IASLT | *The* Irish Association *of* Speech + Language Therapists

IASLT SCOPE OF PRACTICE 2023

Date approved by IASLT Board: April 2023
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1.Background and Introduction.

The Irish Association of Speech and Language Therapists (IASLT) is the recognised professional body for Speech and Language Therapists (SLTs) in Ireland. The purpose of this document is to define the scope of practice of SLTs working in the Republic of Ireland as members of IASLT. This document has been updated by the IASLT Professional Standards Standing Committee and has been ratified by the IASLT Board.

This document has been developed with consideration of the IASLT's Code of Professional Conduct and Ethics Document (2022). The IASLT Code of Professional Conduct and Ethics decrees that SLTs may only practice in areas in which they are deemed competent. Assessment of competency and recognition of qualification is made on the Standards of Proficiency in Practice Placement Criteria Document published by the national statutory body CORU (www.coru.ie). Where appropriate, it may also be necessary for IASLT members to refer to other relevant IASLT standards of practice documents, local, service or institutional guidelines, and other in-house policies where they exist. In addition, IASLT members should review IASLT documents that provide guidance for specific clinical practice areas. These documents are continually evolving and it is individual members' personal responsibility to keep up to date with any relevant changes.

2. Statement of Purpose.

'Scope of practice' refers to the breadth of professional practice offered within a profession and aims to outline populations served, contexts in which the service is provided and the modalities in which it is presented. This document includes a

description of the role of the SLT, outlines the qualifications required to practise as a SLT in Ireland, the settings in which SLTs in Ireland work and the clinical diagnostic groups with whom they work. This document is intended to inform members of the public, employers, IASLT members, educators, healthcare providers and the regulatory body regarding professional services provided by SLTs.

Although this document outlines services provided by the SLT profession in Ireland as a whole, it is likely that individual therapists will not work within all contexts or with all clinical populations mentioned; rather, they may choose to specialise, extend or advance their skills within a particular area or population. It is incumbent upon IASLT members working in areas of specialised, extended or advanced practice to ascertain whether they have the knowledge and skills necessary to perform such services by consulting relevant IASLT, local and/or in-house policy documents and guidelines.

The contexts and breadth of the SLT profession in Ireland and the services provided are continually expanding and progressing. This document will be regularly revised and updated to account for changes in innovation and technology. Due to the ongoing development of the SLT profession, the identified list of current service provisions is not exhaustive and may be added to in the future to reflect new professional developments. It is intended to support SLT's to provide high quality evidence-informed services to individuals with enquiries regarding their communication or Feeding, Eating, Drinking and Swallowing (FEDS) and to support SLT's in conducting research and to guide education and professional development of SLT's.

3. Scope of Practice

This Scope of Practice is presented with the following structure.

This diagram below illustrates how the Scope of Practice fits within existing legal, ethical and professional frameworks. The Scope of Practice forms one of the key foundation documents for speech therapists practising in the Republic of Ireland.

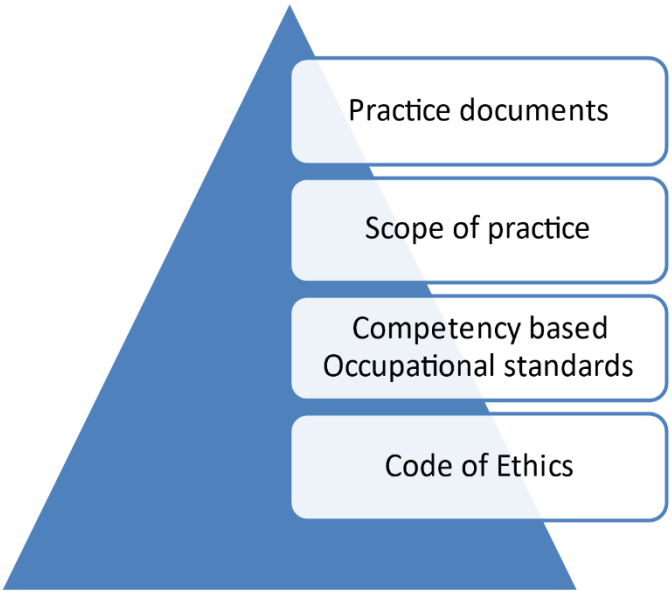

Figure 1Figure How the Scope of Practice fits within existing legal, ethical and professional

4.Advanced Practice

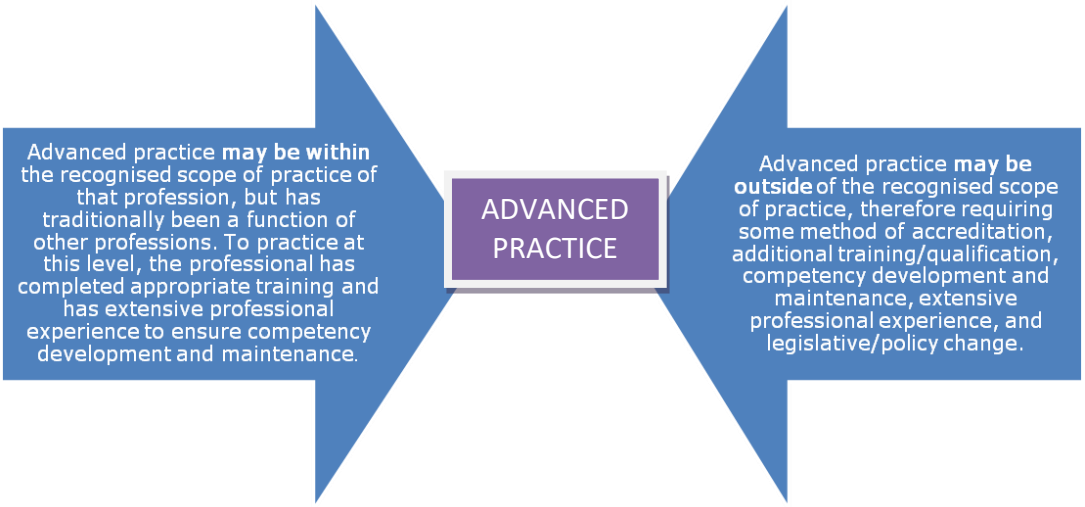

Figure 2 Definition of Advanced practice in HSCPs

For the purpose of this document IASLT adopts the following definition of Advanced Practice.

