

# **Allied Health Advanced Clinical Practice Framework**

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**Queensland Department of Health  
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# 1. Introduction

The Advanced Clinical Practice Framework, presented in this document, is designed to inform development of lead allied health professional (AHP) clinical roles in Queensland Hospital and Health Services where service-need suggests that innovative, patient-oriented services would be optimised by maximising scope of practice through the introduction of advanced and integrated skills in:

- clinical practice
- clinical leadership
- applied clinical research
- education and the facilitation of clinical learning.

The Framework relates specifically to advanced *clinical* practice for Hospital and Health Service AHPs. It is not relevant to roles that do not have a direct clinical service delivery function.

It is informed by considerable work undertaken in Australia and internationally to define and implement advanced clinical practice.

This Framework is presented as a living framework. It may change and develop as models for delivering advanced clinical practice are implemented and reviewed across the Queensland public health system.

For the purposes of this paper, allied health refers to the professions of:

- audiology
- clinical measurements
- exercise physiology
- leisure therapy
- music therapy
- nuclear medicine technology
- nutrition and dietetics
- occupational therapy
- orthoptics
- pharmacy
- physiotherapy
- podiatry
- psychology
- prosthetics and orthotics
- radiography
- rehabilitation engineering
- radiation therapy
- sonography
- social work
- speech pathology

## 2 Purpose and Principles

### 2.1 Purpose

The purpose of this document is to:

- Define allied health advanced clinical practice within the Queensland public health system context.
- Define the prerequisite knowledge, skills and attributes of advanced clinical practice for Queensland Hospital and Health Service AHPs.

## 2.2 Guiding principles

The principles guide and underpin the development of allied health advanced clinical practice across Queensland Hospital and Health Services include:

- Patient care and application of best available evidence are central to establishment.
- Determined and developed by health service need.
- Complies with legislative, professional and healthcare standards.
- Implementation represents value for money
- Clinical governance (including supervision and credentialing where applicable) is in place to maximise patient safety
- AHPs undertaking advanced clinical practice:
  - are appropriately qualified, educated and competent to fulfil each of the integrated domains of clinical practice and critical attributes that constitute advanced clinical practice.
  - have clearly defined and understood roles, responsibilities and accountabilities
- Long term sustainability and succession planning are considered in implementation

## 3. Benefits of a framework for advanced clinical practice for allied health professionals

The literature is consistent about the reasons for introducing an AHP role with the credibility, influence and clinical expertise that leads clinical service innovation and reform. These reasons include:

- ensuring better access to services
- improving service delivery
- increasing workforce productivity
- enhancing patient experience
- addressing compliance with national priorities.

A number of countries have introduced advanced clinical practice roles in the allied health professions. In the United Kingdom, documented evidence is emerging about the benefits that advanced clinical practice roles can have on patient care. Whilst acknowledging that the body of international evidence is still evolving, evaluations to date have typically reported positive impacts on patient care through improved access, efficiency, workforce productivity and patient experience (NHS North West & Acton Shapiro Consultancy and Research 2009; McPherson et al. 2006), including:

- reduced waiting times
- improved access to primary health care services both in and out of hours

- reduced unplanned admissions to hospital
- decreased waiting times from referral through to treatment
- reduced avoidable Accident and Emergency attendances
- better engagement with hard to reach groups
- improved training and support for other staff, including junior medical staff and staff from partner organisations.

The following example describes a clinical setting where the introduction of advanced clinical practice has led to improved access to appropriate care and improved efficiencies.

***Advanced clinical practice in a multiple sclerosis (MS) and neurology service***

Introducing a physiotherapist undertaking advanced clinical practice in a MS and neurology service in the Cardiff and Vale University Local Health Service Board led to significant change in patient pathways. The level of practice was introduced in response to people with MS having inequitable access to appropriate service for their complex needs. The physiotherapist undertaking advanced clinical practice leads the service, triages patients, leads care where problems are physical, and liaises with the neurologist as needed. The physiotherapist also facilitates the education of other professionals, patients and carers in using contemporary practice to manage complex physical problems associated with seating, positioning and spasticity management. Their practice also includes administering anti-spasticity medication. The new level of practice has led to early identification and management of complex problems, reduced waiting times to see the consultant, fewer referrals for secondary care and increased collaboration between specialists.

(National Leadership and Innovation Agency for Healthcare & NHS Wales c. 2010)

## 4. Defining allied health advanced clinical practice in the Queensland public health context

Advanced clinical practice is not well defined in the literature. It has different meanings in different contexts, and to different people. This section provides a working definition for advanced clinical practice in the Queensland public health context. It also describes the concepts, assumptions and domains that underpin advanced clinical practice and seeks to address the confusion that exists with the *Queensland Health, Health Practitioner Work level Statements*.

### 4.1 Addressing confusion with *Queensland Health, Health Practitioner Work level Statements*

It is important to appreciate that this framework is independent of the industrial instrument of the Department and developed to forge innovative ways of delivering public health services to the people of Queensland.

*Levels of clinical practice*, described in this document, relate specifically to the allied health professions specified. In contrast, *Health Practitioner Work Level Statement* relate to a broader group of Health Practitioners within the Hospital and Health services. The function of the *Health Practitioner Work Level Statements* is to identify the appropriate classification level once a role has been developed. This assessment is made based on a position's scope and nature; the knowledge, skills and expertise required; and a position's accountabilities against the Health Practitioner career structure.

