

8 March 2024

By email: scopeofpracticereview@health.gov.au

Scope of Practice Review – Issues Paper 1

Thank you for the opportunity to provide this response to the Unleashing the Potential of our Health Workforce: Scope of Practice Review consultation on Issues Paper 1.

Our submission is attached.

Avant acknowledges that the work of the Scope of Practice Review is an ongoing process and welcomes the opportunity for further engagement with the Review.

Please contact Suzanne Mercer on the details below if you require any further information or clarification of the matters raised in the submission.

Yours sincerely



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Avant Submission to the consultation on Scope of Practice Review – Issues Paper 1

Avant is a member-owned doctors' organisation and Australia's largest medical indemnity insurer, committed to supporting a sustainable health system that provides quality care to the Australian community. Avant provides professional indemnity insurance and legal advice and assistance to 86,000 healthcare practitioners and students around Australia (more than half of Australia's doctors). Our members are from all medical specialities and career stages and from every state and territory in Australia.

We assist members in civil litigation, professional conduct matters, coronial matters and a range of other matters. Our Medico-legal Advisory Service provides support and advice to members and insured medical practices when they encounter medico-legal issues. We aim to promote quality, safety and professionalism in medical practice through advocacy, research and medico-legal education.

General comments

Avant has welcomed the Scope of Practice Review and the focus on supporting a sustainable primary care system that has safe, high-quality patient care at its core.

We believe that general practitioners (GPs) and other primary care health practitioners should be able to work to their full scope of practice and to an expanded scope of practice so long as quality and safety of patient care are not compromised. Each practitioner must have adequate training, supervision and evaluation to ensure competence and patient safety, and there must be appropriate accountabilities and safeguards for communication, coordination and continuity of care with regular care providers.

Clear indemnity arrangements are an essential enabler to health practitioners working to their full scope of practice while safeguarding patients. All health professionals must be indemnified to cover the scope of care they provide to patients. Practitioners and patients alike need to have confidence that there are no gaps in cover and professional indemnity issues can be appropriately addressed should they arise.

It is important that the quality and safety of patient care is not compromised by increasing multidisciplinary teams in primary care. GPs have key skills in providing holistic comprehensive longitudinal care. Increasing multidisciplinary team-based care led by GPs will enable a better utilised healthcare workforce while preserving the benefits of continuity of care, care coordination and the holistic knowledge which are the core skills of GPs. The benefits of this team-based care can be boosted by allowing health practitioners to work to their full scope with appropriate accountabilities and safeguards, including indemnity arrangements.

Realising the benefits of health practitioners working to their full scope of practice will require sensible, phased and harmonised reform so that scope can be agreed, risks and barriers can be addressed, and change enabled without negative consequences.

Responses to Issues Paper 1

1. Legislation and regulation

Q. What do you believe are the key legislative and regulatory reforms which have the potential to most significantly impact health professionals' ability to work to full scope of practice? (For example, harmonisation of specific legislation between jurisdictions, or regulating health professionals differently.)

We consider that all health practitioners in the primary care sector should have clear accountabilities and be subject to the same regulatory requirements to enable safe, high-quality and targeted patient care with less duplication and fragmentation. This consistency should extend to self-regulated and unregulated workforces, including any proposed new types of providers (e.g., physicians assistants, allied healthcare assistants).

We welcome the opportunity to be involved in further consultation on how this could be best achieved, including through:

- having more risk-based regulation of scope of practice that defines the core competencies, skills or knowledge required to authorise a health practitioner to perform a specific activity, in addition to existing named professions and protected titles
- harmonising specific legislation to create a more consistent authorising environment across states and territories for all health professionals competent and qualified to perform relevant activities
- harmonising drugs and poisons legislation across states and territories to provide clarity and consistency of prescribing rights across health practitioners and jurisdictions.

State payroll tax requirements for medical practices is also an area where harmonised reform is urgently required to support medical practices and collaborative care. As well as increasing costs to practices, practitioners and ultimately patients, payroll tax requirements in several states and territories are a disincentive to GP-led multidisciplinary care in a collaborative practice. A national long-term solution for practices is required. The solution is to provide an exemption for medical practices from state and territory payroll tax requirements.