Advanced Practice is described as a level of practice rather than a particular role requiring a blend of education and practical expertise, high levels of analysis and

critical thinking and the ability to apply in-depth knowledge to clinical decision making. It does not exclusively refer to the domain but may also include those who work in research, education, management/leadership roles (National Leadership and Innovation Agency for Healthcare, 2010 cited in HSCP 2014).

Advanced practice is not currently a recognised grade for Speech and Language Therapists in Ireland. IASLT supports the profession in expanding their roles. However, in order to develop and maintain the competencies required to practice at this level, the appropriate education, training, experience and supervision must be accessed and may be acquired nationally or internationally. Support from management is also required with appropriate governance arrangements. Any change in practice should be supported by local policies.

5.Education and Qualifications

SLTs who are members of the IASLT must hold a qualification in Speech and Language Therapy that is recognised by the IASLT. Currently, there are three undergraduate degree courses in the Republic of Ireland, offered by the National University of Ireland Galway, Trinity College Dublin, and the University College of Cork. Additionally, the University of Limerick offers a two-year postgraduate qualifying MSc degree course where applicants who hold an undergraduate degree are eligible to apply for this course.

Prospective overseas graduates are required to apply directly to CORU, the national statutory body, to have their qualifications assessed before they can be registered to work as an SLT in the Republic of Ireland. This process ensures that overseas graduates meet the necessary standards required to practice. “The Speech and Language Therapists Registration Board is designated as the Competent Authority under European Union (EU) legislation - Directive 2005/36/EC for the purposes of recognition of professional qualifications for applicants from the European Economic Area (EEA)” (IASLT). International Qualifications which have been validated by the

relevant competent authority prior to the opening of the Register are also considered as approved.

5. 1 International Context

In January 2009 IASLT first signed an international agreement for mutual recognition of professional credentials for Speech and Language Therapists with associations from Australia, Canada, the United States, the United Kingdom and New Zealand. Information regarding mutual recognition of credentials can be found through the IASLT and on the IASLT website. This agreement was updated and resigned in 2022.

All members of IASLT are required to continue to update and further their knowledge and skills during their career. This can be achieved through further education, training and/or experiential experience and is assessed through a measurement of ongoing continuous professional development (IASLT 2018). This is necessary for practising membership of IASLT and is also a requirement for registration with the national statutory body CORU.

6.Who are we?

Speech and language therapists are autonomous professionals; that is their services are not prescribed or supervised by another professional. Speech and language therapists, however frequently collaborate with other professionals. Speech and language therapists provide services across all of the following domains: advocacy, clinical services, consultation, education, prevention, population health and research for communication and swallowing disorders across the lifespan. Speech and language therapists are responsible for ensuring they work within the limits of their competence. Registration with the regulator CORU is a legal requirement for speech and language therapists to practice in the Republic of Ireland.

6.1 Framework for Practice

Person-centred Practice puts the person at the centre of everything we do ensuring that clinical decisions are guided by service users' preferences, needs and values, and our interactions and therapeutic supports should be respectful and responsive to these.

The objective of speech and language therapy services is to work with service users to improve their quality of life by optimising their ability to communicate and/or swallow in their natural environment. This can be achieved by providing integrated services in meaningful life situations. The World Health Organisation (WHO) has produced the International Classification of Functioning, Disability and Health (ICF) which offers clinical service providers an internationally recognised conceptual framework and common language for discussing and describing human functioning and disability, (WHO 2000). The ICF document provides a framework to describe the role of SLTs in enhancing an individual's communication and swallowing function, regardless of setting, thus improving their quality of life.

Shared decision making is a key principle of a person-centred practice framework (McCormack & McCance 2021) and therefore in a move away from the 'expert-led' model of care, HSCPs including Speech & Language Therapists, have a professional responsibility to inform of all evidence based therapeutic supports and approaches that have demonstrated potential to produce positive outcomes for a service user and/or family, outlining the evidence and pros and cons in an unbiased, accessible, comprehensible format for service users and/or family, from which they can then utilise this information to participate in a shared decision making process with regards to their support plans and future intervention supports.

SLT practice should be underpinned by a biopsychosocial model, which considers biological factors (age, illness, diagnosis, gender), psychological factors (individual beliefs and perspectives), and social factors (community, relationships, inclusion and acceptance), as opposed to a traditional biomedical model which focuses on symptom/impairment, diagnosis, treatment and cure. Therefore both a strengths-

based and neuro affirmative approach as opposed to an impairment, deficit-based approach should be promoted and embedded within practice.
In accordance with this, and in line with person-centred practice principles, understanding and respect for each individuals values and beliefs and right to self-determination should be afforded, therefore asking questions in determining individual preference with terminology or how they may identify with presenting communication needs or diagnosis, rather than assuming or asserting our belief or understanding. It is important to be cognisant that our values and beliefs as clinicians may differ from the people we are supporting.