Given that *level of clinical practice* is not the only factor influencing the specific health practitioner classification of any given role, it is not relevant to *equate level of clinical practice* to a specific work level statement. However, given the nature of the demands and accountabilities involved, it is reasonable to expect that the HP classification of an allied health advanced clinical practice role will not fall below HP4, or above HP6. Similarly, the HP classification of an AHP in an AHP Consultant role will most likely be HP6 or above.

### 4.2 Assumptions underpinning the Allied Health Advanced Clinical Practice Framework

The Advanced Clinical Practice Framework for AHPs in the Queensland public health system is built on a number of assumptions. These include:

- Advanced clinical practice relates to:
  - *delivery of clinical care*, not managerial responsibilities
  - *level of clinical expertise, practice and influence*, rather than duration or breadth of practice.
- All AHPs strive for achieving best practice, therefore delivering best practice does not necessarily equate to demonstrating advanced clinical practice.
- All AHPs are accountable for their professional practice and exercise autonomy in their clinical practice.
- All AHPs work as part of a multi-disciplinary team.
- Working to full scope of practice does not necessarily equate to advanced clinical practice

- An advanced clinical practice model relies on appropriate delegation

### 4.3 Concepts for defining allied health advanced clinical practice

Before defining advanced clinical practice, it is important to define some key concepts to help 'locate' advanced clinical practice within the broader context of allied health service delivery and the allied health workforce.

Allied health practice needs to be understood in the context of the *breadth* of practice as well as the *depth/level* of practice a professional is involved in. The diverse set of competencies and capabilities that constitute contemporary practice must also be considered.

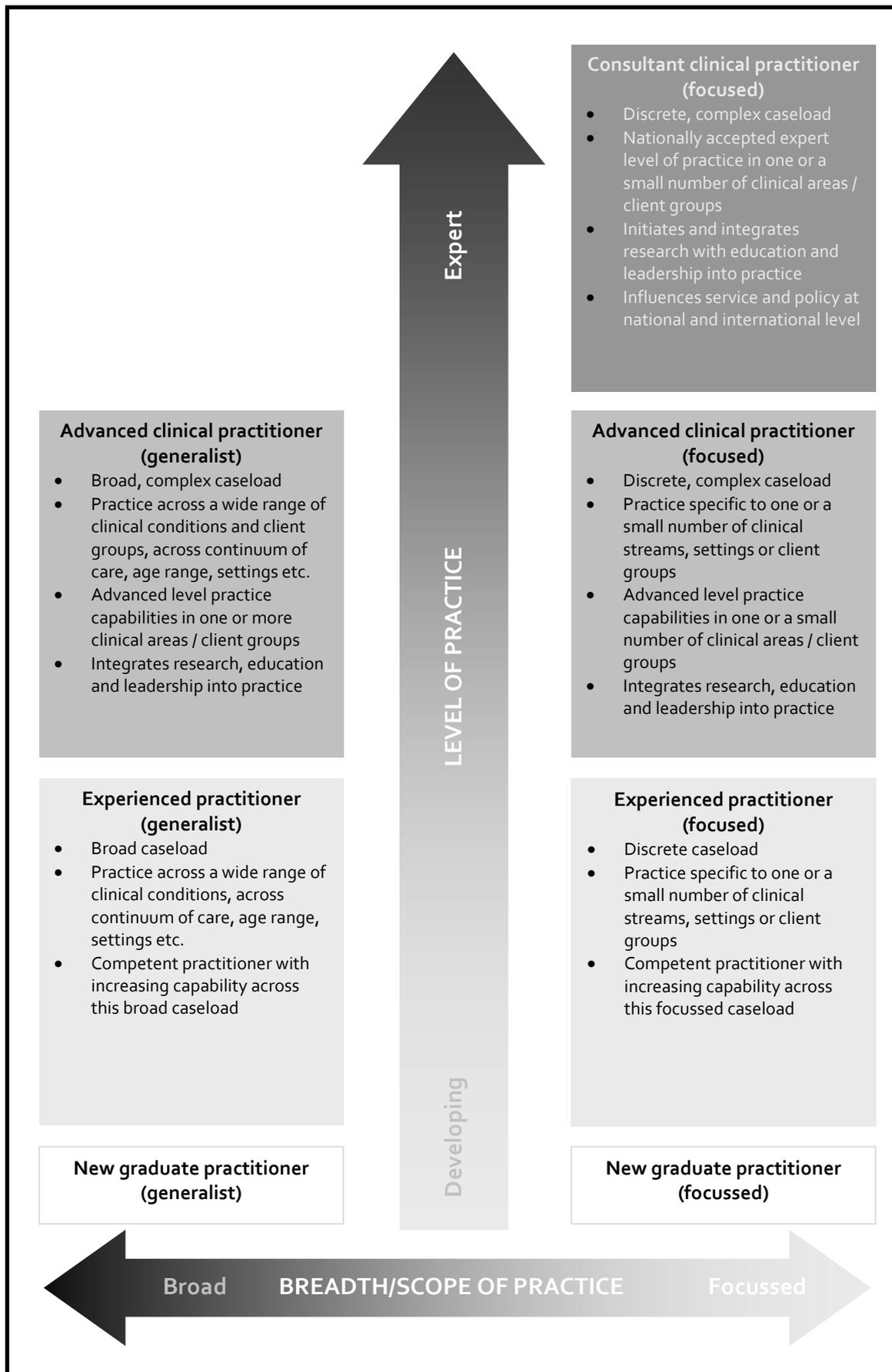
Figure 1, on the following page, was adapted from the National Competency Standards Framework for Pharmacists in Australia (Pharmaceutical Society of Australia 2010) and illustrates three concepts to assist in defining allied health practice. These include:

- differences in *depth/level* of clinical practice along a continuum
- differences in *breadth* of clinical practice along a continuum
- the relationship between different *levels* of practice and differences in *breadth* of practice.

