



# Advanced Scope of Practice Framework: Occupational Therapy In Palliative Care

Framework Paper for  
Statewide Occupational Therapy Advisory Group

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# CONTENTS

1. EXECUTIVE SUMMARY .....	4
2. INTRODUCTION .....	5
2.1. Background .....	5
2.2. Definitions .....	6
2.3. Underpinning Principles of Advanced Scope of Practice.....	7
2.4. Advanced Scope of Practice Pillars .....	8
2.5. Extended Scope of Practice.....	9
2.6. Trans-disciplinary Practice .....	10
2.7. Benefits of Advanced Practice Roles.....	11
3. OCCUPATIONAL THERAPY .....	12
3.1. Scope of Practice .....	12
3.2. Palliative Care .....	12
3.3. Core Scope of Practice in Palliative Care (all professions) .....	12
4. OCCUPATIONAL THERAPY ROLE IN PALLIATIVE CARE .....	13
4.1. Occupational Therapy Advanced Scope of Practice in Palliative Care .....	13
5. IMPLEMENTATION .....	14
5.1. Identifying the need for Advanced Scope of Practice Roles.....	14
5.2. Requirement for gaining Advanced Scope of Practice Status.....	14
5.3. Process for renewal/maintenance of ASOP Status within SA Health.....	14
5.4. Governance within SA Health .....	15
5.5. Evaluation, Review and Monitoring.....	15
6. RECOMMENDATIONS.....	16
7. REFERENCES .....	17
8. APPENDICES.....	20

# 1. EXECUTIVE SUMMARY

Nationally and internationally, new models of care are being developed to respond to the predicted escalating demands on health services and the skills supply issues in the years ahead (Queensland Health 2005, ACT Health 2012, HWA 2012, NSW Government 2012, Vic Health 2012, Queensland Health 2012, SA Health 2014, HWA 2014, Qld 2014, HWA 2014). Significant workplace reforms such as exploring alternative models of care and reorienting the health system by making the best use of workforce resources is of particular importance if SA Health is to meet the outcomes identified in the South Australia's Transforming Health (2014) and SA Health Care Plan 2007-2016.

Three models of care that have strong support both internationally and within all Australian jurisdictions are:

- a) Ensuring that health professionals are working to their full scope as well as advanced and extended scope of practice roles (AESOP) thereby completing duties that historically have been completed by more expensive health professional workforce;
- b) Increasing the use of an assistant level workforce with well-defined roles and governance to undertake duties that have been relinquished, delegated and supervised by the professional workforce;
- c) Building and ensuring the retention of professional, assistant and technical workforces to combat the increasing service demands of the ageing population and predicted workforce shortages.

This framework has been developed to guide the successful development, implementation and evaluation of advanced practice roles within palliative care for Occupational Therapy (OT) in SA Health. This framework will ensure a consistent approach is taken and that appropriate governance arrangements are in place to support advanced level practice. It is aimed at employers, service providers, education providers and Occupational Therapists.

The following points are the recommended steps to maximize the success and efficiency of implementation:

- Implementation of a governance system to support the application of Advanced SOP (ASOP) roles in services;
- Consideration of funding mechanisms to support post graduate study for OTs interested in working toward ASOP role;
- Evaluation and monitoring of implementation, analysis and subsequent publishing of evidence;
- Collaboration and partnership with education providers to:
  - Cultivate University courses for palliative care that would meet educational requirements of advanced practice roles ;
  - Devise competencies and associated research elements of advanced practice roles;
  - Develop joint academic clinical roles (National Leadership and Innovation Agency for Healthcare, 2011).
- Development of common portfolio templates, standardisation of skills assessment and creation of competency assessment teams (National Leadership and Innovation Agency for Healthcare, 2011).
- Ongoing collaboration with Occupational Therapy Australia (OTA) and AHPRA to define workforce need, credentialling and registration implications.
- Collaboration between the SA Health Allied and Scientific Health Office and Local Health Networks in development of innovative models of care utilising the role ASOP OTs have in development of efficiencies and improved outcomes for consumers.

## 2. INTRODUCTION

Healthcare provision has changed significantly and will continue to do so in response to changes in communities' health and wellbeing needs. These changes require a health workforce equipped to respond effectively and flexibly to new models of care as they emerge. In this rapidly evolving health environment, Allied Health (AH) is well positioned to respond to new challenges and contribute to the new face of health care and the health workforce.

Future health workforce modelling indicates that role advancement across most health disciplines will become a required reality. Some of these advancements are already in place and well established, such as nurse practitioners (Monash Health, 2011). Recognition and implementation of Advanced Practice is one approach to enable SA Health to manage increasing demand through effective utilisation of existing resources by empowering service providers and clinical staff with the tools they need to lead, change and deliver high quality care.

### 2.1. Background

Scope of practice is described as the full spectrum of roles, functions, responsibilities, activities and decision making capacity which individuals within a profession are educated, competent and authorised to perform (OTA, 2014). Advanced scope of practice is clinical practice within the current scope of practice but involves complex issues which require higher levels of proficiency than entry level competency (OTA, 2014).

Advanced practice is not presently recognised by the [Occupational Therapy Board of Australia \(OTBA\)](#) for the profession of occupational therapy in Australia. However significant work is currently being undertaken by Occupational Therapy Australia in liaison with the OTBA due to recognized need and in response to the World Federation of Occupational Therapists (WFOT) recent release of their Position Statement on Specialisation and Advanced OT Competencies. Nationally and internationally, health services are seeking strategies to provide quality services for a greater number of consumers with decreasing resources. Juxtaposed with this is National and International investigation of the benefits associated with recognising Advanced Scope of Practice roles for many Health Professions.

In August 2014, the South Australian State Government announced "Transforming Health" highlighting its intent to transform the healthcare system to provide statewide quality care, effectiveness and adaptability that South Australians expect and deserve (SA Health, 2015). Current system changes imminent within SA Health recognize the need to increase community based services such as Hospital@Home (SA Health, 2015). It is proposed to increase use of specialist teams to co-ordinate and provide intermediate care in the community, reducing hospital admission (SA Health, 2015) which is consistent with principles of advanced scope of practice.

The SA Health Palliative Care Services Plan 2009-2016 redefined service provision for palliative care across South Australia and proposed that specialist metropolitan based services have responsibilities in supporting metropolitan and country palliative care service providers. Research has shown that the last two years of life are the most costly to the health system (Constant, Peterson, Mallory & Major, 2011) and improvements in end of life care approaches has potential for health reform while providing quality, caring services. Reshaping and expansion of services facilitated the development of advanced practice roles based at the level six services (SA Health, 2009). There is currently some ambiguity regarding how these roles articulate with pre-existing services whilst working in advanced scope of palliative care practice.

The purpose of this discussion paper is to describe:

1. Advanced scope of practice for occupational therapists working in SA Health
2. Advanced scope of practice for occupational therapists working in a palliative care setting in SA Health
3. Essential components required for implementation

This framework has been developed to guide the successful development, implementation and evaluation of advanced practice OT roles within palliative care in SA Health. It will ensure a consistent approach is taken and appropriate governance arrangements are in place to support advanced level practice. The framework is aimed at employers, service providers, education providers and OTs.

## 2.2. Definitions

### Scope of Practice

Scope of practice is the full spectrum of roles, functions, responsibilities, activities and decision making capacity which individuals within a profession are educated, competent and authorised to perform (OTA, 2014).

### Occupational Therapy Core Scope of Practice

Core scope of practice for occupational therapy refers to a practitioner whose professional practice utilises the entire breadth of core competency, skills and knowledge as outlined in the OTA Australian Minimum Competency Standards for New Graduate OTs (OTA, 2010). The scope of practice is set by professional standards such as clinical education and training, competency standards, codes of ethics, conduct and practice (OTA, 2014).

### Occupational Therapy Advanced Scope of Practice

Advanced scope of practice (ASOP) is defined as...‘a level of practice characterised by an increase in clinical skills, reasoning, critical thinking, knowledge and experience so that the practitioner is an expert working **within** the scope of established contemporary practice. The advanced scope of practice roles are increasingly seen as key to the development and delivery of efficient and effective health services’ (SA Health, 2013, pg. 5).

Advanced level practice reflects a set of responsibilities, competencies and capabilities which act as an indicator of a particular stage on the career development ladder and that such practitioners are always accountable to their regulatory body and agency whatever the level or context of practice is (National Leadership and Innovation Agency for Healthcare, 2011).

Proposed competency standards for OT Advanced Scope of Practice (refer Appendix 1) was formulated by uniting the following documents:

- Occupational Therapy Australia (2010), *Australian Minimum Competency Standards for New Graduate Occupational Therapists*;
- Occupational Therapy Australia (2014), *Occupational Therapy Scope of Practice Framework* ; and the
- World Federation of Occupational Therapy (2014), Position Statement, *specialisation and advanced occupational therapy competencies*.

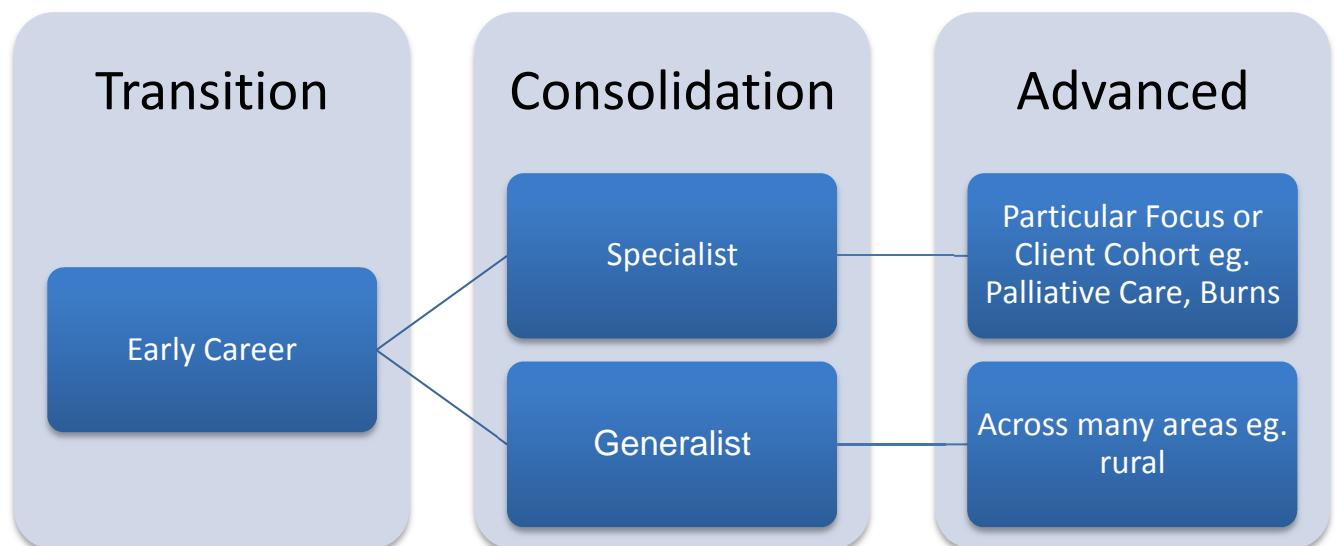
The OT Australia *Performance Record for the Australian Competency Standards for Occupational Therapists* (2010) formed the basis of further defining the minimum competency standards to allow the escalation of competencies to an advanced level.

### 2.3. Underpinning Principles of Advanced Scope of Practice

The National Leadership and Innovation Agency for Healthcare (2011) list these as:

- **Autonomous Practice:** Advanced Practitioners have the freedom to exercise judgment about actions, in turn accepting responsibility and being held accountable for them.
- **Critical Thinking:** Allows Advanced Practitioners to explore and analyse evidence, cases and situations in clinical practice, enabling a high level of judgment and decision making
- **Values Based Care:** High level of awareness of their own values and beliefs. Care is negotiated with service users/carers as an equal partner.
- **Improving Practice:** Deliver advanced practice which is evidence based whilst acting as a positive role model that enables change regardless of their profession or title.

Advanced Scope of Practice is viewed as a skills escalator, where practitioners move up the skills escalator by building on the core competencies within the scope of their profession to an advanced level (Monash Health, 2011). ASOP is characterised by an increased level of complexity of practice (Queensland Health, 2011; OTA, 2014). Hence, advanced practice should be viewed as a level of practice rather than a specific role (National Leadership and Innovation Agency for Healthcare, 2011).



