Credentialing expertise, advanced and extended scope of practice

What have we done?

We gathered data from the following sources:

- Rapid review of the evidence base [>1500 articles were identified, a total of 16 were included in the E-Scan]
- Review of different models of credentialing [N = 15, national and international]
- Review of important contextual documents [N = 18 background and context documents; policy documents, frameworks and standards; and scaffolding documents]
- Semi structured discussions with key critical contacts [N = 11]
- E-Survey of membership [N = 133 responses to E-News link, 1.9% response rate]
- E-Survey of state board members [N = 31 responses]
- Semi-structured questions for two state private practice seminar participants (NSW, SA) [N > 50 responses]

We analysed the data:

Program logic was used to bring together all the data. Program logic uses the categories “contexts”, “drivers”, “mechanisms”, and “outcomes” to synthesise data and then brings all the data together to link these categories together. “Mechanisms” is the term used to group together facilitators and barriers. A series of statements is then developed using this technique such that we can then look at and describe the relationship between key contexts or mechanisms (facilitators/barriers) and outcomes or impact.

What did we find?

There is very limited evidence to inform this debate. The rapid review of the evidence base found only 6 papers that specifically examined credentialing outside of the workplace, none of which examined the impact that credentialing has or may have had on any outcomes of interest. The majority of the peer reviewed literature

examined credentialing of advanced scope roles or advanced scope of practice in large, government funded workplace settings.

Much of the information gained in terms of the impact and outcomes of different models of credentialing has been gathered from association documents, context and policy documents and semi-structured discussions with key contacts.

The process of credentialing has been used differently by professional associations and organisations to achieve different outcomes.

The term “advanced practice” has been used differently to describe a clinical skill, role or as a generic title.

Current models:

- Credentialing around **an area of clinical expertise** for example Board Certified Specialist in Fluency, Child Language or Swallowing (American Speech-Language-Hearing Association, ASHA);

- Credentialing **“advanced practice”** as a generic title rather than a specific clinical area for example Advanced Accredited Practising Dietitian (Dietetics Association of Australia) / Advanced Practice Pharmacist; and

- Credentialing **advanced practice *roles* or advanced *scope* of practice** for example Advanced Developmental Paediatric role (South West Healthcare); Consultant in Dysphagia (National Health Service, UK)

Each of these models is hosted or led by an **association** (e.g. SPA, ASHA**)**, **profession** (e.g. Pharmacy Council) or **workplace (**e.g. QLD Health, Monash Health, NHS). Many of the models reviewed have been developed over several years of consultation, are continually refined and have existed for <1 to >30 years. These models are largely paid for by members of the profession or association, reflecting the predominant use of a cost-recovery model. Costs can vary from $2000 to $20,000 depending on title received. Very few models are endorsed or recognized by regulatory or legistlative frameworks or third party funders (e.g. Medicare, health insurers). Most professions reviewed work in both private and public sectors however the association-led credentialing models for clinical specialty are generally tailored more for private practitioners whilst the generic advanced practice models are less context specific.

What do these models have in common?

At the end of the credentialing process a member/professional will gain a specific title. The pathway to gaining a credential/title is either experiential, academic or a combination of both. Applicants are assessed against set standards or competencies which set the “bar” for achieving the credential.

Assessment involves any combination of: expert assessment of a portfolio of evidence [of study/leadership/case studies etc.]; knowledge examination; viva/oral presentation; practical examination; peer review [colleagues, supervisors and professional networks]

Those with a credential/title are required annually to demonstrate specific professional development relating to that title. Those with a credential/title are required to submit evidence to maintain the credential/title after 3-5 years

What are the key features of each of these models?

Model 1: Credentialing an area of clinical expertise / expert skills & knowledge

Models reviewed: 1. Association Led - ASHA & Australian Physiotherapy Association (APA); 2. Profession led - Australiasian Podiatry Council (APodC); 3. Profession led, government endorsed - Medicine & Psychology.

