

# Unleashing the Potential of our Health Workforce

**(Scope of Practice Review)**

*Terms of Reference*



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## Background

The Minister for Health and Aged Care, the Hon Mark Butler MP, established the Strengthening Medicare Taskforce (the Taskforce) to provide recommendations on the highest priority investments in primary care by the end of 2022. The Taskforce considered ways to improve patient access to general practice including after hours, multidisciplinary team care, greater affordability for patients, better prevention and management of ongoing and chronic health conditions, and decreased pressure on hospitals.

A key focus for the Taskforce was to strengthen primary care by empowering coordinated teams of multidisciplinary health care professionals to work together to their full scope of practice to optimise use of the health workforce across a stretched primary care sector, and improve access and equity of outcomes in rural, regional and remote areas. The Taskforce recommended work be undertaken with states and territories to review barriers and incentives for all professionals to work to their full scope of practice.

The Strengthening Medicare Taskforce Report recommended reviewing the barriers and incentives for all health professionals to be able to work to their full scope of practice.

In response, the 2023-24 Federal Budget provided \$3 million over two financial years to conduct a scope of practice review. This will be an intensive review focused on the immediate benefits of supporting more quality service delivery in primary care and greater accessibility, with findings due to government in the second half of 2024.

Despite the well-documented benefits of health professionals being able to work to their full scope of practice, there are barriers and 'negative incentives' that discourage Australia's health professionals from being able to do this. For example, when it comes to nurses working in primary care, the 2022 Australian Primary Health Care Nurses Association (APNA) Workforce Survey found that:

- one third (32%) of primary health care nurses said their skills were not being utilised often or most of the time (noting that primary health care nurses have an average of 21 years of nursing experience including 11 years in primary care)
- more than half (53%) of under-utilised nurses had requested to use more skills and experience but more than a quarter (26%) were denied this request.

While the barriers that prevent health practitioners from working to their full scope of practice are likely to differ by profession, these include legislation and regulation, in particular state and territory drugs and poisons legislation, education and training, funding models, organisational policies and cultural factors.

Working to full scope of practice means that a health professional is able to work to the full extent of their profession's recognised skill base and/or regulatory guidelines.<sup>1</sup> The benefits of health professionals working to their full scope of practice include:

- better health outcomes for people, who benefit from being able to access culturally safe care and from the skills and expertise of each profession
- better health service access for people, where working to full scope of practice increases the range and number of services delivered
- improved health system capacity, with each part of the health workforce providing the widest range of services that they can deliver safely
- improved health system productivity and efficiency, with care directed to the profession with the most appropriate skills to meet the person's health care needs
- Improved job satisfaction and workforce retention.<sup>2</sup>

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<sup>1</sup> Queensland Government (2017), [Full scope of practice](#)

<sup>2</sup> Australian Government Productivity Commission (2021), [Innovations in care for chronic health conditions](#)

## Purpose of this paper

This paper sets out a high-level approach for conducting the Unleashing the Potential of our Health Workforce Review (Scope of Practice Review), with the aim of seeking early input to shape the final approach. The paper outlines the objectives, principles, focus areas, phases of work, deliverables and anticipated timeframes.

The discussion and feedback on the approach outlined in this paper will help ensure the overall approach is sound, comprehensive, practical and will deliver on the objectives identified.

## Objectives

The Scope of Practice Review aims to identify priority recommendations for systemic reform and implementation by governments, regulators, health sector employers, professional bodies, educators and professionals that will enable health professionals, particularly those working in primary care, to deliver better health outcomes by working to their full scope of practice.

The specific objectives of the review are to:

1. Identify alternative models of care to deliver safe, quality and accessible care to all Australians recognising that clarity in scopes of practice will support safe, quality care by all health professions.
2. Build consensus and support for priority reforms to deliver increased access to high quality health services across health professionals, regulators, governments, professional bodies, peak bodies, insurers and consumer groups with a focus on primary care.
3. Enable harmonised reform across Commonwealth and state and territory legislation, regulation, programs and funding approaches to support health professionals to work at full scope of practice.
4. Identify examples of where the conditions have enabled multi-disciplinary teams to thrive and consistently work at the top of their scope of practice.
5. Build the foundation for cultural change to enable health professionals to work to their full scope of practice, and to confidently collaborate with and refer to colleagues from other health professions who are safely working to full scope.
6. Drive reforms that embed culturally safe care and multidisciplinary person-centred care as core practice for all health professionals.

