

Validation of clinical task instructions (competencies) to support expanded scope and delegation practice

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Background

Delegation of clinical tasks to support workers and skill sharing tasks between professions have been identified as key strategies to improve consumer access and the capacity and sustainability of allied health services. Queensland public health services have identified the need for resources to support work-place based training of delegated and skill shared tasks.

Methods

More than 40 workforce redesign projects have been implemented since 2011 in Queensland Health using the Calderdale Framework. Projects included the development of "clinical task instructions" (CTI), procedural documents used for training and competency assessment for delegation and skill shared tasks. To capitalise on local teams' time investment in CTI development, a common format and standardised terms have been adopted, and a statewide structure of coordination and validation have been implemented. CTIs identified for development are flagged through a statewide network to avoid duplication. A three-step validation process reviews the construction of the CTI as a competency document, its clinical content and alignment to best practice, and its educational validity through statewide networks. Approved CTIs are published on the internet.

Results

More than 150 CTIs have been developed and are progressing to publication. CTIs are clustered by clinical area including; activities of daily living and function, mobility and transfers, communication, diet and nutrition, swallowing, psycho-social, and foot care. Increasingly, allied health teams are able to expediently implement workforce development and redesign processes using the published resources, limiting the development burden on clinicians.

Discussion

Significant time investment is required to establish and maintain collaborative mechanisms and to implement a common understanding of the purpose, structure and content standards for competency documents. However, adopting a statewide collaborative approach to workforce resource development can support large scale outputs and minimise duplication of investment by small clinical teams with high competing demands.