



Australian Health Care Reform Alliance

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www.healthreform.org.au

Health workforce issues

Australia's health workforce is our most valuable health care resource and underpins the effective

functioning of the health system. Health care is Australia's largest industry and employs about 7% of the civilian workforce. With labour costs a major part of health expenditure, health workforce issues

have a major impact on the overall quality and efficiency of our health system.



While many areas of the economy have undergone micro-economic reform and significant workforce changes in the past 30 years, the health sector has been slow to respond. Many structural elements reflect the practices of a bygone era. The objective in care should be the provision of right care – right place – right time, focusing on the needs of the consumer, rather than professional or institutional structures.

Changes to the health workforce structure, improved work practices, multiskilling, enhanced teamwork, and flexible training are among the key reforms required. Breaking down historic workforce boundaries and establishing new ways of working in inter-professional teams can capitalise on the range of skills and knowledge held by health practitioners.

Examples of the potential benefits from regulatory reform and modified scopes of practice have been outlined in the 2015 Productivity Commission Research Paper [Efficiency in Health](#) (pages 46-48). These include the introduction of physician assistants and wider use of paramedics, pharmacists and allied health professionals through expanded community and primary care roles. The former Health Workforce Australia (HWA) also funded successful pilot programs across a range of workforce areas, including ways to expand professional scopes of practice, expand prescribing roles and address barriers to reform.

Along with a regular efficacy review of the Medicare Benefits Schedule (MBS), unnecessary impediments to practice should be examined, such as the lack of access to MBS fee-for-service item numbers by various professional practitioners.



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Options for change could include suitably-trained nurses, physician assistants or nurse practitioners undertaking greater responsibility for initial diagnosis and triage in hospitals; enrolled nurses taking on some of the tasks currently done by registered nurses; new allied health assistants supporting allied health workers to increase their capacity to treat more patients; and suitably-trained practice nurses or physician assistants undertaking some of the work currently performed by General Practitioners. More use of dental hygienists and oral health therapists would be valuable. Other changes might involve midwives substituting for obstetricians (in Australia, less than 10% of normal births are managed by midwives compared with 90% in New Zealand) or appropriately trained nurses (and physician assistants) performing endoscopies - as occurs in the United States and United Kingdom.

The wider use of nurses, pharmacists, paramedics and physician assistants in vaccination, health monitoring, chronic disease management and counselling roles are further options; while there are many opportunities for delegation and expanded scopes of practice for members of the dental workforce.

The Australian College of Rural and Remote Medicine (ACRRM) has recognised that physician assistants can be part of a broader range of solutions for increasing participation in health care to meet the needs of communities. It has recommended the adoption of clinical governance frameworks that support local delegated medical practice in determining appropriate clinical roles and supervision within a health care team, enabling physician assistants (and others) to work to the full extent of their evolving abilities.

Implementing these reforms will require review of existing regulatory frameworks and scopes of practice, as well as education and training arrangements, to ensure that practitioners are equipped with the skills they need to work in a complex, changing health system. The objectives are to usher in more flexible educational pathways and careers for health professionals, which will create a dynamic health workforce able to respond more rapidly to changes in demand and emergent health care needs

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