If implemented, recommendations from this review will deliver:

- Better health and care outcomes for the Australian people, who will benefit from increased access to the full range of skills of their health professionals and improved collaboration between those health professionals.
- Increased productivity of the health system and reduced wait times due to more health professionals working to their full scope of practice, including through preventative health care.
- Better access to health care for Aboriginal and Torres Strait Islander People, rural and remote Australians and marginalised groups by maximising the safe and effective use of each profession.
- Increased job satisfaction leading to improved retention and recruitment of health professionals with improved portability of health professionals across jurisdictions.

## Guiding principles

This review will:

1. Support innovation that improves access to care to meet community needs in a way that is safe and affordable for patients and the Australian community.
2. Better use technology to expand scopes of practice, to support greater productivity and improve quality of care. Technologies such as decision support software can assist with the safe delivery of care by a wider range of health professionals and can assist in supporting best practice and reduction in unwarranted variations in care.
3. Support health system productivity by encouraging more health professionals to work to the top of their scope of practice, where this is not currently occurring.
4. Where possible, identify opportunities to replicate or modify reforms across all or multiple professions in a consistent way, to support a connected health system, rather than focus on reform through professional silos.

## Out of scope

This review will not:

- Consider personal factors influencing scope of practice, as these factors are specific to individuals and generally do not lend themselves to system-wide solutions. This includes factors such as family circumstances, lifestyle preferences and motivation.
- Consider the impact of general practice incentive programs including the Practice Incentives Program (PIP), Workforce Incentives Program (WIP) and agreed other incentives programs on scope of practice, as these incentives are being examined as part of the dedicated General Practice Incentives Program Review. The review will consider the effectiveness and efficiency of existing general practice incentives to assess if they are fit for purpose to drive patient-centred multidisciplinary primary care.
- Include a broad review of Medicare Benefit Schedule items. However, the review will consider recommending new or amended MBS items where there are demonstrable impediments to specific primary care professionals working to their existing full scope of practice.
- Consider Pharmaceutical Benefit Advisory Committee mechanisms to access the Pharmaceutical Benefits Scheme.



# Related work

The 2023-24 Federal Budget provided funding to review and reform general practice and workforce incentives programs. This review will complement the Scope of Practice Review, including by examining how incentives are impacting multidisciplinary teams working to their full scope of practice. The incentives review is expected to report to government in the first quarter of 2024 and its findings will inform the Scope of Practice Review.

The *Independent Review of Health Practitioner Regulatory Settings* (Kruk Review) has been reviewing regulatory settings for overseas trained health professionals and international students who studied in Australia. Findings may be relevant in the context of pathways for these health professionals to safely work to full scope of practice, noting that this is an important part of the Australian health workforce. The scope of practice in Australia can differ from that in other countries. Understanding the requirements to support this segment of the workforce to understand and apply their full scope of practice in Australia will assist their integration into the workplace. The Kruk Review’s final report is due to National Cabinet by July 2023.

The [Nurse Practitioner \(NP\) Workforce Plan](#) identified concerns regarding the Medicare Benefits Schedule and Pharmaceutical Benefits Schedule as barriers to NPs working to their full scope of practice. These findings are directly relevant to this review and have relevance for the midwifery workforce.

The [National Aboriginal and Torres Strait Islander Workforce Plan](#) also includes specific strategies addressing scope of practice for Aboriginal Health Workers and Practitioners.

# Focus of the review

The Scope of Practice Review will identify opportunities to remove barriers preventing health professionals, primarily in primary care, from working to their full scope of practice. In addition, it will identify examples of where conditions have enabled multi-disciplinary teams to thrive and consistently work at the top of their scope of practice.

Figure 1 depicts the elements that the review will consider in formulating its findings, including in-scope professions, focus areas for investigation and enablers. It also shows areas that are out of scope for the review. While the review will focus on primary care, it is anticipated that reform will impact all health professions regardless of their context or practice setting.