(Adapted from Queensland Health, 2011)

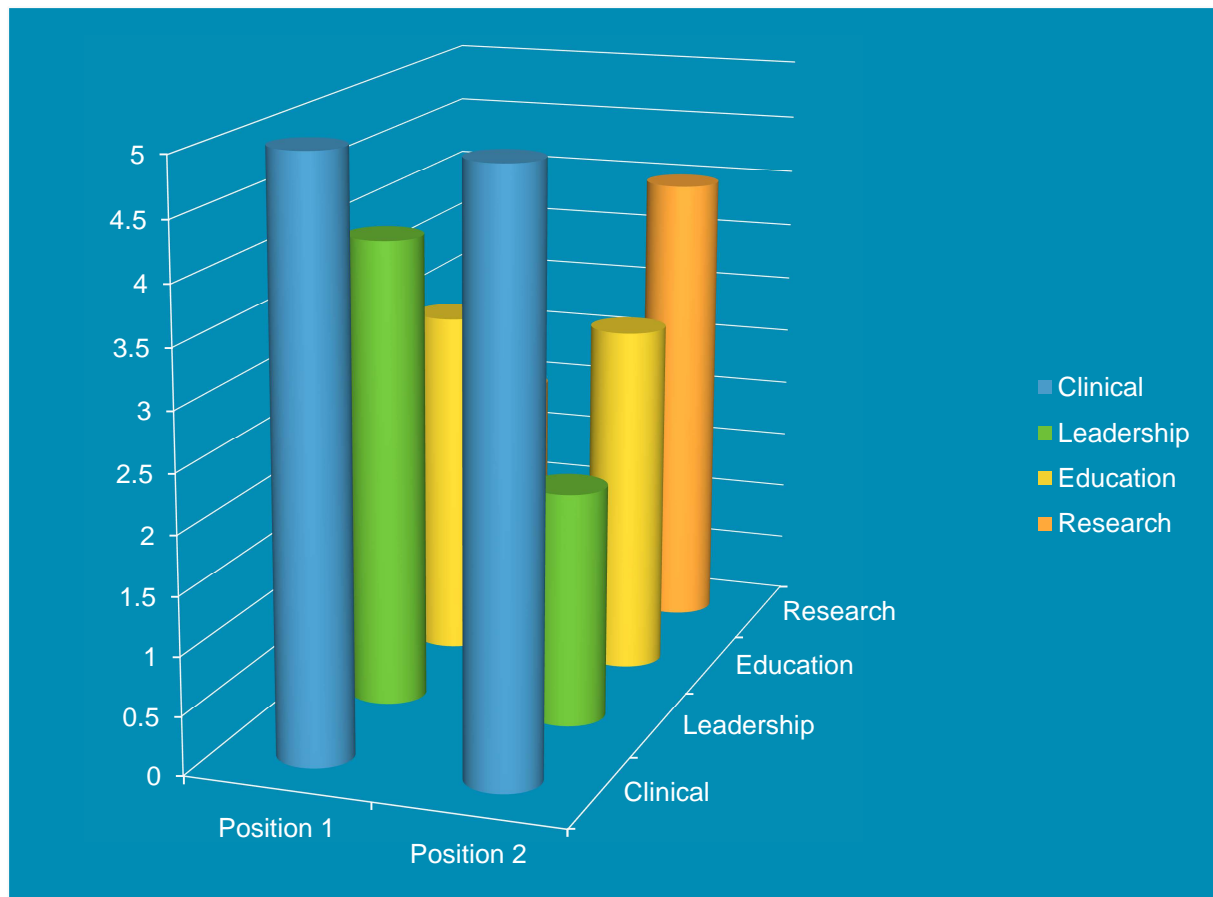
## 2.4. Advanced Scope of Practice Pillars

Advanced Scope of Practice reflects a high level of performance in:

1. Advanced clinical practice;
2. Research;
3. Education and training; and
4. Management and leadership.

It is the performance across all of these domains that differentiates advanced practice (National Leadership and Innovation Agency for Healthcare, 2011; Queensland Health, 2011; Hinojosa and Moyers, 2009). All advanced practice roles will contain some elements of each pillar and the composition of individual roles will be determined locally in relation to service needs. For advanced practice clinical roles, the clinical pillar will always be the most prominent (National Leadership and Innovation Agency for Healthcare, 2011).

### Advanced Scope of Practice Pillars



Position 1: Advanced Practice Clinical role with a large management element.

Position 2: Advanced Practice Clinical role with strong research/teaching elements.

(National Leadership and Innovation Agency for Healthcare, 2011).



1. Leadership	<ul style="list-style-type: none"> <li>• Identifying need for change, leading innovation and managing change, including service development</li> <li>• Developing the case for change</li> <li>• Negotiation and influencing skills</li> <li>• Networking</li> <li>• Team development</li> </ul>
2. Education (either within clinical practice or education sector)	<ul style="list-style-type: none"> <li>• Principles of teaching and learning</li> <li>• Supporting others to develop knowledge and skills</li> <li>• Promotions of learning/creation of learning environment</li> <li>• Service user/carer teaching and information giving</li> <li>• Developing service user/carer education materials</li> <li>• Teaching, mentorship and coaching</li> </ul>
3. Research	<ul style="list-style-type: none"> <li>• Ability to access research/use information systems</li> <li>• Critical appraisal/evaluation skills</li> <li>• Involvement in research</li> <li>• Involvement in audit and service evaluation</li> <li>• Ability to implement research findings into practice - including use of and development of policies/protocols and guidelines.</li> <li>• Conference presentations</li> <li>• Publications</li> </ul>
4. Advanced Clinical Practice	<ul style="list-style-type: none"> <li>• Decision making/clinical judgment and problem solving skills</li> <li>• Critical thinking and analytical skills incorporating critical reflection</li> <li>• Managing complexity</li> <li>• Clinical governance</li> <li>• Equality and diversity</li> <li>• Ethical decision-making</li> <li>• Assessment, diagnosis referral, discharge</li> <li>• Developing higher levels of autonomy</li> <li>• Assessing and managing risk</li> <li>• Non-medical prescribing in line with legislation</li> <li>• Developing confidence</li> <li>• Developing therapeutic interventions to improve service user outcomes</li> <li>• Higher level communication skills</li> <li>• Service user focus/public involvement</li> <li>• Promoting and influencing others to incorporate values based care into practice</li> <li>• Development of advanced psychomotor skills</li> </ul>

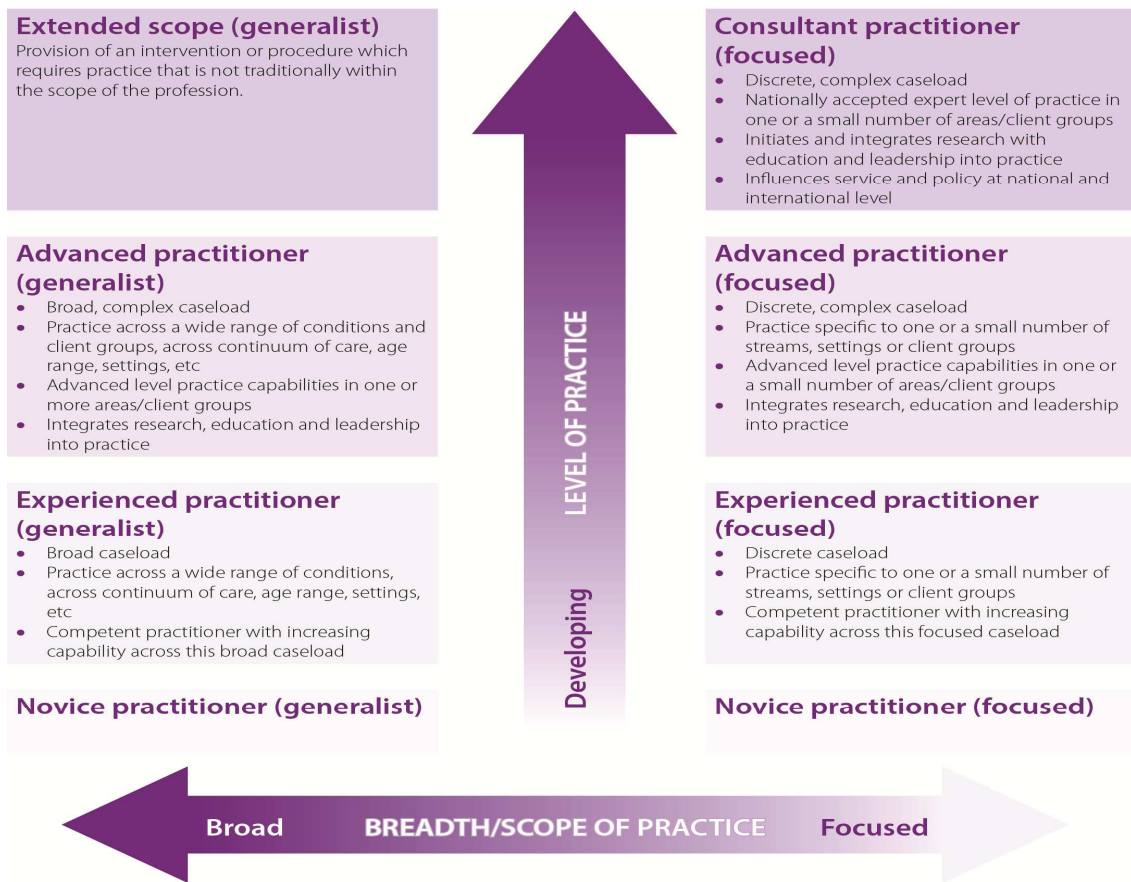
(National Leadership and Innovation Agency, 2011)

## 2.5. Extended Scope of Practice

Extended scope of practice (ESOP) refers to provision of an intervention or procedure which requires clinical practice that is not traditionally within the scope of the profession. Extended scope of practice relates to tasks and a corresponding high level of practice (Queensland Health, 2011). Where extended scope of practice roles are to be undertaken, it is expected that the appropriate protocols and approval processes (such as credentialling) have been pre-determined with the relevant professional body. Additionally where the extended scope is governed by regulatory legislation, appropriate changes have been endorsed and reflected in the Codes and

Standards of practice by the relevant registration board. An example of ESOP for OTs in palliative care might include compression bandaging treatment for treatment of Lymphoedema.

ESOP is outside of the scope of this discussion paper.



[Queensland Health 2014; OTA, 2014 (in draft)]

## 2.6. Trans-disciplinary Practice

Trans-disciplinary practice is described as a process whereby team members use an integrated approach to work practice. Trans-disciplinary practice involves health professionals sharing tasks to improve patient care efficiency that may broaden the scope of practice for an individual. Trans-disciplinary practice is therefore not considered a level of practice, but rather a way of practicing that can be applied to all levels of practice experience (Queensland Health, 2011).

There is some disagreement in the literature regarding the role of Trans-disciplinary practice and how this fits with advanced scope of practice. Some consider that future workforce demands will rely upon inter-professional working with roles based on recognised levels of capability and competence rather than professional background. Hence, advanced scope of practice will see Nurses, Midwives and Allied Health Professionals undertaking work previously carried out by other professions (National Leadership and Innovation Agency for Healthcare, 2011). The definitions cited here are consistent with SA Health definitions of extended scope of practice, hence trans-disciplinary work is considered outside of scope of this discussion paper.

## 2.7. Benefits of Advanced Practice Roles

Having OTs working within an ASOP enhances the quality and sustainability of services. Efficient and person-centred services ensure that relevant, and specialised OT services are provided (WFOT, 2014), which is consistent with the contemporary approaches to service planning within SA Health (SA Health, 2014).

Key drivers for introducing ASOP roles include identified patient need and an expectation that it will lead to better health outcomes, demonstrate efficiencies and strengthen the capacity of the health system.

Client focused benefits:

- Expand receipt of care based on evidence based practice;
- Streamlined and efficient services;
- Reduced waiting times for services (Monash Health, 2011);
- Potential for treatment closer to home (reduced travel) (National Leadership and Innovation Agency for Healthcare, 2011);
- Advanced clinical reasoning resulting in fewer transactions per episode of care (National Leadership and Innovation Agency for Healthcare, 2011).