The vertical axis presents a continuum of *level* of practice – from *new graduate*, to *experienced*, *advanced* and *consultant*. It demonstrates a progressive growth in knowledge, skills, interpretative ability, credibility and influence in a clinical setting. Increasing competence in integrating clinical skills with clinical leadership, applied clinical research and education in ways that optimise service delivery are also core to the continuum.

The horizontal axis represents the *breadth* of patient and/or caseload practice. In one clinical setting it may be narrower – indicative of a more focussed or specific caseload; in another it may be more generalised – indicating a broader range of patients in a wider range of clinical settings. It is important to understand that these two continuums operate *independently* of each other.

**Figure 1. Relationship between level of practice and breadth of practice**



#### 4.4 A definition of allied health advanced clinical practice

There is general concurrence within the literature that the characteristics of advanced clinical practice include a high level of experience, knowledge, critical thinking and problem solving which are used in complex contexts or when working with clients with complex needs (Council for Healthcare Regulatory Excellence 2009; NHS Cheshire and Merseyside Critical Care Network & Skills for Health 2010; NHS Education for Scotland 2009; National Leadership and Innovation Agency for Healthcare & NHS Wales c. 2010).

Although a range of literature outlines the domains of skills relevant to advanced clinical practice (Australian Institute of Radiography 2009; Queensland Health 2011a; NHS Education for Scotland 2010; NHS Cheshire and Merseyside Critical Care Network & Skills for Health 2010; NHS Education for Scotland 2010, 2012; National Leadership and Innovation Agency for Healthcare & NHS Wales c. 2010; Pharmaceutical Society of Australia 2012), there is limited evidence of how the domains were identified. Even so, there is some consistency across the literature that these domains should include:

1. clinical practice
2. clinical leadership
3. applied clinical research
4. education and the facilitation of clinical learning.

The following definition of advanced clinical practice, involving the integration of these four domains of practice, has been developed using a combination of existing literature, models of advanced clinical practice in other jurisdictions and consideration of the Department's own service context.

##### **Allied health advanced clinical practice in the Queensland public health system context**

At its core, advanced clinical practice for AHPs involves *high levels of clinical skill, knowledge and practice*. This advanced clinical capacity is reinforced and enhanced by its close integration with *clinical leadership* skills, *applied clinical research and evidence based practice* capacities, and competence in facilitating the *education and learning of others*.

Advanced clinical practice is relevant to *generalist* and *focussed clinical contexts*, as well as *profession-specific* situations and situations relating to *specific client groups or geographical settings*.

## 5. Differentiating between roles of allied health professionals

The nature of the work, and the specific roles AHPs are appointed to, vary considerably across contexts. This variability is directly related to differences in level of practice, scope (breadth) of practice, and complexity of context and/or client needs. In turn, these variables influence training requirements and the need for credentialing. Legislative requirements will also impact on the scope and level of practice, or legislative change may be required if extended scope of practice areas are regulated.

In particular, there needs to be a clear distinction between advanced clinical practice, as defined in this framework, and extended scope of practice. *Extending scope of practice* describes a discrete knowledge and skill base additional to the recognised scope of a profession and/or regulatory context of a particular jurisdiction and usually undertaken by other professions e.g. doctors, nurses or allied health professionals. It refers to breadth of practice illustrated in Figure 1. Extending scope should be done where it would allow more efficient management and care of the patient and decrease the number of visits or transactions in the patient journey. Examples of extended scope of practice roles and tasks include prescribing, requesting investigations, conducting procedures, producing final reports on an investigation and skill sharing with other health professions.

Facilitating optimal utilisation of the AHP workforce requires effective *delegation* to the support workforce i.e. allied health assistant and administrative officers. It has been shown that AHPs under-utilise the allied health assistant workforce to support delivery of services.

To assist in defining the nature of advanced clinical practice for AHPs in the Queensland public health system context, Table 1 compares the following roles and functions across the seven variables listed above:

- AHP in an advanced clinical practice role
- AHP in a consultant role
- AHP specialist
- AHP undertaking extended scope of practice
- AHP delivering focussed/specialised practice.

Table 1 focuses on describing what is common and what is different across these terms and roles, whilst recognising they are not mutually exclusive.