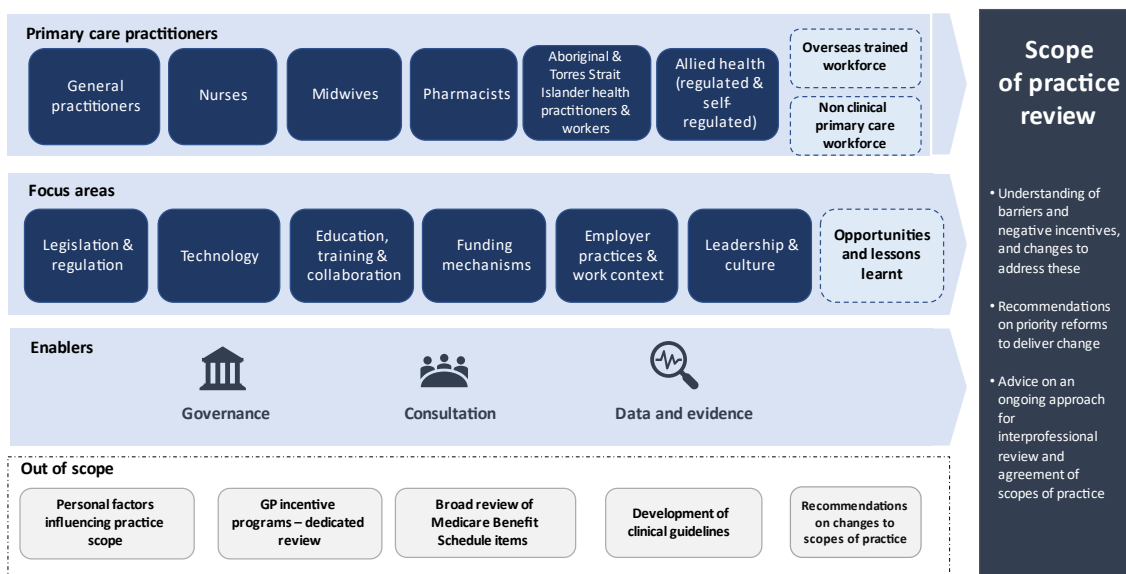


FIGURE 1: FOCUS AREAS FOR THE REVIEW

## Professions

Research has found that health systems with strong primary care are more cost effective and have more equitable distribution of care<sup>3</sup>. In Australia, primary care is a significant investment - in 2019-20, primary care made up around one-third of all health spending in Australia<sup>4</sup>. Of the \$66.9 billion spent on primary health care, \$13.3 billion was on unreferral (mainly general practice) medical services, \$12.9 billion on subsidised pharmaceuticals and \$11.9 billion on other medications.

Given the wide reach of primary care and the benefits of a strong primary care system, this review will likely be the first of a rolling series of reviews aimed at considering how health professionals working to their full scope of practice can better provide high quality multi-disciplinary primary care to all, including First Nations People and people living in rural and remote areas.

This review will begin this broader journey by focusing on systemic barriers that prevent health professionals working to their full scope of practice in primary care. This first phase of the review will also consider how these systemic issues, and any other barriers that will be identified, impact on a specified range of health professions.

The second phase of the review will then consider whether the barriers identified in the first phase apply equally to a broader range of health professions or whether individual health professional groupings face additional and/or unique obstacles and barriers, and, if so, what these are.

Taking both phases of the review into account, health professions that will be considered will include: general practitioners, nurses, including nurse practitioners, registered nurses and enrolled nurses, pharmacists, midwives, allied health practitioners (both regulated and self-regulated), First Nations health practitioners and workers, and paramedics.

The role of non-medical clinicians working in primary care will be considered in detail, to identify clinical tasks that could be delivered by the range of clinicians working in primary care to increase patient access and maintain safe, quality services. The role of general practitioners in primary care will also be considered in the context of specialist medical tasks that could be delivered by general practitioners.

This review will also examine whether there are different or additional requirements to support overseas trained health professionals, taking into consideration the findings of the Kruk Review into regulatory processes for internationally qualified health practitioners.

In addition, it may consider opportunities to appropriately redirect work to primary care support workers, where opportunities become evident in the context of considering barriers and opportunities for working to full scope for the health workforce. This includes delegating work to administrators and the care and support workforce, who support health professionals, particularly in aged care and disability settings, and care for the veteran community.

The review will gather evidence and case studies illustrating how health professionals working to full scope and upskilling to work at an expanded scope of practice could safely fill current service gaps and unmet community needs.

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<sup>3</sup> Starfield, Shi and Macinko, 2005, Contribution of primary care to health systems and health, *Milbank Quarterly*

<sup>4</sup> Australian Institute of Health and Welfare (2023), [Primary health care. This includes payments to primary health care professionals, subsidised pharmaceuticals and other medications.](#)

## Focus areas

The focus areas are domains that will be systematically examined by the review to identify barriers to working to full scope of practice and enablers and opportunities to address gaps in community needs.

### Legislation and regulation

Legislation and regulation can be an enabler or inhibitor of working to full scope of practice. The same health professional's scope of practice can vary by jurisdiction due to legislative or regulatory differences, while excessively prescriptive legislation and regulation can prevent work from being devolved to new roles or more appropriate health professions.

The review will identify the legislative barriers and enablers to working to full scope of practice with a particular focus on:

- Commonwealth legislation and regulation
- State and territory legislation and regulation, including state and territory drugs and poisons legislation.