Agency benefits:

- Flexible, sustainable, responsive and adaptable workforce;
- Release of Consultant time to meet needs of more complex clients (National Leadership and Innovation Agency for Healthcare, 2011);
- Increased collaboration across clinical specialities (National Leadership and Innovation Agency for Healthcare, 2011);
- Financial benefits (Miller, Cox and Williams, 2009), (National Leadership and Innovation Agency for Healthcare, 2011)

Professional benefits:

- Career structure and longevity;
- Recognition of skills;
- Education of other multidisciplinary staff, patients and carers and knowledge translation (National Leadership and Innovation Agency for Healthcare, 2011);
- Building evidence base of profession (research);

## 3. OCCUPATIONAL THERAPY

### 3.1. Scope of Practice

Occupational Therapy (OT) is a client-centred health profession concerned with promoting health and wellbeing through occupation. The primary goal of occupational therapy is to enable people to participate in activities of everyday life. OTs achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement (WFOT, 2011).

OT practice is based on the understanding that engagement in meaningful and purposeful activities and occupations:

- has therapeutic potential, and humans have an innate need and capacity to engage in occupation; and
- influences health and wellbeing, organises time and brings structure and meaning to living; and is a rich, individual and contextual experience which benefits society. (WFOT, 2010)

OT is provided at the level of impairment, activity limitation or participation restriction to improve and promote health and well-being of an individual, community or society (World Health Organisation, 2002; National Leadership and Innovation Agency for Healthcare, 2011).

As qualified and Nationally Registered Allied Health Practitioners, OTs are accountable for their professional practice and exercise autonomy as part of their clinical role. OTs are highly educated health professionals who have specialised training in physical, cognitive and affective components of human performance (Canadian Institute for Health Information 2011). Despite the range of expertise offered by OTs, one of the biggest challenges facing the profession is that OTs are underutilised and not working to their full scope of practice (Rexe, McGibbon Lammi and von Zweck 2013).

### 3.2. Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification, assessment and treatment of pain and other problems, physical, psychosocial and spiritual (World Health Organisation, 2014).

### 3.3. Core Scope of Practice in Palliative Care (all professions)

The Palliative and End of Life Care Competency Assessment Tool (NICan, 2011) was developed by a multi-disciplinary group who work across health and social care (Connolly, Charnley & Regan, 2012). The tool includes a list of competency domains with associated competencies related to the care and management of patients with palliative and end of life care needs.

The tool competencies have been mapped to the five domains:

1. Overarching Values and Knowledge;
2. Communication Skills;
3. Assessment and Care Planning;
4. Symptom Management, Maintaining Comfort and Wellbeing; and
5. Advance Care Planning.

Competency levels are defined across tiers ranging from practitioners who will only occasionally meet patients who have palliative and end-of-life care needs and their families, to those

practitioners who regularly provide such care. The assessment tool questionnaire enables the assessment of Tier 2 and Tier 3's competence in delivering above domains.

- Tier 1 Infrequently provide palliative and end-of-life care as part of role
- Tier 2 Frequently provide palliative and end-of-life care as part of role
- Tier 3 Provide specialist palliative and end-of-life care (NICan, 2011)

## 4. OCCUPATIONAL THERAPY ROLE IN PALLIATIVE CARE

Desire to participate in valued and essential occupations does not diminish at the end-of-life, in fact it is intensified. OTs play an integral role in enabling ongoing participation by optimising function and management of symptoms. OTs working with people receiving palliative care acknowledge the dual reality of living and dying and work within this context. Therefore, occupational focus may also include facilitation of participation in occupations related specifically to dying. The act of dying is a one-off, unique occupational activity and as such all OT interventions are informed by patient and carer priorities at this time (OTA, 2014).

OTs working and researching in palliative care support living in the face of dying. They acknowledge the inevitability of death, the loss of function and the ongoing drive to be as active as possible for as long as possible. OTs should be an integral part of palliative care teams and service provision. Utilising core occupational therapy skills and working within multidisciplinary teams, OTs help to optimise the individual's function, promote dignity and support participation in essential and valued activities. Consistent with palliative philosophy, interventions are developed in consultation with patients, family and carers and support people to live and die in the place of their choosing (OTA, 2014).

People and families living with a life-limiting illness require access to occupational therapy in order to provide ongoing assessment and intervention to address constantly changing need across the disease trajectory. OTs work with people with life limiting illnesses in a wide variety of settings, including; community health, aged care, community rehabilitation, outpatient clinics, acute care, tertiary rehabilitation centres, day hospice, hospice and inpatient palliative care units (OTA, 2014).

### 4.1. Occupational Therapy Advanced Scope of Practice in Palliative Care

Appendix 1 supports the development of context specific elements to address the skills and context specific to particular areas of practice, including palliative care practice. This document was developed through combination of:

- *Palliative and End of Life Care Competencies* (NICan, 2011)
- Occupational Therapy Australia (2010), Australian Minimum Competency Standards for New Graduate Occupational Therapists (ACSOT)
- Occupational Therapy Australia (2014), *Occupational Therapy Scope of Practice Framework Document (in draft)*
- Occupational Therapy Australia (2014) *Advanced Scope of Practice Framework (in draft)*
- World Federation of Occupational Therapy (2014), Position Statement, *Specialisation and Advanced Occupational Therapy Competencies*.
- *South Australian Public Sector Wages Parity Enterprise Agreement: Salaried 2014*
- Consultation with SA Health OT Palliative Care Focus Group.

## 5. IMPLEMENTATION

### 5.1. Identifying the need for Advanced Scope of Practice Roles

Gilmore, Morris, Murphy, Grimmer-Somers and Kumar (2011) suggest that ASOP roles should be underpinned by clear patient need which cannot be addressed using traditional workforce models. Consideration must be given to the impact of ASOP roles on the professional boundaries across disciplines (Gilmore et al, 2011) in conjunction with any disinvestment in components of existing roles including where efficiencies will be achieved (SA Health, 2013). Advanced practice roles should be primarily considered when there is a gap in service provision or an identified service need (SA Health, 2013).

SA Health Policy Directive (2013) states that ASOP roles must be:

- Aligned to service need and models of care that reflect the strategic, national and state priorities and support new workforce and health reform innovation in response to consumer need;
- Consistent with financial improvement targets within the health care system; and
- Undertaken in the presence of a clearly articulated Governance Framework to enable support for implementation.

### 5.2. Requirement for gaining Advanced Scope of Practice Status

Investigation of the literature implies that method for gaining recognition at advanced scope of practice level should include the following:

- A demonstrated portfolio of learning; and
- Competence assessment appropriate to context of practice  
(National Leadership and Innovation Agency for Healthcare, 2011)

It is recommended that further research and standardization of these documents and processes be developed prior to implementation of ASOP roles. This document may provide a basis for this future work.

### 5.3. Process for renewal/maintenance of ASOP Status within SA Health

The WFOT expects that any member association that recognises occupational therapy advanced or specialist competencies in their country must have a structure in place by which to accredit such levels of practice. This structure should include the requirements for gaining advanced or specialist status, have an approval process and should have a process for re-approval (WFOT, 2014).

The WFOT recommends the following structure and advises that all five components should be met.

1. The candidate must be a recognised OT and accredited as required in each country and a member of the national and/or local occupational therapy association.
2. Experience of at least three years with at least half of these years in the area of specialty/advanced practice.
3. Post Professional Masters level qualification:
  1. An occupational therapy masters degree, or
  2. Generic masters and additional approved hours or points of occupational therapy content (from further education courses).
4. Have a structured clinical supervision program that includes defined education as a supervisor, supervised practice and experience supervising others.

5. A professional profile and conveying competencies (knowledge, skills and attitude):
  1. Written, such as professional or scientific articles
  2. Presentations at conference/congress
  3. Workplace innovations and initiatives; professional development.

(WFOT, 2014)

WFOT (2014) recognises that “the components of the structure for each member association must be built on the local context. While a member association may adapt a system from another association, the specific components must be adapted to suit the local context, considering the need for occupational therapy services in that country.”

A particular challenge for occupational therapy within Australia is the ability of the association to meet the components, particularly the achievement of a masters degree and further education requirements and the process and administration required to accredit the applicants / candidates. In response, Occupational Therapy Australia has recently established the National Professional Practice and Standards Committee to develop an Advanced and Extended Scope of Practice Framework for OT in consultation with the National OT Board of Australia.

#### 5.4. Governance within SA Health

A system of governance for advanced practice roles must operate within the broader SA health system context, which includes consideration of corporate, financial and clinical accountability (SA Health, 2013). Good governance of ASOP role development and implementation must be based on consistent expectations of the level of the ASOP required to deliver a service (SA Health, 2013).

According to the Governance Framework for Advanced Scope of Practice and Extended Scope of Practice Roles in SA Health Policy Directive (2013):

- ASOP for registered allied health professions may have related accreditation processes available through respective Professional Associations. These processes may incorporate stipulated continuing professional development to maintain accreditation of ASOP levels. The attainment of ASOP may be recorded by the
  - Registering body (National Board via AHPRA); and / or
  - The relevant Professional Association (including professional self-regulation programs); and / or
  - Credentiaing and defining the scope of practice processes.

There is a perceived degree of 'risk' associated with the higher levels of autonomy, role complexity and decision-making involved in ASOP roles (SA Health, 2013). Advanced practitioners represent a senior resource within the workforce. Robust governance arrangements must therefore be in place to ensure patient safety (National Leadership and Innovation Agency for Healthcare, 2011).

#### 5.5. Evaluation, Review and Monitoring

According to the *Governance Framework for Advanced Scope of Practice and Extended Scope of Practice Roles in SA Health Policy Directive* (2013) implementation of ASOP roles must be carefully executed. Evaluation, review and monitoring of implementation of ASOP roles should focus on:

1. Achievement of practice roles that support the service plan for which they were intended, including client focused outcomes, quality measures and changes in practice that benefit the client;
2. Effectiveness and efficiencies demonstrated by the role including service provision and sustainability; and

3. Impact of evaluation, clinical effectiveness and acceptance of the new role and as the role develops.

Additionally, the advanced practitioner must provide evidence of continual competence at advanced scope and adherence to practice standards relevant to OT Performance of the ASOP role against criteria of the role description at the annual performance review and development opportunity; and ongoing workforce planning and review in relation to advanced practice roles (SA Health, 2013).

Appendix 4 outlines particular roles and responsibilities of evaluation, review and monitoring of ASOP roles within SA Health.

## 6. RECOMMENDATIONS

It is recommended that the following be considered to maximize the success and efficiency of implementation:

1. Collaboration with Occupational Therapy Australia regarding the development of an OT Advanced and Extended Scope of Practice Framework, workforce need and credentialing requirements;
2. Implementation of a governance framework to support application of ASOP;
3. Consideration of funding mechanisms to support post graduate study for OTs interested in working toward ASOP role;
4. Evaluation and monitoring of implementation and subsequent publishing of evidence;
5. Collaboration and partnership with education providers to
  - Cultivate University courses for palliative care that would meet educational requirements of advanced practice roles;
  - Devise research elements of advanced practice roles; and
  - Develop academic clinical roles (National Leadership and Innovation Agency for Healthcare, 2011).
6. Common portfolio templates, standardisation of skills assessment and creation of assessment teams (National Leadership and Innovation Agency for Healthcare, 2011);
7. Collaboration with AHPRA to define workforce need and registration implications;
8. Collaboration between the SA Health Allied and Scientific Health Office and Local Health Networks in development of innovative models of care considering the role ASOP OTs might play in development of efficiencies and improved outcomes for consumers.