**Table 1. Differentiating between AHPs undertaking advanced clinical practice, AHPs in consultant roles, AHP specialists, AHPs undertaking extended scope of practice and specialised practice.**

	<b>AHPs undertaking advanced clinical practice</b>	<b>AHPs in consultant roles</b>	<b>AHP specialists</b>	<b>AHPs undertaking extended scope of practice</b>	<b>AHPs delivering specialised / focussed practice</b>
<b>Level of practice</b>	<p>AHPs in advanced clinical practice roles integrate advanced levels of clinical expertise with clinical leadership, applied clinical research and evidence based practice, and facilitation of the education and learning of others, to deliver a high level of clinical care to individual clients and high quality clinical systems to the community.</p> <p>AHPs in advanced clinical practice roles encompass a broader approach than just direct clinical practice, even though delivery of patient care remains the core function.</p>	<p>AHPs in consultant roles are at the pinnacle of AH clinical practice expertise. AHPs in consultant roles deliver a level of practice higher than the role of AHPs in advanced clinical practice roles. In addition to expert clinical skills, these professionals bring expert clinical leadership, the initiation and application of applied clinical research and evidence base practice, and facilitation of the education and learning of others, to deliver exceptional levels of clinical care and influence clinical policy and decision-making at a national and international level.</p>	<p>The role of an AHP specialist demands a higher level of clinical practice than that held by new graduates and experienced practitioners. The role demands advanced professional knowledge, skills, competencies and capabilities that are applied to selected problems and populations.</p>	<p>Extended scope of practice describes a discrete knowledge and skill base that builds on the recognised knowledge and skill base of a specific AH profession. When AHPs undertake extended scope of practice it relates to breadth of practice and is not necessarily dependent on their level of practice.</p> <p>Any AHP at any level might undertake tasks that constitute extended scope of practice for their profession.</p>	<p>Focussed / specialised practice describes a focussed breadth of practice where AHPs work with a discrete patient group in a defined clinical setting.</p> <p>When AHPs undertake focused / specialised practice it relates to breadth of practice and is not necessarily dependent on their level of practice. Any level of AHP might provide focussed / specialised practice.</p>
<b>Correlating Work Level Statements</b>	HP4 – HP6	HP6 – HP7	To be determined (no positions currently in Queensland public health system)	HP3 – HP7	HP3 – HP7
The specific HP classification of any role is determined by the specific combination of all accountabilities of each individual role					

	<b>AHPs undertaking advanced clinical practice</b>	<b>AHPs in consultant roles</b>	<b>AHP specialists</b>	<b>AHPs undertaking extended scope of practice</b>	<b>AHPs delivering specialised / focussed practice</b>
<b>Scope of practice</b>	AHPs in advanced clinical practice roles can practice within the full scope of their profession but provide clinical leadership to extend the boundaries and broaden scope in ways that enhance patient care in specific clinical areas or service contexts.	AHPs in consultant roles can practice within the full scope of their profession but provide clinical leadership to extend the boundaries and broaden scope in ways that enhance patient care in specific clinical areas and service contexts. Their contributions influence national and international standards, clinical policy and legislation.	The proposed specialty is a clearly defined area of practice with specialist knowledge and skills that are over and above those required for generalist practice and other areas of specialty practice. The knowledge and skills are applied to select problems and populations.	AHPs undertaking extended scope of practice fulfil roles that build on the recognised knowledge and skill base of their profession.	AHPs delivering focused / specialised practice provide a specific scope of practice to discrete patient groups in specific clinical settings.
<b>Complexity</b>	AHPs in advanced clinical practice roles relate to situations with greater complexity in caseload and/or setting.	AHPs in consultant roles relate to situations with greater complexity in caseload and/or setting.	The advanced knowledge, skills, competencies and capabilities of an AHP specialist are applied to selected problems and populations.	Extended scope of practice does not necessarily relate to situations with greater complexity in caseload and/or setting.	AHPs in focussed/specialised roles do not necessarily relate to situations with greater complexity in caseload and/or setting.

	<b>AHPs undertaking advanced clinical practice</b>	<b>AHPs in consultant roles</b>	<b>AHP specialists</b>	<b>AHPs undertaking extended scope of practice</b>	<b>AHPs delivering specialised / focussed practice</b>
<b>Training</b>	<p>AHPs in advanced clinical practice roles have capacities equivalent to those of Masters level education, as defined by the Australian Qualifications Framework (Level 9).</p> <p>They have undertaken significant further professional development, education and training.</p>	<p>AHPs in consultant roles have either completed, or be in the process of completing, a PhD in their area of clinical expertise, or where applicable, be recognised as a Fellow of their professional association or college, or are able to demonstrate equivalent recognition of their clinical expertise.</p> <p>AHPs in consultant roles influence the education and training needs of others.</p>	<p>AHP specialists have completed approved programs of study and meet established accreditation standards determined by the relevant professional body and recognised by the Australian Health Practitioner Regulation Authority (AHPRA).</p>	<p>Prior to undertaking extended scope of practice, AHPs are required to complete relevant training and demonstrate development of defined competencies.</p>	<p>AHPs delivering focused / specialised practice undertake regular professional development to maintain and update their skills in their area of practice.</p>
<b>Credentialing</b>	<p>Credentialing may be required when AHPs in advanced clinical practice roles undertake extended scope of practice. In keeping with Department of Health policy, credentialing requirements depend on the operational practices of each individual health service.</p>	<p>Credentialing may be required when AHPs in consultant roles undertake extended scope of practice. In keeping with Department of Health policy, credentialing requirements depend on the operational practices of each individual health service.</p>	<p>Specialist registration through the AHPRA is required to work as an AHP specialist.</p>	<p>Credentialing may be required when AHPs undertake extended scope of practice. In keeping with Department of Health policy, credentialing requirements depend on the operational practices of each individual health service.</p>	<p>AHPs delivering specialised / focused practice do not require credentialing.</p>