### Technology as a support to working to full scope of practice

Computerised clinical decision support systems and care protocols operationalised through software can support more health professionals to provide increased access to care, augmenting knowledge in complex decision making.

Decision support systems have been in use since the 1980s, but are now developing rapidly, and have been recommended for use in Australia for some areas of practice, such as diagnostic medicine, by the Medicare Benefits Schedule Review Taskforce.

This is an important area of evolving digital capability that can harness software systems to support health professionals to apply rapidly developing care protocols in a way that reduces unwarranted variations in care, regardless of the health professional delivering care and reducing the need for health professionals to undertake significant additional offline training to keep up with developing areas of clinical practice (such as treatment pathways for certain types of cancers, or new medicines available to treat diabetes).

Clinical software has already been used to reduce workload for prescribers and improve medicines safety outcomes for people and communities through updates to prescribing software to support active ingredient prescribing. This came into effect under PBS legislation from 1 February 2021.

Upgrading and developing clinical software to promote interoperability between primary care, hospital and aged care clinical information systems is a continuing area of focus for the Australian Digital Health Agency and all governments. Governments are also considering the software conformance and regulatory frameworks to enhance cybersecurity across the health system.

The review will consider where incorporating decision support software into clinical systems may assist health professionals to practise safely with expanded scope, and to ensure the development of software and algorithms that accurately reflect safe, evidence-based clinical guidelines and treatment pathways, and continuing referral of patients to more specialised care when necessary.



## Education, training and collaboration

Education, training and collaboration can be enablers or barriers to working to full scope of practice. Formal or informal education and training can provide the knowledge and skills base for extending an individual's scope of practice, or for addressing skills that have not been practised recently. Interprofessional learning and/or supervision can contribute to multidisciplinary working, building an understanding of the scope of practice of other health professionals.

The review will provide advice on improving education, training and supervision to support health professionals to work at their full scope of practice, including:

- Opportunities for education, vocational training and continuing professional development programs to better support working to full scope of practice for each profession
- Opportunities for interprofessional learning and collaboration to support health professionals in multidisciplinary teams to work to full scope of practice
- The role of interprofessional supervision in supporting health professionals work towards independent practice, particularly in rural and remote contexts
- Education for providers to assist them in better understanding how to support health care professionals and support staff to work to their full scope of practice

## Funding mechanisms

The review will examine specific examples where key funding mechanisms support or inhibit working to full scope of practice, with specific focus on:

- Fee for service funding
- Blended funding models
- Private and public funding approaches
- Impact of Primary Health Network service commissioning.

## Employer practices and work context

Understanding scope of practice is essential to maintain high quality and safe standards of practice. However, approaches to credentialing can be inconsistent, with unpredictable outcomes. The review will examine:

- Impact of employer credentialing practices on working to full scope of practice and opportunities for harmonising processes and practices
- Impact of employer policies on working to full scope of practice, particularly in relation to self-regulated allied health professionals
- Impact of rurality on employers' practices with regard to supporting health professionals to work to their full scope of practice
- Flexibility of employer credentialing systems and policies for adapting to changing scopes of practice, including exemplar models of care
- Exemplar organisational practices that systematically support or inhibit working to full scope of practice (for example role design)
- Impact of professional indemnity insurance on health professionals working to full scope of practice
- Impact of models of care in which a health professional is employed based on their scope of practice and opportunities for models that support working to full scope of practice

## Leadership and culture

Research in Australia has found that internal culture is the most frequent reason for failure to systematically implement working to full scope of practice<sup>5</sup>. Professional silos, lack of experience of collaborative working and poor understanding of the scope of practice of other professions also contribute to some professions working below their full scope of practice. The review will examine:

- Cultural practices that systematically support or inhibit working to full scope of practice
- Professional leadership requirements to enable working to full scope of practice
- What health professionals understand of their scope of practice, how they learn about their scope of practice, how they learn about changes to their scope of practice, and their knowledge about how their scope of practice is regulated.
- How health care providers can assist and support health professionals and support staff to work to their full scope of practice

## Opportunities and lessons learnt

In addition to examining key domains that are barriers and enablers to full scope of practice, the review will examine lessons learnt and areas of future opportunity, including:

- Innovative practices from COVID-19 pandemic that supported health professionals to work closer to their full scope of practice
- Changes to processes and practices implemented during the COVID-19 pandemic that safely enabled swift changes to work closer to full scope of practice
- Innovative practices in rural and remote contexts that support working to full scope of practice to meet community health needs

## Enablers

### Delivery approach and consultation

The Scope of Practice Review will be led by Professor Mark Cormack, a highly accomplished health system and public policy executive.