6.2 Who do we work with?

SLTs work with people across the lifespan, who present with communication and/ or FEDS disorders. Individuals with disabilities related to (disabilities include: impairments, activity limitations and participation restrictions):

- Speech
- Fluency
- Voice
- Resonance
- Receptive language
- Expressive language
- Pragmatics and social skills
- Cognitive communication
- Problem Solving
- Emergent literacy and literacy
- Sensory awareness
- Eating, drinking and swallowing
- Alternative and augmentative communication

Communication and swallowing issues may be a result of or contributed to by a range of factors including:

- Developmental delay/disorder
- Congenital and/or acquired neurological disorder
- Congenital and/or acquired medical conditions
- Progressive neurological and medical conditions
- Hearing impairment
- Vision impairment
- Intellectual disability
- Mental health problems
- Cultural and linguistic diversity
- Trauma
- Socio-economic reasons
- Unknown origin.

Speech and language therapists work with or alongside:

- Individuals with communication and swallowing disabilities and challenges
- Parents and families, caregivers, communication partners, friends and colleagues
- Employers
- General public/community
- Other professionals including: health workers, educators, therapy assistants, care workers
- Interpreters, cultural advisors
- Volunteers

- Speech and Language Therapy assistants, students and colleagues.

6.3 ***Where do we work?***

SLTs work in a variety of settings which include but are not limited to:

- The health care sector
- The education sector
- Residential settings
- Community and national agencies and statutory bodies
- Independent Practice
- Universities and University onsite clinics
- Criminal Justice System
- Natural communication environments

SLT intervention aims to maximise the service users' communication and FEDS abilities in the most natural environment possible. Therefore, the SLT in consultation with service users and/or family determines and communicates the clinical rationale as to where intervention should take place The location and form of this intervention may include but is not limited to:

- Individual and 1:1 assessment, diagnosis, and management
- Group treatment sessions
- Tele-therapy: using telecommunications to deliver clinical services at a distance allowing for continuity of care when in-person sessions are not practical or feasible.
- Indirect management e.g., family/caregiver training and education, tiered model of Universal, Targeted and Intensive/Direct supports and interventions
- Intensive workshop programmes

- Health promotion activities
- Participation in advocacy and support groups
- Relevant clinic, hospital, or healthcare setting
- Within the client's natural communicative or FEDS environment (e.g., at home, pre-school, classroom, work based, community, long term care facility etc)

6.4 Rationale (Why speech and language therapists provide services)

Populations receiving speech and language therapy services throughout the Republic of Ireland are diverse. The rationale for intervention and the expected outcome may differ depending on the setting and caseload.

Some examples of outcomes include:

- Diagnosis of: Communication and/or swallowing disorder
- Improvement in: Communication skills and/or swallowing function on General health, well-being and quality of life
- Maintenance of: Current communication skills and/or swallowing function on Independence
- Reducing risks related to:
    - Communication or swallowing impairment in vulnerable populations
    - Communication disability or differences
    - Respiratory problems and other medical issues associated with swallowing difficulties
    - Anxiety and avoidance due to communication difficulties
    - The development of behavioural disorders
    - The development of literacy problems
    - Educational and vocational under achievement
    - Improve knowledge and understanding through education of:

  - Client and family
  - Educators
  - Wider community (e.g. Justice system, Child Youth and Family Services)
- Improving access and participation in various communication environments including:
  - Health
  - Education
  - Social
  - Family
  - Work
  - Community

7.What do we do?

The professional roles and activities of SLTs working within the Republic of Ireland include clinical services, education services, service development, medico-legal services, management services and involvement in research. SLT is a continuously developing profession and as such the areas outlined below are not exhaustive and do not exclude areas of emerging practice.

*7.1 **Clinical Services** including but not limited to:*

- Prevention, screening, assessment and diagnosis, consultation, intervention, and management of communication and/or FEDS disorders
- Early intervention
- Holistic patient care and management

- Selection and use of relevant technology and equipment in line with the expertise of the SLT.
- Undertaking instrumental assessment in line with expertise (advanced practice) of the SLT e.g., videofluoroscopy (VFSS), Fibreoptic Examination of Swallowing (FEES)
- Building the capacity of those people who interact regularly with our clients e.g., parents and carers, SNAs, Key workers and Teachers through coaching, training, and education.
- Supporting the development of language rich environments and opportunities for clients to participate in positive communicative interactions across all aspects of their lives.
- Clinical administration duties
- Vocational intervention: supporting clients to return to work.
- Interdisciplinary and Multidisciplinary working
- Counselling
- Advocacy on behalf of clients and promotion and facilitation of self-advocacy
- Participating in measuring therapy outcomes to guide clinical decision making.

*7.2 **Education Services** including but not limited to:*

- Education, supervision and mentoring of student SLTs, SLT and general therapy assistants, SLTs returning to practice and fully qualified SLTs
- Provision of further education and in-service training to other professionals/educators/employers about the role of the SLT with clients with communication and/or FEDS disorders
- Provision of training to other professionals which will facilitate the implementation of intervention programmes targeting communication and/or FEDS disorders.
- Education and provision of in-service training for family members/caregivers/communication partners

- Education of members of the public regarding the role of the SLT
- Health promotion, population health, and secondary prevention.

*7.3 **Service Development** including but not limited to:*

- Promotion and advocacy of SLT services
- Clinical audits and needs analysis projects to ensure adequate service provision for existing, changing, and new populations.
- Maintenance and implementation of quality improvement initiatives.
- Creation and negotiation of service delivery models, referral and prioritisation procedures and care pathways
- Initiation and implementation of policies and procedures to facilitate effective use of SLT resources.
- Responding to the needs of culturally and linguistically diverse populations
- Establishment and development of emerging areas of practice and where appropriate, advancing and extending traditional SLT roles through engagement with professional bodies.

