

UNLEASHING THE POTENTIAL OF OUR HEALTH WORKFORCE

SCOPE OF PRACTICE REVIEW

Issues Paper 1

January 2024

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Background and Context

July 2022 – Strengthening Medicare Taskforce (SMTF) commenced

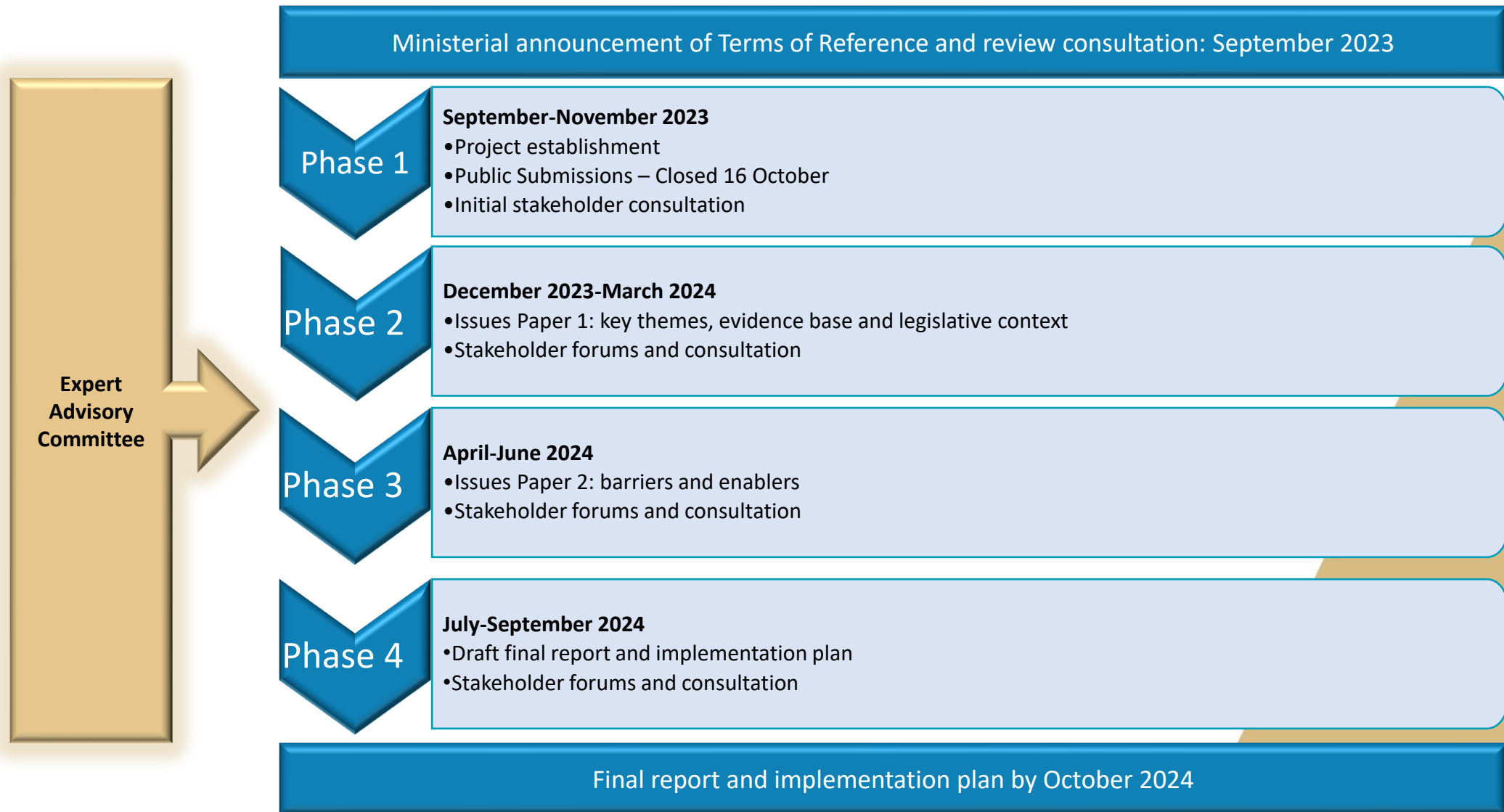
December 2022 – SMTF report released

April 2023 – National Cabinet endorsed Taskforce recommendations

May 2023 – Scope of Practice Review announced



Journey to date



Purpose and summary of evidence

The **purpose** of this Issues Paper is to provide an overview of the evidence collected to date through literature review, submissions and consultations, outline the emerging themes from this evidence that require further exploration through the next phase of consultations, and describe the direction and next steps for this Review.

Broadly, the review of the evidence supports **two key findings**:

- Enabling health professionals to work to full scope of practice supports a stronger primary health care system;
- A range of barriers are currently preventing the primary health care workforce from working at full scope of practice.

Benefits: Strong evidence of improved consumer access to care, consumer experience of care and health outcomes when health professionals are enabled to work to full scope of practice. Health professionals working to full scope of practice reduces workload for the acute care sector, increases health professional utilisation and retention and creates efficiencies at a system level.

