. Only two physiotherapists expressed such concerns, specifically in relation to joint injection and local anaesthetic for suturing.
- There was general consensus across all physiotherapist respondents that independently requesting radiological investigations constitutes advanced, not extended practice. This was consistent with the consultation paper in which diagnostic imaging (not radiographic investigation) was included as an activity of extended practice (eg. Ultrasound, CT scan and Magnetic Resonance Imaging). However, requests for x-rays and certain diagnostic imaging investigations are within scope for physiotherapists in the private sector and do not require legislative change to occur in WA Health – the public sector being around the Medicare rebate. This need not be limited to extended practice.
- Plaster casting (acute fracture management) for advanced practice and dry needling (acupuncture) for extended practice were the only musculoskeletal specific roles suggested in addition to those listed for this specialty area in the consultation paper. However, it should be noted that both activities are practiced routinely at base grade levels and are not generally regarded as advanced or extended practice in the literature.
- A broader range of physiotherapy ESP models of care was present in the WA Health findings relative to Queensland, which was limited to musculoskeletal models of care. Several respondents suggested extending ESP models of care beyond physiotherapists to other allied health professions - podiatrists, occupational therapists, dietitians and speech pathologists.

RECOMMENDATION/S

REC 2: Activities and tasks (eg. Requesting investigations) assigned to identical roles should differentiate between advanced and extended scopes of practice.

REC 3: The depth/level of definition for advanced and extended practice roles, activities and tasks for inclusion in the strategic framework needs to be determined. This should remain sufficiently high level to ensure flexibility for role evolution and health service variation.

REC 4: Roles, activities and tasks should be allocated to the following clinical specialty areas/settings identified in the results, in addition to the musculoskeletal and neurosurgical areas included in the consultation paper:

- Mental health
- Paediatrics
- Gerontology
- Neurology
- Cardiorespiratory
- Continence and Women's Health

REC 5: Add additional roles, activities and tasks to the already proposed musculoskeletal specialty area as follows: Extended - MRI of peripheral joints, bone scans, and joint and tendon injections, interpret medical imaging, joint reductions and joint aspirations.

REC 6: Strategic framework to acknowledge that all roles, tasks and activities will be performed within the individual practitioner's scope of practice based on their skills, knowledge, education/training, as well as the scope of the position as relevant to the clinical setting and specialty area. This is consistent with the proposed consultation paper principles and the pending *WA Health Allied Health and Health Sciences Credentialing and Scope of Practice Policy*.

QUESTION 3B – ADDITIONAL TRAINING FOR EXTENDED SCOPE ROLES

If you are a practising physiotherapist within WA Health, do you believe you would need additional training or development to perform any of these tasks safely and competently?

- Although this question was directed at physiotherapists, other professions/groups were represented in the responses. All 34 respondents, representing all professions/groups (except medicine), and the largest response rate of all questions, supported additional training for extended scope roles.
- Given the overlap between advanced and extended scope physiotherapy responses, it cannot be assumed that this support for additional training applies to extended scope exclusively. In fact, several responses referred to both advanced and extended practice. These findings therefore apply to expanded scope.
- Collectively, the responses addressed training in the following categories: Specific tasks/activities, education level and minimum requirements, interface/modality (eg. Face to face), currently available training and perceived competencies based on current training.
- The majority of respondents linked training requirements with particular roles, activities and tasks of which medication prescription and administration, and radiology and pathology investigations were the most frequently cited, followed by suturing.
- The majority of physiotherapists supported a minimum Masters (or equivalent) education level. WACHS requested greater qualification flexibility given rural and remote issues with attracting staff and existing allied health management structures.

RECOMMENDATION/S

REC 7: Options for meeting physiotherapy ESP training requirements in WA Health take into account existing education and training. This will involve cataloguing current advanced and extended training courses and modules, including relevant content provided by other professions (eg. Nurse Practitioner model) and in other States and Territories, as per the Literature Overview (eg. *Advanced Musculoskeletal Physiotherapy Clinical Education Framework*).

REC 8: Physiotherapy ESP education/training requirements for WA Health acknowledge the Western Australia Industrial Relations Commission's (WAIRC) like-to-like requirement for the creation of new JDFs (that is, based on the current SCGH and FSH JDF tertiary Masters of Physiotherapy requirement), in addition to competency based assessment and continuing professional development.