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## 8. APPENDICES

### Appendix 1: Advanced Competency Standards for Occupational Therapists in Palliative Care

NICan Domain	1. Occupational Therapy Professional Attitudes and Behaviours (OT Australia Minimum Competency Standards, 2010)	
	Performance Criteria	Advanced Level
1.1	1.1 Adopts a client-centred approach to practice	<ul style="list-style-type: none"> <li>• Creates policy and approaches to service delivery that enable and empower consumers through participation in meaningful occupation(s) and life roles.</li> <li>• Influences and advocates at LHN level decision making to consider the occupational requirements of consumers in relation to service planning and delivery.</li> </ul>
	1.2 Practices in a culturally safe professional manner	<ul style="list-style-type: none"> <li>• Influences and advocates at LHN level decision making to consider the cultural requirements of consumers in relation to service planning and delivery.</li> <li>• Creates policy and approaches to service delivery which is culturally safe and cognizant of potential impact of possible power imbalances in service provision.</li> </ul>
1.2	1.3 Practices in a professional manner that meets ethical and legal responsibilities	<ul style="list-style-type: none"> <li>• Represents LHN, Profession and self in National and International opportunities in a professional manner.</li> <li>• Competent in ethical decision making (Scotland NHS, 2007)</li> <li>• Confident in application of ethical knowledge and professional behaviour in complex situations.</li> <li>• Supports other staff in complex interpersonal and consumer interactions through application of own knowledge and use of reflective practices</li> <li>• High level of understanding of biomedical ethics in a palliative care setting.</li> <li>• Competent ability to counsel consumers and significant others in decision making and exploring options.</li> </ul>
Advanced Scope of Practice Framework: Occupational Therapy in Palliative Care	1.4 Promotes and facilitates occupation through the application of professional knowledge, skills, attitudes and evidence appropriate to the practice context	<ul style="list-style-type: none"> <li>• Seeks opportunities within LHN to educate and advocate fellow decision makers regarding the principles and use of occupation as a means to improve health and wellbeing.</li> <li>• Uses advanced level understanding of therapeutic use of occupation to influence service delivery planning within practice context.</li> <li>• Seeks opportunities to build body of evidence of profession within palliative care context.</li> <li>• State level/National/international information sharing</li> <li>• Update knowledge of research, technologies and equipment pertaining to practice.</li> </ul>

1.3	1.5 Incorporates best available research evidence and professional reasoning into occupational therapy practice	<ul style="list-style-type: none"> <li>• aware of contemporary and emerging best practice evidence</li> <li>• involved in research and development of best practice evidence (research)</li> <li>• Seeks, analyses and shares best available research evidence within practice context.</li> <li>• Plans implements and evaluates service provision policies and procedures consistent with best available research evidence.</li> <li>• Awareness of current and emerging evidence regarding OT practice and palliative care</li> <li>• Contributes to building evidence base through research and publication</li> <li>• Demonstrates ability to respond to emerging issues.</li> <li>• Ability to translate research into practice and is a leader in this endeavour within LHN and possibility State and National</li> </ul>
1.1 1.3	1.6 Maintains and enhances competence through lifelong learning and continuing professional development activities	<ul style="list-style-type: none"> <li>• Post Professional Masters level qualification: <ul style="list-style-type: none"> <li>○ an occupational therapy masters degree, or</li> <li>○ generic masters and additional approved hours or points of occupational therapy content (from further education courses) (WFOT, 2014)(National Leadership and Innovation Agency for Healthcare, 2011)</li> </ul> </li> <li>• Predicts future needs of practice context and identifies and seeks development/training needs inside or outside of practice context if required.</li> <li>• Masters/recognised professional level qualification regarding Palliative Care</li> <li>• Proactive participant in reflective practice.</li> </ul>
1.4 1.5 2.2	1.7 Demonstrates professional knowledge, skills and attitudes appropriate for the working environment <b><i>including teamwork, leadership and support of self and others</i></b>	<ul style="list-style-type: none"> <li>• Predicts impact of impending political, legal and industrial issues on the profession, employing body and client groups.</li> <li>• Advocates at level of LHN and state level regarding social and occupational justice issues</li> <li>• Advocates at National or International level for profession specific issues.</li> <li>• Makes a significant contribution towards the development and achievement of the strategic directions of the Agency ( SOUTH AUSTRALIAN PUBLIC SECTOR WAGES PARITY ENTERPRISE AGREEMENT: SALARIED 2014)</li> <li>• High level of emotional intelligence and self-awareness.</li> <li>• Expands capabilities of others.</li> <li>• Advocates, plans and implements support structures for consumers and staff.</li> <li>• Leads local, state and national collaboration regarding palliative care</li> <li>• Leading team meetings, ability to negotiate complex situations.</li> <li>• Strategically considers team dynamics and workforce balance in service planning</li> </ul>

		<ul style="list-style-type: none"> <li>• Develops systems of support, education and training to informal caregivers to reduce risk of injury, negative experiences and complex bereavement. The informal caregiver role can be challenging, generating anxiety and stress in an already uncertain situation (Stajduhar, Funk, &amp; Outcalt, 2013)</li> <li>• Provides expert liaison within the care team to promote best outcomes for clients and their caregivers. (OTA, 2014)</li> </ul>
2.3	1.7.1 <i>Understanding Grief</i>	<ul style="list-style-type: none"> <li>• <b>Well-developed knowledge of processes of grieving</b></li> <li>• <b>Well-developed awareness of burnout, compassion fatigue and vicarious trauma as well as prevention and management strategies</b></li> <li>• <b>Advanced level of self-awareness</b></li> <li>• <b>Well-developed understanding of culturally informed practices of grieving</b></li> <li>• <b>Well-developed knowledge of populations vulnerable to complications in grieving</b></li> <li>• <b>Developing ability to predict complications in grieving and implement primary prevention strategies</b></li> <li>• <b>Solid understanding of Occupational Performance outcomes resulting from grieving process.</b></li> <li>• <b>Well-developed collection of Skills to manage complex grief processes</b></li> </ul>
	1.8 Contributes to the promotion and advancement of occupational therapy	<ul style="list-style-type: none"> <li>• Member of OT Australia (WFOT, 2014)</li> <li>• Professional profile and conveying competencies (knowledge, skills and attitude): <ul style="list-style-type: none"> <li>○ Written such as professional or scientific articles</li> <li>○ Presentations at conference/congress</li> <li>○ Workplace innovations and initiatives; professional development</li> </ul> </li> <li>• Seeks opportunities to contribute to the advancement of OT at LHN, and State level</li> <li>• Initiates audits and evaluation activities to contribute to the validation and advancement of OT practice.</li> <li>• Seeks opportunities to engage with higher education providers and OTA to contribute to the advancement of OT.</li> </ul>

NICan Domain	2. Occupational Therapy Information Gathering and Collaborative Goal Setting	
	Performance Criteria	Advanced Level
	2.1 Performs a relevant, comprehensive, assessment of occupation performance	<ul style="list-style-type: none"> <li>• Influences practice of assessment of occupational performance across LHN and possibly State within context of practice.</li> <li>• Skilled in a range of assessment techniques used in palliative care, which may include Motivational Interviewing, functional prognosticating.</li> <li>• Comprehensive, refined OT and Interprofessional assessment (within scope)</li> <li>• Expert at considering past, current and future strengths, occupational role(s) and activities and incorporating into goal setting in collaboration with client</li> <li>• Advanced knowledge of disease trajectories and functional implications (OTA, 2014)</li> <li>• Refined skills in forward planning skills in regards to person, environment and occupation</li> </ul>
	2.2 Engages in critical, collaborative, professional reasoning processes to determine priorities for intervention	<ul style="list-style-type: none"> <li>• Influences decision making regarding priorities of Occupational Therapy Service within context of practice within LHN and possibly State within context of practice.</li> <li>• Predicts and is sensitive to future needs. Proactively anticipates problems/opportunities and takes action.</li> <li>• Confident to transparently and collaboratively make decisions as a team with consumer, significant others and team when deemed appropriate.</li> <li>• Demonstrates flexibility with decision making and calmness under pressure when plans require change</li> <li>• Competent in ethical decision making (Scotland NHS, 2007)</li> <li>• Proactive participant in reflective practice.</li> <li>• Expertly promotes adaptation and coping with the challenges associated with life limiting illness, by reframing occupational goals and expectations in the face of impending death (OTA, 2014)</li> </ul>
	2.3 Develops, communicates and implements an effective, efficient plan for occupational therapy intervention	<ul style="list-style-type: none"> <li>• Able to present complex, sensitive information to consumers and appropriate stakeholders (with consent).</li> <li>• Ability to challenge others (consumers and/or other service providers) with sensitivity and professionalism.</li> <li>• Advanced communication skills</li> </ul>

NICan Domain	3. Occupational Therapy Intervention and Service Implementation	
	Performance Criteria	Advanced Level
3	3.1 Demonstrates client-centredness during intervention	<ul style="list-style-type: none"> <li>• Creates policy and approaches to OT intervention that are sensitive and respectful to diversity in values, beliefs and cultural backgrounds of consumers.</li> <li>• Creates policy and approaches to OT intervention that are wrapped around the consumers experience</li> <li>• Models approaches to OT intervention that are client-centred in nature and based on the occupational performance needs of the consumer.</li> <li>• Initiates audits of consumer experience, analyses and implements strategic changes from results.</li> <li>• Advocates for service planning that is creative in response to consumer need and feedback</li> </ul>
	3.2 Promotes client occupational performance and participation	<ul style="list-style-type: none"> <li>• Advocates for service planning that is based around consumer right to access and engage in meaningful occupations</li> <li>• Seeks and initiates opportunities to promote occupational wellbeing within the LHN</li> </ul>
3.3 4.1 5	3.3 Selects and implements intervention strategies and methods appropriate to the client  <b><i>Including symptom management and maintaining comfort and wellbeing and Advance care planning</i></b>	<ul style="list-style-type: none"> <li>• Involved in gathering and analysing evidence regarding best practice intervention strategies and methods in practice context.</li> <li>• LHN, Statewide and National involvement in professional interest groups for information sharing and combined research</li> <li>• Efficiently formulates and implements management plan for and with client (and significant others where appropriate) regarding participation in Occupational Performance activities.</li> <li>• Seeks opportunities within LHN to educate and advocate fellow decision makers regarding the principles and use of occupation as a means to improve health and wellbeing.</li> <li>• Uses advanced level understanding of therapeutic use of occupation to influence service delivery planning within practice context.</li> <li>• Seeks opportunities to build body of evidence of profession within palliative care.</li> <li>• Implements new and emerging evidence into management plans, e.g. Rehabilitation in palliative care</li> <li>• Aware of a wide range of symptoms including those less common. Skilled in a range of symptom management techniques.</li> <li>• Uses OT skills in customised, innovative and improvised techniques whilst ensuring client</li> </ul>



		<p>safety and wellbeing (and within scope of practice).</p> <ul style="list-style-type: none"> <li>• Ability to think beyond typical implementation techniques when the need arises. Responsive to client need.</li> <li>• Displays confidence and flexibility in clinical decision making and the ability to make swift decisions using rigorous clinical reasoning strategies.</li> <li>• Advanced negotiation skills with consumer and significant others to enable their wishes to be carried out.</li> <li>• Provides expert assessment of the client's ability to manage safely within their own home. Targeted interventions, such as education and environmental modifications address identified goals. The OT's understanding of the illness enables planning for future needs (OTA, 2014)</li> <li>• Supports capacity to attend to affairs and the development of legacy (OTA, 2014)</li> <li>• Supports the client to remain in /return to the place of care of their choice through assessment, intervention and care co-ordination (OTA, 2014)</li> <li>• Skilled at negotiating and advocating of death practices and choices.</li> <li>• Skilled at negotiating what is important to client re. Quality of life, priorities, Advanced Care Planning</li> <li>• Skilled at client led care. Advocating and facilitating client's wishes to happen.</li> <li>• Predictive re nature and course of disease and the impact this has on occupational performance.</li> <li>• Awareness of and competent in facilitation of death practices in other cultures</li> </ul>
	3.4 Selects and implements intervention strategies and methods appropriate to the working environment	<ul style="list-style-type: none"> <li>• Influences legislation workplace procedures and protocols</li> <li>• Plans treatment pathways within LHN consistent with client need and workplace parameters</li> </ul>
	3.5 Utilises available community resources, facilities and services	<ul style="list-style-type: none"> <li>• Advocates for implementation of community based resources that meet the needs of consumers</li> </ul>
<b>3.5</b>	<b>3.5.1 Appropriate referral</b>	<ul style="list-style-type: none"> <li>• High level of understanding of palliative care services.</li> <li>• Informs development of new care pathways, system change and services for palliative care.</li> <li>• Demonstrated skill at referring - direct transfer into hospital.</li> <li>• Creativity in client-centred advocating for clients.</li> </ul>

		<ul style="list-style-type: none"> <li>• Develops systems of triage and prioritisation. Audit and review of potential change of practice.</li> <li>• Considers client journey and continuum of care when possible in decision making regarding referral</li> <li>• Works in a collaborative manner with consumer and significant others when instigating referral to other services or service providers</li> </ul>
	3.6 Respects and supports the role(s) of significant other(s)	<ul style="list-style-type: none"> <li>• Develops and initiates feedback mechanisms for significant others</li> <li>• Analyses feedback from significant others, implements changes to intervention pathways in response to feedback.</li> <li>• Contributes to care of significant others following death of consumer.</li> <li>• Advocates for service planning that is creative in response to feedback from significant others.</li> </ul>
	3.7 Plans cessation/completion of services/ effective handover	<ul style="list-style-type: none"> <li>• Designs audit and evaluation tools to evaluate process of cessation of service</li> <li>• Critically appraises outcomes of service and key performance indicators to review that cessation of services fits best practice outcomes.</li> <li>• Develops Models of Service and intervention pathways with clear processes and indicators for cessation of service.</li> <li>• Develops and maintains collaborative relationships with other services and agencies who may continue client care.</li> <li>• Considers client journey and quality of information transfer between services and service providers.</li> <li>• Able to negotiate withdrawal of services tactfully and sensitively.</li> </ul>
	<b>3.8 Occupational therapy specialty / advanced practice</b>	<ul style="list-style-type: none"> <li>• Experience of at least three years with at least half of these years in the area of specialty / advanced practice (WFOT, 2014)</li> </ul>

