Advanced Practice – Profession-led and patient-focused

Hopefully by now, most members will have at least seen the final report of Advanced Practice Working Group (APWG), A Model of Advanced Practice in Diagnostic Imaging and Radiation Therapy in Australia. Perhaps you will have read the executive summary, although I suspect that a fewer number will have read the full report. At ninety-odd pages, it is a substantial read. It outlines a proposed model of advanced practice for the future, being careful to point out that it is intended as a catalyst for ongoing discussion and debate, rather than a definitive plan.

Following the release of the report, the recent Combined Scientific Meeting (CSM) in Brisbane presented an ideal opportunity to raise issues related to advanced practice in radiation therapy and medical imaging in Australia. The interest of the conference delegates in the subject was stimulated by presentations from the invited speakers Karen Middleton and Nicole Harnett about recent workforce developments in the UK and Canada respectively. Some of these role changes are discussed in this issue of The Radiographer. Other conference presenters spoke about the need and the opportunity for similar developments to take place in Australia and, in particular, for radiographers and radiation therapists to perform a wider range tasks and roles than is currently the case. Indeed, several proffered papers highlighted the extended roles that radiographers and radiation therapists already perform, generally on a local level.

Again, in this issue, the example is highlighted of radiation therapist-led patient treatment review. There is a need to formalise and nationalise such roles and to develop strategically the professional, educational and administrative capacity to support further sustainable development, where there is a demonstrable benefit in terms of patient care and service quality and access.

A misconception that was voiced at the CSM was that the development of the advanced practice model is entirely driven professional status and that insufficient consideration has been given to patient safety. It was argued that advanced practice by radiographers and radiation therapists will jeopardise the standard of care and the quality of service that is currently provided. This argument, of course, rests on the assumption that the current healthcare system is safe and meets the needs of the patient population, when we know that individual practitioners in the system work under enormous pressure, increasing the risk of clinical error, while the ability of others is underutilised and recruitment and retention are of constant concern. Further, it assumes that there is no need for change and that we should continue in our traditional roles in the foreseeable future, in spite of being aware of the impending, unprecedented aging of the population, which will result in increased demand for services and a reduction in the size of the entire workforce.

The “no change” argument is difficult to defend in the light of the findings of recent government reports, all of which have recommended massive changes to the way that healthcare is delivered in Australia. Healthcare reform, including workforce restructuring, is high on the agenda of the current government. Having been elected with a mandate to modernise the healthcare system, it can be argued that the government cannot go to the next election without having set significant policy objectives. Rather than resisting, as the “no change” protagonists suggest, the medical radiation professions should be preparing for inevitable and much needed change. Surely, profession-led change is preferable to bureaucratic-led change. There is a need, however, to take action now if we are to avoid the latter being imposed.

One of the stronger themes of recent reports on the healthcare system is the need for greater interprofessional (interdisciplinary or multiprofessional) collaboration and teamwork. In this sense the CSM theme of Collaboration: Working and Learning Together was well chosen. However, interprofessional collaboration is difficult to achieve and has a large number of impediments, including prestige, power, status, language and education. Professions invest a lot of time, effort and money in defining their unique identity, sphere of practice and role, developing particular cultures based on differing values, beliefs, attitudes and behaviour. Collaborating across interprofessional boundaries, sharing skills, knowledge and expertise, threatens professional identity. The normal response is to construct barriers to exclude others, labeling them as “frauds, amateurs or incompetents”.

Consequently, we should not be surprised or unduly alarmed at resistance to the development of advanced practice models in medical imaging and radiation therapy in Australia. Instead, the need for professions to preserve their identity must be acknowledged, fairly represented and, where appropriate, protected, while at the same time ensuring that change is patient-focused rather than profession-focused. Getting this delicate balance right will require patient perseverance by all parties and can only be achieved if the stakeholders come together in a spirit of cooperation and optimism to negotiate role boundaries and to develop standards, guidelines and protocols.

With this aim in mind, the APWG recommended that the AIR Board of Directors initiates action to establish the Interprofessional Practice Advisory Team (IPAT), with representation from all of the medical radiation professions. The Board has accepted this recommendation and it is hoped that IPAT will meet for the first time in early 2010. It will be chaired by an eminent person who is independent of all the professions but is well acquainted with the issues. It will have defined tasks and a limited life, the details of which will be agreed at the outset. The APWG further recommended that IPAT identifies new models of practice that involve interprofessional collaboration, placing patient care and service quality foremost and taking into account professional indemnity issues; that it creates a framework for the development of clinical practice standards, guidelines and protocols for advanced practice; and, that it consults with Australian Universities about the development of clinically relevant advanced practice education.
There are interesting and challenging times ahead. The impetus for changing the way that health professionals work has never been stronger. While the demand for services is growing at an increasing rate, the cost of healthcare is growing even faster. No matter which political party is in government, Australia cannot afford to ignore the fact that the current healthcare system is wasteful of both financial and human resources. Change must happen, and it will be stimulated, if not enacted by government. The challenge is for the medical radiation professions to lead and manage that change, placing the interests of the patient population ahead of issues of professional status, prestige and power.

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References