REC 9: Relevant universities, the APA WA, PBA and the Australian Health Professions Regulation Authority (AHPRA) are engaged to ensure the development and/or integration of training that supports the effective implementation of physiotherapy ESP models in keeping with WA Health clinical governance requirements.

REC 10: Processes supporting additional education and training will need to address:

- Assessment of practitioner experience and training/qualifications
- The specification of clear and relevant supervision protocols
- Peer review of skills, including by more senior physiotherapists

Question 4 – Delegation

Are there less complex physiotherapy tasks that could be delegated in order to facilitate physiotherapists' expansion at the higher end of the skills continuum into full/advanced scope of practice and/or extended scope of practice as described above?

- All 31 respondents (28 physiotherapy, 1 nursing, 1 university and WACHS) agreed less complex physiotherapy tasks could be delegated to adequately trained support workers. Responses were categorised as follows:

Specific delegation activities/tasks

- Administrative support
- Transport
- Exercise and mobilisation (in stable populations)
- Assessment and screening
- Treatment

Necessary delegation conditions

- Professional boundaries
- Supporting workforce structures and processes
- Appropriate training

“Physiotherapy assistant” training options (no sub-categories)

- The most strongly supported workforce structure and process underpinning effective delegation was the presence of a defined clinical pathway and supervision by the delegating practitioner. Several respondents referred to “physiotherapy assistants” rather than Allied Health Assistants (AHAs), with one respondent claiming the former were preferable given AHAs “seem to require significant upskilling to work in a physiotherapy department”.

RECOMMENDATION/S

- **REC 11:** Physiotherapy ESP delegation options be progressed under the CHPO’s Allied Health Assistants (AHA) project.

QUESTIONS 5-7 – PRIORITY AREAS FOR ESP PHYSIOTHERAPY MODELS OF CARE

5. Do any of the priority areas summarised in Attachment 1 reflect current or potential models of care for WA Health as relevant to your health service?
6. Are there other priority areas where advanced and/or extended physiotherapist scope of practice would support achievement of WA Health service priorities and achieve good outcomes?
7. Are you aware of any other potential or existing physiotherapist expanded practice models of care in addition to those provided in Attachment 1?

- There was significant overlap with the responses to questions 2 and 3A.
- Responses to each question included the following related elements:
 - Clinical specialty
 - Clinical setting and site
 - Role/task/activity
 - Existing and potential models of care
 - WA Health service priorities
- Almost all respondents noted the restriction of the consultation paper’s Attachment 1 models to musculoskeletal conditions. Additional physiotherapy ESP models of care were proposed in the following clinical specialty areas, in addition to the musculoskeletal area:
 - Paediatrics
 - Neurological/Spinal
 - Continence and Women’s Health

- Lymphoedema management
- Cardio-respiratory
- Gerontology
- Mental Health
- Hand Therapy
- Additional roles/ activities/ tasks proposed for musculoskeletal ESP models of care were:
 - Soft tissue and closed bony trauma
 - Screening patients/triage (Total knee, hip and shoulder replacement)
- Medical opposition to the presented musculoskeletal models of care referred to non-operative intervention with hips and knees (except as a joint replacement follow-up program), and direct surgical listing for total hip replacement.

RECOMMENDATION/S:

REC 12: In addition to existing musculoskeletal ESP models of care, consider the additional clinical specialty areas and associated expanded practice roles, activities and tasks for inclusion in the strategic framework.

REC 13: Examine implementation options and requirements for the various clinical settings and models of care.

QUESTION 8 – POTENTIAL AND ACTUAL BARRIERS

Do you agree with the proposed potential barriers? Are you aware of any other potential (or actual) barriers? Please specify.

- Almost all respondents agreed with some or all of the proposed consultation paper barriers. Only two physiotherapists disagreed that skills and training (potential impact on medical training and lack of expert skills/experience) are barriers, claiming they are false barriers.
- In order, respondents agreed most strongly with the following boundaries:
 - Organisational and Culture/leadership
 - A history of rigid and/or misconceived professional boundaries
 - Lack of top-down and organisational support
 - Funding models and regulation
 - Clinical risk perceptions
- Additional information was categorised as either contextual (in relation to barriers overall eg. “Barriers present themselves daily”), a proposed solution (eg. “Solutions need to be focussed on providing efficient (time and money) and quality care which is not determined by historical or protectionist boundaries”) or a proposed additional barrier.
- Unlike the Queensland consultation, the WA survey did not identify liability and indemnity issues as a major barrier. This possibly reflects the low WA survey response rate from the medical profession, as this barrier was most strongly identified by this profession in the Queensland consultation.
- Four additional barriers were suggested, all of which were categorised under the organisational and cultural/leadership category (as shown in the recommendation below).

