



# Chief Health Professions Office

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## NEWSLETTER

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## From the Chief Health Professions Officer

### Allied Health and Health Science Professionals' Issues

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We continue to meet with the registration boards to discuss national registration as well as issues such as use of assistants and extended scope of practice. The **Council of the Pharmaceutical Society of Western Australia** will be impacted upon significantly with the move to national registration. The Council also expressed some concern about the need for a national poisons and drugs act to assist with mobility of pharmacists. The **Occupational Therapists Registration Board**, the **Psychologists Board** and the **Physiotherapists Registration Board** have had serious concerns about the delay in appointing of Board members. In discussions with the Ministerial Liaison Office, it appears that this issue has now been resolved and all the boards are at their full complement of members. There had been some concern that the **Physiotherapists Act** would not allow the use of assistants but this has now been clarified and does not present any difficulties for the use of assistants.

The Office has also been involved in work around the essential criteria for **respiratory scientists**. The concern had arisen that the current minimal education requirement was not consistent with The Australian and New Zealand Society of Respiratory Scientists (ANZSRS) guidelines for educational qualifications. A meeting was held on 14 November with representatives for this profession from across the health services, Industrial Relations and this Office. We were able to agree upon a revision of the Department's minimal education requirements that are now consistent with the ANZSRS guidelines. This change should assist the health services in recruiting appropriately trained respiratory scientists.

The 2007 **Podiatry Labour Force Survey** is now available on the CHPO website ([http://www.ochpo.health.wa.gov.au/docs/Podiatry\\_labour\\_force\\_survey\\_2007\\_report.pdf](http://www.ochpo.health.wa.gov.au/docs/Podiatry_labour_force_survey_2007_report.pdf)). To continue this work, a Podiatry Reference Group has been established. This group will begin mapping the podiatry workforce needs for the future based upon a population health model.



Sean Geoghegan (Senior Medical Physicist, Royal Perth Hospital) and I attended via audio-conference the nuclear medicine & radiology physicists workforce meeting held on 16 December. The purpose of the meeting was to discuss the nuclear medicine and radiology physics workforce requirements for the next 5-10 years and to develop a proposal to set up and fund training and accreditation program in nuclear medicine and radiology physics and associated trainee positions. The recruitment of medical physicists to WA is a serious concern as it is across most of the country.

Another growing area of concern in terms of workforce is with training and recruitment of sonographers. I met with Dr Bill Macdonald, Director of Medical Imaging, to discuss the need for training programs for sonographers in WA. We will be developing a joint business case to present to the Department to be submitted to the Healthy Workforce Committee in the next month or so.

### Across Health Services and the Department

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I am very pleased to report a new partnership with the **Mental Health Division** in the offering of scholarships for allied health practitioners to do a postgraduate certificate in mental health. The Mental Health Division has given the Office \$100,000 for these scholarships. Sue Rowell is leading this project for the Office and has already received over 50 enquiries from allied health professionals related to these scholarships. The scholarships are for enrollment at either UWA or Notre Dame for the upcoming term. The awarding of the scholarships will be in February.

As CHPO, I have been invited to be a member of the **WA Council of Safety and Quality in Health Care**. I am very pleased to be a part of this Council and feel that this will be another avenue to increase the awareness of safety and quality issues in allied health and health science as well as across all of health.

I was able to attend one of the information sessions provided by the North Metropolitan Ambulatory Care Service. It was very impressive to learn of the innovative and quality services being provided by allied health practitioners and the interdisciplinary focus of many of these programs - such as the COACH Program, Wounds West, Chronic Disease Management Dietetic and Podiatric Services, Joondalup Easy Breathers, Community Physiotherapy Services (including Parkinson's Early Intervention Program, Stroke Program, Spinal Pain Program, COPD Community-based Care Program), Falls Linkage Independence Program, Primary Care Intervention Program, Ambulatory Care Diabetes Services and the Asthma Study. Congratulations to all those involved and thanks for all your hard work.

The **Allied Health Professional Development** session was held on 3 December and was a great showcase for some of the excellent work being doing by allied health professionals across the health services. It was also good that allied health clinicians in the country services could be a part of the event through video-conferencing. All of the presentations were excellent and I want to express my own appreciation to the presenters for the fantastic work they are doing - in the SCHG CCT program, the Spinal Triage Project at Fremantle, Rural Allied Health Assistants initiative in WACHS, The CDM program in South Metro, the Advancing Dietetic Service Delivery program in Chronic Disease Services and the PMH Refugee Clinic. Thanks also to Marani Hutton for her efforts in organising this great afternoon.

Congratulations to **Marani Hutton, Area Allied Health Advisor SMAHS**, also for her involvement in the recent trip to the United Kingdom organised by the Department of Health to review health reform. It was encouraging to learn from Marani about the significant role allied health has played in the health reform in those countries.



Congratulations also to the **Ambulatory Care Facilities** (part of the Pathways Homes Project of Fremantle Hospital) for its official opening by the **Honourable Dr Kim Hames**, the Minister for Health. I am very grateful to **Stuart Waters**, from the Physiotherapy Department, for taking the time to show me around the facility and discuss the many impressive services being offered through that Department.

