Australian Academy
of Health and
Medical Sciences

The Australian Academy of Health and Medical Sciences submission to the consultation on 'Unleashing the potential of our workforce – Scope of practice review'

October 2023

The Australian Academy of Health and Medical Sciences (AAHMS, the Academy) welcomes this independent scope of practice review that will examine the barriers and incentives health practitioners face working to their full scope of practice in primary care. We support this important initiative and stand ready to assist the Government where needed.

AAHMS is Australia's Learned Academy for the health and medical sciences – the impartial, authoritative, cross-sector voice. We advance research and innovation in Australia to improve everyone's health.

We are an independent, interdisciplinary body of Fellows – elected by peers for outstanding achievements and exceptional contributions to health and medical science in Australia. Collectively, AAHMS Fellows are a representative and independent voice, through which we engage with the community, industry and governments.

Our response has been informed by input from Fellows of the Academy and will focus on answering the survey questions within our remit and expertise.

Our healthcare workforce is extraordinary, and they have been delivering for the Australian population through very challenging times. The COVID-19 pandemic saw our health workforce fight serious strain and there are other complex health challenges on the horizon that we must prepare for to ensure our community has the best chance of experiencing good health. Our population is ageing, many more people are living with chronic and complex conditions, there are considerable inequities in health outcomes and access to care, antimicrobial resistance is a growing threat and climate change is an urgent health priority. It will be imperative that the workforce can work to their full scope of practice and we must grow and nurture this group so that we are well placed to tackle these challenges.

Q. What barriers can government, employers and regulators address to enable health practitioners to work to their full scope of practice?

Australia's primary care sector delivers high-quality care, and our population experiences an above average overall health status compared to other OECD countries. Nevertheless, the system is facing considerable challenges. Many of these are not unique to Australia, but rather, signify the emergence of more complex health needs over time. Our population is ageing, and an increasing number of people are living with chronic and complex conditions, raising demand on primary care services. One in five people in Australia have experienced a mental health condition, and there are considerable inequities in health outcomes and access to care. Antimicrobial resistance is a growing threat, and climate change is an urgent health priority. New technologies are continually evolving and offer opportunities for better health but must be integrated appropriately to reap the benefits.

Additionally, we face new health issues, with the COVID-19 pandemic providing a stark example of the additional health burden that an unexpected disease outbreak can create. The

pandemic has taken its toll on Australia's primary health system and on the staff who provide world-class care everyday – further exacerbating existing issues.

A combination of these and other factors have led to an inevitable increase in the costs of maintaining a quality, safe and affordable health system for all. We believe that health services can better integrate and invest in research and innovation to drive and sustain improvements for the population and those working with them.

Research and innovation embedded in healthcare can fast track Australia's efforts to rise to the multiple challenges facing the health system. Research is essential to inform all aspects of healthcare including safety and quality of care, diagnoses, treatments, health services costs, health system financing, and disease trends and risk factors. There is also mounting evidence to suggest that health services that actively participate in research and innovation perform better in several aspects of patient care, including reduced mortality, higher quality of care, more efficient and cost-effective care, better patient experience, benefits to staff recruitment and retention, and more efficient uptake of new innovations.

Primary care practitioners becoming and remaining involved in research

Research is an important part of the primary care practitioner's scope of practice. However, there are many barriers that have prevented this workforce from becoming and remaining involved in research. In 2022, the Academy published a report *'Research and innovation as core functions in transforming the health system: A vision for the future of health in Australia'*. The report argued a case for urgently developing and implementing plans to further integrate health and medical research and innovation within the health system. In our evidence collection for the report, we heard from primary care practitioners including general practitioners, nurses, midwives, pharmacists, Aboriginal and Torres Strait Islander health practitioners and allied health professionals. They explained the barriers preventing them from seriously pursuing a career path that allows them to participate in research, despite the broader recognition that it is an important aspect of their scope of practice.

Some of these barriers include:

- limited funding available for research activity – for salary support for research time, as well as funding for direct and indirect research costs
- insufficient time allocated for research – many individuals reported having to conduct research in their personal time, e.g. evenings and weekends
- a culture that does not encourage or enable career breaks for research purposes
- a lack of support from some senior healthcare executives
- limited mentoring opportunities from senior colleagues
- cumbersome and time-consuming governance processes for research approvals
- lack of a research 'culture' in the clinical setting, resulting in limited value being placed on enabling research activities
- slower career progression and lower salary compared to colleagues – practitioners taking time out to complete a PhD fall behind their peers, and once at that level, they have less time for practice
- limited infrastructure for support and training needs.

It is important to acknowledge that providing pathways for primary care practitioners to become involved in research is not easy. Providing time for this workforce to undertake research training, progress research projects, and develop their roles as research leaders can impact on service delivery as their clinical roles need to be covered. The COVID-19 pandemic has increased pressures on health services and practitioners, which has made this even more challenging. However, if we do not overcome these challenges, we cannot unlock the associated opportunities to improve care and patient outcomes. The benefits of nurturing this group more than compensate for the challenges presented by their research activities.

