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# Consumer responses to Allied Health workforce projects

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The **Health Care Consumers' Association (HCCA) of the ACT** was formed in the 1970s to provide a voice for consumers on local health issues and now provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation
- consultations
- training in health rights and navigating the health system
- community forums
- information sessions about health services
- advocating for issues of concern to consumers
- works for the improvement of quality and safety of health services

23 April 2015

## **Consumer responses to Allied Health workforce projects**

### **Focus Group, 9 April 2015**

#### **Background**

On 9 April HCCA facilitated a discussion with ACT Health representatives to discuss the current projects in allied health and the impacts on consumers, carers and families. Workforce is key priority area for HCCA and we recognise the importance of including consumers in discussions about scope of practice, credentialing and supervision of our allied health and counselling. This becomes increasingly more relevant with ACT Health hiring more multi-classified professionals across acute, subacute and community settings.

HCCA has loosely grouped the discussion under the questions you provided.

#### **What would you want to know about the allied health professional you are seeing within ACT Health with regard to such things as qualifications, registration and professional association membership and clinical experience?**

The group discussed issues that arise with self-regulated professionals, when there is not a consistent national approach to hiring allied health staff and credentialing who are not registered with AHPRA.

There was some discussion about the use of allied health professionals in aged care and residential aged care facilities, another priority policy area for HCCA. Whilst we recognise that this is outside of the scope of this work, we are of the view that the whole health sector needs to consider how we can address the health needs of older people across the continuum of care.

We discussed about the current process for checking credentials for allied health professionals employed by ACT Health. We were informed that the current approach is through human resources and then through to the project director but this project is looking at changing this process into something more consistent.

HCCA recognise the difficulty in credentialing allied health professionals. Whilst AHPRA helps some professions with this, in the case of self-regulated professions the group heard that the Chief Allied Health Officer has some jurisdiction over licencing.

The group discussed the differences, benefits and possible risks of being AHPRA regulated or a part of a self-regulating profession. Many professions who are not covered by AHPRA can see the advantages of registration as part of the national scheme. There is a concern held by some that the cost of the national regulations means that people may be less inclined to join their own professional body.

HCCA asked whether self-regulated organisations expect the same level of continuing professional education / development (CPD) or provide the same level of insurance as

those who are under AHPRA. In terms of credentialing for skills that may have been learned through training and CPD, some consumers stated that if a health professional comes to perform a procedure on you there is no transparency or way to tell if that person is credentialed to do that task. We trust that they are competent and that the procedure is within their scope of practice.

*“As a consumer I found that if there was an issue this was being dealt with, that I can’t check if their practice has been credentialed.” –HCCA Consumer Representative*

### **What about allied health professionals working in multi-classified counsellor positions?**

There was some discussion around what the difference there was between a multi-classified position, and a counsellor.

*“These terms, multi-classified and so on don’t mean much to us, I think it’s fair to say that as consumers we make assumptions that the professionals we see are accredited to do the role they play. Anyway we have no way of finding out if this is not the case” – HCCA Consumer Representative*

The group also acknowledged that sometimes the support given by peers plays a hugely important role in a person’s experience with ill health.

### **What is your expectation of ACT Health regarding credentialing of allied health professional’s credentials to have confidence in the clinical care they provide?**

One of the focus group members had experience auditing staff credentials through her role as a consumer representative and had a concern that auditing is one of the only times credentials is checked after initially being employed. Often when credentialing staff you are looking at first year competencies rather than meeting a level of standards. It is a concern for some procedures, staff do a process online and then possibly be watched do a procedure if supervision is available.

*“I was sitting with my sister who is frail aged, and all these people just turned up! I was thinking, who are you? What are your skills? What is your role? You say you have come to do a procedure, how do I know who you are and if you can do that?” – HCCA Consumer Representative*

Some members of the group felt that the communication with the patients and allied health professionals is often loose and unclear. There was a suggestion to make it mandatory that all allied health staff introduce themselves, what their role is, and what they are proposing what to do.