Emerging themes

The barriers, enablers, risks and benefits identified through evidence to date have led to identification of five emerging themes:

1. Legislation and regulation

Where legislation or regulation authorise or inhibit health professionals in performing a particular activity

2. Employer practices and settings

Service-level practices and settings which influence health professionals' ability to work to full scope of practice

3. Education and training

Pre- and post-professional entry learning and qualifications

4. Funding policy

The way funding and payment is provided for delivery of health care

5. Technology

Integrated and accessible digital tools, communication and information sharing

Each of the above five emerging themes is presented in the Issues Paper following the structure of **context, challenges, opportunities for improvement, and benefits.**

Barriers or enablers within any theme may overlap with those in other themes **to** inhibit or support full scope of practice. This **interdependency, interaction and impact** of potential policy actions across themes will be carefully explored in following phases of the Review.

1. Legislation and regulation

Policy issue

Legislation and regulation are key policy levers for scope of practice. Inconsistent regulatory approaches across health professions, named professions in legislation and regulation, and lengthy and inconsistent endorsement processes are all known barriers to health professionals working to full scope.

Potential enablers

- Harmonising Drugs and Poisons legislation
- Introducing risk-based & activity based regulatory processes to complement named professions
- Streamlining endorsement processes
- Reviewing authorising environments in self-regulated professions/unregulated workforce

Benefits

- Better consumer access and continuity of care
- Improved workforce satisfaction, retention
- Interprofessional trust and understanding

Risks

Reform not effectively implemented due to [Employer-level practices](#) or [Funding policy](#)

2. Employer practices and settings

Policy issue

Enabling and authorising environments, at the service-level and across multi-service care teams, are critical for health professionals to work to full scope of practice. Key barriers include inconsistent authorisation to perform particular activities across settings, gaps in employer recognition of endorsements and skills, and insufficient employer support for multidisciplinary care teams. These barriers interact with other system-wide barriers and enablers.

Potential enablers

- Establishing more consistent approaches to recognition of additional/specialised qualifications and competencies across settings
- Establishing models of multidisciplinary care for target patient cohorts and strengthening support for health professionals to work together across employers
- Reviewing clinical governance mechanisms in primary health care settings

Benefits

- Improved consumer access
- Improved capacity to work effectively as multidisciplinary care teams
- Improved workforce satisfaction and retention
- Improved accountability, quality and safety

Risks

Emphasis on multidisciplinary care results in new siloes rather than working in a truly connected way

3. Education and training

Policy issue

The Australian primary health care system features a proliferation of education and training requirements for competencies across health professions, which differ depending on how a health profession is regulated. Consultation findings indicate access to continuing professional development training is not consistently supported in practice, and training requirements for similar/common competencies apply inconsistently across professions in some cases.

Potential enablers

- Establishing greater system-wide clarity about requirements of profession entry learning
- Establishing a nationally consistent approach in promoting and implementing common interprofessional competencies
- Promoting multi-professional learning
- Ensuring ongoing education and training are accessible

Benefits

- Improved consumer outcomes
- Improved workforce satisfaction and retention
- Improved inter-professional trust and multidisciplinary care delivery skills

Risks

Recognition of training, competencies and scope of practice relies on factors outside individual health professionals control (e.g. [Employer practices](#) and interprofessional trust)

4. Funding policy

Policy issue

Funding policy and payment models underpinning the primary health care system have wide-ranging impacts on the ability of health professionals to work to full scope of practice. There are concerns the existing fee-for-service funding mechanism is not flexible or broad enough to effectively support long-term care relationships, continuity of care or multidisciplinary care.

Potential enablers

- Using block, bundled and blended funding to deliver care flexibly
- Funding and payment types which incentivise working as multidisciplinary care teams
- Enabling non-medical professionals to make direct referrals
- Funding episodes of care regardless of profession (i.e. a single MBS rate for a particular activity)

Benefits

- Improved continuity of care and collaborative care delivery
- Reduced time and cost burden for consumers along care pathway
- Reduced burden on GP workforce
- More effective chronic illness management

Risks

- Unintended incentives or disincentives for certain types of care delivery
- Poor team cohesion, scope overlap and perceived role threat
- Digital infrastructure and adoption

5. Technology

Policy issue

Robust digital health infrastructure may enable consumers and health professionals to access and share information, and to work together more collaboratively and equitably, by ensuring all health professionals have visibility over the same information. Modernising data and digital technology is a key government reform direction, but key gaps in current primary care IT systems, infrastructure and adoption remain.

Potential enablers

- Establishing access to real-time patient information
- Introducing platforms for secure messaging and digital referrals
- Using decision support software
- Mandating participation in a multidisciplinary care team for primary care providers

Benefits

- Improved care coordination and continuity of care
- Improved quality and safety of health care
- Reduced time and cost burden to consumers
- Reduced cost burden on the health system

Risks

- Inconsistent adoption across professions and settings
- Any collection of sensitive personal data is associated with the known and ongoing risk of data breaches

Next steps

- Online public submissions (23 January to 8 March 2024)
- Stakeholder workshops and discussions on themes raised in Issues Paper 1 (February 2024)
- Phase 3 – Issues Paper 2 (April 2024)
- Further consultation on themes raised in Issues Paper 2
- Phase 4 – Draft Final Report and Implementation Plan (July 2024)
- Final Report and Implementation Plan submitted to Minister for Health and Aged Care (October 2024)