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Response to Unleashing the Potential of our Health Workforce: Scope of Practice Review Issues Paper 1

We are writing on behalf of the Australasian Association of Academic Primary Care (AAAPC) (www.aaapc.org.au) in response to the first issues paper of the Scope of Practice Review.

What is AAAPC?

AAAPC is a multidisciplinary, representative group of Australian and New Zealand primary health care academics who undertake teaching and research in general practice and primary care. The organisation promotes the value of linking research and practice to inform and enhance primary health care policy and practice to improve health outcomes. Our 180 members work in University Departments of General Practice, Rural Health, Nursing, Health Sciences, Public Health and Community Medicine. Many work clinically in primary care while others are employed by State Health Departments and Primary Health Networks.

AAAPC's overall response to Issues Paper 1

We believe that the overall content of the issues paper is reasonable, and recognise the potential offered by an examination of, and reforms to, existing scope of practice of health professionals. Many of the issues raised by the paper are beyond the scope of our organisation, and require debate from government, the professions, and the community. AAAPC's clinicians, researchers and educators are at the coal face of primary care reform in Australia and New Zealand. Members are aware of the increasing demands on the primary health care sector and the complexities of scope of practice that have emerged through inconsistent regulatory approaches within and between professional, state and federal sectors.

We also acknowledge the breadth of primary care practice settings throughout Australia, and the influence that public and private employers have on the scope of practice enacted by employees and contracted staff. Like the Scope of Practice Review team, we view funding models that are not fit for purpose as pervasive barriers to both meaningful reform and quality team-based care. As representatives of educators of most future Australian primary care professionals we are mindful of the lack of clarity and inconsistency of pre- and post-professional educational requirements and are agree with that current technology does little to facilitate quality multidisciplinary primary care.

While key professional groups will doubtless have detailed responses to this document, AAAPC has three recommendations as the committee continues its deliberations through 2024.

1) Increased attention to the core functions of primary care:

We strongly recommend that future iterations of the document pay greater attention to and build upon the principles of generalism and on the evidence supporting the core components of primary care service delivery.

AAAPC was struck by the lack of consideration of the role of generalist primary care to improved health outcomes in Australia and internationally. The whole is greater than the sum of the parts. Any reforms to the delivery system of primary care need to be made with an understanding of the core functions of primary care (*first person accessibility, continuity, comprehensiveness, and coordination*). These extent to which these functions are present are directly related to improved health outcomes. [1] [2, 3]

Reforms to scope of practice have the potential to improve access to primary care services (through more providers being able to offer wanted services) and comprehensiveness



(through expanded individual skills). However uncoordinated provision of individual services by multiple unrelated providers has the potential to compromise relational continuity and hence make coordination of care more difficult. The consequences have further implications in light of the overwhelming evidence supporting the value of relational continuity in primary care to patient satisfaction, health promotion, adherence decreased use of hospital services and mortality [4]. Several of our members are national and international experts on continuity and would be happy to advise the committee on later iterations of the document. We note however that these challenges can be addressed with care in the design and implementation of the care setting – this is where the Patient Centred Medical Home is a fundamental component of the improved delivery of primary care.[5, 6]

2) Clearer reference to and relationship with to the Federal Government’s strategy for primary care reform.

AAAPC was struck by the lack of reference of the document to the broader context of the Federal Governments agenda for primary care reform. Initially detailed in the Government’s 10-year plan, it has more recently been summarised in the report of the Strengthening Medicare Taskforce. The report provides a context for any reforms to scope of practice in Australia within the foreseeable future. We highlight the Report’s focus on coordinated multi-disciplinary teams, and its clear prioritisation of reducing fragmentation and duplication and delivering quality person-centred continuity of care,

We urge the authors of the review to continue to prioritise the needs of the community and a sustainable sector over and above the assertions of individual professions. Importantly any modifications need to articulate and promote better care for specific groups and populations, including older Australians, people living in rural and remote areas, people with disability, LGBTIQ+ people and those from culturally diverse backgrounds.

3) The importance of research and education in scope of practice

Scope of practice is a sensitive topic for health care professionals. We feel that what *can* be done by a regulated professional is always going to be less than what *should* be done in practice.

The scope of practice issue is emotive to many primary care professions. The nature of professions has long been to service the needs and the wants of their members. Being seen as advocates for scope of practice expansion is an important role for professional organisations and has been a focus for interprofessional disputes in the past.

In the light of this, AAAPC strongly advises that recommendations from the review are backed up by robust, independently assessed evidence. New models of care that evolve from future recommendations need to be piloted and then transparently and rigorously evaluated. Implementation needs to be accompanied by system wide, practice oriented educational support. The international literature has evidence to support these approaches,[7]

Future strategies need to be considered in light of major deficiencies in the training of our health and social care professionals. Training programs are fragmented, siloed and static, and continue to rely on models oriented to the management of acute disease. Training curricula fail to adequately incorporate the attainment of skills and experience in community and primary care settings. Even when such training is provided, many students are placed in clinically acute environments in which it is difficult to implement these primary care oriented principles. These challenges call for a framework and national standards that focus on more



than just interprofessional competence. Our members have expertise and can advise on this area.[8]

In closing we highlight that the capacity for such evaluation has been under threat in Australia for the last 7-8 years. Evaluation of any substantial reforms in this domain is reliant on investments in strengthening primary health care research infrastructure. These investments have long been advocated by AAAPC and continue to limit the nation's ability to move towards a comprehensive accessible and patient centred primary health care system,

References

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