These models are driven by the need for:
Practitioner recognition (self efficacy), recognition by others (peers, government agencies, consumers etc.), market share/differentiation, professional growth, advancement, credibility & leadership and improved career pathways.

1 & 2. APodC, ASHA & APA
[Association & Profession-led]
Evidence of Success:
Improve career pathways and opportunities ✓
Improved internal recognition of practitioner skills & knowledge ✓
Have **not** improved **external recognition** of the practitioner and specialty area ✗
Have **not** improved **consumer identification** of specialists and allowed for market differentiation ✗
Is **not in high demand** from the membership (sustainability) ✗

3. Medicine; Psychology [Profession-led, government endorsed]
Evidence of Success:
Career pathways & opportunities ✓
Consistent **external recognition** of the practitioner and specialty area ✓
Consistent **consumer identification** of specialists and allowed for market differentiation ✓
Is **in high demand** from the profession ✓
Professional growth/advancing the profession ✓

Model 2: Credentialing “advanced practice” as a generic title

Models reviewed: Advanced Practice Pharmacy Framework (APPF) [Profession-led] and Dietetics Association of Australia [Association-led].

These models are driven by the need for:

Practitioner recognition (self efficacy), improved career pathways, professional growth & advancement of profession, recognition of professional leadership and ensuring adaptability and flexibility of the profession for future change.

Evidence of success:
Practitioner recognition (self efficacy) ✓
Professional leadership & growth ✓
Not sustainable ✗
Low uptake/low demand ✗
Arduous process / high effort ✗

Model 3: Credentialing advanced practice roles & advanced scope of practice

Models reviewed: QLD Health; Monash Health/VicHealth Allied Health Credentialing Competency and Capability Framework; National Health Service [Workplace-led]

These models are driven by the need for:
Increased adaptability and flexibility of the workforce (e.g. to respond to new consumer demands/meet new consumer needs), to improve efficiencies and productivity of the workforce and to ensure these roles are safe and of a high clinical standard.

Evidence of success:
Consistent quality of practice & high clinical standards ✓
Safety of practice (governance/harm minimization) ✓
Career pathways and opportunities / retain practitioners ✓
Adaptability and flexibility of the profession/workforce ✓
Greater efficiency of care and workforce productivity ✓
Improve client outcomes / experience ✓

Speech Pathology Australia member views

- SPA member feedback has been sought as part of this project. Feedback has been collated from an E-News survey link, member responses to the December 2016 Speak Out article, engagement with State Board representatives and via private practice seminar participants.
  - 1.9% (n=139/7000) response rate to E-News survey link
  - N=5 responded to article in Speak Out
  - N=31 (out of a possible 60) State Board Representative responses to e-survey
  - N > 50 responses to semi-structured questions at private practice seminars
- 49% of members responding to the E-News survey stated they would purse credentialing, 46% said they would *consider* it and 5% said they would not consider it.

- Many perceived it to be the role of SPA to administer and oversee a credentialing programme
- Members perceive it would allow for recognition by external parties (consumers, referrers, government agencies); ensure consistent standards of practice in specialty areas; gain consumer confidence; and provide a career pathway.
- Despite the fact that 60% of responding state board representatives were in favour of specialty credentialing, most reported it was rarely a topic of interest raised for board discussion.
- Private practice seminar respondents suggested a number of ways market differentiation could be pursued without credentialing including professional networking, SPA website, website, social media and marketing.

Summing it all up

"You can please some of the people all of the time, you can please all of the people some of the time, but you can't please all of the people all of the time"

John Lydgate as paraphrased by Abraham Lincoln

This project has highlighted that there are different needs that credentialing can meet however has equally demonstrated that if each need is to be adequately addressed, a slightly different model of credentialing would be required! For example a model driven by the need to facilitate market differentiation for private practitioners may not achieve the same outcomes as a model driven by the need to enhance service efficiencies or to deliver new services through altering a scope of practice. Below is a summary of the four different options that SPA would face depending on needs:

SCENARIO 1.