Q. A risk-based approach to regulation names core competencies, skills or knowledge capabilities required to authorise a health professional to perform a particular activity, rather than relying solely on named professions or protected titles. To what extent do you think a risk-based approach is useful to regulate scope of practice?

- To a great extent
- Somewhat
- A little
- Not at all

Q. Please provide any additional comments you have on the risk-based approach to regulation.

In general, we agree with a risk-based regulatory approach to health care regulation but note that there can be difficulties defining competencies. Developing competencies around particular activities needs input from all relevant professions.

Q. What do you see as the key barriers to consistent and equitable referral authorities between health professions?

In Avant's initial submission to the Scope of Practice Review we noted that GPs often deal with minor tasks including referrals for routine or screening investigations, which could be dealt with by other health practitioners (e.g., nurses, physiotherapists) working to their full scope of practice if given the right parameters and workplace systems. We also noted that expanding the MRI rebate descriptors for GPs would allow GPs to work to their full scope of practice and provide more efficient patient care.

While there is value in expanding access to referrals for health practitioners with appropriate expertise, we believe this should be carefully considered to best support safe, high-quality patient care. Key considerations include:

- maintaining patient safety and optimum health outcomes
- clinically appropriate referral pathways involving practitioners with appropriate expertise
- communication, coordination and continuity of care with regular care providers, including the patient's GP.

Within these limits, a combination of funding policy and other barriers would need to be overcome to expand access to referrals. We welcome the opportunity to be involved in further exploration of this issue in the next round of consultation.

2. Employer practices and settings

Q. What changes at the employer level would you like to see to enable health professionals to work to full scope of practice? (For example, changes to credentialing, practice standards, clinical governance mechanisms or industrial agreements)

Clear indemnity arrangements are an essential enabler and safeguard for health practitioners working to full scope of practice, when working independently, in a practice or in multidisciplinary teams in primary care.

It is integral that indemnity arrangements be designed before new models of care are implemented so that practitioners have cover for the care they provide and any indemnity questions can be appropriately addressed should they arise. These arrangements should contemplate that multidisciplinary teams may involve multiple employers. Indemnity arrangements would also support clinical governance arrangements.

In multidisciplinary team-based care, there needs to be a clear understanding about which member is accountable for what and to whom and who will indemnify each party (each team member and the practice they work in, particularly if they are independent contractors due to payroll tax arrangements).

Q. Which particular activities or tasks within health professionals' scope of practice would you particularly like to see increased employer support for?

No response provided.

Q. How can multidisciplinary care teams be better supported at the employer level, in terms of specific workplace policies, procedures, or practices?

We favour GP-led multidisciplinary teams that allow patient care to be delegated and shared safely. To enable this, each practitioner must have adequate training, supervision and evaluation to ensure competence and patient safety, and there must be appropriate accountabilities and safeguards for communication, coordination and continuity of care.

From a medico-legal perspective, an area of significant medico-legal risk generally relates to follow up of test results. There should be workplace policies and procedures clearly outlining roles and responsibilities and use of systems to support patient care in this regard.

Policies and procedures should also be in place to support communication between team members and with the patient, responsibilities for documentation, and when to escalate issues to the GP leading the team. These should be supported by employer level leadership to promote a culture of interprofessional trust.

3. Education and training

Q . What are the key barriers health professionals experience in accessing ongoing education and training or additional skills, authorities or endorsements needed to practice at full scope?

- Availability of learning institutions
- Employer support for learning
- Availability of supervision and mentoring
- Quality of training
- Time burden
- Other

Q. To what extent do you think health professionals' competencies, including additional skills, endorsements or advanced practice, are recognised in their everyday practice and are known to consumers?

- To a great extent
- Somewhat
- A little
- Not at all

No response provided.

Q. How could recognition of health professionals' competencies in their everyday practice (including existing or new additional skills, endorsements or advanced practice) be improved?