The Academy urges the review to consider ways to address these barriers. Our 2022 report made recommendations to combat the current challenges and shortcomings, providing a starting point that can then be built upon to enable more primary care practitioners to become involved in research and incorporate this in their full scope of practice. These include:

- Developing a harmonised career pathway for practitioners wishing to pursue research, including for clinician researchers.
- Facilitating local coordination between academic institutions and health services to make it easier for individuals to secure employment across two areas.

The review should work closely with research institutions, accreditation bodies and others to develop solutions that will overcome these barriers.

Funding for primary care research

At present, Australia's investment in primary care research is limited. This type of research is mostly funded by the National Health and Medical Research Council (NHMRC), the Medical Research Future Fund (MRFF) and state and territory governments. While there are important initiatives and research priorities being funded by these bodies, we would suggest funding could be delivered more strategically to maximise impact.

For instance, most Australians receive their medical care in general practice. However, research investment in this area could be better targeted to build general practice research capacity and involve more GPs themselves in research. This also applies to other areas of primary care in which capacity is limited and practitioners are not incentivised to become involved in research – impacting on the type of research that is produced, how it can be scaled up and how well it can be integrated into practice. This includes nurses, midwives, allied health professions, pharmacists, Aboriginal and Torres Strait Islander health workers – all of whom face even greater challenges becoming involved in research.

Investing in primary care research infrastructure would also go a long way to advancing the overall capability and impact of primary care research. For instance, Australia's primary care data infrastructure is limited, fragmented and inconvenient to use. Data is an important enabler, and we discuss this further in our answer to the next question. However, at present, the challenges around data use and other primary care infrastructure for research are barriers to practitioners working to their full scope of practice.

Rural and remote health research

There is a shortage of primary care practitioners in rural and remote Australia, and it is very challenging for practitioners in these areas to work to their full scope of practice. Adequately funded and resourced research positions can be an incentive for attracting and retaining the healthcare workforce, including in primary care. Additionally, research conducted in rural and remote settings can help provide better access to the latest evidence-based care and cutting-edge treatments.

However, there is a lack of research funding and infrastructure for rural and remote health. There are numerous and complex barriers impacting progress in this space and the limited opportunities for rural and remote health research compound the issues. For example, many clinical trials in cancer require access to bio banks – infrastructure that almost immediately eliminates rural and regional centres from leading this type of research, which is relevant to these communities. This impacts the care provided by primary care practitioners who are often unable to offer access to new cancer treatments.

The review should consider advancing rural and remote research as a way to improve primary care and enable practitioners to work towards their full scope of practice in these settings. Many organisations have called for the development of a rural and remote training and

research teaching hubs to grow capacity outside metropolitan areas. Initiatives dedicated to funding and incentivising collaborations and partnerships with rural universities would also go towards improving capacity and capability in these areas. The review should work closely with health and medical research funders to identify opportunities for meaningful progress.

Q. What enablers can government, employers and regulators address to enable health practitioners to work to their full scope of practice?

Research as an enabler

As highlighted in our answer to the previous question, research is an important enabler for practitioners to work to their full scope of practice – ultimately for the benefit of patients and the community. Indeed, it can also be a key incentive for individuals to become involved in primary care in the first place. Research is dynamic, it encourages intellectual rigour and critical thinking, and it has been shown to improve staff satisfaction and experience – as demonstrated by the Academy's report. But to reap the benefits, Australia needs a strong research culture that sits at the heart of the health system, including in primary care.

There are many barriers to growing and nurturing such a culture, some of which are described in our previous answer. However, these barriers also represent opportunities to generate enablers that can contribute to an optimised system where health practitioners can work to their full scope of practice.

We suggest that a review of primary care research capacity in Australia is needed to fully understand the gaps and opportunities. As part of this, an analysis of the international landscape would be useful to examine systems that do this well – like those that exist in Canada and the United Kingdom. For instance, the UK established the National Institute for Health and Care Research School for Primary Care Research (the School). This is a partnership between nine leading academic centres for primary care research in England to increase the evidence base for primary care practice through high quality research and strategic leadership, and to build capacity in primary care with a well-established training program. The School brings together academics and practitioners from across the country to collaborate on cutting edge, topical primary care studies that have an impact both at a policy level and in practice. This is an example we could learn from to improve our outcomes.

It will also be critical for this review to connect to other work being done in Australia that could influence how we use research as an enabler in primary care. The Department of Health and Aged Care is developing a national health and medical research strategy as part of the Government's commitment to ensure health and medical research investment delivers the greatest benefit to the community while driving long-term economic sustainability. That review should be used to inform how the Government can facilitate a more strategic approach to primary care research.

Optimised teams to deliver healthcare

The complex nature of modern health needs and conditions means that healthcare is increasingly delivered by multiple health professionals. This is no less the case in primary care, where it is important to consider how different practitioners work together collaboratively to deliver the best care for patients and the community.