RECOMMENDATION/S

- **REC 14:** All potential and actual barriers included in the consultation paper and those proposed by survey respondents be considered as part of model of care implementation. The following barriers are added to those proposed in the consultation paper under the *Organisational and Cultural/Leadership* category:

- Lack of a standardised WA Health approach to implementing ESP models of care in WA Health (the development of the strategic framework aims to address this)
- Weaker union representation for allied health relative to other professions
- Rigid roles and treatment guidelines within WA Health
- Impost on clinician time to implement and support these roles.

QUESTION 9 - APPLICABILITY OF QLD TASKFORCE FINDING ON COST SAVINGS

Do you believe the following Queensland finding is applicable to WA Health – why/why not and in which clinical settings?

“With appropriate review of skill mix and allocation of resources within clinical teams, including delegation of tasks to support workforce, expanded scope of practice models could be implemented within current budgets and in some cases, achieve cost savings”.

- Of the 28 responses, 17 (15 physiotherapists, one university and the APA WA) addressed factors supporting the Queensland finding translation to WA Health and/or identifying applicable clinical setting/s.
- There was general support for the translation of the Queensland finding. This agreement was evident across the physiotherapy profession, the APA WA, university and WACHS responses, based on perceived consistency of:
 - National regulation and education standards
 - Health system pressures nationally
 - Salary differences between the medical and physiotherapy professions
- Of the other responding professions, Nursing disagreed with the statement given the higher remuneration associated with such roles, as per the recent WAIRC advanced practice physiotherapist decision for FSH and SCGH. The Pharmacy respondent’s feedback opposed the applicability of physiotherapy ESP models of care to WA Health in principle without reference to costs.

RECOMMENDATION/S

- **REC 15:** The implementation approach accounts for the overall physiotherapy support for and other profession disagreement with ESP model of care achievement of cost savings, as per the QLD Health finding.
- **REC 16:** The strategic framework includes a similar recommendation to QLD Health’s recommendation 3 – that the CHPO and the Working Group showcase the benefits of the ESP physiotherapy roles (especially patient and health system outcomes) to hospitals and health services. This will need to involve the engagement of champions in nursing, pharmacy and medicine.

QUESTION 10 - PHYSIOTHERAPY ESP IMPLEMENTATION CONCERNS

Do you have any concerns regarding implementation of physiotherapy ESP roles? Please explain.

- Respondent concerns covered Physiotherapy ESP models of care, mentoring and supervision, leave management and relief cover, roles/tasks/activities, clinical governance structures and processes (credentialing), education and training (including continuing professional development [CPD]), remuneration and profession recognition, standardisation of ESP roles across the physiotherapy profession, and standardised statewide (instead of jurisdictional) implementation.

- Across all responding professions/groups, the most common implementation concern was that the physiotherapy ESP roles be implemented with appropriate governance structures and processes, including credentialing of skills, competency and training. The next most frequently mentioned themes were, in order:
 - Appropriate remuneration (by physiotherapists, the university and APA respondents) for the role.
 - Models of care.
 - Education and training.
- One physiotherapy respondent expressed concerns about the physiotherapy ESP model of care in principle, expressing a desire to continue working within their current scope of practice. This was also a finding of the QLD Taskforce in relation to “some allied health professionals” (including physiotherapists).
- The potential for inconsistent change, resulting in inequity of patient care, was a shared concern of the QLD and WA Health consultation findings.

RECOMMENDATION/S

- **REC 17:** As per the proposed consultation paper principles, implementation of physiotherapy ESP roles should be safe, ethical, of high quality and evidence based. The strategic framework will need to comply and align with broader WA Health policy, particularly the WA Health Clinical Governance Framework and the pending *WA Health Allied Health Credentialing and Scope of Practice Policy*.
- **REC 18:** The strategic framework to acknowledge physiotherapy ESP role compliance with Physiotherapy Board of Australia (PBA), Australian Physiotherapy Council (APC) and Australian Physiotherapy Association (APA) standards, codes and guidelines.
- **REC 19:** Any inclusion of limited prescribing in the strategic framework considers current legislation, the NPS Medicinewise Prescribing Competencies Framework and the Health Professionals Prescribing Pathway.