No response provided.

4. Funding policy

Q. Are you aware of specific instances where funding and payment could be provided differently to enhance health professionals' ability to work to full scope of practice? Please provide specific examples.

Medicare regulation is preventing GPs from delegating care to other health practitioners in their teams. Under existing fee-for-service arrangements for most Medicare item numbers for GPs, only GPs are paid for providing patient care.

Allowing a GP to charge for work done by another health professional under their supervision, and having new Medicare items for care coordination would encourage delegation and enhance the ability for all practitioners in a care team to work to full scope of practice.

Q. Which alternative funding and payment types do you believe have the most potential to strengthen multidisciplinary care in the primary health care system?

- Block funding
- Bundled funding
- Blended funding
- Capitation
- Salary
- Program grants
- Other
- None

No response provided.

Q. To what extent do you believe alternative funding policy approaches create risks and unintended consequences?

- To a great extent
- Somewhat
- A little
- Not at all

Q. How do the risks of alternative funding policy approaches compare to the risks of remaining at status quo?

The chief purpose of new care and funding models needs to be improved patient care.

There is interest in alternative funding models for healthcare, but the evidence on their impact is mixed. Models including quality-based payments, pay for performance, bundled payments, or a combination of these 'value-based payments' are attractive to funders as they shift financial risk to providers and offer greater budget certainty. However, real world evidence suggests these models require large-scale upfront investment in training and information technology and may not improve health outcomes or decrease health costs.

At the same time, there are limited mechanisms currently for other health professionals to access funding for the work they do in a GP-led multidisciplinary team, through Medicare or other means. The risk of remaining at status quo is that the potential growth of multidisciplinary team-based care is limited.

See Avant's primary care position paper for references: <https://assets-au-01.kc-usercontent.com/cdf6134c-01d7-0292-26f5-2f5cf1db96f8/01f880e4-1374-4649-9708-65c9dde7d5c1/Avant%20position%20on%20primary%20care%20reform%20March%202023.pdf>

5. Technology

Q. How do you think technology could be used better or differently in primary health care settings to enable health professionals to work to full scope?

Avant considers that modernising data and digital technology in primary care settings is essential to enable health practitioners to work to full scope of practice.

Health practitioners must be supported by integrated technology that allows secure and timely communication between care providers and with patients, as well as effective measurement and sharing of health outcomes.

Technology can be used to force care coordination and mandate participation in GP-led multidisciplinary care teams. However, this should only occur once the technology in primary care settings is more mature.

In the absence of the technology solution that forces care coordination, we favour GP-led multidisciplinary teams that allow patient care to be delegated and shared safely within a single practice setting and a single medical record updated in real time. While helping more health practitioners to work to their full scope of practice may improve patient access to care, if care is not fully integrated there are potential risks to patient safety and waste of resources through potential duplication and low value care.

Q. If existing digital health infrastructure was to be improved, what specific changes or new functions do you think are most necessary to enable health professionals to work to full scope?

Avant supports modernising My Health Record so that there is better integration with practice clinical records.

We also support a general uplift in primary care IT infrastructure and education so that practitioners and practices can optimise the benefits of digital reform.

Improving the interoperability of software, medical records systems, and secure messaging systems should be prioritised to improve information sharing, reduce the administration required, and support better communication, coordination and continuity of care.

We also recommend additional investment in developing high-quality health data and measurement systems so that the evidence base for continuous improvement and education is robust. However, this investment needs to be in addition to funding for clinical services.

Q. What risks do you foresee in technology-based strategies to strengthen primary health care providers' ability to work to full scope, and how could these be mitigated?

We welcome steps to better incorporate and integrate technology such as decision support systems that can support increased access to primary care. Agreed evidence-based clinical guidelines should be readily accessible. However, there is risk that this could lead to care by protocol which may not reflect real world patient need. Protocol-based care may be particularly unsuitable in primary care where patients often present with multiple undifferentiated symptoms and signs. Training and clear protocols are needed to ensure appropriate escalation to the GP at the head of the team.

Avant Mutual
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