As many consumers and carers are not aware who is credentialed, we make an assumption that the person we receive care from is able to provide that care safely. We accept whatever service is provided, and in many cases we do not have a choice in this as public patients.

## **What would you want to know ACT Health have done to ensure quality and safety for consumers when seeing an allied health professional?**

An area of concern for the group was the fact that while most staff are undertaking training and further credentialing they are not provided with adequate supervision to ensure they can safely deliver care. The definition of supervision and credentialing also seems to vary from one profession to another, making it hard for consumers to understand what each professional can do within their role. Clear information provided to the community about scope of practice of allied health staff would be extremely valuable. An example was given of where this has been done well, nurse practitioners who work in private practice have a Certificate of Authority, which is a statement of scope of practice.

It is important that the most appropriate person and skillset is used to provide care. This includes allied health having a larger scope of practice, to provide us with better access to the care we need, in the right place, at the right time. For example the ACT Ambulance Service now provides the Extended Care Paramedic program which treats eligible patients in their home, rather than transferring them to hospital, a service which is currently free of charge in primary care. However this program falls outside of ACT Health service. We would like to see it sit under ACT Health so this program can be supported as part of an integrated health response.

When discussing counselling, one member of the group shared an experience where a counsellor used language that the person did not like and was uncomfortable with due to their cultural background and suggested stronger requirements for training and credentialing around cultural awareness.

The group discussed that it isn't clear how consumers and carers can provide feedback on allied health staff, there is an assumption that consumers can advocate strongly for themselves in a health setting but if you are sick or have lower health literacy this may not be the case.

The possible role of a patient advocate as an allied health position that ACT Health could provide was discussed. This was for people who are unable to advocate for what they want with their care or interaction with the health system. Individual advocacy is a huge gap in the ACT meaning that people often feel isolated and powerless if they have any concerns with their care.

One consumer recommendation is for formal consumer representation in the overarching board that regulates allied health in the ACT.

There was also a request to include consumer input into the selection processes for allied health staff.

The group discussed the fact that many allied health staff act quite independently of other health staff, often working with a patient on their own.

*'In my head I would like to know that that there is some process of review whether it is a case review or practice a review of your care from others for quality improvement. I really see supervision as part of quality and safety.'* – HCCA Consumer Representative

One area of focus was ACT Health's relationship with tertiary education providers to ensure that support is given to freshly graduated students in monitoring their practice or peer support groups.

There is also an important role for this project in outlining how allied health professionals that are in private settings interact with the ACT Health system to ensure safe and integrated care for the Canberra community.

### **What level of information would you want about an ACT Health allied health professional's credentials to have confidence in the clinical care they provide?**

There was agreement that this depends on the individual consumers and their ability to research and engage with a care provider. We need professionals to engage in shared decision making so they can guide us to make more informed decisions. We would like allied health professionals to clearly spell out what their qualifications and their scope of work.

*'I would like to be able to check credentials ideally without having ask from the professional. Like for them to be on a website.'* – HCCA Consumer Representative

As each consumer and carer is different and will have different needs in this area one group discussed were multicultural groups who may have different expectation of care and cultural responsibility of allied health professionals.

One suggestion on how allied health staff can improve consumer understanding of allied health credentialing and scope is through the use of modified ACT Health business cards. You can use the card more constructively to inform and discuss your role with consumers. Some suggestions include, expanding the acronyms of qualifications in full, have on the back of the cards briefly what that allied staff member are credentialed to do and to provide a card to all consumers in a first appointment or session as a point of discussion, ask them to look at it out of session and then follow up later to make sure they are clear and comfortable with the staff members role.

Information or expanded titles could also be used in letters of reminder of allied health appointments, particularly those made through Community Health Intake. It is also important that accessible documentation and media is used for those with sight impairment.

There is also a suggestion to provide posters and pamphlets of what you can expect as a consumer from an allied health professional employed by ACT Health.