QUESTION 11 – SAFETY AND QUALITY PROCESSES

Would you recommend any processes to ensure the safety and quality of these roles in addition to registration (credentialing), ongoing training, adherence to clinical governance policies and self-recognition of scope of practice competencies? Specify.

- Half of all respondents (physiotherapists, university and APA WA) referred to the measurement of patient satisfaction and outcomes as a process to maximise the safety and quality of ESP roles.
- Official mentoring and supervision was recommended on nine occasions by physiotherapists and by WACHS, with the majority supporting provision by another ESP physiotherapist in a senior position.
- Both metropolitan and WACHS respondents supported an agreed supervisory competency framework with performance management review and clinical peer review evaluation.
- None of the responses addressed medicine prescription or administration in relation to processes for ensuring safety and quality. While these concerns were raised in response to question 10 (Implementation Concerns), no processes or structures were recommended to manage these concerns in terms of safety and quality.

RECOMMENDATION/S

REC 20: In addition to the safety and quality mechanisms raised in the consultation paper (registration credentialing, ongoing training, adherence to clinical governance policies and self-assessment of scope of practice competencies), the strategic framework includes the structures and processes recommended by respondents, particularly:

- Consumer consultation on service gaps and outcomes (eg. Patient satisfaction survey).
- Mentoring and supervision processes (including clinical peer review and evaluation).

QUESTION 12 – CURRENT OR POTENTIAL PERFORMANCE INDICATORS

Are you aware of any current (or potential) performance indicators linked to expanded scope of practice roles? Specify.

- Approximately one-quarter of respondents (5 physiotherapists and 1 nursing response) advised they were unaware of any current or potential performance indicators linked to ESP physiotherapy roles. The remaining 17 respondents (15 physiotherapists, the APA WA and the university) identified output and outcome measures.
- The National Emergency Access Target (NEAT) was the most commonly suggested output measure (11 responses), followed by the National Elective Surgery Target (NEST). Outcome measures supported by four respondents were patient satisfaction and number of adverse events.

RECOMMENDATIONS

- **REC 21:** The strategic framework considers and represents existing appropriate evaluation tools and KPIs.
- **REC 22:** Performance indicators should draw on the former Health Workforce Australia's (HWA) Expanded Scope of Practice program toolkit to support the implementation of advanced musculoskeletal physiotherapy models of care, as well as other rigorous and evaluated frameworks and resources identified in the Literature Overview.

5.0 RECOMMENDED WA HEALTH ESP PHYSIOTHERAPY IMPLEMENTATION APPROACH

The consultation and Literature Overview findings provide evidence-based options for the standardised and sustainable WA Health ESP physiotherapy implementation approach, differentiated by audience as follows:

- System manager level (implementation plan) – Comprising Department of Health (central office), the CHPO, ESPWG and other stakeholders facilitating/enabling implementation by health services.
- Health service level (strategic framework) - Area health service and individual health service implementation of ESP physiotherapy models of care in WA Health covering, but not limited to, the range of elements specified in the consultation paper: Principles, models of care and scope of practice definition and specification, delegation, education and training requirements, safety and quality, WA Health priority areas, implementation concerns and barriers, and evaluation.

The range and depth of content covering roles/responsibilities, processes and/or systems varied significantly across the frameworks and tools reviewed. The following strategic framework inclusion criteria will guide translation of the survey and Literature Overview findings into the WA Health strategic framework:

- Sufficient flexibility to enable area health service adaptation of the recommended approach across clinical speciality areas and clinical settings, as well as integration into workforce plans, the development of which is a recommendation of the draft *WA Health Strategic Workforce Plan 2015-25*.
- Coverage of elements materially relevant to area health service implementation of ESP physiotherapy roles/models of care – processes, structures, systems and roles as related to industrial, legislative, regulatory, employer/organisation, training, governance and funding contexts.
- Contextual relevance.
- Consistency with agreed project principles and WA Health strategic priorities.
- Sustainability.

Health service implementation of these models of care based on the strategic framework will be optional. The strategic framework will represent those elements of the most rigorous and efficacious national frameworks and resources reviewed that best guide implementation in WA Health.



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