*7.4 **Medico-Legal Services** including but not limited to:*

- Acting as an expert witness in court
- Advocating on behalf of clients
- Facilitating assessments of capacity
- Completing assessments of current and likely future requirements
- Facilitating those with communication disorders to give evidence in court
- Acting as an assessor for a statutory body
- Contribution as necessary to fitness to practice enquiries

*7.5 **Management Services** including but not limited to:*

- Management and recruitment of SLTs
- Supervision and support of SLT colleagues, assistants and students
- Business planning and financial management
- Marketing and public relations
- Influencing
- Building relationships with key stakeholders
- Overseeing quality and safety of services
- Provision of clinical governance and clinical leadership
- Service development
- Performance management
- Professional development planning
- Monitoring and reporting on service activity

7.6 Involvement in Research including but not limited to:

- Engagement with relevant stakeholder to establish meaningful research questions
- Conduction of clinical and academic research with contribution to evidence based practice
- Dissemination of research findings through national and international conferences and relevant publications

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APPENDIX 1:

Progressing Advanced Practice

In the Health and Social Care Professions

Health & Social Care Professions

2014

Health and Social Care Professions
Education and Development Advisory Group

Contents

Foreword

I was pleased to be asked to write a foreword to this position paper *Progressing Advanced Practice in the Health and Social Care Professions* which is the first step in outlining a shared view on advanced practice across a broad range of professions. This document represents the culmination of a significant amount of work and consultation to bring a large and diverse group of highly skilled professions to a shared position on what advanced practice is and how it can contribute to improved delivery and enhancement of services in the most efficient and effective way.

Background

Arising from discussion between the Therapy Professions Advisor and the Health and Social Care Professions (HSCP) Education and Development Advisory Group it was identified that there was no agreed definition or consensus among HSCPs about what advanced practice and associated terms mean in Ireland. It was decided that it would be helpful to have a shared position across professions to facilitate the realisation of the potential benefits flowing from advanced practice for service delivery and service users. The Advanced Practice subgroup of the HSCP Advisory Group was established to progress this work. The purpose of the group was to develop a position paper to provide a structured, collective approach to describe advanced practice and associated terms in Ireland (see Appendix A).

The formation of the Advanced Practice subgroup in May 2012 coincided with the publication of the Health Information and Quality Authority (HIQA) *Report of the investigation into the quality, safety and governance of the care provided by the Adelaide and Meath Hospital Dublin incorporating the National Children's Hospital (AMNCH) for patients who require acute admission* (HIQA,2012). Included in the recommendations was a proposal to review the current national position of expanded roles in both nursing and allied health professions with a view to planning a more extensive programme of extended practitioners (see Appendix B).

The development of this position paper involved a process of engagement with professional bodies, research, analysis and consultation which spanned an eighteen month period. This included a survey of HSCPs which sought information on the extent of advanced practice in the professions and work places, specific training available, advanced practice competency frameworks, and examples of advanced practice (See Appendix C for full list of professional bodies that were invited to participate in the survey). Respondents were asked to identify both Irish and international information and examples.

The data gathered through the survey was analysed and proofed by the professional bodies and was a very useful resource to the work of the group. One of the themes emerging from the survey was a level of confusion as regards the definition of advanced practice, even sometimes within professions, which further reinforced the need for a shared position statement. Full details of the timeframe and steps are outlined in the table in Appendix D.

It is important to acknowledge that issues relating to career structure, grading and related matters were raised frequently throughout the various consultation processes, however these aspects were outside of the scope of this project from the outset. It is for that reason that while noted these issues have not been addressed in this position paper.
Engagement with the professions and professional bodies has been vital to the successful development of this position paper (See Appendix C for a list of organisations and persons involved in the consultation process). In particular the two opportunities for discussion with representatives of the professions which occurred in January and September 2013 shaped the final result. Discussion at the Consultative Workshop in January 2013 helped further shape the focus of the project resulting in a decision that a longer document may detract from the central purpose and that a shorter document added clarity. The Advanced Practice Workshop in September 2013 afforded an opportunity to further develop a shared understanding of advanced practice through presentations of real examples of practice currently happening in the Irish health service and to get some specific feedback on the draft paper.

It was very evident from the presentations at the workshop in September that there are high levels of experience and expertise in the system. The common thread in all of the presentations was the significant personal journey and personal investment made by the presenters in the development of their practice. Many of the presenters had not previously categorised their practice as advanced as in the workplace there is no mechanism to recognise the level of practice in this country. Some were however highly recognised internationally and professionally for their high level of expertise in their field. The challenge that became clear then in this context is the issue of sustainability and succession management for the service developed should the person with the expertise leave.

Purpose
This document is intended to be a starting point to further work. It is intended to inform policy makers, senior health and social care managers and professional bodies. The document is intended to highlight that service need may be addressed in particular contexts through the development of advanced practice. The paper may also assist practitioners already engaging in advanced practice to recognise that they are doing so and those seeking to develop advanced practice to recognise when they have achieved it.

Going forward
What has become clear in the development of this paper is that there are pockets of largely unrecognised HSCP advanced practice in many different disciplines and services, all providing enhanced services while maximising the impact of the resources available. The service delivered by the advanced practice should be embedded in the health service both at strategic and operational levels to ensure sustainability. It is also clear that there is an opportunity to address some of the current challenges facing the Irish health service through supporting the development of relevant advanced practice in the HSCPs. This document presents the key concepts underpinning advanced practice, as an initial step towards realising the full potential of this level of practice in the health and social care professions in Ireland.