	<b>AHPs undertaking advanced clinical practice</b>	<b>AHPs in consultant roles</b>	<b>AHP specialists</b>	<b>AHPs undertaking extended scope of practice</b>	<b>AHPs delivering specialised / focussed practice</b>
<b>Supervision</b>	<p>AHPs in advanced clinical practice roles receive supervision from appropriately skilled AHPs from across the state or country. For specific skill areas, where AHPs are not available or qualified to provide appropriate supervision, they may receive supervision from a suitably qualified and experienced health professional from a relevant professional background.</p> <p>AHPs in advanced clinical practice roles supervise students, new graduates, experienced practitioners, AHPs developing advanced clinical practice skills, and (within their skill set) clinicians using extended scope of practice.</p>	<p>AHPs in consultant roles receive supervision from appropriately skilled AHPs from across the state or country. For specific skill areas, where AHPs are not available or qualified to provide appropriate supervision, they may receive supervision from a suitably qualified and experienced health professional from a relevant professional background.</p> <p>AHPs in consultant roles supervise students, new graduates, experienced practitioners, AHPs in advanced clinical practice roles, and (within their skill set) clinicians using extended scope of practice.</p>	<p>AHP specialists receive supervision from an AHP with relevant specialist qualifications, skills and experience.</p> <p>For specific skill areas, where AHPs are not available or qualified to provide appropriate supervision, they may receive supervision from a suitably qualified and experienced health professional from a relevant professional background.</p> <p>AHP specialists supervise other health professionals in their area of specialist practice.</p>	<p>In addition to standard supervision arrangements, AHPs undertaking extended scope of practice require additional supervision and mentoring from a suitably qualified and experienced health professional from a relevant professional background.</p> <p>As extended scope of practice evolves into standard practice for a profession, supervision from within the profession becomes appropriate.</p>	<p>AHPs delivering specialised/focused practice receive supervision from an appropriately skilled and experienced AHP from their own profession.</p>

	AHPs undertaking advanced clinical practice	AHPs in consultant roles	AHP specialists	AHPs undertaking extended scope of practice	AHPs delivering specialised / focussed practice
Impact on legislation	No legislative impact.	No legislative impact.	<p>Use of the term 'specialist' as the title of a health profession is restricted by national law. Specialist titles must be approved by the Ministers Council (Queensland Government 2009).</p> <p>Professionals using the title 'specialist' must be registered by AHPRA.</p> <p>Podiatric surgeons are the only allied health professionals eligible under national law, and recognised by AHPRA, as being entitled to use the term 'specialist'.</p>	Legislative change may be required if extended scope of practice areas are regulated. This is not always the case.	No legislative impact.

	<b>AHPs undertaking advanced clinical practice</b>	<b>AHPs in consultant roles</b>	<b>AHP specialists</b>	<b>AHPs undertaking extended scope of practice</b>	<b>AHPs delivering specialised / focussed practice</b>
<b>Examples</b>	<p>A dietitian in a remote area with post graduate qualifications in diabetes education. The role includes:</p> <ul style="list-style-type: none"> <li>• working with the nurse practitioner and doctor as first contact practitioner for clients with diabetes</li> <li>• titrating insulin under guidelines approved by medical staff</li> <li>• referring to team members as required to coordinate client care</li> <li>• providing a range of dietetic services</li> <li>• participating in state and national diabetic networks</li> <li>• contributing to statewide protocols regarding diabetes in primary health care</li> <li>• working with lead clinicians to develop and monitor models of care</li> <li>• providing supervision and support to other AHPs.</li> </ul>	<p>A dietitian with a PhD and expertise in gastroenterology clinical services works in a tertiary hospital. The role includes:</p> <ul style="list-style-type: none"> <li>• leading a clinic for patients with symptoms of irritable bowel syndrome, including clinical assessment and abdominal examination</li> <li>• leading development of internationally recognised interdisciplinary evidence-based protocols</li> <li>• leading national audits</li> <li>• educating colleagues and providing tutoring</li> <li>• collaborating in interdisciplinary clinical research at a university</li> <li>• supervising clinical research of undergraduate and postgraduate students</li> <li>• ensuring whole-systems approaches to dietetics across clinical and academic contexts</li> <li>• establishing nationally consistent public resources (Lomer 2009).</li> </ul>	<p>NA</p> <p>There are no approved specialist dietetics titles recognised by national law or AHPRA.</p>	<p>A dietitian who has received formal training in clinical assessment and abdominal examination is involved in the decision-making process for recommended investigations necessary for making a diagnosis.</p> <p>Discussions are held with medical colleagues regarding possible diagnosis and appropriate diagnostic investigations. Investigations may include gastroscopy, colonoscopy, abdominal ultrasound, lactose and lactulose breath tests, and various blood tests (Lomer 2009).</p>	<p>A new graduate dietitian who works as part of an adult renal clinic within a tertiary hospital.</p> <p>Participates in regular professional development, contributes to case management meetings and assists applied clinical research efforts.</p>

