

Extended Roles for Allied Health Professionals in the NHS

***Report for the National Co-ordinating Centre
for NHS Service Delivery and Organisation
R & D (NCCSDO)***

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Executive Summary

Introduction

Within the UK, efforts to modernise the health service include a specific focus on reconsidering the roles of non-medical members of the health care team. This report details a research project utilising systematic review methods to elicit and critique published and unpublished literature about extended scope practice (ESP) in five allied health profession (AHP) groups.

The main aim of this review was to identify, appraise and summarise extended scope of practice in five allied health professional groups, thereby consolidating the evidence base for such innovations.

Scoping the literature revealed an apparent dearth of robust evaluative research and the review therefore addressed two specific objectives or phases.

Phase 1 To define the range of extended or enhanced practitioner roles within five allied health professional groups.

Phase 2 To evaluate the effectiveness of extended practice in allied health professionals from published literature and other sources in relation to:

- the impact on patients,
- the impact on other health professionals,
- the impact on health-services delivery (with a particular emphasis on the NHS).

Given the breadth of terminology used in the area, a broad search strategy was required and there were no limits according to time period or language. Over 7000 possible sources were identified, 355 of which contained information relevant to the topic. Twenty-two papers were of sufficient quality to be considered for data extraction with the remaining 333 considered for descriptive information only.

The review found that despite the introduction of extended scope roles across all of the professional groupings considered,¹ evidence about the impact of these new roles is limited. To date, the main focus has been concerned with imperatives such as reduced demand on medical colleagues and reduced waiting lists. The majority of reports were audits, satisfaction surveys, points-of-view papers or position statements. There were some individual case reports of note but there were few qualitative studies or robust trials.

¹ Physiotherapy, occupational therapy, speech and language therapy, radiography and paramedics.

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The evidence considered in this review has suggested that AHP-ESP interventions can indeed contribute to improved ease and speed of access to specialist services that can be provided. An increasing number of studies, particularly in radiography and paramedic practice, have suggested that improved access to specialist interventions does lead to improved patient outcomes although concerns have also been raised.

Whereas ESP is heralded by many to be a good thing, there is as yet little evidence to support this. We would strongly suggest that an increased focus on health outcomes for patients is required in the development of ESP roles. Despite being identified as important by practitioners and researchers, such outcomes have been evaluated infrequently to date. In addition, it is necessary to consider NHS outcomes that are less immediately obvious, such as the impact on routine services having lost experienced AHPs to ESP roles. Finally, explicit consideration of how best to prepare AHPs for these new roles is required given a climate where accountability is rightly high on every professional's agenda.

Innovation in practice must have a solid underpinning if we are to maximise the benefit for patients and indeed limit any deleterious effects. With the introduction of The Ten Key Roles for AHPs and the increased activity of the Changing Workforce Programme, it appears both timely and opportune that there is a higher profile to focused evaluation and strengthened evidence of AHP-ESP. Such evaluation is vital if we are to concentrate our efforts and expenditure in a way that is most beneficial for our patients. Indeed, we would suggest that specific and robust investigation is urgently required if we are to develop evidence-based policy around ESP in AHPs.

Specific implications and recommendations

- Evidence suggests that AHPs are able to perform a range of advanced practices that have been undertaken traditionally by medical practitioners.
- Pragmatic local evaluations should be incorporated when introducing role development.
- Despite the contribution of local evaluations, robust trials comparing ESP interventions and 'routine' management are required urgently.
- Further evidence about the impact of ESP on patient outcomes (such as health, reduced disability and improved quality of life) is required.
- Cost-effectiveness trials considering comprehensive costings, including hidden costs, are required.
- A consensus regarding a common language for ESP would be advantageous.

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- Further investigation of ESP views about barriers to extending practice should be sought.
- Further investigation on how best to prepare and support those in ESP roles is required.
- Further development of AHP awareness and skills of research and the evaluation of treatments or interventions is required.
- Moves towards more co-ordinated training and education of ESP AHPs should be investigated with a view to standardisation of high-quality care while allowing for local difference in service requirements.

Disclaimer

This report presents independent research commissioned by the National Institute for Health Research (NIHR). The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the SDO programme or the Department of Health

Addendum

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