



Chief Health Professions Office

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From the Chief Health Professions Officer

Allied Health and Health Science Professionals' Issues

I spent a very pleasant and educational few hours with Emma Rooney, Physiotherapist, at Sir Charles Gairdner Hospital (SCGH). Emma and her colleagues are part of the Critical Care Team (CCT) in the Emergency Department (ED). Emma and Tamala Ranson, Occupational Therapist, presented this service at the Allied Health Professional Development Day in December. It was great to see this innovative and effective service in action and I really appreciate Emma making the time to meet with me.

The Department of Health (DOH) has agreed to support the development of a Medical Physics Course at UWA utilising funding from the Commonwealth. This course has been in the planning stages for a couple of years, but we may now be able to see results from all the effort that has gone into the planning. I plan to establish a steering committee in the near future to further this project.

The Office has had some updated communication from the Occupational Therapy Board and the Physiotherapy Board about the use of assistants. We seek further clarification from the Physiotherapy Board around definitions of supervision and have advised the Physiotherapy Board of the impact that a requirement of a certificate IV for assistants would have on those programs utilising assistants. We will update you on the response of the Physiotherapy Board when received.





Across Health Services and the Department

During January, I was able to meet with all the Area Health Service Chief Executives. Each of the Chief Executives were very positive about the role that Allied Health and Health Science professionals have in their health services. I was able to use this time to also discuss the Governance Review we are doing in Allied Health and also to highlight the significant workforce shortages we have in Medical Physics and Sonography. Since these meetings, the new Chief Executive for South Metropolitan Area Health Service (SMAHS) has been appointed and I hope to meet with her in the near future.

I also had the opportunity to meet with Darryl Nichol, Executive Director of PathWest. It was very good to be able to discuss issues related to the Medical Scientists in PathWest as well as national issues. We agreed that it would be beneficial to meet regularly and for me to attend some of the workforce committees within PathWest.

National Issues

I was able to attend the roundtable on clinical placements sponsored by the National Health Workforce Taskforce. The roundtable focused on the data requirements from health services and universities and how that could be accomplished within a national database. It did give the opportunity to ask about the new funding for clinical placements that will “follow the student”. Initially, it looked like this funding would only be for those professions where entry into the profession was after an undergraduate degree; however, subsequent information suggests that the funding might also be available to those students in professions that require a master’s degree for entry – such as Clinical Psychology and Medical Physics. We will continue to get information to clarify this issue.

Within Chief Health Professions Office (CHPO)

There have been some changes in CHPO recently. Initially, CHPO was situated within the Workforce Division. After an internal review of Workforce, CHPO now sits under the Innovation and Health Reform Division. We are quite pleased with this change and feel that this move will allow the Office to have input into the clinical side of health reform and workforce issues.

I realise that many of you are experiencing added burden with your service striving to meet the Government’s 3% efficiency. The Office has not been immune from this process which has resulted in the Office losing one of its Level 6 Policy Officer positions as it had not been filled for the past twelve months. It was a conscious decision that the Office made to not fill this position as we wanted to try to have the ability to have a range of Allied Health and Health Science professionals provide input into our work through secondments and were using this position for that purpose.

Additionally, the advertising and filling of our newly re-classified Level 7 position has been put on hold until the Royal Street functional review has been completed. So, for awhile we will be running with two Policy Officer positions, one Manager position and one Research/Administrative Assistant position. This will have an impact on our work capacity and so we apologise if we are not able to respond quickly to your requests or to the work we are doing on the various projects across the 23 professions.





Applied Research

Journal of Consulting and Clinical Psychology: Meta-analysis of biofeedback for tension-type headache: Efficacy and treatment moderators. Nestoriuc, P; Rief W; Martin A. 2008, Volume 76(3), 379-396.

The aims of this meta-analysis were to investigate the short and long-term efficacy, multidimensional outcomes, and treatment moderators of biofeedback as a behavioural treatment option for tension-type headaches. Biofeedback was more effective than headache monitoring, placebo and relaxation therapies. The strongest improvements resulted for frequency of headache episodes. Biofeedback in combination with relaxation to be the most effective treatment modality – especially for children and adolescents.

Journal of Head Trauma and Rehabilitation: Long-term Outcome after Severe Traumatic Brain Injury: The McGill Interdisciplinary Prospective Study. DeGuise E; LeBlanc J; Feyz M; Meyer K; Duplantie J; Thomas H; Abouassaly M; Champoux M; Couturier C; Lin H; Lu L; Robinson C; Roger E. 2008, Volume 23(5), 294-303.

The results of this study showed that patients with sTBI at 2-5 years post injury can be expected to present with higher functional independence and better participation in social, vocational and physical activities of their daily life compared to their functioning at discharge from acute care. However, those who were more dependent at discharge had a greater chance of presenting with higher levels of dependence and more limitations 2-5 years later. Participants were more independent in their physical and functional skills than in their cognitive skills 2-5 years post injury. Although improvement was noted in cognition and language, no significant difference was observed in emotional state and behaviour.

Journal of American Medical Association: Mobilizing Patients in the Intensive Care Unit: Improving Neuromuscular Weakness and Physical Function. Needham D. Volume 300(14); 1685-1690. This article discusses the impact of early mobility of ICU patients on reducing long-term physical impairment and reducing LOS in ICU and in the ward. There is also evidence that suggests that early rehabilitation therapy even helped patients on life support recover more quickly, resulting in less time on a ventilator and short ICU LOS. The article highlights the multidisciplinary effort at Johns Hopkins Hospital to improve physical medicine and rehabilitation in that facility's medical ICU.

Pediatrics: Parental Alcohol Screening in Pediatric Practices. Wilson C; Harris S; Sherritt L; Lawrence N; Glotzer D; Shaw J; Knight J. 2008, Volume 122, e1022-e1029. This article found that most parents, even those with alcohol problems, were receptive to being screened for alcohol use by their child's paediatrician. Children with a parent who abuses alcohol are at increased risk for neglect and abuse as well as cognitive and mental health problems.





Other News

Rural Placement Scholarship Program

A rural placement scholarship program for Allied Health students is now available through Commonwealth funding. This scholarship program is being administered by the Services for Australian Rural and Remote Allied Health (SARRAH). Further information is available through the SARRAH website at <http://www.sarrah.org.au/site/index.cfm?display=74996>

Continuing Professional Development

The Victorian Government funds a program to support the continuing professional development needs of Australia's Allied Health workforce by delivering presentations and workshops, and making them available online. This training can be accessed through www.cpdforalliedhealth.org (Please note that charges to this website may apply).

Ambassadorial Scholarships

Applications are now invited for an Ambassadorial Scholarship offered by the Rotary Foundation and Western Australian Rotary District 9450 for 2010-2011 to promote world peace and understanding. The successful candidate may choose a university in the northern or southern hemispheres commencing in February or September 2010. The Ambassadorial scholarship offers one academic year of study abroad at a university of their choice. Applicants must have successfully completed at least two years of study at tertiary level or at least two years employment in a recognized vocation. Application forms and information are available on the Rotary website:

<http://www.rotary.org/en/AboutUs/TheRotaryFoundation/Programs/Pages/ridefault.aspx>

Indigenous Allied Health Network Project

The Indigenous Allied Health Network project is underway. This project is funded through the Department of Health and Aging. For more information, checkout their website at:

www.indigenousalliedhealth.com.au

