Universities Australia's submission to Issues Paper One of the Unleashing the Potential of our Health Workforce: Scope of Practice Review

March 2024

Recommendations

I. Fund greater multidisciplinary placements specifically in primary care services. Funding could flow through the primary health networks who would be tasked with working with universities and other education providers in their region to coordinate the placements and build capacity to showcase full/advanced scopes in primary care.

II. Provide clinical training funding (CTF) to universities to work with all health services to provide additional supervisory capacity to students on placement. A key deliverable of the funding could be to assist health service staff deliver, and students to experience, full and where relevant, advanced practice scopes.

III. Develop a framework of shared competencies across the different health disciplines for health professional accreditation bodies. Through the framework, shared, cross-disciplinary student competencies could be assessed by any qualified health professional whose scope includes those skills.

IV. Incentivise health services to provide a greater number of multi-classified positions. These positions do not designate roles to a specific discipline but are open to a range of qualified health professionals with relevant skills.

V. Strengthen access to relevant technology and increased internet speed/bandwidth in rural Australia where digital approaches can support practitioners work to their fullest scope.

Introduction

Thank you for the further opportunity for Universities Australia (UA) to contribute to the Scope of Practice Review. This independent review is focused on health professionals, especially those in primary care, working to their full scope of practice. Full scope refers to those professional activities that a health practitioner has the skills, knowledge competencies and authority to perform and for which they are accountable. The aim of the review is to ascertain how we can maximise our health workforce by enabling practitioners to work more frequently at full scope.

This submission is in response to the Review's issues paper one. The issues paper is built on initial evidence and input collected by the Review. Another paper will be developed later this year. UA outlined the important role of universities in health workforce development through our previous submission and through the review's other consultation opportunities. We are pleased to see this input included. UA agrees with the five key themes highlighted in issues paper one and the critical issues associated with them identified by the Review. These are summarised below:

Key theme	What's needed
Legislation and regulation:	Greater harmonisation across jurisdictional legislation/regulation re practice scopes and which professionals can do what.
Employer practices & settings:	Cultural change to promote enabling and authorising service environments that allow practitioners to work at full scope.
Education and training:	More consistency in post-professional entry skills/ knowledge and the development of interprofessional competencies.
Funding policy:	Alternatives to fee-for-service funding to enable connected, multidisciplinary care across professions.
Technology:	More connected, integrated and accessible digital information-sharing across professions.

As the peak body for Australia's universities, most comments in this submission pertain to theme three – education and training. As the paper acknowledges, while each theme is important in its own right, they are interrelated and, at times, impact on each other. Comments on other themes are also made in this submission where relevant to education and training.

Responses to the paper's two questions on education and training

1. *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?*

    Answers to this question cover professionals working both:

    - to the full scope of their initial qualification, and
    - at advanced scope through gaining further accredited qualifications beyond their initial, general registration.

Universities play a significant role in both of the above. However, their predominant role is in educating entry-level (pre-registration) professionals. In both cases, universities showcase professionals working to their full scope as best they can through a variety of means, including through campus-based clinical education. However, students tend to embed and ground their learning most through their experiences on work-based placement where they interact with patients, clinicians and others. Opportunities to observe and, where appropriate, practice full scope on clinical placement is therefore important.

A recent UA survey of universities across different health disciplines showed variability in the degree to which educators are able to provide placements demonstrating full scope of practice to students. Many respondents (46.8%) did not encounter notable difficulties in providing full scope of practice examples during placement. However, more than half (53.2%) rated finding clinical placements demonstrating full scope to students as somewhat, very or extremely difficult[1]. The main barriers were reported as follows:

- Lack of sufficient and sufficiently diverse placements available to showcase full scope.
    - Lack of opportunity to demonstrate full and/or advanced scope in community/primary care placements were highlighted by several respondents.
- Lack of suitably qualified supervisors to demonstrate full scope within a discipline. Responses indicated that:
    - many supervisors in health services are not working - or enabled to work - to their full scope. They are therefore unable to demonstrate this to students; and
    - policies and procedures in the health/care services where students are placed prevent students and staff from working to their full scope of practice.
- Lack of student access to patients requiring demonstration of full practice scopes.
- While full scope is covered in courses in a variety of ways, curricula are already very full and it is not always possible to cover all aspects of full scope in placements. In addition, accrediting bodies do not always require full scope to be demonstrated in placements.
- The nature of training in some disciplines means that graduates are provisionally registered and/or must complete a compulsory supervised internship after leaving university. In such cases, entry level training at university is not excepted to - nor can - provide hands-on education and training opportunities to cover the full scope of practice (although universities can and do still showcase this to students in other ways where possible).

While not reported in the survey, a further barrier to full/advanced scopes reported by members relates to rural health practice and the "digital divide".

Some of the barriers identified above are exacerbated by elements that relate more to other key themes in the issues paper. For example, the inability of clinical supervisors to demonstrate full scope to students on placement can often be due to employer practices and decisions by the local health service (theme 2: employer practices and settings). Where possible, universities already supplement health service teaching with university employed supervisors in order to demonstrate full/expanded scopes. However, this is not always welcomed or made possible by the health service. Even when it is permitted, it adds

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[1] Based on preliminary analysis of as yet unpublished UA survey data.

extra time and financial costs to universities in situations where they are often already paying health services a fee to take students on placement.

Lack of access to diverse placements to learn about skills application in different practice contexts, particularly those in primary care settings, can be associated with funding mechanisms for teaching This is particularly true for general practice and other primary care settings where the only teaching payment is for medical students. This limits opportunities for students from other disciplines to undertake placements in these settings. While relevant to education and training, this also relates to theme 4: funding policy.