## 6. Skills, knowledge, and attributes of allied health advanced clinical practice

As detailed previously, the four *domains* of advanced clinical practice for AHPs in the Queensland public health system include:

1. clinical skills, knowledge and practice
2. clinical leadership
3. applied clinical research
4. education and the facilitation of clinical learning

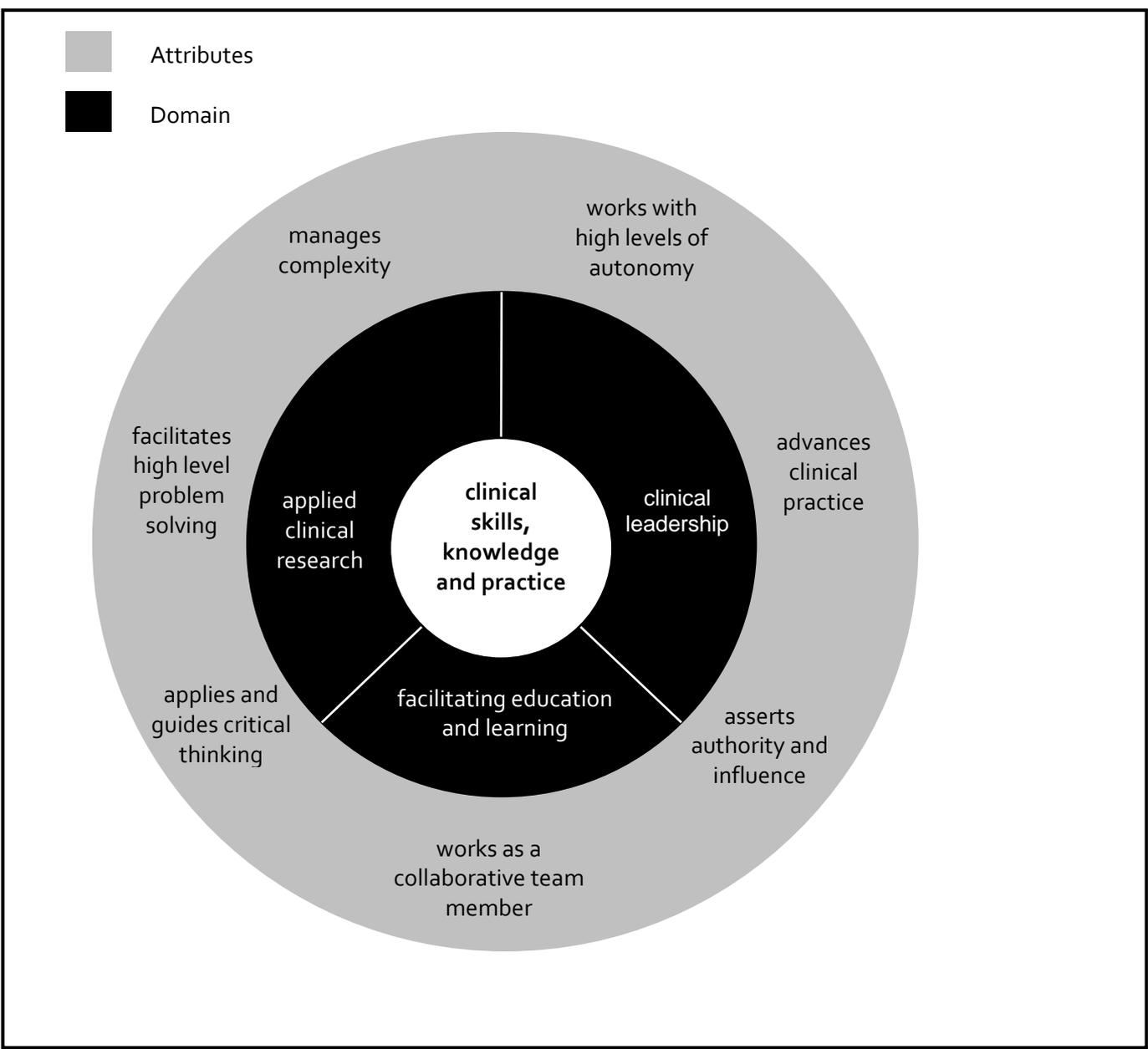
Additionally, the seven critical *attributes* include:

1. working with high levels of autonomy
2. asserting authority and influence
3. facilitating high level problem solving header
4. applying and guiding critical thinking
5. managing complexity
6. advancing clinical practice
7. modelling collaborative team work and clinical leadership

The descriptors for each of these domains of practice and critical attributes (illustrated in figure 2) delineate the finer detail of advanced clinical practice.

It is important to note that although some of the descriptors presented below are relevant to all practitioners, an AHP working in advanced clinical practice has the capacity to apply each skill in an integrated way. It is this integration of skills across the domains, paired with a practitioner's significant experience, advanced knowledge, and expertise in critical thinking and problem solving in complex situations that come together to reflect the status of advanced clinical practice.