The review will be informed by extensive stakeholder engagement with government, health professions, regulators, education and training providers, employers, professional bodies and consumers. This will ensure recommendations are practical, implementable and can deliver the health workforce Australia needs to ensure high-quality and timely health services. The Reviewer Lead may also seek independent advice and analysis on any matter within the review scope, and may consider convening an advisory panel of experts and/or holding public consultations for this purpose.

### Governance

Consistent with other Strengthening Medicare reform measures, the Scope of Practice Review will fall under the auspices of the Strengthening Medicare Implementation Oversight Committee (Oversight Committee) – which includes a range of primary care stakeholders across nursing, medical, allied health, First Nations, states and territories, consumers and academics. Existing health professional craft groups will be used to provide advice and guide various Scope of Practice review phases, including to the Oversight Committee. Where appropriate craft groups do not already

<sup>5</sup> Queensland Health (2014), [Ministerial taskforce on health practitioner expanded scope of practice: final report](#) and Young G, Hulcombe J, Hurwood A, Nancarrow S, (2015), *The Queensland Health Ministerial Taskforce on health practitioners' expanded scope of practice: consultation findings*. Aust Health Rev. 2015;39(3):249-54

exist, these will be established for the specific purpose of this review and will consist of stakeholders relevant to the phase of the review under consideration.

The Review Lead will provide updates to the Health Ministers' Meeting via the Health Chief Executives Forum and Health Workforce Taskforce.

## Data and evidence

The scope of practice review will draw on research, data and evidence to inform its findings.

A review of literature and international practice will provide evidence about the barriers and possible changes that have been successfully implemented internationally to support health professionals to work to their full scope of practice. This piece of work will examine:

- Literature providing evidence on the barriers, enablers and opportunities to reform Australian legislation, regulation, education and training, funding, employment practices and primary care work cultures to support full scope of practice working
- Best practice regulatory approaches applied internationally to support working to full scope of practice and their potential applicability in an Australian context
- Best practice employer practices applied internationally to support working to full scope of practice and their potential applicability in an Australian context
- Evidence on organisational practice and culture required to support working to full scope of practice in primary care contexts
- Evidence in the literature on specific requirements to support working to full scope of practice in a rural and remote context
- Evidence and international best practice on opportunities for scope of practice to embed culturally safe care into primary care practice.
- Evidence on how supporting technologies incentivise or disincentivise models of care where health professionals can work to full scope of practice.
- Evidence on how funding approaches incentivise or disincentivise models of care where health professionals can work to full scope of practice.

## Indicative timeframes

The indicative timeframes for the Scope of Practice Review are shown below. Some project stages will overlap, noting the short timeframe for the review.

Project stage	Anticipated timing
<p>1. <b>Initiation</b></p> <p>Engage/procure support and research services, as required</p> <p>Confirm governance arrangements</p> <p>Planning for the establishment of an expert advisory committee</p> <p>Coordinate with related reviews: GP Incentives Review and After-Hours Review</p> <p><i>Deliverables:</i></p> <ul style="list-style-type: none"> <li>- Review terms of reference</li> <li>- Expert advisory committee terms of reference</li> <li>- Procurement specification</li> </ul>	Jul-Aug 2023
<p>2. <b>Discovery and current state</b></p> <p>Call for stakeholder submissions</p> <p>Establish expert advisory committee</p> <p>Academic research synthesising domestic and international literature around working to full scope of practice and the barriers preventing this from occurring</p> <p>Initial consultation with craft groups, peaks and professional bodies</p> <p><i>Deliverables:</i></p> <ul style="list-style-type: none"> <li>- Literature and international practice reviews</li> <li>- Stakeholder submission analysis</li> </ul>	Sep-Oct 2023
<p>3. <b>Future state phase 1</b></p> <p>Identify systemic barriers to health professions working to full scope of practice and consider these, and other barriers, that apply to a nominated selection of health professional groups.</p> <p>Initial report to government</p> <p><i>Deliverables:</i></p> <ul style="list-style-type: none"> <li>- Interim report</li> </ul>	Sep-Dec 2023
<p>4. <b>Future state phase 2</b></p> <p>Undertake a further three phases of face-to-face/digital stakeholder consultation</p> <p>Consider whether the barriers identified in the first phase apply equally to a broader range of health professions and identify any unique profession specific obstacles to working to full scope of practice.</p> <p>Final recommendations and implementation plan to government</p> <p><i>Deliverables:</i></p> <ul style="list-style-type: none"> <li>- Final report</li> <li>- Implementation plan</li> </ul>	Dec 2023 - Aug 2024
<p>5. <b>Project close</b></p> <p>Publish report</p> <p>Announcements on implementation and future reform</p>	Dec 2024