Healthcare teams should comprise of practitioners with complementary skills and capabilities and when these individuals work together to deliver care, the primary goal must always be to deliver the highest quality and safest care for the community.

The Academy is concerned that this approach is not currently being used optimally in primary care and consequently that independent and expert advice and evidence are not being used effectively to inform scope of practice, or to inform ways of bringing primary care practitioners together to work collaboratively as part of healthcare teams. Multidisciplinary

teams could be a powerful enabler towards optimised primary care, but there is a risk that different primary care groups are, or appear to be, pulling in different directions. For instance, there is a perception that general practitioners and pharmacists are not on the same page regarding recent policy changes across the country that expand pharmacists' scope of practice to provide treatment for certain urinary tract infections. These divides can be challenging to overcome, not only for the primary care sector, but also for the public.

The review should encourage leadership from governments to ensure primary care practitioners can work in harmony towards the common goal of improving health outcomes. Any new initiatives and policy decisions should be the result of adequate consultation and collaboration with all primary care groups, and decisions with the potential to impact quality and safety of care should not be made unilaterally.

Additionally, there must be a pipeline of Australian independent and expert research available to continue informing these decisions. A thorough gaps and opportunities analysis should be undertaken to identify the best path forward.

Data

Health data have been an important tool in better understanding disease, providing better care and treatment and improving health. The collection and effective use of health data can enable primary care practitioners to work to their full scope of practice. The infrastructure, assets, policies and skills that underpin this data environment have been progressing. However, there are still significant barriers preventing many of these opportunities from being realised.

To capitalise on the opportunities to improve health and make use of the ever-increasing volume of health data, Australia must develop an environment that enables the safe and secure use of patient data to inform primary care. AAHMS released a report in 2022 to help advance Australia's research data landscape. Although the project was specifically focused on that nations ability to undertake excellent data-enabled research more broadly in health, many of the key findings apply to the primary care sector.

It is difficult for researchers and clinicians to navigate the diverse data landscape due to the fragmentation and inconsistency that exists, particularly across the Commonwealth and the various states and territories. More coordinated and coherent data infrastructure, assets, policies, governance and processes would help unlock the potential for data to be used to advance primary care, primary care research and patient outcomes. Additionally, although data skills within healthcare are growing, it will be important to accelerate the process to upskill practitioners. Strategic investment to improve data skills including data collection, analysis, interpretation and communication is needed to achieve this.

Any efforts to collect and use data for primary care must follow the FAIR (findable, accessible, interoperable and reusable) and CARE (collective benefit, authority to control, responsibility and ethics) principles.

Collaboration

The most efficient and effective gains to optimise primary care, and in turn enable practitioners to work to their full scope of practice, will come from collaborations across disciplines, sectors and between federal, state and territory governments. For instance, by improving connections between practitioners and researchers and their capacity and capability to use data, Australia will be better placed to investigate, answer and act on the most pressing challenges facing primary care.

Nivel, short for 'Netherlands Institute for Health Services Research' is one example of an initiative that is making the most of these types of collaborations. Nivel is an independent foundation which contributes to the quality and effectiveness of the Dutch healthcare system. Nivel brings together researchers and primary care practitioners to develop solutions

to the big challenges in primary care. It is active in primary care research and is the home of the Nivel Primary Care Database. This database uses routinely recorded data from health care providers to monitor health and the use of health services in a representative sample of the Dutch population. Nivel was set up to help the Dutch Government understand their investment in primary care better, and it informs ways to optimise the system. There are some examples of this type of collaboration in Australia but on a much smaller scale. We would urge the review to consider ways to test and scale up initiatives that can connect the benefits of research and data to inform primary care.

Collaboration led by the Federal government with state and territory governments will also be key to ensuring primary care practitioners can work to their full scope of practice. Some states and territories are investing more in primary care services. But federal government leadership will be essential to ensure a strategic way forward that will benefit those working in primary care, patients and communities, and to ensure governments can maximise their investments.

In Canada, the Women's College Hospital has embedded primary care within the hospital itself. The Family Practice Health Centre provides primary care for all patients and referrals happen directly, with the primary care practitioners working in multidisciplinary teams including specialists, nurses, dieticians, pharmacists, occupational therapists, physiotherapists and others. Australia's health system operates differently. However, collaborations of this kind can improve patient outcomes and experiences, and quality and safety of care. The Women's College Hospital also includes the Women's College Research Institute that undertakes multidisciplinary research to inform policy and practice.

Training and education

The review must also consider ways to maximise involvement in, and benefits from, ongoing training and education for example through post-graduate and/or micro-credentialled courses. Health professionals need access to these opportunities, and they must be supported and incentivised to participate as a way to enable them to work to their full scope of practice.

We are grateful for the contributions of our Fellows and Associate Members in developing this submission. For questions about our response, or to arrange a consultation with Fellows and Associate Members of the Academy, please contact Lanika Mylvaganam, Head of Policy (lanik.mylvaganam@aahms.org) at the Australian Academy of Health and Medical Sciences.

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