NICan Domain	4. Occupational Therapy Service Evaluation	
	Performance Criteria	Advanced Level
4	4.1 Incorporates perspectives of multiple stakeholders in evaluation of occupational therapy service provision	<ul style="list-style-type: none"> <li>• Designs and develops evaluation processes regarding provision of service.</li> <li>• Designs and develops audit processes for use at LHN or state level</li> <li>• Facilitates development of others in team through reflective practice and mentoring</li> </ul>
	4.2 Demonstrates ability to understand and conduct multiple evaluation methods and techniques	<ul style="list-style-type: none"> <li>• Designs and develops evaluation methods and techniques to evaluate intervention and overall service across LHN.</li> <li>• Predicts and anticipates factors influencing service outcomes</li> <li>• Analyses evaluation data and implements responsive system change if required</li> <li>• Evaluates system change throughout the LHN</li> </ul>
	4.3 Demonstrates an understanding of and commitment to principles and methods of quality improvement	
	4.4 Utilises evaluation outcomes to make recommendations for future practice	<ul style="list-style-type: none"> <li>• Responsible for planning future practice pathways</li> <li>• Responsible for planning future evaluation methods and techniques</li> <li>• Utilises professional knowledge and experience to develop services for OT and other professions</li> <li>• Conducts research for future practice</li> </ul>

NICan Domain	5. Occupational Therapy Professional Communication	
	Performance Criteria	Advanced Level
5	5.1 Facilitates active participation of the client in service provision	<ul style="list-style-type: none"> <li>• Designs tools and techniques to audit level of client active participation in service provision, identifying areas of strength and areas requiring development.</li> <li>• Develops systems and approaches to overcome barriers to communication and client active participation in service provision</li> <li>• Evaluates system changes and approaches</li> <li>• Shares knowledge of outcomes either within OT networks or through formal research and publication</li> </ul>
	5.2 Adopts a communication approach appropriate to the working environment	<ul style="list-style-type: none"> <li>• Competently advocates and represents OT at a LHN, State and possibly National/International level</li> <li>• Competent with managing difficult conversations and conflict in a professional manner</li> <li>• Presents complex, sensitive information with confidence</li> <li>• Skilful when breaking bad news</li> <li>• Effective therapeutic use of self</li> <li>• Ability to challenge others (consumers and/or other service providers) with sensitivity and professionalism.</li> <li>• Advanced communication skills</li> </ul>
	5.3 Documents and reports relevant aspects of service provision	<ul style="list-style-type: none"> <li>• Lead and provide operational advice regarding implementation of legal standards/requirements regarding documentation and reporting requirements.</li> </ul>
	5.4 Shares professional information responsibly	<ul style="list-style-type: none"> <li>• Disseminates professional information in a combination of operational and strategic roles across the LHN (SOUTH AUSTRALIAN PUBLIC SECTOR WAGES PARITY ENTERPRISE AGREEMENT: SALARIED 2014)</li> <li>• Resource for senior management</li> </ul>

NICan Domain	6. Occupational Therapy Professional Education and Development	
	Performance Criteria	Advanced Level
6	6.1 Engages in lifelong learning processes and activities to maintain professional competence	Post Professional Masters level qualification: <ul style="list-style-type: none"> <li>• an occupational therapy masters degree, or</li> <li>• generic masters and additional approved hours or points of occupational therapy content (from further education courses) (WFOT, 2014)</li> </ul>
	6.2 Contributes to education and professional practices of students	<ul style="list-style-type: none"> <li>• Contributor to University curriculum</li> <li>• Structured clinical supervision program that includes defined education as a supervisor, supervised practice and experience supervising others (WFOT, 2014)</li> <li>• Contributes to LHN wide strategies or activities regarding student supervision</li> </ul>

NICan Domain	7. Occupational Therapy Professional Practice Responsibilities	
	Performance Criteria	Advanced Level
7	7.1 Adopts an efficient, effective and systematic approach to daily workload management	<ul style="list-style-type: none"> <li>• High level of efficiency and clinical reasoning</li> <li>• Efficiencies achieved using (and developing) workforce creatively within full scope of practice</li> <li>• Develops efficiencies across systems whilst maintaining client-centred care</li> <li>• Demonstrates flexibility with decision making and calmness under pressure when plans require change</li> <li>• Reviews LHN workplace systems and contributes to service planning</li> </ul>
	7.2 Works effectively within the structure of the workplace environment	<ul style="list-style-type: none"> <li>• Develops role of OT in context of service</li> <li>• Resource for decision making regarding the role of OT in context of LHN</li> </ul>
	7.3 Contributes to quality of service development	<ul style="list-style-type: none"> <li>• Effective, evidence based programmes and services developed to an advanced standard</li> <li>• Develops and implements relevant LHN (and possibly state-wide) and professional quality improvement activities</li> </ul>

## Appendix 2

Advanced = Transition + Consolidation and Advanced Level Consolidation = Transition and Consolidated  
 Service provision = Ax, Planning, Rx, RV, D/C whole client service journey

1. Occupational Therapy Professional Attitudes and Behaviours			
Performance Criteria	Transition Level	Consolidation Level	Advanced Level
1.1 Adopts a client-centred approach to practice	<ul style="list-style-type: none"> <li>Service provision led by clients, with their families, representatives and/or significant others as appropriate. (PRACSOT)</li> <li>Clients' strengths identified, respected and considered in service provision.</li> </ul>	<ul style="list-style-type: none"> <li>Creates policy and models approaches to service delivery that enable and empower consumers through participation in meaningful occupation(s) and life roles (PRACSOT)</li> </ul>	<ul style="list-style-type: none"> <li>Influences and advocates at LHN level decision making to consider the occupational requirements of consumers in relation to service planning and delivery.</li> <li>Creates policy and approaches to service delivery that enable and empower consumers through participation in meaningful occupation(s) and life roles</li> </ul>
1.2 Practices in a culturally safe professional manner	<ul style="list-style-type: none"> <li>Clients', cultural values, experience, beliefs, identified, respected and considered in service provision</li> </ul>	<ul style="list-style-type: none"> <li>Creates policy and approaches to service delivery that are sensitive and respectful to diversity in values, beliefs and cultural backgrounds of consumers and team members.</li> <li>Models approaches to service delivery that is culturally safe and cognizant of potential impact of possible power imbalances in service provision.</li> </ul>	<ul style="list-style-type: none"> <li>Influences and advocates at LHN level decision making to consider the cultural requirements of consumers in relation to service planning and delivery.</li> <li>Creates policy and approaches to service delivery that are culturally safe and cognizant of potential impact of possible power imbalances in service provision.</li> </ul>
1.3 Practices in a professional manner that meets ethical and legal responsibilities	<ul style="list-style-type: none"> <li>Conduct consistent with nationally and internationally accepted standards of best practice.</li> <li>Professional manner is maintained under duress through application of stress management and conflict</li> </ul>	<ul style="list-style-type: none"> <li>Confident in application of ethical knowledge and professional behaviour in complex situations.</li> <li>Supports other staff in complex interpersonal and consumer interactions through application of</li> </ul>	<ul style="list-style-type: none"> <li>Represents LHN, Profession and self in National and International opportunities in a professional manner.</li> <li>Competent in ethical decision making (Scotland, 2007)</li> </ul>

Advanced Scope of Practice Framework: Occupational Therapy in Palliative Care Project, February 2015

page 31

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	<ul style="list-style-type: none"> <li>• resolution strategies. Assistance sought when necessary</li> </ul>	<p>own knowledge and use of reflective practices</p>	<ul style="list-style-type: none"> <li>• Confident in application of ethical knowledge and professional behaviour in complex situations.</li> <li>• Supports other staff in complex interpersonal and consumer interactions through application of own knowledge and use of reflective practices</li> </ul>
<p>1.4 Promotes and facilitates occupation through the application of professional knowledge, skills, attitudes and evidence appropriate to the practice context</p>	<ul style="list-style-type: none"> <li>• Focus for service provision is support and enablement of the clients' occupational performance and participation in meaningful and valued life roles (PRACSOT).</li> <li>• Understanding and application of the OT process demonstrated, through attention to relevant aspects of the client, the environment and the clients' occupations (PRACSOT).</li> <li>• Understanding demonstrated of the principles and use of occupation as a means to improve health and wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>• Plans, implements and evaluates service provision policies and procedures that demonstrate understanding and application of the OT process and principles and use of occupation as a means to improve health and wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>• Seeks opportunities within LHN to educate and advocate fellow decision makers regarding the principles and use of occupation as a means to improve health and wellbeing.</li> <li>• Uses advanced level understanding of therapeutic use of occupation to influence service delivery planning within practice context.</li> <li>• Seeks opportunities to build body of evidence of profession within practice context.</li> </ul>
<p>1.5 Incorporates best available research evidence and professional reasoning into occupational therapy practice</p>	<ul style="list-style-type: none"> <li>• Models and frameworks applied appropriate to practice (PRACSOT)</li> <li>• Systematic approach using best available research evidence and professional reasoning used (PRACSOT)</li> <li>• Rationale for practice decisions provided (PRACSOT)</li> </ul>	<ul style="list-style-type: none"> <li>• Seeks, analyses and shares best available research evidence within practice context.</li> <li>• Plans implements and evaluates service provision policies and procedures consistent with best available research evidence.</li> <li>• Audits practice of other OTs</li> <li>• Supervision of other OTs</li> </ul>	<ul style="list-style-type: none"> <li>• aware of contemporary and emerging best practice evidence</li> <li>• involved in research and development of best practice evidence (research)</li> <li>• Seeks, analyses and shares best available research evidence within practice context.</li> <li>• Plans implements and evaluates service provision policies and procedures consistent with best available research evidence.</li> </ul>



<p>1.6 Maintains and enhances competence through lifelong learning and continuing professional development activities</p>	<ul style="list-style-type: none"> <li>• Demonstrates awareness of the boundaries of professional competence and responsibility (PRACSOT)</li> <li>• Seeks advice, education and training and further support and supervision when required.(PRACSOT)</li> </ul>	<ul style="list-style-type: none"> <li>• Proactive participant in reflective practice.</li> <li>• Seeks opportunities for learning relevant to identified development needs within practice context</li> </ul>	<ul style="list-style-type: none"> <li>• Post Professional Masters level qualification: <ul style="list-style-type: none"> <li>○ an occupational therapy masters degree, or</li> <li>○ generic masters and additional approved hours or points of occupational therapy content (from further education courses) (WFOT Position Statement)(Framework Wales)</li> </ul> </li> <li>• predicts future needs of practice context and identifies and seeks development/training needs inside or outside of practice context if required.</li> <li>• Proactive participant in reflective practice.</li> </ul>
<p>1.7 Demonstrates professional knowledge, skills and attitudes appropriate for the working environment</p>	<ul style="list-style-type: none"> <li>• Understands and adheres to legislation and regulations relevant to practice context (PRACSOT).</li> <li>• Able to work collaboratively within a team environment. (PRACSOT)</li> </ul>	<ul style="list-style-type: none"> <li>• Impact of past, present and impending political, legal and industrial issues on the profession, employing body and client groups taken into account with planning and implementation of service delivery.</li> <li>• Models behaviour consistent with sound understanding of social and occupational justice.</li> </ul>	<ul style="list-style-type: none"> <li>• Predicts impact of impending political, legal and industrial issues on the profession, employing body and client groups.</li> <li>• Advocates at level of LHN and state level regarding social and occupational justice issues</li> <li>• Advocates at National or International level for profession specific issues.</li> <li>• Makes a significant contribution towards the development and achievement of the strategic directions of the Agency (AHP Workforce Definitions)</li> </ul>