Virtually all health professional course accreditation requirements now require students to engage in interprofessional education (IPE) experiences. IPE helps students gain a more comprehensive understanding of their own scope of practice as well as showcasing where and how fuller scopes of practice can be used. Students are generally allowed to be supervised by professionals from other disciplines during IPE experiences. However, in some cases, student assessment is still required by professional accreditors to be undertaken by a supervisor of the same discipline as the student. This can limit IPE and the opportunities it provides for students to gain a better understanding of practice scopes. This is particularly true in primary care settings where there is limited access to multidisciplinary health professionals. This relates to theme 1: legislation and regulation.

The nature of rural health (such as lack of workforce and inconsistent access to technology) results in variable application of full/advanced practice. In some instances, lack of rural health workforce can require new practitioners to work unaided at full scope when they are still deepening their clinical skills[2]. At other times, lack of access to technology in rural/remote Australia can limit the degree to which broadest scopes can be implemented by experienced clinicians. Each of these barriers is different. However, both could be assisted through more reliable access to technology and greater internet speed/bandwidth. This is pertinent to theme 5: technology. For example, through enhanced technology, new practitioners required to work at full scope could be linked virtually to practitioner-mentors in urban or regional areas, non co-located multidisciplinary health teams could more easily co-contribute to patient care and a greater range of health services that rely on digital means could be provided.

Recommendations to address the above are as follows:
- Incentivise health services to provide a greater number of multi-classified positions. These positions do not designate roles to a specific discipline but are open to a range of qualified health professionals with relevant skills. For example, mental health service models where, occupational therapists, social workers, nurses or psychologists can be employed for the same position as they all share recognised areas of common scope in counselling and related skills.

- Provide clinical training funding (CTF) to universities to work with all health services to provide additional supervisory capacity to students on placement. A key deliverable of funding could be to assist health service staff deliver, and students to experience, full and where relevant, advanced practice scopes.

- Develop a framework of shared competencies across the different health disciplines for health professional accreditation bodies. Through the framework, shared, cross-disciplinary student competencies could be assessed by any qualified health professional whose scope includes those skills[3].

- Fund greater multidisciplinary placements specifically in primary care services. Funding could flow through the primary health networks who would be tasked with working with universities and other education providers in their region to coordinate the placements and build capacity to showcase full/advanced scopes in primary care.

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[2] For example, the Rual Allied Health Generalist pathway provides a mechanism to support qualified allied health practitioners undertake further study to broaden their scope and skills. However recent literature shows that undertaking this further study can be challenging for recent graduates who are managing the increased cognitive load of independent practice.

[3] This work could be progressed by AHPRA, with input from the independently chaired Accreditation Committee (AC) and the self-regulating health professions. The AC brings professional bodies, regulators, accreditors, educators and other representatives together to discuss important accreditation matters relevant to NRAS. The AC has already undertaken some preliminary cross disciplinary work.

- Strengthen access to relevant technology and increased internet speed/bandwidth in rural Australia where digital approaches can support practitioners work to their fullest scope.

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

Recognition of competencies, recency of practice, ongoing professional development and the like could be enhanced through employing a well-documented, quality assured skills escalator approach. Skills escalators have been implemented in the UK as a local workforce and social welfare response to build skills recognition in low qualified communities[4]. However, a carefully managed approach could be applied to documenting recency of practice, continuing professional development (CPD), work-based skills and competencies attainment and related accomplishments in health professionals.

Concurrent policy work in Australia such as the potential development of a National Skills Passport (NSP) would also support this aim. The NSP is currently at the concept stage. However, should it go forward, health professions offer a useful place to start its design. The NSP would need to be underpinned by substantial work mapping competencies across professions as well as across different levels of education and training, including on-the-job training and CPD.

Various recommendations from the recently released Australian Universities Accord final report also support aspects of this aim. This includes recommendations such as building a national Recognition of Prior Learning (RPL) framework and instigating the Australian Qualifications Framework (AQF) review.

Another way to improve recognition of heath professionals' competencies in their everyday practice is to enable greater access of registration information to employers for health professionals regulated under the national Registration and Accreditation Scheme (NRAS). NRAS professional registration information includes recency of qualifications and a record of CPD. However, this information is not publicly available. Appropriate access to this information under well-controlled conditions – as agreed by health professionals, educators, health services and regulators –could assist in more timely recognition of health professionals' current skills.

Self-regulating (non-NRAS) health professionals currently lack any national repository of registration information. We recommend that registration data for the self-regulating professions be captured in a similar way to assist in better documenting qualifications, skills and recency of practice across all of the health professions.

Other comments:

The focus of the review is principally on primary care. From an education and training perspective, it is rarely possible for universities and/or other education providers to provide pre-registration and advanced practice health students with an experience of their full practice scope in primary care settings alone. However, ensuring greater access to primary care placements for all disciplines is important as part of demonstrating broader practice scopes and skills applications. UA underlines the importance of the review considering opportunities for students to learn about broader and full scopes of practice across all service settings.

UA also refers the reviewer to the individual submissions from the various Councils of Deans groups that comprise UA's Health Professions Education Standing Group (HPESG – see information sheet attached). UA has consulted with HPESG in the development of this submission.

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[4] Evaluation of the Skills Escalator Pilot. J. Colechin et al 2017: https://learningandwork.org.uk/wp-content/uploads/2020/05/Evaluation-of-the-Skills-Escalator-Pilot.pdf