As outlined above many people contributed to the process that led to the development of this document and they are listed in the appendices. I would like to extend thanks to all of those people whose contributions were essential to this work. I would particularly like to thank the AP subgroup and to acknowledge the very significant contribution of the writing team, Pauline Ackermann and Sinéad Fitzpatrick.

Jackie Reed
General Manager, HSCP Education & Development (May 2014)

1. The Context for Advanced Practice for Health and Social Care Professionals in Ireland

Health & Social Care Professionals (HSCPs) are highly educated and skilled professionals with significant contributions to make to the health, wellbeing and quality of life of the population, by providing a broad range of services and interventions in diagnostic, therapeutic and social care domains across all areas of the health services. The approximately 16,000 health and social care professionals in some 20 different professions provide a very broad range of services and interventions in diagnostic, therapeutic and social care domains across the health services. Twelve HSCP groups are soon to be regulated by the Health and Social Care Professionals Council (CORU), tasked with protecting the public by promoting high standards of conduct, competence, education and training in registrants.

The potential of HSCPs to contribute to efficient and effective service delivery is recognised by HIQA. A major reform programme for health services in Ireland is outlined in the strategy framework, *Future Health* (Department of Health (DoH), 2012), and HSCPs have a central role in the achievement of the key aims of this programme, for instance by improving health and wellbeing (including health promotion and preventative healthcare), facilitating equity of access to services and addressing long waiting times by means of advanced practice which enables HSCPs to order and interpret diagnostic tests, prescribe medications, medical devices and nutritional supplements, and triage referrals.
The health system is developing an integrated portfolio of reform programmes. With the appointment of Group Clinical Leads in line with Service Divisions and developing Integrated Care Programmes, The Clinical Strategy and Programmes Division aims to maintain and enhance clinical leadership as a fundamental building block in reforming patient care. HCSPs are vital in the development and implementation of these initiatives- an example of the important contribution of HSCPs in the National Clinical Programmes is the musculoskeletal physiotherapy initiative which significantly reduces OPD waiting lists for Rheumatology and Orthopaedic consultants.

In keeping with international trends for the establishment of advanced practice in the health and social care professions and for similar reasons, many HSCPs in Ireland have developed the scope and context of their practice in response to service needs (see Table 1).

Table 1: Drivers for advanced practice in HSCPs

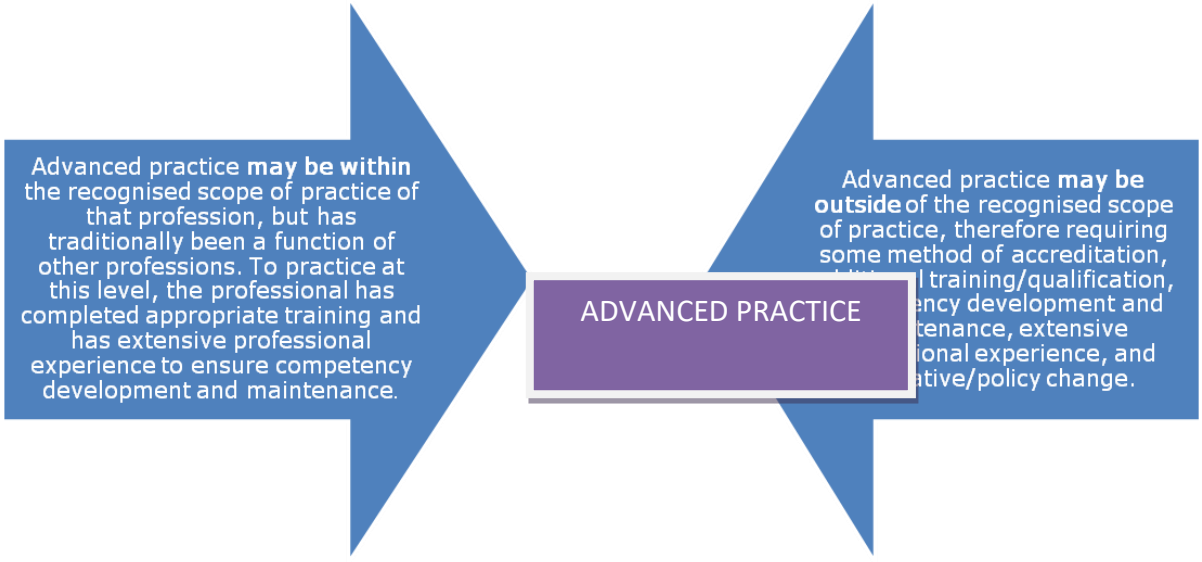
Drivers for advanced practice in HSCPs
Increasing demands on healthcare services (issues of patient flow, chronic disease management, demographic pressures), and focus on delivering quality and safe care as close as possible to home Escalating costs of healthcare and need to reduce unnecessary care costs
Implementation of the European Working Time Directive for Non-Consultant Hospital Doctors Rapid, continuous developments in knowledge and skills of HSCPs, and available technologies to diagnose, treat, manage and prevent ill-health

Advanced practice offers a number of benefits to the service user and tax payer, but at its heart is improved access to appropriate healthcare, delivered by the healthcare professionals most suited to deliver it.

2. Definition of Advanced Practice

Advanced practice is described as a level of practice rather than a particular role requiring a blend of education and practical expertise, high levels of analysis and critical thinking and the ability to apply in-depth knowledge to clinical decision making. It does not exclusively refer to the clinical domain but may also include those who work in research, education, management/ leadership roles (National Leadership and Innovation Agency for Healthcare, (NLIA), 2010). With regard to HSCPs we may define the concept by considering two aspects, as presented below in Figure 1, and adapted from the Irish Society of Chartered Physiotherapists (ISCP), Scope of Practice (ISCP, 2012).

