Scope it right-literature review

Addiction leadership day
March 2015
Evidence based workforce development

Right number of people with the right skills in the right place at the right time with the right attitude doing the right work at the right cost with the right work output
**When you live for a strong purpose, then hard work isn’t an option. It’s a necessity.**

*Steve Pavlina*  
*TheSilverPen.com*

**Do what you love.**

**Passion is oxygen of the soul.**  
*Bill Butler*

**If it’s not excellent, it’s not finished.**

http://تسمى_ما_يسمى.wordpress.com/

**Commitment: Either you do or you don’t, there is no in-between.**
In case you have not been adequately informed, please consider this official notification that you are awesome.

liv lane :: choosingbeauty.com
Working to top of scope

- Are we at our potential?
- Fostering best practice?
- Can we be more effective?
Getting it right
( Te Pou, 2014)
Defining top of scope

- At a systems level it means optimising workforce capacity and effectiveness through
  - Validating and maintaining current best practice
  - Developing new roles and new ways of practising
  - Ensuring the policy, provider and service environments support these new roles and practices to succeed
Defining top of scope

• At a practice level it means
  ◦ Enhanced opportunities & capacity to utilise specialised knowledge & expertise in a way that is efficient, adaptive, collaborative, holistic and ethical.
What’s covered?

• Regulation
• Innovation
• Adaptive practice
• Workforce capability
• Professional identity
• Education and training
• Models of care
Role Clarity

• Certainty about
  ◦ Duties
  ◦ Authority
  ◦ Allocation of time
  ◦ Relationship with others

• Lack of clarity becomes a barrier

• Predictor of job satisfaction
Addiction examples...

- Peer support roles
- Social workers
- Addiction practitioners (who may be counsellors, social workers, nurses...)
Task Shifting

• Rational redistribution of tasks among healthcare teams
• Tasks move from more qualified workers to those with fewer qualifications & training
• Response to workforce supply or innovative practice
Addiction examples...

- Peer support work
- Peer led services
- Allied support roles
- Support workers
- Prescribing roles for nurses
Role changes

• Role enhancement
  ◦ Broader skill set & responsibilities e.g. dual clinical and cultural role

• Role enlargement
  ◦ New skills or more integrated roles at same or lower level e.g. nurses delivering all care for a population including personal care services
Role changes

• Role substitution
  ◦ Extending practice outside of professional scopes of practice e.g. to cover work shortages
  ◦ Mixed outcomes depending on context

• Role delegation
  ◦ Changing responsibilities to other roles e.g. social work assistant
Enhanced capability

- Competency = ‘the what’
- Capability = ‘the how’
- Barriers to the development of capability include
  - task-focussed practice
  - mono-disciplinary practice
  - static, non-adaptive practice
  - separation of ethical and clinical decision making
  - Inadequate access to support e.g. supervision and professional development
Capability and teams

- Defined by skills, competencies, capability and are multi-disciplinary
- Based on complementary assessments, sophisticated communication, respectful behaviour, accountability and collaborative interdependence.
- Barriers to effect MDP include
  - Lack of role clarity, professions guarding their scope of practice, resistance to change, poor change management
Capability & leadership

• Good leadership is collaborative, inclusive, open and supports individual processes around expanding and extending scopes of practice e.g. specialisation

• Barriers to effective leadership include
  ◦ Lack or role clarity
  ◦ Confusion around types of leadership
  ◦ Hierarchical, historic leadership structure
  ◦ Lack of professional development for leaders
  ◦ Poor institutional support for change and innovation
Capability & supervision

• Barriers to effective supervision include
  ◦ Confusion around supervision vs management
  ◦ Failure to build supervision into every day practice
  ◦ Failure to consider supervision within the context of good human resource practice e.g. retention
Cultural responsiveness

- Cultural competency - broader workforce
- Specialised, culturally competent, indigenous workforce or culturally specific workforce
- Barriers to implementation of cultural responsiveness include
  - Deficit thinking
  - Piecemeal approaches
  - Lack of organisational commitment
  - Inadequate frameworks and support for cultural competency
Professional boundaries

- Professional boundaries and poor relationships between professions are significant barriers to working to top of scope. Particularly when-
  - There is lack of role clarity
  - Role overlaps
  - Conflict around role changes and task shifting
  - Lack of valuing or appreciation of professional groups
Profession-less roles?

• Care/case manager
• Keyworker
• Generic mental health worker
• Mixed success
Education & training

- Inter-professional education
- Improves collaboration
- Fundamental for change of health systems
Consider...

- Models of care
- Roles
- Capability
- Professional boundaries