**Figure 2. Domains of practice and attributes of allied health advanced clinical practice in the Queensland public health system**



## 6.1 Domains of practice defined

### ***Domain 1: Clinical skills, knowledge and practice***

An AHP undertaking advanced clinical practice:

- communicates with a wide range of individuals and groups and does so in a way that meets the particular needs of the audience.
- conducts comprehensive assessments, using a range of methods and tools informed by theory and evidence, of clients with complex needs or within complex situations.
- requests/refers for investigations and/or assessments by other members of the multidisciplinary team, as appropriate and adhering to local policies.
- interprets assessment results, informed by clinical reasoning, evidence, and client/patient and service needs, to formulate a diagnosis.
- formulates a prioritised intervention plan, including referring to other health providers as appropriate.
- provides innovative approaches to assessment and treatment, which are theory and evidence based, in order to achieve maximum outcomes for clients/patients and the service/organisation.
- ensures all practice is evaluated regularly to ensure interventions are effective and remain relevant to client needs.
- considers and responds to the complexity of client situations, including their health condition, contextual factors, body functions and structures, activity and participation.
- practises in a way which is compliant with relevant legal, professional and organisational requirements.

### ***Domain 2: Clinical leadership***

An AHP undertaking clinical practice:

- provides formal and informal leadership in their profession and area of clinical practice.
- manages staff and/or teams effectively when necessary.
- contributes effectively to teams by reflecting on their contribution to, and impact on, any team.
- provides strategic advice within their profession and area of clinical practice.
- behaves in a way which is politically aware and in the interests of clients and the organisation.
- contributes to local, national and international networks relevant to their profession and area of clinical practice.

### ***Domain 3: Applied clinical research***

An AHP undertaking advanced clinical practice:

- models a theory driven and evidence based approach to clinical practice.
- contributes to the development of theory and evidence through a range of quality improvement and applied clinical research methods.
- supports other staff in accessing, evaluating and utilising current theory and applied clinical research in their practice.
- synthesises and interprets available evidence to provide practice guidance in complex or novel situations.
- demonstrates knowledge of and adherence to local, national and international research, audit and clinical governance requirements.

### ***Domain 4: Education and the facilitation of learning of others***

An AHP undertaking advanced clinical practice:

- applies appropriate educational theories and methods to support a wide range of learners.
- models a lifelong approach to learning and fosters a culture of learning in the workplace.
- supports students and staff to reflect on their learning needs and identify opportunities to address them.
- ensures the regular evaluation of educational opportunities to ensure their maximal effectiveness and relevance.
- consults with education providers to ensure content and delivery methods are relevant to clinical practice.

## 6.2 Attributes defined

### ***Attribute 1: Works with high levels of autonomy***

Practices with a superior level of autonomy and as such has significant freedom to make judgements, accept responsibility and be accountable for their actions (Scottish Government 2008; National Leadership and Innovation Agency for Healthcare & NHS Wales c. 2010).

### ***Attribute 2: Asserts authority and influence***

Has the authority and credibility to influence excellence in service delivery and facilitate change at a systems level.

### ***Attribute 3: Facilitates high level problem solving***

Uses advanced problem solving and decision-making skills and techniques to guide decision making that demonstrates rigorous judgement and critical thinking (Scottish Government 2008; National Leadership and Innovation Agency for Healthcare & NHS Wales c. 2010).

### ***Attribute 4: Applies and guides critical thinking***

Explores, analyses and synthesises evidence, cases and situations in clinical practice from diverse perspectives and in a structured way in order to achieve a high level of judgement and decision-making (Scottish Government 2008; National Leadership and Innovation Agency for Healthcare & NHS Wales c. 2010).

### ***Attribute 5: Manages complexity***

Manages, and assists others to manage, a highly complex clinical practice caseload (Scottish Government 2008; National Leadership and Innovation Agency for Healthcare & NHS Wales c. 2010).

### ***Attribute 6: Advances clinical practice***

Promotes and advances best practice at a systems level using contemporary evidence and leadership in the clinical context (Scottish Government 2008).

### ***Attribute 7: Models collaborative team work and clinical leadership***

Demonstrates advanced capacity and commitment to collaborative practice with clients, and within and across disciplines, teams and organisations.

## **7 Education, training and development**

Key to an AHP building their capacity to practice at an advanced clinical level is the development and recognition of advanced level clinical knowledge and skills, specific to the context or field in which they practice, and across the four integrated practice domains. Additionally, an AHP must develop and practice according to each of the seven critical attributes.

### **7.1 Frameworks for education, training, and development**

Attempts to define the appropriate academic level of educational programs to support advanced clinical practice have generated significant debate (Alfieri et al. 2009; Scottish Government 2008). A number of frameworks (NHS Scotland 2008; National Leadership and Innovation Agency for Healthcare & NHS Wales c. 2010), health care jurisdiction reports (NHS North West & Acton Shapiro Consultancy and Research 2009) and profession-specific reviews (Australian Institute of Radiography 2009) recommend post-qualifying Masters education to underpin advanced clinical practice role development. However, there is a paucity of evidence and no agreement on the core or context-specific education requirements for advanced clinical practice (National Leadership and Innovation Agency for Healthcare & NHS Wales c. 2010).

The Australian Qualifications Framework (AQF) (Australian Qualifications Framework Council 2011) level descriptors provide benchmarks against which advanced clinical practice capabilities can be mapped. In the context of this advanced clinical practice Framework, the AQF Level 9 (Masters level) descriptors for critical reflection, autonomy and accountability, research skills and complex problem solving (Australian Qualifications Framework Council 2011) are considered to be characteristic of advanced clinical practice. An entry level/graduate entry Masters degree is not considered to meet this standard.