Figure 1: Definition of advanced practice in HSCPs



Advanced Practitioners display a core set of four characteristics, as presented below.

Table 2: Characteristics of advanced practice in HSCPs

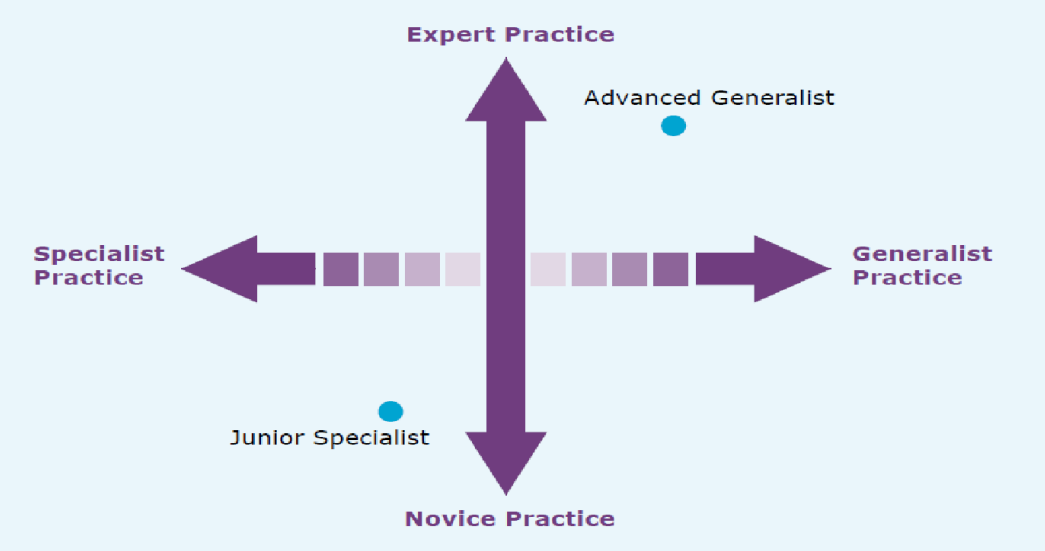
Characteristic	Description
Autonomy	Advanced practitioners are accountable and responsible for advanced clinical decision making and caseload management, applying critical thinking skills to practice.
Expert Clinical Practice	Advanced Practitioners demonstrate a high level of clinical skill and knowledge in addition to a post graduate qualification (generally to at least a level 9 or equivalent, as determined by the professional body) and a commitment to continuing education, leading to development of advanced competencies in their area of practice.
Clinical Leadership	Advanced Practitioners continually evaluate their practice and incorporate new information and knowledge to develop and allow innovative practice. They actively engage in a two way process of supervision and educate members of their own profession and other health care professionals in their area of expertise.
Research	Advanced Practitioners incorporate research and audit into practice, continually appraise new information to develop and maintain competencies, and lead evidence based practice.

In order to develop and maintain the competencies required at this level of practice, the appropriate training, experience and supervision may be acquired nationally and internationally from members of the profession or from other healthcare professionals. Indeed, many HSCPs are recognised national and international clinical leaders in their field of expertise, sought after for guidance on policy development, advocacy for services and education.

HSCPs expand their role with the support of management, local policies, adequate training, supervision and proper clinical governance arrangements. On-going support from management and succession management is critical to sustain the benefits to the service delivered by the Advanced Practitioner and avoid a dependence on the individual practitioner.

Advanced Practitioner as a grade does not exist in Ireland. Many HSCPs employed at the grade of clinical specialist are often working at a level more substantive than the descriptors for this grade. When defining advanced practice it is proposed (as detailed in Figure 3 below taken from NLIA, 2010, p12) that 'Advanced' is a point on the continuum between novice and expert practice, recognising that individual practitioners may follow different developmental pathways to advanced practice, with some, but not all, reaching this level of practice through the specialist route.

Figure 3: Relationship between advanced and specialist practice



3. Examples of advanced practice

Over the course of the consultation process with the professions, more than twenty examples of advanced practice were identified. Four exemplars were selected by the working group to reflect the diverse nature and type of advanced practice that HSCPs in Ireland are engaged in. These evidence-based exemplars were chosen as best demonstrating improvements in relation to the patient experience, patient flow (in general, but also specifically reduced waiting times and increased efficiency over the patient journey) and value for money.

ADVANCED PRACTICE IN THE SPEECH AND LANGUAGE THERAPIST-LED NASENDOSCOPY CLINIC

The Speech and Language Therapist (SLT)-led Nasendoscopy Clinic in Temple Street Children's University Hospital offers a streamlined approach to assessment and diagnosis of speech problems associated with cleft palate and palatal malfunction. During this invasive, instrumental procedure, which requires a local anaesthetic, a fibre optic scope is passed along the nasal cavity to view the velopharyngeal sphincter while the child says a range of words and sentences. Nasendoscopy usually supplements continuous video x-rays of palatal function during speech, which prior to the establishment of the SLT-led clinic in place of the ENT-led clinic, required two separate appointments, with a further appointment required for a review of all investigations with the Consultant Plastic surgeon along with the SLT and the family, in order to diagnose the underlying problem and decide on most appropriate management, which may include surgery.

The SLT-led nasendoscopy service has been evaluated by Dr Triona Sweeney and benefits of this approach included increased patient compliance and improved view obtained during the procedure, which contributed to **improved and more responsive clinical decision-making**. Parents can now leave with a diagnosis and a treatment decision for their child after one visit to the hospital, rather than three. By developing this area of advanced practice, the SLT service has **reduced the workload for the ENT registrar and ENT nursing staff**, releasing them for other duties in the ENT service.