### National Issues

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There is still much happening at the National level. In November, I attended a meeting of the **National Allied Health Advisory Committee (NAHAC)**. Peter Carver, director of the **National Health Workforce Taskforce (NHWT)** attended as well. Peter reported that the NHWT will be looking at workload measures for allied health as one of its projects for 2009. NAHAC decided that it is important for it to be proactive in providing guidance to NHWT on this project rather than just commenting on work NHWT is doing. Each state will be looking at ways to provide advice to the NHWT on what types of workload measures are more appropriate for specific types of clinical work.

Dr Louise Morauta, Project Director of the **National Registration and Accreditation Implementation Project**, met with key stakeholders here in Perth. There is concern that the change to a single State Office for all the health professions boards will have quite a negative impact on a number of allied health and health science boards that currently have contractual arrangements for the management of these boards. Under the new scheme, these registrars and staff on contract will not be employed and the vast experience and understanding of these boards will be lost.

### Within CHPO

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The Office sponsored a forum on governance issues in November. This event was attended by twenty-six participants representing the allied health councils of **Child and Adolescent, North Metropolitan, South Metropolitan and WA Country** health services. Our appreciation to all those who attended for the participation and support. The report on the forum will be available on the CHPO website by the end of January.

The Office and the Chairs of the four **Allied Health Councils** have begun meeting on a monthly basis. A recommendation from the governance forum was for the Office to develop and present a proposal to the Allied Health Councils that will detail possible clinical governance structures for allied health across WA Health. We are in the process of developing this proposal for consideration by this group.

This Office is now in regular meetings with the **Office of the Chief Nurse, Office of the Chief Medical Officer and Dr Lou Landau**, Postgraduate Medicine Chair. We will be using these meetings to discuss issues in health reform that run across all disciplines - such as use of assistants and expanded scope of practice. We hope that we as a group can resolve any barriers that may arise so that these do not result in impediments as the health services begin implementation of the health reform initiatives.

The Office recently upgraded the **CHPO Manager's position** to a Level 8. Karen Lennon initially acted in this role before going on secondment to SCGH. As you know, Grace Carroll has been A/Manager since that time. We recently advertised the Manager's position and have successfully recruited someone to this post. We will be able to announce the new manager by the end of January.



## Key Points from the Allied Health Conference in New Zealand

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Grace Carroll attended the **Inaugural Allied Health Conference** November 2008 in New Zealand on behalf of the Chief Health Professions Officer.

### Why allied health should work together:

- Allied Health is not easy to define, a definition does not equate to identity and identity does not equate to a definition. They stand together yet they stand apart which is both a strength and a weakness;
- Allied Health is a diverse range of professions that historically work in silos and this still continues today for many. This causes difficulty for senior management of a service to know how to address individual professions issues;
- Allied Health need to organise themselves rather than have it imposed on them;
- Allied Health professions need to work together to influence policy contexts beyond the reach of individual professions;
- When organisations are restructuring, if management do not know what Allied Health professions do, then we become one of those boxes that can be moved;
- Allied Health needs shareholders with a social entrepreneurial mindset. Stakeholders protect their asset, shareholders grow theirs. Shareholders will accept a short-term loss for a long-term gain. Shareholders lead to a new form of professionalism;
- Be at the table and not be left out, be business savvy;
- Opportunity to learn with and from each other.

### Clinical Governance:

- Evidenced based and patient centered - Put the patient first; make them a partner in their own care. Patients must always be at the centre of all our efforts. Involve the patient in their care and not just at the end point. Health is about people and their stories;
- Fix up your systems and stop browbeating your staff - if you get your systems in place, you will have quality;
- Quality needs to be embedded in clinical practice and in line management;
- Clinical data has to be the basis for our decision making;
- A large proportion of time is spent focusing on finance and not on quality or quality is often a sideline and not embedded in the system;
- Components of a Quality framework - are you auditing procedures - regular peer reviews - clinical indicators - morbidity and mortality reviews - up to date evidenced based clinical practice;
- Clinical Governance partnerships: values based decision making - clinical strategy/decision making - clinical management responsibility - core responsibility/contribution - operational management/clinical leadership;
- We need to have less top heavy leadership knowing about clinical governance and more of what happens on the shop floor;
- Clinical governance is often misunderstood and seen as a top down measure only.





### Leadership - Allied Health:

- Structures - platform to exercise leadership. Leadership is important but the structure is even more important;
- Factors influencing management structures: local healthcare changes - financial, political economic and social - decentralisation - multi-professional management;
- Issues we are facing: political drivers, economic issues, social issues, cultural issues, clinical governance issues, cooperate governance, information use and demographic issues;
- Personal Vision - strength, stamina, energy;
- Purpose: strategy, vision, knowing where your going, keep it simple, break it down into bite size pieces, the sum of the parts = the goal, if you can't say it on an A4 page, you don't understand the problem;
- Promoting when you and your team do well, share your winning tactics, develop internal and external contacts;
- Getting people to buy into your vision;
- Reduce the number of projects, as everyone is doing too much - be more structured about number of projects then you will get to celebrate the ones completed;
- Employ people with similar vision.

### Things to Ponder:

- How are innovative approaches encouraged and spread?
- Do professional boundaries get in the way of generalism versus professionalism?
- Your role in keeping people well within their local communities and in discharge planning.
- Should client self-referral be the norm?
- Opportunity for client self-assessment.
- Should allied health be in the community and visit the hospitals if more care is going to be provided in the community?