Although education and training is a necessary element of preparing to fulfil the requirements and expectations of allied health advanced clinical practice, on its own it is not sufficient to equip an individual with the skills and attributes that such practice demands.

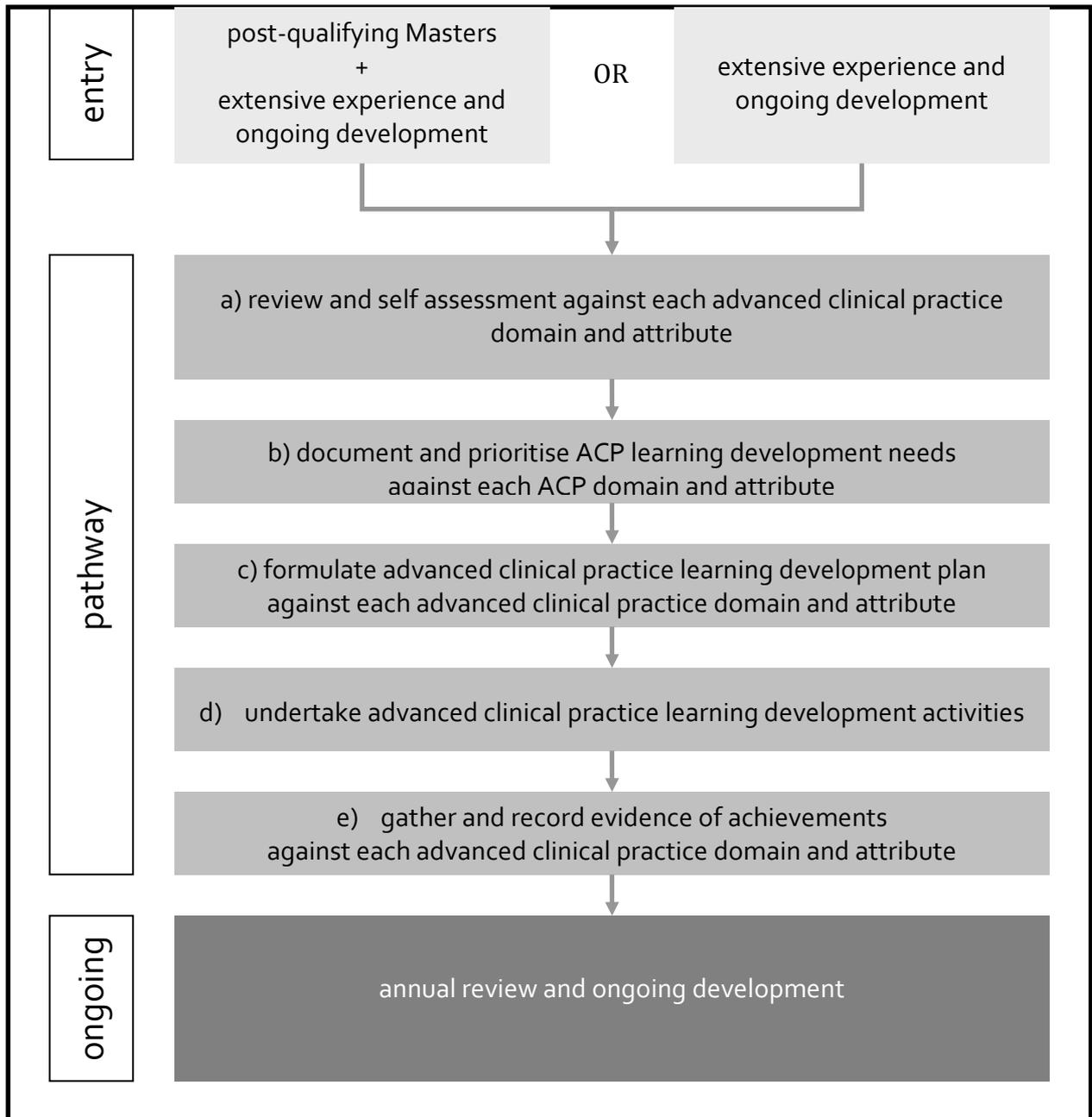
### **7.2 Advanced Clinical Practice Education, Training, and Development Pathway**

The proposed advanced clinical practice education, training and development pathway (the Pathway), summarised in Figure 3, provides a flexible guide to supporting development, whilst enabling participants – in collaboration with their managers – to identify their education and development needs and solutions.

Entry to the Pathway may occur via a post-qualifying Masters, or through significant experience, reflection, and ongoing development. Completing an academic program on its own is not, however, sufficient for advanced clinical practice development. Development of capability within the full complexity and nuanced environment of an applied clinical practice context is equally important.

The Pathway may be used by individual AHPs and service managers to guide both personal and personnel development planning. It may also be useful for education and training organisations to guide the development of training and educational programs specific to advanced clinical practice.

**Figure 3. Advanced Clinical Practice Education, Training, and Development Pathway**



## 7. Conclusion

This Advanced Clinical Practice Framework is intended as a guide to the development and implementation of service delivery models that utilise a highly trained AHP workforce and optimise the use of their skills

It is intended that a commonly accepted definition of advanced clinical practice for AHPs in the Queensland public health context will provide a foundation for optimising service delivery and consistency in role development across the State.

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