<p>1.8 Contributes to the promotion and advancement of occupational therapy</p>	<ul style="list-style-type: none"> <li>• Reflects on OT practice, constructively critiques and identifies knowledge gaps and highlight areas requiring further development.</li> <li>• Engages in professional activities and other organisations to promote advancement of OT.</li> <li>• Conducts audits and evaluation activities to contribute to the validation and advancement of OT practice</li> </ul>	<ul style="list-style-type: none"> <li>• Initiates audits and evaluation activities to contribute to the validation and advancement of OT practice.</li> <li>• Seeks opportunities to engage with higher education providers and other OTA to contribute to the advancement of OT.</li> </ul>	<ul style="list-style-type: none"> <li>• Member of OT Australia (WFOT, 2014)</li> <li>• Professional profile and conveying competencies (knowledge, skills and attitude): <ul style="list-style-type: none"> <li>○ Written such as professional or scientific articles</li> <li>○ Presentations at conference/congress</li> <li>○ Workplace innovations and initiatives; professional development</li> </ul> </li> <li>• Seeks opportunities to contribute to the advancement of OT at LHN, and State level</li> <li>• Initiates audits and evaluation activities to contribute to the validation and advancement of OT practice.</li> <li>• Seeks opportunities to engage with higher education providers and other OTA to contribute to the advancement of OT.</li> </ul>
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## 2. Occupational Therapy Information Gathering and Collaborative Goal Setting

Performance Criteria	Transition Level	Consolidation Level	Advanced Level
2.1 Performs a relevant, comprehensive, assessment of occupation performance	<ul style="list-style-type: none"> <li>Actively engages and collaborates with consumers to identify their key occupational roles and occupations and clarify their values and specific personal context(s)</li> <li>Assesses relevant physical, cultural, personal, social, institutional and temporal aspects of the environment to determine impact on consumers, their roles, occupation(s) and subsequent occupational performance.</li> <li>Identifies strengths, challenges and barriers in relation to occupational performance through interview, structured observation, appropriate standardized and non-standardised assessments and developed through professional reasoning.</li> <li>Assessment results and interpretation of strengths, challenges and barriers discussed with the client and/or advocated for clarification and confirmation.</li> </ul>	<ul style="list-style-type: none"> <li>Researches and selects appropriate assessment tools and processes. Supports others in their use</li> <li>Audits assessment validity and rigor in service</li> <li>Develops and reviews processes and policies in regard to consumer assessment</li> <li>Proactive participant in reflective practice.</li> </ul>	<ul style="list-style-type: none"> <li>Influences practice of assessment of occupational performance across LHN and possibly State within context of practice.</li> </ul>
2.2 Engages in critical, collaborative, professional reasoning processes to determine priorities for intervention	<ul style="list-style-type: none"> <li>Prioritises intervention from assessment outcomes and in collaboration with consumer and within practice context.</li> <li>Decision making based on systematic problem-solving approach informed by assessment,</li> </ul>	<ul style="list-style-type: none"> <li>Researches, selects or develops appropriate prioritization tools. Supports others in their use</li> <li>Proactive participant in reflective practice.</li> <li>Audits prioritisation validity and rigor within the service</li> </ul>	<ul style="list-style-type: none"> <li>Influences decision making regarding priorities of Occupational Therapy Service within context of practice within LHN and possibly State within context of practice.</li> <li>Proactive participant in reflective practice.</li> </ul>

## 2. Occupational Therapy Information Gathering and Collaborative Goal Setting

Performance Criteria	Transition Level	Consolidation Level	Advanced Level
	best available evidence, relevant OT theory, sound professional reasoning and collaboration with relevant stakeholders.	<ul style="list-style-type: none"> <li>Develops and reviews processes and policies in regard to prioritization within the service</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
2.3 Develops, communicates and implements an effective, efficient plan for occupational therapy intervention	<ul style="list-style-type: none"> <li>Realistic short-term and long-term goals are established collaboratively with the client and the team</li> <li>Intervention goals are communicated clearly to appropriate stakeholders (with client's consent) and specific measurable and achievable outcomes are identified.</li> <li>Assessment results and priorities are used to develop a plan for OT intervention that is relevant to the consumer, their environment and occupation and with the service.</li> </ul>	<ul style="list-style-type: none"> <li>Able to navigate more complex clinical situations with efficiency and positive outcomes.</li> <li>Able to communicate with a wide variety of consumers and their family/carers about a wide variety of topics with some level of complexity and/or ambiguity</li> <li>Able to have difficult conversations with some confidence.</li> </ul>	<ul style="list-style-type: none"> <li>Able to present complex, sensitive information to consumers and appropriate stakeholders (with consent).</li> <li>Ability to challenge others (consumers and/or other service providers) with sensitivity and professionalism.</li> <li>Advanced communication skills</li> </ul>

### 3. Occupational Therapy Intervention and Service Implementation

Performance Criteria	Transition Level	Consolidation Level	Advanced Level
3.1 Demonstrates client-centredness during intervention	<ul style="list-style-type: none"> <li>Selects intervention appropriate for consumers occupational performance issues and with consideration of consumer's cultural, spiritual, physical, social and psychological needs and environments (PRACSOT)</li> <li>Consumer is actively and regularly consulted and educated to facilitate their continuing informed participation during OT interventions</li> </ul>	<ul style="list-style-type: none"> <li>Implements policy and approaches to OT intervention that are sensitive and respectful to diversity in values, beliefs and cultural backgrounds of consumers.</li> <li>Creates policy and approaches to OT intervention that are wrapped around the consumers experience</li> <li>Models approaches to OT intervention that are client-centred in nature and based on the occupational performance needs of the consumer.</li> <li>Participated in audits of consumer experience</li> </ul>	<ul style="list-style-type: none"> <li>Creates policy and approaches to OT intervention that are sensitive and respectful to diversity in values, beliefs and cultural backgrounds of consumers.</li> <li>Creates policy and approaches to OT intervention that are wrapped around the consumers experience</li> <li>Models approaches to OT intervention that are client-centred in nature and based on the occupational performance needs of the consumer.</li> <li>Initiates audits of consumer experience, analyses and implements strategic changes from results.</li> <li>Advocates for service planning that is creative in response to consumer need and feedback</li> </ul>
3.2 Promotes client occupational performance and participation	<ul style="list-style-type: none"> <li>Advocates and endorses individual consumer right to access and engage in meaningful occupations.</li> <li>Promotes occupational wellbeing within the service</li> </ul>	<ul style="list-style-type: none"> <li>Implements policy and approaches to OT intervention based around consumer right to access and engage in meaningful occupations</li> <li>Seeks and initiates opportunities to promote occupational wellbeing within the service</li> </ul>	<ul style="list-style-type: none"> <li>Advocates for service planning that is based around consumer right to access and engage in meaningful occupations</li> <li>Seeks and initiates opportunities to promote occupational wellbeing within the LHN</li> </ul>
3.3 Selects and implements intervention strategies and methods appropriate to the client	<ul style="list-style-type: none"> <li>Intervention strategies and methods encompass relevant aspects of the client, occupation and environment.</li> </ul>	<ul style="list-style-type: none"> <li>Researches and selects appropriate intervention techniques and modalities. Supports others in their use</li> </ul>	<ul style="list-style-type: none"> <li>Involved in gathering and analyzing evidence regarding best practice intervention strategies and methods in practice context.</li> </ul>

3. Occupational Therapy Intervention and Service Implementation			
Performance Criteria	Transition Level	Consolidation Level	Advanced Level
	<ul style="list-style-type: none"> <li>Professional reasoning processes are used which utilize relevant contemporary practice models and frameworks applied to determine efficient and effective strategies.</li> </ul>	<ul style="list-style-type: none"> <li>Develops and reviews processes and policies in regard to intervention techniques</li> <li>Site, LHN, State interest group involvement</li> </ul>	<ul style="list-style-type: none"> <li>LHN, Statewide and National involvement in professional interest groups for information sharing and combined research</li> </ul>
3.4 Selects and implements intervention strategies and methods appropriate to the working environment	<ul style="list-style-type: none"> <li>Intervention strategies consistent with relevant legislation and workplace procedures and protocols</li> <li>Interventions selected in consideration of the client's needs and within the parameters of the working environment</li> </ul>	<ul style="list-style-type: none"> <li>Audits, reviews,</li> <li>Advocates intervention needs of client needs</li> </ul>	<ul style="list-style-type: none"> <li>Influences legislation workplace procedures and protocols</li> <li>Plans treatment pathways within LHN consistent with client need and workplace parameters</li> </ul>
3.5 Utilises available community resources, facilities and services	<ul style="list-style-type: none"> <li>Identifies community-based resources, facilities and services that can enable consumer occupational performance.</li> <li>Advocates and supports consumer access to and connection with appropriate community-based resources.</li> </ul>	<ul style="list-style-type: none"> <li>Develops intervention pathways in collaboration with community based resources, facilities and services that are appropriate for consumers of the service</li> <li>Collaborates with community based organisations where relevant to working environment</li> </ul>	<ul style="list-style-type: none"> <li>Advocates for implementation of community based resources that meet the needs of consumers</li> </ul>
3.6 Respects and supports the role(s) of significant other(s)	<ul style="list-style-type: none"> <li>Ensures significant others are informed, educated, counselled, consulted and supported as required, to enable a consumer's occupational engagement and facilitate effective implementation of interventions, within the limits of confidentiality.</li> </ul>	<ul style="list-style-type: none"> <li>Develops intervention pathways that are inclusive of collaboration with significant others</li> <li>Conduct feedback mechanisms for significant others <ul style="list-style-type: none"> <li></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Develops and initiates feedback mechanisms for significant others</li> <li>Analyses feedback from significant others, implements changes to intervention pathways in response to feedback.</li> <li>Advocates for service planning that is creative in response to feedback from significant others.</li> </ul>

### 3. Occupational Therapy Intervention and Service Implementation

Performance Criteria	Transition Level	Consolidation Level	Advanced Level
3.7 Plans cessation/completion of services/ effective handover	<ul style="list-style-type: none"> <li>• Decisions regarding ceasing intervention are negotiated and made in collaboration with consumer, team and significant others</li> <li>• Relevant stakeholders are engaged in handover and succession planning in preparation for staff changes.</li> <li>• Decisions are justified, communicated and documented according to criteria of workplace.</li> </ul>	<ul style="list-style-type: none"> <li>• Implements Models of Service and intervention pathways with clear processes and indicators for cessation of service.</li> <li>• Develops and maintains collaborative relationships with other services and agencies who may continue client care.</li> <li>• Considers client journey and quality of information transfer between services and service providers.</li> <li>• Audits cessation of service practices</li> </ul>	<ul style="list-style-type: none"> <li>• Designs audit and evaluation tools to evaluate process of cessation of service</li> <li>• Critically appraises outcomes of service and key performance indicators to review that cessation of services fits best practice outcomes.</li> <li>• Develops Models of Service and intervention pathways with clear processes and indicators for cessation of service.</li> <li>• Develops and maintains collaborative relationships with other services and agencies who may continue client care.</li> <li>• Considers client journey and quality of information transfer between services and service providers.</li> </ul>
<b>3.8 Occupational therapy advanced practice</b>			<ul style="list-style-type: none"> <li>• Experience of at least three years with at least half of these years in the area of specialty / advanced practice (WFOT, 2014)</li> </ul>

4. Occupational Therapy Service Evaluation			
Performance Criteria	Transition Level	Consolidation Level	Advanced Level
4.1 Incorporates perspectives of multiple stakeholders in evaluation of occupational therapy service provision	<ul style="list-style-type: none"> <li>Feedback on service is sought from consumer and all relevant stakeholders</li> <li>Engages in reflective practice to evaluate professional conduct and performance.</li> <li>Identifies (through reflective practice) areas for further personal and professional development and these improvements implemented.</li> </ul>	<ul style="list-style-type: none"> <li>Carries out audit processes of consumer feedback</li> <li>Provision of clinical supervision, encourages and models reflective practice</li> <li>Facilitates development of others in team through reflective practice and mentoring</li> </ul>	<ul style="list-style-type: none"> <li>Designs and develops evaluation processes regarding provision of service.</li> <li>Designs and develops audit processes for use at LHN or state level</li> <li>Facilitates development of others in team through reflective practice and mentoring</li> </ul>
4.2 Demonstrates ability to understand and conduct multiple evaluation methods and techniques	<ul style="list-style-type: none"> <li>Considers factors influencing service outcomes in ongoing reflection and service evaluation</li> <li>Utilises relevant evaluation methodologies and methods and techniques to evaluate intervention and overall service.</li> </ul>	<ul style="list-style-type: none"> <li>Initiates and conducts evaluation methods to evaluate intervention and overall service <ul style="list-style-type: none"> <li></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Designs and develops evaluation methods and techniques to evaluate intervention and overall service across LHN.</li> <li>Predicts and anticipates factors influencing service outcomes</li> <li>Analyses evaluation data and implements responsive system change if required</li> <li>Evaluates system change throughout the LHN</li> </ul>
4.3 Demonstrates an understanding of and commitment to principles and methods of quality improvement			
4.4 Utilises evaluation outcomes to make recommendations for future practice	<ul style="list-style-type: none"> <li>Recommends identified gaps for further research</li> <li>Contributes to planning for future practice <ul style="list-style-type: none"> <li></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Contributes to work site level planning for future practice</li> </ul>	<ul style="list-style-type: none"> <li>Responsible for planning future practice pathways</li> <li>Responsible for planning future evaluation methods and techniques</li> <li>Utilises professional knowledge</li> </ul>



