

Advanced Practice Roles (APRs) in Occupational Therapy: Leading the way forward

Occupational Therapy Australia, Victorian Division
 - Workforce and Professional Issues Committee
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Introduction

Advanced Practice Roles (APRs) are underpinned by knowledge, capability and technical expertise that provides the basis for independent clinical reasoning, diagnostic ability and professional judgment¹. In the context of increasing pressure to provide timely, accessible and high quality, patient centred health care, APRs and their associated competencies are recognised workforce initiatives that enable these demands to be met^{2,3}. Whilst APRs are well established in nursing, there are limited number of Occupational Therapy (OT) APRs in Victoria.

Aims

1. To identify and develop APRs in OT.
2. To establish competencies for APRs .
3. To facilitate implementation of APRs.

Method

1. Review of literature.
2. Benchmarking Victorian Hospitals.
3. Initial scoping workshop at Vic- Tas OT conference 2016.
4. Targeted workshop with 13 field experts.
5. Working parties for specific clinical areas.
6. Establishment of OT APRs and competency framework for the specific clinical areas.

References:
 1. State of Victoria, Department of Health and Human Services (2016) Allied health: credentialing, competency and capability framework (Second edition) <https://www2.health.vic.gov.au/health-workforce/allied-health-workforce/allied-health-ccc-framework>
 2. Saxon, R.L, Gray, M.A. & Opreescu, F.I (2014) Extended roles for allied health professionals: an updated systematic review of the evidence. Journal of Multidisciplinary Healthcare Vol 7, 479-488
 3. Ryley, N. & Middleton, C. (2016) Framework for advanced nursing, midwifery and allied health professional practice in Wales: the implementation process. Journal of Nursing Management Vol 24, E70-E76

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Results

Content Literature Review: Databases searched: CINAHL, Medline, PsychInfo, AMED Dates: 2000 present	
Search terms	# of articles retrieved
"Advanced practice role" & "Occupational Therapy"	0
"Extended Scope" & "Specialist Occupational Therapist"	5

BENCHMARKING: OT APRs within Victorian Health Services 2014 – 2016	# of APRs piloted, established or in progress
APR - Hand Therapy	9
APR –Stroke Upper Limb management	1
APR - Neonatal Unit	1
APR - Complex Disability	1
APR - Complex wheelchair & seating	1
APR – General Medicine	1
APR - Driving	1

4 specific clinical areas identified through a workshop with 13 field experts:	
Clinical Areas	Identified OT APRs
Neurosciences	Advanced Practitioner in Neurosciences Cognition
Complex and Aged Care	Advanced Practitioner in Complex and Aged Care in Cognition
Oncology & Palliative Care	Advanced Practitioner in Palliative Care
Paediatrics	Advanced Practitioner in Autism Spectrum Disorder Diagnosis

Example of competency assessment framework:		
Task/ Elements	Instruments for Assessment / Assessor	Performance/ Evidence Required
Developing self and others: Contributing to state/national and international information sharing and benchmarking.	Documented evidence Oral Appraisal Assessor: Designated OT Peer Assessor, either more experienced Grade 3 or a Grade 4 OT.	<ul style="list-style-type: none"> ➢ Knowledge of and application of learning styles and theories in educational delivery. ➢ Evidence of contribution to wider OT palliative care community discussion and development. ➢ Evidence of supervision, education and training of occupational therapists or other professions regarding palliative care.

Discussion

Review of literature and bench marking supported benefits of OT APRs in hand therapy. Evidence supporting OT APRs beyond hand therapy were limited, with a need for further research and publication indicated. Whilst limited in number, the diversity of OT APRs that have been established in Victoria supported further investigation into these existing OT APRs as well as exploration of APRs in other OT clinical fields.

Discussions throughout the workshops and project identified lack of clarity amongst occupational therapists with regards to the scope of APRs. The breadth and depth of OT practice was highlighted as an opportunity; allowing participants to work within their full scope of practice and explore APRs across a range of clinical fields.

In order to establish APRs, development of the competency framework has been an important tool in this project, in assisting practitioner understanding of the roles and addressing future clinical governance needs. Utilisation of this framework will be critical in further development of these roles across healthcare organisations.

Limitations

The initial scoping workshop identified 6 key clinical areas for APRs. These were further limited to 4 clinical areas and 4 specific APRs, due to limited resourcing and availability of expert participants during the period of the project.

Conclusion

This project has facilitated increased understanding of the APRs in OT and will support occupational therapists and healthcare organisations in developing APRs that meet our workforce and community needs. Further work in this area will progress the establishment of OT APRs and OT competency frameworks across a range of clinical areas.