IF the driver (or need) for credentialing is to **improve external recognition** for particular clinical areas of speech pathology with policy makers, third party funders and other external agencies **THEN** the model for credentialing would have to **mirror that of our medical colleagues**, requiring at least an Australian Qualification Framework level 9 or 10 level of study (Masters or Doctorate) with extensive and intense supervision, mentoring and possibly further examination.

HOW

Mechanisms that would need to be in place to allow this to be a successful option include:

- regulatory and legislative frameworks that drive, underpin and sustain specialist credentialing
- powerful allies to drive specialism forward
- dominance over other disciplines

- the ability of the profession to convince funders and the public to purchase their services
- access to and control over new research knowledge and technology
- high indemnity risks posed by undertaking a particular type of task
- Sufficient supervision and mentoring capacity in areas of clinical specialty

SCENARIO 2.

IF the driver (or need) for credentialing is to **improve workforce flexibility** to enable service and client needs to be met in a safe and efficient way by advanced roles **THEN** the best model for credentialing would be a **workplace-led model** with input from SPA around safety standards for more technical, advanced practice skills.

HOW

Mechanisms that would need to be in place to allow this to be a successful option include:

- Full engagement of all key stakeholders first
- Bottom- up drivers (rather than top-down)
- Top-down support - Legislative support to drive, underpin, and sustain the new role or model of care created
- Legislative scaffolding to reinforce the new role or model of care such as award and pay structures, that are supported in industrial agreements, and ratified at the highest possible levels of government to avoid undermining by professional boundary arguments
- Codification of the processes, practices, and training used to implement the role
- Having powerful allies to drive the role forward
- Implementing new role or model of care that are appropriate for the context (including local, geographic, population, clinical, professional, regulatory contexts
- SPA working alongside workplaces to ensure consistent standards

SCENARIO 3.

IF the driver (or need) for credentialing is to provide the membership with **recognition for their expert skills and competence** & to **advance the profession** through leadership whilst maintaining and **promoting individual and profession wide flexibility** **THEN** the best model for credentialing would be an association led **generic advanced practice model** akin to the DAA or APPF.

HOW

Mechanisms that would need to be in place to allow to be a successful option include:

- significant interest in and uptake of the credentialing element (and therefore marketing of the programme)

- clearly defining advanced practice
- where credentialing is underpinned by an already recognized competency framework
- where the practitioner themself defines their individual (advanced) scope of practice against the advanced practice framework, effectively allowing more individual flexibility to determine scope of practice and expertise in an area

SCENARIO 4.

IF the driver (or need) for credentialing is to provide the membership with **recognition for their expert skills and competence** within the profession and for individual **self-efficiacy THEN** the best model for credentialing would be an association led **clinical specialist credentialing programme** akin to ASHA or the APA.

HOW

Mechanisms that would need to be in place to allow this to be a successful option include:

- significant resourcing by Association for the development of the model and ongoing revision and updating; for administration and assessment/examination of submissions; and marketing and promoting the credential/title;
- a cost recovery model whereby the applicant must pay a fee to cover the resourcing required to run the credentialing programme;
- sufficient uptake of / demand for the title;
- sufficient mentors/supervisors/assessors/examiners;
- appropriate support, communication & use of technology for the application process;
- codified credentialing processes;
- active promotion of the title with a wide range of stakeholders and consumers/general public; and
- secured partner recognition.

What next?

This project has highlighted that many see credentialing as a way to address a number of different needs. However the evidence to date shows that the impact of credentialing can be quite limited and getting the right model in place to address particular needs is complicated and may not necessarily successfully address all needs identified.