(Submitted by Pauline Ackermann, Dept. of Speech and Language Therapy, Temple Street Children's University Hospital)

ADVANCED PRACTICE IN DIETITIANS AND NURSING STAFF: RE-INSERTION OF REPLACEMENT GASTROSTOMY TUBES

Many people with feeding tubes rely on them as their sole access point for medications, nutrition and fluids. The departments of Nutrition & Dietetics and Nursing in Beaumont Hospital encountered many difficulties in regard to replacing feeding gastrostomy tubes, including but not limited to unscheduled presentations to the emergency department (ED) or endoscopy department, hospital admission and endoscopic placement of a new feeding tube. An initiative was developed whereby a suitably trained and competent dietitian or nurse could replace a patient's feeding tube. The initiative has been evaluated and audit data from 2009-2011 showed that the 189 tube replacements performed by dietitians and nursing staff led to the avoidance of 173 emergency presentations, contributing to **improved patient flow** in ED, endoscopy and radiology. **A better patient experience** was realised through 161 replacements at the client's place of residence, while **€25,578 was saved** in avoiding ambulance transfers for 147 clients from nursing homes. Supplementary, unmeasured savings occur in endoscopy/radiology slots, ED medical & nursing staff time and cost of staff accompanying clients to ED. In addition to enhanced links between hospital and community staff and reduced workload for NCHDs, dietitians and nursing staff are empowered to extend their scope of practice. *(Submitted by Ruth Hannon & Paula O'Connor, Dept. of Nutrition & Dietetics; Helen Ryan, Clinical Governance Department, Catherine Dunleavy, Endoscopy Department; Beaumont Hospital)*

Ruth Hannon & Paula O'Connor (Department of Nutrition & Dietetics,), Helen Ryan (Clinical Governance Department), Catherine Dunleavy (Endoscopy Department) Beaumont Hospital

ADVANCED PRACTICE IN MEDICAL SCIENCE (HAEMATOLOGY)

Basingstoke and North Hampshire Hospital identified that patients used as many as 4 appointments for an initial assessment of a potential bleeding disorder. Pressures on consultant haematologist time meant that innovative solutions had to be found. Dr Jane Needham, Principal Medical Scientist, explained, "I have now introduced that I am the first point of call for new patients. Having had additional training to take patient histories and using my considerable knowledge of haematology I am able to screen patients for both coagulation and platelet function at their first visit. Dependent on test results, I then organise further investigations as appropriate. This means that the consultant sees only those with an identified abnormality or specific problem."

This change in procedure has dramatically enhanced patient experience by **reducing waiting times and improving patient flow**. **Patient outcomes improved** as diagnoses were made more quickly and consultant time was freed up. The estimated time and indirect cost savings are 1–2 hours per consultant per day, with a weekly saving of medical time from 4–6 hours up to 15–20 hours. The potential savings are 1000 medical hours per year. The introduction of this initiative has enabled the Trust to sustain a comprehensive range of services, despite the loss of a consultant haematologist. The **innovation demonstrated multidisciplinary team working** and involved a healthcare scientist working in a new area of clinical activity with validated new skills and competences. Dr Needham received the Innovation in Workforce Modernisation Award at the Department of Health's Chief Scientific Officer's annual conference. (http://www.zoominfo.com/p/Jane-Needham/866907972*Hospital*) *(Submitted by Irene Regan, Coagulation Department, Our Lady's Children's Hospital, Crumlin)*

ADVANCED PRACTICE IN PHYSIOTHERAPY IN COPD OUTREACH SERVICES

Chronic obstructive pulmonary disease (COPD) is a chronic non-communicable, multi-system disease characterised by multiple flare-ups that negatively impact on prognosis, morbidity, and mobility, causing social isolation, and decreased quality of life. The COPD Outreach service in Beaumont Hospital addresses the problems faced by elderly patients diagnosed with COPD, and improves patient experience, patient flow and yields efficiencies in costs and use of medical resources. The COPD Outreach Coordinator provides a number of services including a “hospital at home” service which is a high quality, patient friendly alternative to hospital care within 72hrs of hospital admission with COPD exacerbation. The COPD Outreach Co-ordinator **assists discharge** for patients with newly diagnosed COPD, requiring non-invasive ventilation or long term oxygen while operating an **admission avoidance** advisory phone service. The role includes co-ordinating the pulmonary rehabilitation programme, including assessing patients, while COPD patients are reviewed in the respiratory outpatient clinic, enabling access for other patients requiring medical review. **Estimated savings generated were €788,000 in 2012** and the COPD Outreach Programme in Beaumont Hospital is the template used in the model of care for the national clinical programme for COPD. Research and development is an essential part of the COPD Outreach Co-ordinator’s role, and includes overseeing the development of the ‘Beaumont Respiratory Passport’ and contributing to understanding of the relationship between mild cognitive impairment and exacerbation rate, adherence to medication and the extent and areas of impaired global cognitive function in COPD patients. *(Submitted by Brenda Deering, COPD Outreach Co-ordinator, Beaumont Hospital)*

4. Conclusion

In the challenging environment facing health care providers, the development of advanced practice in the HSCPs can bring benefits to the service user and providers in terms of improved access to appropriate healthcare in a timely manner, reduced waiting lists, reducing unnecessary clinical care costs and freeing up other healthcare professionals to focus on the patients, clients and service users who most need their care.