#### 4. Occupational Therapy Service Evaluation

Performance Criteria	Transition Level	Consolidation Level	Advanced Level
			and experience to develop services for OT and other professions <ul style="list-style-type: none"><li>• Conducts research for future practice</li></ul>

5. Occupational Therapy Professional Communication			
Performance Criteria	Transition Level	Consolidation Level	Advanced Level
5.1 Facilitates active participation of the client in service provision	<ul style="list-style-type: none"> <li>Information is conveyed in a respectful, client-centred manner</li> <li>Information is presented clearly and concisely using language that is easily understood</li> <li>Barriers to communication and identified and addressed to minimize impact</li> <li>Additional resources used where required</li> </ul>	<ul style="list-style-type: none"> <li>Supports and provides education to other staff members and students where required facilitate active client participation</li> <li>Designs and implements tools, and techniques to address common communication barriers</li> <li>Carries out audits and evaluations of client active participation</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Designs tools and techniques to audit level of client active participation in service provision, identifying areas of strength and areas requiring development.</li> <li>Develops systems and approaches to overcome barriers to communication and client active participation in service provision</li> <li>Evaluates system changes and approaches</li> <li>Shares knowledge of outcomes either within OT networks or through formal research and publication</li> </ul>
5.2 Adopts a communication approach appropriate to the working environment	<ul style="list-style-type: none"> <li>Important and relevant information is communicated to relevant clients and colleagues in an appropriate manner that meets confidentiality requirements.</li> </ul>	<ul style="list-style-type: none"> <li>Well-developed communication skills able to be applied to a wide variety of audiences.</li> <li>Developing confidence with challenging others in a professional manner</li> <li>Confidently advocates on behalf of clients and/or service</li> </ul>	<ul style="list-style-type: none"> <li>Competently advocates and represents OT at a LHN, State and possibly National/International level</li> <li>Competent with managing difficult conversations and conflict in a professional manner</li> </ul>
5.3 Documents and reports relevant aspects of service provision	<ul style="list-style-type: none"> <li>Relevant aspects of the OT service are documented in accordance with privacy and confidentiality, workplace and legal standards/requirements.</li> <li>Service outcomes are recorded and evaluated with appropriate recommendations prepared and</li> </ul>	<ul style="list-style-type: none"> <li>Conducts or oversees audits of documentation</li> <li>Supports staff development in documentation where required</li> <li>Negotiates documentation requirements with other organisations or stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Lead and provide operational advice regarding implementation of legal standards/requirements regarding documentation and reporting requirements.</li> </ul>

## 5. Occupational Therapy Professional Communication

Performance Criteria	Transition Level	Consolidation Level	Advanced Level
	presented to relevant stakeholders in a timely manner.		
5.4 Shares professional information responsibly	<ul style="list-style-type: none"> <li>Disseminates information that supports and enhances the evidence base of OT practice</li> <li>Utilises opportunities to discuss, demonstrate and advocate the role of OT to others</li> </ul>	<ul style="list-style-type: none"> <li>Actively participates in opportunities to regularly disseminate information that supports and enhances the evidence base of OT practice</li> <li>Seeks and develops opportunities and resources to discuss, demonstrate and advocate the role of OT to others</li> </ul>	<ul style="list-style-type: none"> <li>Disseminates professional information in a combination of operational and strategic roles across the LHN (WF Def)</li> <li>Resource for senior management</li> </ul>

6. Occupational Therapy Professional Education and Development			
Performance Criteria	Transition Level	Consolidation Level	Advanced Level
6.1 Engages in lifelong learning processes and activities to maintain professional competence	<ul style="list-style-type: none"> <li>Identifies opportunities for improving professional knowledge</li> </ul>		Post Professional Masters level qualification: <ul style="list-style-type: none"> <li>an occupational therapy masters degree, or</li> <li>generic masters and additional approved hours or points of occupational therapy content (from further education courses) (WFOT, 2014)</li> </ul>
6.2 Contributes to education and professional practices of students	<ul style="list-style-type: none"> <li>contributes to student learning activities</li> </ul>	<ul style="list-style-type: none"> <li>Coordinates and supports students and student supervision activities within the local work site.</li> <li>Develops resources for teaching and learning appropriate to the work site.</li> </ul>	<ul style="list-style-type: none"> <li>Contributor to University curriculum</li> <li>Structured clinical supervision program that includes defined education as a supervisor, supervised practice and experience supervising others (WFOT, 2014)</li> <li>Contributes to LHN wide strategies or activities regarding student supervision</li> </ul>

7. Occupational Therapy Professional Practice Responsibilities			
Performance Criteria	Transition Level	Consolidation Level	Advanced Level
7.1 Adopts an efficient, effective and systematic approach to daily workload management	<ul style="list-style-type: none"> <li>Daily work tasks performed in an organized, timely manner using a range of professional skills and managing changes effectively.</li> <li>Resources are used effectively, safely and appropriately</li> </ul>	<ul style="list-style-type: none"> <li>Developing efficiency in clinical reasoning within scope of local workplace</li> <li>Support others to develop efficient, effective and systematic approach to daily workload.</li> <li>Reviews local workplace systems and contributes to service planning</li> </ul>	<ul style="list-style-type: none"> <li>High level of efficiency and clinical reasoning</li> <li>Efficiencies achieved using (and developing) workforce creatively within full scope of practice</li> <li>Develops efficiencies across systems whilst maintaining client-centred care</li> <li>Demonstrates flexibility with decision making and calmness under pressure when plans require change</li> <li>Reviews LHN workplace systems and contributes to service planning</li> </ul>
7.2 Works effectively within the structure of the workplace environment	<ul style="list-style-type: none"> <li>Completes essential administrative duties in an accurate and timely manner.</li> <li>Follows appropriate risk management strategies</li> <li>Understands role of OT within the working context and performs duties accordingly</li> </ul>	<ul style="list-style-type: none"> <li>Supports other staff to work effectively within the workplace</li> <li>Promotes and models appropriate risk management strategies</li> <li>Promotes and reinforces the role of OT within the working context and supports other staff understanding</li> </ul>	<ul style="list-style-type: none"> <li>Develops role of OT in context of service</li> <li>Resource for decision making regarding the role of OT in context of LHN</li> </ul>
7.3 Contributes to quality of service development	<ul style="list-style-type: none"> <li>Effective, evidence based programmes and services developed to a basic/beginning standard</li> <li>Participates and promotes principles and processes of quality improvement by participating in relevant workplace and professional quality improvement</li> </ul>	<ul style="list-style-type: none"> <li>Effective, evidence based programmes and services developed to a well-developed standard</li> <li>Develops and implements relevant workplace and professional quality improvement activities</li> </ul>	<ul style="list-style-type: none"> <li>Effective, evidence based programmes and services developed to an advanced standard</li> <li>Develops and implements relevant LHN (and possibly state-wide) and professional quality improvement activities</li> </ul>

7. Occupational Therapy Professional Practice Responsibilities			
Performance Criteria	Transition Level	Consolidation Level	Advanced Level
	activities.		

## Appendix 3: Occupational Therapy Advanced Scope Of Practice

Palliative and End of Life Care Competencies (NICan, 2011)

NICan Domain	Competence Area	OT Core Scope	Occupational therapy ASOP in Palliative Care Competency
1. Overarching Values and knowledge	1.1 Developing self and others	<ul style="list-style-type: none"> <li>• Conducts Inservice training within work site</li> <li>• Provides education and placements to OT students</li> <li>• Proactive participant in PDR</li> <li>• Solid professional and personal reflection ability</li> <li>• Ability to think critically regarding clinical reasoning and decision making</li> </ul>	<ul style="list-style-type: none"> <li>• Masters/recognised professional level qualification regarding Palliative Care</li> <li>• State level/National/international information sharing</li> </ul>
	1.2 Ethical understanding	<ul style="list-style-type: none"> <li>• Awareness of the legal aspects around advanced care planning</li> <li>• Aware of limits of knowledge and when to refer onto other service providers or agencies.</li> <li>• Understanding of issues regarding euthanasia</li> </ul>	<ul style="list-style-type: none"> <li>• High level of understanding of biomedical ethics in a palliative care setting.</li> <li>• Competent ability to counsel consumers and significant others in decision making and exploring options.</li> <li>• Competent in ethical decision making (Scotland NHS, 2007)</li> </ul>

NICan Domain	Competence Area	OT Core Scope	Occupational therapy ASOP in Palliative Care Competency
	<p>1.3 Audit, research and practice development</p> <p>1.4 Support of self and others</p>	<ul style="list-style-type: none"> <li>• Working knowledge of contemporary evidence based practice.</li> <li>• Ability to conduct a basic audit.</li> <li>• Awareness of current practice evidence.</li> <li>• Able to Critically analyse evidence</li> </ul> <ul style="list-style-type: none"> <li>• Well-developed professional and personal reflective skills.</li> <li>• Demonstrates awareness of others (consumer, significant others, colleagues) and is responsive to others' needs to access support when needed.</li> <li>• Provides support, education and training to informal caregivers to reduce risk of injury, negative experiences and complex bereavement. The informal caregiver role can be challenging, generating anxiety and stress in an already uncertain situation (Stajduhar, K. I., Funk, L., &amp; Outcalt, L., 2013)</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness of current and emerging evidence regarding OT practice and palliative care</li> <li>• Contributing to building evidence base through research and publication</li> <li>• Demonstrates ability to respond to emerging issues.</li> <li>• Ability to translate research into practice and is a leader in this endeavour within LHN and possibility State and National</li> </ul> <ul style="list-style-type: none"> <li>• High level of emotional intelligence and self-awareness.</li> <li>• Expands capabilities of others.</li> <li>• Advocates, plans and implements support structures for consumers and staff.</li> <li>• Develops systems of support, education and training to informal caregivers to reduce risk of injury, negative experiences and complex bereavement. The informal caregiver role can be challenging, generating anxiety and stress in an already uncertain situation (Stajduhar, K. I., Funk, L., &amp; Outcalt, L. (2013)</li> </ul>



NICan Domain	Competence Area	OT Core Scope	Occupational therapy ASOP in Palliative Care Competency
	1.5 Leadership	<ul style="list-style-type: none"> <li>• Leads case conferences, family meetings.</li> <li>• Actively promotes OT role at local site level.</li> </ul>	<ul style="list-style-type: none"> <li>• Leads local, state and national collaboration regarding palliative care</li> </ul>
2. Communication Skills	2.1 Open and sensitive communication	<ul style="list-style-type: none"> <li>• Effective communicator. Able to communicate with team members, consumers, families and variety of audiences in written and verbal form with sensitivity and professionalism.</li> </ul>	<ul style="list-style-type: none"> <li>• Presents complex, sensitive information with confidence</li> <li>• Skilful when breaking bad news</li> <li>• Courageous in difficult situations</li> <li>• Ability to challenge others (consumers and/or other service providers) with sensitivity and professionalism.</li> <li>• Advanced communication skills</li> </ul>
	2.2 Teamwork	<ul style="list-style-type: none"> <li>• Confident in role of OT in palliative care and the team</li> <li>• Awareness and respect of role of other professions in the team</li> <li>• Sound understanding of person, occupation and environment</li> </ul>	<ul style="list-style-type: none"> <li>• Leading team meetings, ability to negotiate complex situations.</li> <li>• Strategically considers team dynamics and workforce balance in service planning</li> </ul>
	2.3 Understanding grief	<ul style="list-style-type: none"> <li>• Recognises processes of grieving</li> <li>• Recognises abnormalities in grieving and initiates referral to support services</li> <li>• Awareness of vicarious trauma and prevention strategies</li> <li>• Well-developed self-awareness</li> <li>• Awareness of coping mechanisms</li> <li>• Proactive in professional reflection</li> </ul>	<ul style="list-style-type: none"> <li>• Well-developed knowledge of processes of grieving</li> <li>• Well-developed awareness of vicarious trauma and prevention and management strategies</li> <li>• Advanced level of self-awareness</li> <li>• Well-developed understanding of culturally informed practices of grieving</li> </ul>