Throughout the course of the project, a number of key needs were identified that could be addressed through strategies other than credentialing. These include:

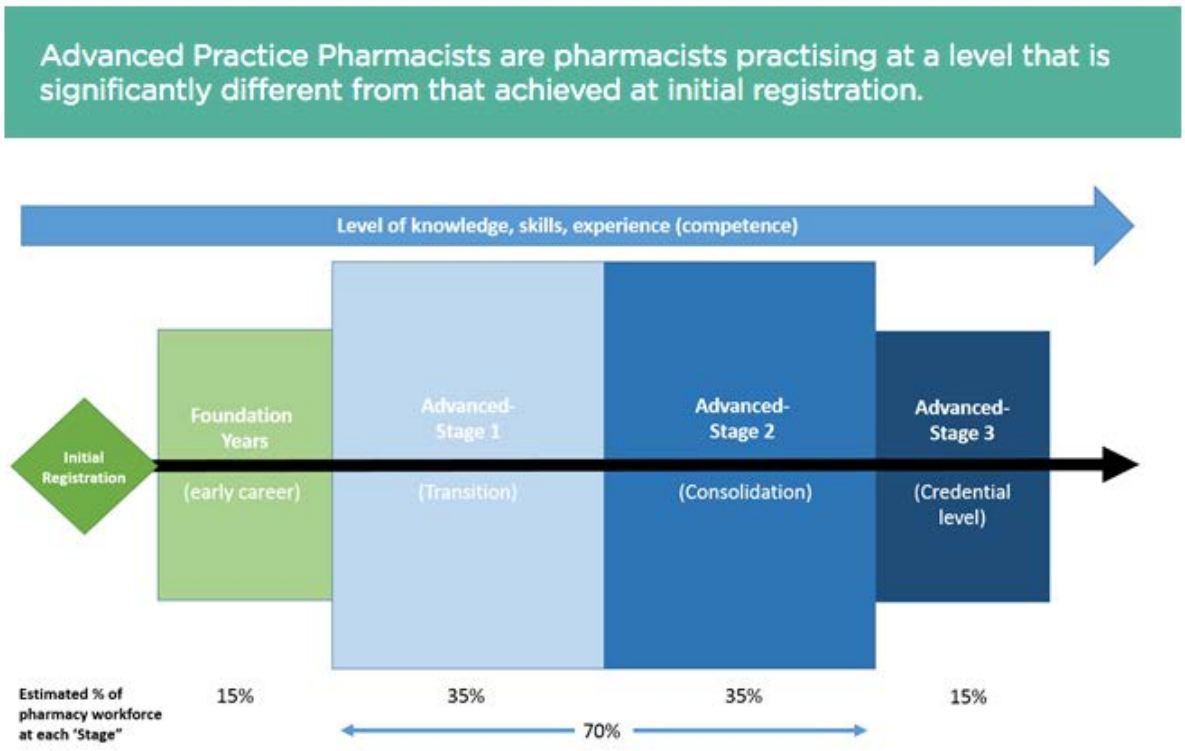
- The need to develop and promote a clearer and nationally consistent definition of advanced practice;

- The need to better understand what stakeholders (consumers, referrers, gatekeepers/planners) are looking and searching for when they wish to access particular aspects of speech pathology services and the need to use this information to better promote, market and differentiate speech pathology services (this is particularly the case for private practices and the disability sector);
- The need for a better career structure for Speech Pathology;
- The need to better recognise, support and promote excellence in speech pathology practise;
- The need to better understand, recognise and develop national consistency around standards for advanced technical skills; and
- The need to better understand, recognise, support and develop national consistency around standards for complex areas or settings of practice.

This project will come to completion at the end of January 2017. As such, we have provided the SPA Board strategies to consider around the different credentialing scenarios identified. Further, we have provided suggestions to help SPA take action around the separate needs identified above.