These are the advantages in efficiency and effectiveness offered by unlocking the potential in this highly qualified, experienced existing resource within the health service in Ireland. In each of these professions there are many professionals, respected as experts in their field, ideally positioned to move to a higher level of practice, and further develop their knowledge, skills and competencies to improve the patient/client journey. The development of this document outlines the commitment of the HSCPs to work in a collaborative manner to develop and support innovative and high quality health and social care in Ireland.

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7. Working Group

Ms Jackie Reed, General Manager, HSCP Education and Development, HR Directorate, HSE (Chairperson)
Ms Frances Conneely, Senior Executive Officer, HSCP Education and Development, HR Directorate, HSE
Ms Emma Benton, Therapy Professions Advisor and Portfolio Manager (Diagnostic and Support Services), Clinical Strategy and Programmes Directorate, HSE
Ms Pauline Ackermann, Speech and Language Therapy Manager, Temple Street Children's University Hospital
Ms Sinéad Fitzpatrick, (former) CPD Officer, Irish Nutrition & Dietetic Institute
Dr Irene Regan, Chief Medical Scientist, Coagulation Department, Our Lady's Children's Hospital Crumlin and Academy of Medical Laboratory Science (AMLS)
Ms Maria Mc Neill, CPD Officer, Irish Institute of Clinical Measurement Science
Dr Emma Stokes, Department of Physiotherapy, School of Medicine, Trinity College, Dublin (Physiotherapy representative until November 2013)
Mr Stephen Swanton, Head of Professional Development, Irish Society of Chartered Physiotherapists (Physiotherapy representative from November 2013)
Ms Claire Poole, Head of Clinical Education, University of Dublin Trinity College, Discipline of Radiation Therapy

8. Acknowledgements

Academy of Medical Laboratory Science (AMLS)
Association of Occupational Therapists of Ireland (AOTI)
Irish Association of Speech and Language Therapists (IASLT)
Irish Association of Social Workers (IASW)
Irish Institute of Clinical Measurement Science (IICSM)
Irish Institute of Radiography and Radiation Therapy (IIRT)
Irish Nutrition and Dietetic Institute (INDI)
Irish Society of Chartered Physiotherapists (ISCP)
Ms Kathleen MacLellan, Head of Professional Development, National Council for the Professional Development of Nursing and Midwifery
Ms Libby Kinneen, Head of Organisation Development and Design, HSE West

9. Appendices

Appendix A

Purpose of the Advanced Practice Subgroup:

1. Lead a project to explore the area of advanced practice in Ireland with a view to agreeing a multidisciplinary definition of advanced practice and advanced practitioner for HSCP
2. Gather relevant information on advanced practice
3. Develop a position statement that would show the added value of advance practice for the professions, employers, public and policy makers

Appendix B

Recommendation 13 of the HIQA *Report of the investigation into the quality, safety and governance of the care provided by the Adelaide and Meath Hospital Dublin incorporating the National Children's Hospital (AMNCH)for patients who require acute admission.*

> *'The Health Service Executive should review the current national position of the expanded roles within nursing and allied health professionals and implement a plan to roll out a more extensive programme of expanded practitioners within the appropriate clinical settings and with the necessary clinical governance arrangements in place nationally and locally.'*

Appendix C

List of professional bodies invited to participate in a survey of advanced practice in Ireland:

- Association of Clinical Biochemists of Ireland
- Irish Institute of Clinical Measurement Science
- Irish Association of Physicists in Medicine
- Irish Nutrition & Dietetic Institute
- Association of Occupational Therapists of Ireland
- Phlebotomy Association of Ireland
- The Irish College of Physicists in Medicine
- Irish Association of Social Workers
- Irish Association of Speech & Language Therapists
- Irish Institute of Radiography & Radiation Therapy
- Irish Association of Social Care Workers
- Orthoptists Association of Ireland
- Biomedical/Clinical Engineering Association of Ireland
- Irish Society of Chartered Physiotherapists
- The Society of Clinical Perfusion Scientists of GB & NI
- The Society of Chiropodists & Podiatrists in Ireland
- Irish Chiropody/Podiatry Organisation

- Institute of Chiropodists/Podiatrists of Ireland
- Heads of Psychology Services Ireland (HPSI)
- Irish Play Therapists Association
- The Psychological Society of Ireland
- Academy of Medical Laboratory Science
- The Irish Academy of Audiology

Appendix D

Time frame	Actions
May 2012	Presentation re advanced practice by Therapy Professions Advisor at HSCP Advisory Group. Following discussion decision to form Advanced Practice sub group
June 2012	First meeting of Advanced Practice Sub group. Development of terms of reference.
September 2012	Initial memo re project to professional bodies. Circulation of terms of reference and request for information, input, position papers.
September 2012 to January 2013	Development and circulation of online survey to gather information from as wide an audience of HSCP as possible Analysis of information from professional bodies and survey. Proofing of survey information with professional bodies Literature review Review of approaches, frameworks and structures in other countries
January 2013	Presentation on work to date to HSCP Consultative Workshop on 31st January. Discussion at workshop and circulation of discussion summary.
February 2013	Meeting with former lead from the Council of Nursing for the introduction of advanced practice in nursing.
April 2013	Consideration of learning from nursing experience, analysis of short and long term goals. Decision to focus initially on production of a short position statement with a view to achieving broad agreement. To be followed by development of a tool kit of information, templates etc that could assist and support professions, services etc.
May 2013	Drafting of position statement for consultation.

June 2013 to October 2013	Consultation process – included written consultation process with professional bodies and Advanced Practice Consultation Workshop with representatives invited from all professions held in September 2013.
October to May 2014	Incorporating feedback from workshop and final formatting. Amended draft circulated to professional body representatives who had attended the consultation workshop for final comment.
May 2014	Submitted for sign off by HSCP Advisory Group and HSE HR

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