NICan Domain	Competence Area	OT Core Scope	Occupational therapy ASOP in Palliative Care Competency
			<ul style="list-style-type: none"> <li>• Well-developed knowledge of populations vulnerable to complications in grieving</li> <li>• Developing ability to predict complications in grieving and implement primary prevention strategies</li> <li>• Solid understanding of Occupational Performance outcomes resulting from grieving process.</li> <li>• Well-developed collection of Skills to manage complex grief processes</li> </ul>
3. Assessment and care planning	3.1 Holistic assessment	<ul style="list-style-type: none"> <li>• Range of OT assessment skills appropriate for practice context including; physical, psychological, Occupational Performance.</li> <li>• Considers past, current and future strengths, occupational role(s) and activities</li> <li>• Developing idea of disease trajectories and functional implications</li> <li>• Developing forward planning skills in regards to person, environment and occupation (OTA, 2014)</li> </ul>	<ul style="list-style-type: none"> <li>• Skilled in a range of assessment techniques which may include Motivational Interviewing, functional prognosticating.</li> <li>• Comprehensive, refined OT and Interprofessional assessment (within scope)</li> <li>• Refined skills in forward planning skills in regards to person, environment and occupation</li> <li>• Advanced knowledge of disease trajectories and functional implications (OTA, 2014)</li> </ul>

NICan Domain	Competence Area	OT Core Scope	Occupational therapy ASOP in Palliative Care Competency
	3.2 Informed decision making	<ul style="list-style-type: none"> <li>• Developing ability to predict occupational performance in the future. Ability to decision making, anticipating what might be coming.</li> <li>• Developing confidence in decision making together with consumer, significant others and team.</li> </ul>	<ul style="list-style-type: none"> <li>• Predicts and is sensitive to future needs. Proactively anticipates problems/opportunities and takes action.</li> <li>• Confident to transparently and collaboratively make decisions as a team with consumer, significant others and team when deemed appropriate.</li> <li>• Demonstrates flexibility with decision making and calmness under pressure when plans require change</li> <li>• Competent in ethical decision making (Scotland, 2007)</li> </ul>
	3.3 Develop, implement and evaluate a management plan	<ul style="list-style-type: none"> <li>• Formulate and implement management plan for and with client (and significant others where appropriate) regarding participation in Occupational Performance activities (OTA, 2014)</li> <li>• Provides expert assessment of the client's ability to manage safely within their own home. Targeted interventions, such as education and environmental modifications address identified goals. The OT's understanding of the illness enables planning for future needs (OTA, 2014)</li> </ul>	<ul style="list-style-type: none"> <li>• Seeks opportunities within LHN to educate and advocate fellow decision makers regarding the principles and use of occupation as a means to improve health and wellbeing.</li> <li>• Uses advanced level understanding of therapeutic use of occupation to influence service delivery planning within practice context (OTA, 2014)</li> <li>• Provides expert assessment of the client's ability to manage safely within their own home. Targeted interventions, such as education</li> </ul>

NICan Domain	Competence Area	OT Core Scope	Occupational therapy ASOP in Palliative Care Competency
		<ul style="list-style-type: none"> <li>• Aware of contemporary research and evidence in the practice context.</li> <li>• Provides expert liaison within the care team to promote best outcomes for clients and their caregivers. (OTA, 2014)</li> <li>• Supports capacity to attend to affairs and the development of legacy (OTA, 2014)</li> <li>• Supports the client to remain in /return to the place of care of their choice through assessment, intervention and care co-ordination (OTA, 2014)</li> </ul>	<p>and environmental modifications address identified goals. The OT's understanding of the illness enables planning for future needs (OTA, 2014)</p> <ul style="list-style-type: none"> <li>• Seeks opportunities to build body of evidence of profession within palliative care.</li> <li>• Implements new and emerging evidence into management plans, e.g. Rehabilitation in palliative care</li> <li>• Provides expert liaison within the care team to promote best outcomes for clients and their caregivers. (OTA, 2014)</li> <li>• Supports capacity to attend to affairs and the development of legacy (OTA, 2014)</li> <li>• Supports the client to remain in /return to the place of care of their choice through assessment, intervention and care co-ordination (OTA, 2014)</li> </ul>

NICan Domain	Competence Area	OT Core Scope	Occupational therapy ASOP in Palliative Care Competency
4. Symptom management, maintaining comfort and wellbeing	3.4 Appropriate referral	<ul style="list-style-type: none"> <li>• Sound level of understanding of palliative care services in local region</li> <li>• Ability to triage and prioritise referrals to service</li> <li>• Ability to instigate appropriate referrals.</li> <li>• Works in a collaborative manner with consumer and significant others when instigating referral to other services or service providers</li> <li>• Considers client journey and continuum of care when possible in decision making regarding referral</li> </ul>	<ul style="list-style-type: none"> <li>• High level of understanding of palliative care services.</li> <li>• Informs development of new care pathways, system change and services for palliative care.</li> <li>• Demonstrated skill at referring - direct transfer into hospital.</li> <li>• Creativity in client-centred advocating for clients.</li> <li>• Setting up systems of triage and prioritisation. Audit and review of potential change of practice.</li> </ul>
	4.1 Symptom management	<ul style="list-style-type: none"> <li>• Aware of a wide range of symptoms and core skills to manage these symptoms in a client centred way.</li> </ul>	<ul style="list-style-type: none"> <li>• Aware of a wide range of symptoms including those less common. Skilled in a range of symptom management techniques.</li> <li>• Uses OT skills in customised, innovative and improvised techniques whilst ensuring client safety and wellbeing (and within scope of practice).</li> <li>• Ability to think beyond typical implementation techniques when the need arises. Responsive to client need.</li> <li>• Displays confidence and flexibility in clinical decision making and the</li> </ul>

NICan Domain	Competence Area	OT Core Scope	Occupational therapy ASOP in Palliative Care Competency
5. Advance care planning	5.1 Care of the patient after death	<ul style="list-style-type: none"> <li>• Confident in sensitively discussing and assisting to negotiate choice and place of death.</li> <li>• Awareness and facilitation of death practices and choices.</li> <li>• Developing negotiation skills with consumer and significant others to enable their wishes to be carried out.</li> <li>• Able to negotiate withdrawal of services tactfully and sensitively.</li> <li>• Contributes to care of significant others following death of consumer.</li> <li>• Awareness of death practices in other cultures</li> </ul>	<p>ability to make swift decisions using rigorous clinical reasoning strategies.</p> <ul style="list-style-type: none"> <li>• Advanced negotiation skills with consumer and significant others to enable their wishes to be carried out.</li> <li>• Skilled at negotiating and advocating of death practices and choices.</li> <li>• Skilled at negotiating what is important to client re. Quality of life, priorities, Advanced Care Planning</li> <li>• Skilled at client led care. Advocating and facilitating clients' wishes to happen.</li> <li>• Predictive re nature and course of disease and the impact this has on occupational performance.</li> <li>• Awareness of and competent in facilitation of death practices in other cultures</li> </ul>

## Appendix 4

Reference	Evaluation, Review and Monitoring Focus	Responsibility
4.4.1	Achievement of practice roles which support the service plan for which they were intended, including client focused outcomes, quality measures and changes in practice that benefit the client.	SA Health Executive Leaders
4.4.1	Achievement of timeframes for implementation of the role	SA Health Executive Leaders
4.4.1	Cost effectiveness and efficiencies demonstrated by the role including service provision and sustainability	SA Health Executive Leaders
4.4.1	Impact evaluation, clinical effectiveness and acceptance of the new role and as the role develops	SA Health Executive Leaders
4.4.1	Performance of the ASOP role against criteria of the role description at the annual performance review and development opportunity	SA Health Executive Leaders
4.4.1	Ongoing workforce planning and review in relation to advanced practice roles	SA Health Executive Leaders
4.4.3	Review of the ASOP of all health practitioners annually upon notification of registration renewal with AHPRA	SA Health Executive Leaders
4.4.4	Provide evidence of continual competence at the ASOP level and adherence to practice standards relevant to the professional group	The Health Practitioner
4.4.5	Review health practitioners defined ASOP when required. An unplanned review must occur when: <ul style="list-style-type: none"> <li>the practitioner seeks to deliver a health service outside of his or her existing scope of practice;</li> <li>the practitioner is introducing an established technique or clinical intervention into the particular LHN for the first time;</li> <li>performance review indicates the practitioner's potential lack of competence;</li> <li>it is indicated by higher than expected adverse outcomes on referral from the relevant clinical governance committee;</li> <li>the outcome of an investigation following a complaint to the Health and Community Services Complaints Commissioner, or the relevant practitioners regulatory board indicates a review is appropriate;</li> <li>concern has been raised by other staff members regarding the introduction of an ASOP role; or</li> <li>responding to a recommendation of the State Coroner.</li> </ul>	SA Health Executive Leaders

Reference	Evaluation, Review and Monitoring Focus	Responsibility
4.4.6	An unplanned review of ASOP can be undertaken in the instance where other staff members have concerns about a practitioner's advance scope of practice; this will be brought to the attention of the direct line manager and referred to the Chair of the Credentialling Committee.	Chair of Credentialling Committee  Health Practitioner  Direct line manager of the Health Practitioner
4.4.7	The health practitioner's ASOP can be modified if: <ul style="list-style-type: none"> <li>• the health facility does not have or elects not to have the facilities and/or clinical supports to deliver the requested health service procedure, or</li> <li>• the scope of advanced practice required by the health service is redefined</li> </ul>	LHN Executive
4.4.8	The health practitioner's ASOP can be reduced, suspended or terminated if he or she: <ul style="list-style-type: none"> <li>• ceases to be registered with the relevant regulatory Board through AHPRA; is restricted in practice or suspended by the relevant regulatory Board through AHPRA;</li> <li>• ceases to have appropriate and adequate professional indemnity and public liability insurance;</li> <li>• is found to have made a false declaration through omission or false information which justifies such action;</li> <li>• engages in serious or willful misconduct;</li> <li>• presents a risk to the safety and well-being of patients/clients and/or staff</li> <li>• otherwise departs from generally accepted standards of clinical practice in his/her conduct;</li> <li>• is subject to criminal investigation or has been convicted of a serious crime which could affect his/her ability to provide the defined clinical scope safely and competently;</li> <li>• has his or her employment contract expire or the contract is terminated by the health care facility; or</li> <li>• does not comply with legislation and/or regulation supporting the role.</li> </ul>	AHPRA  LHN Executive  Health Practitioner
4.4.9	Where the Credentialling Committee may be contemplating the reduction, suspension or termination of a health practitioner's ASOP, the Credentialling Committee must make a recommendation to the CEO to notify the practitioner in writing of the same. Such notification must inform the practitioner of the reasons for any such proposed reduction, suspension or termination being contemplated and provide the practitioner with an opportunity to respond in writing within 14 days.	Credentialling Committee  LHN CEO



Reference	Evaluation, Review and Monitoring Focus	Responsibility
4.4.10	The right to recommend reduction, suspension or termination of the ASOP of a practitioner to the LHN CEO will be held by the Chair of the Credentialling Committee after deliberation by the Credentialling Committee. The decision to recommend reduction, suspension or termination of the health practitioner's ASOP must be documented fully and the practitioner concerned advised in writing of the specific reasons for the decision. The practitioner will also be advised of his or her right to an immediate review of the decision by the particular LHN and the provision of any necessary personal or professional support.	Chair of Credentialling Committee  LHN CEO
4.4.11	The CEO or nominated delegate will communicate the outcome of such decision in writing, within a timely manner, to relevant areas within the LHN impacted by a decision as well as other LHN's via the CEO and Chair of each LHN's Credentialling Committee	LHN CEO
4.4.12	If the nature of the matter results in the suspension or termination of the practitioner, and the CEO believes, in good faith, that the safety and quality of health care in another institution which is not part of a LHN, is subsequently at risk, the matter may be referred to the relevant regulatory board to ensure compliance with existing mandatory reporting requirements	LHN CEO

(Adapted from SA Health, 2013)



### Change History

Any printed version of this document may have been superseded. The current version of this document can be accessed via [www.health.sa.gov.au/alliedandscientifichealth](http://www.health.sa.gov.au/alliedandscientifichealth)

Version	Effective From	Effective To	Change Summary
1.0	February 2015	February 2015	Tracey Kroon
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