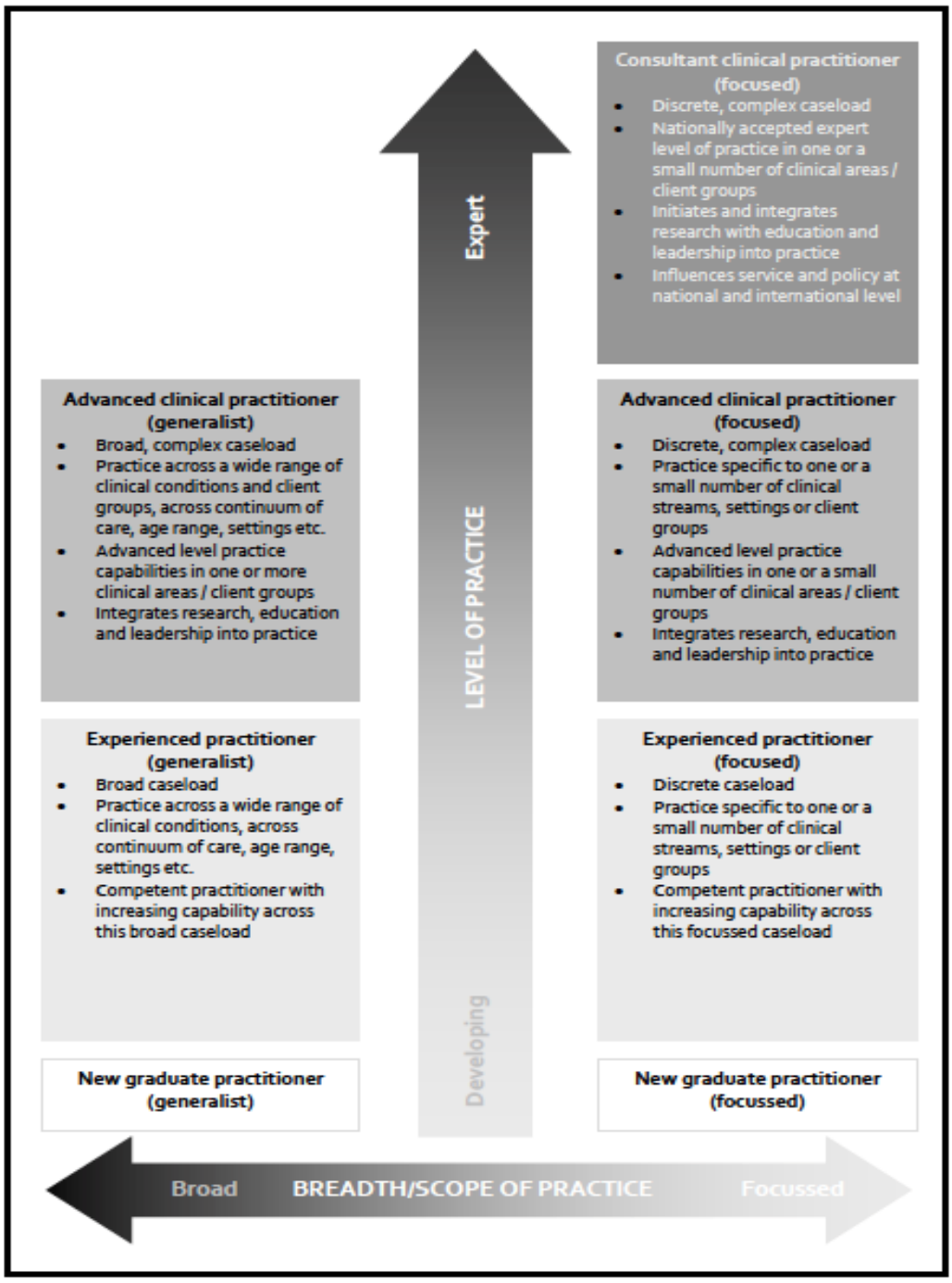
Thank you for your feedback and interest in this topic!

Example of **Model 2: Credentialing "advanced practice" as a generic title**



Advanced Pharmacy Practice Framework Steering Committee (APPFSC) (2012). Advanced Pharmacy Practice Framework for Australia. Deakin West, ACT, Australian Pharmacy Council. Pg. 11
http://advancedpharmacypractice.com.au/download/framework/advanced-pharmacy-practice-framework.pdf

Example of **Model 3: Credentialing advanced practice roles & advanced scope of practice**



Allied Health Professions' Office of Queensland (AHPOQ) (2013). Allied Health Advanced Clinical Practice Framework. Queensland Department of Health, Brisbane, Queensland Government. (p7)