

Universities Australia response to the Unleashing the potential of our health workforce (Scope of practice review) Survey Response | October 2023
Response provided through the Department of Health and Aged Care's online survey

1. Which of the following perspectives best describes your interest in the scope of practice review?

A: Universities Australia. The national peak body for Australia's universities.

2. What is your postcode

A: 2600

3. Who can benefit from health professionals working to their full scope of practice?

A: Options - tick all that apply

- Consumers
- Funders
- Health practitioners
- Employers
- Government/s
- Other

Other groups (specify): Health professional students.

4. How can these groups benefit? Please provide references and links to any literature or other evidence

A: Evidence exists suggesting that all of the above groups can benefit from health professionals working to their full/extended scopes of practice. However, our response focuses on the university sector's delivery of health professional education programs in relation to this topic. We understand this is the initial consultation phase in the review. Opportunities for more extensive submissions will be provided as the review proceeds. Examples and references in this submission have been selected to illustrate certain points and are not exhaustive. We refer you to responses from individual Councils of Deans groups for more detailed information in each discipline.

Universities educate and train the majority of new entry domestic health professionals in Australia. They also provide education to reskill/upskill already qualified health professionals entering or re-entering the Australian workforce and/or advancing their careers. Ensuring that full and advanced practice scopes are reflected in universities' health professions education (HPE) is therefore important both for individual disciplines and for interprofessional education and understanding.

For health students, exposure to full/extended practice scopes occurs through their education and training. An important building block to understanding practice scopes across and within disciplines is interprofessional education (IPE). Professional accreditation standards require that all health professional education courses include IPE.

Evidence of the benefits to health professional students of full or extended scopes of practice is limited - although research on interprofessional education is more extensive. However, inferences can be made from work showing the benefits to health practitioners, as well as to others, in working to full and advanced practice scopes. These benefits include increased career satisfaction, greater opportunities for career progression and more diverse career pathways. (See response to Question 6 for references.) By extension, seeing examples of practitioners working to their full scope of practice

offers health professional students concrete examples of career pathways, diversity and progression. This can encourage students to enter, remain and/or undertake further education in a particular health field, further supporting workforce retention, capacity and capability which brings benefits to all of the above groups.

5. What are the risks and other impacts of health practitioners working to their full scope or expanded scope of practice? a. Please give examples of your own experience; b. Please give any evidence (literature, references and links) you are aware of that supports your views.

Commonly reported risks associated with practitioners working in full/advanced scope roles relevant to HPE include:

- i. lack of sufficient preparation which risks professionals feeling underprepared for advanced roles;
- ii. lack of clarity/boundaries in practice scope which risks practitioners undertaking work for which they are not qualified/competent
- iii. unclear professional responsibilities and accountabilities; and
- iv. increased professional rivalries;

While the above risks are potentially amplified in full/advanced practice roles, they exist even in situations where practitioners are working within their everyday scope of practice. Assessment of students and practitioners to ensure they are safe and competent to perform whatever roles they undertake is therefore critical. Consequently, health professional education and training (and its associated regulation and accreditation) from pre-registration programs to advanced practice and specialist roles, already embeds and reinforces scope. This needs to continue both for usual and advanced practice roles. At the same time, evidence also supports the need for additional/specialised education provision to ensure that practitioners are qualified to take on advanced roles (for example, see: [Nursing in a different world: Remote area nursing as a specialist-generalist practice area](#); [Roles of rural and remote registered nurses in Australia: an integrative review](#)).

Although less directly relevant to HPE, the following two risks of full/advanced practice scopes are also reported anecdotally:

- v. overworked health professionals; and
- vi. inability of practitioners to work to their widest scope.

These risks increase where employment of practitioners with expanded scopes becomes a substitute for additional workforce rather than simply supporting greater access to wider skill sets.

For example, practitioners with advanced scopes in underserved areas can be called upon to undertake substantially greater overall workloads, not just undertake a normal workload that moves across their different scopes.

Inability to practice to full or advanced scope can also occur under these conditions. One frequently cited example is nurse-midwives who are jointly endorsed to practice in both roles. When these dual-endorsed practitioners are employed in areas of workforce need, including, but not limited to, rural/remote areas, the demand on their general nursing skills in the absence of other qualified staff can limit their ability to practise as a midwife.

Both of the above examples reinforce that while full and expanded scopes of practice can support greater access to wider skill sets, they are not, in isolation, a substitute for additional workforce where this is needed as well.

Lack of understanding of the full scope of another practitioner's skills by others in the health team can also limit practitioners working to their widest scope. Historical examples of this in Australia include use of general practice nurses in "handmaiden" roles and low uptake of medication management reviews where GPs did not understand or trust the full ability of pharmacists in relation to medication expertise. While work has been undertaken to address these issues, there is still scope for greater understanding of the substantial ways in which nurses, pharmacists and other health professionals can contribute to primary care – and scope for enhanced understanding overall of the different roles and scopes of practice of different professions within the health system.

Impacts: In addition to the risks associate with full/advanced practice scope there are also many positive impacts. Many of these are outlined in the references provided in response to Q6.

6. Can you identify best practice examples of health practitioners working to their full or expanded scope of practice in multidisciplinary teams in primary care?

- a. Yes, No: Answer: YES
- b. Please give examples, and any evidence (literature references and links) you have to support your example.
- c. Please provide references and links to any literature or other evidence

There is a broad body of work showing the benefits that accrue when health practitioners work in full/extended scopes - and the considerations to doing so. The following references provide just a few of the many examples in various disciplines. All indicate the need for relevant education provision to support competency in full/advanced practice scopes.

- [Skill sharing between allied health professionals in a community setting: an RCT](#)
- [Evaluation of the Allied Health Rural Generalist Pathway Pilot in Western NSW](#)
- [Dental therapists: A solution to a shortage of dentists in underserved communities](#)
- [Employing clinical pharmacists in general practices](#)
- [Charting new roles for Australian general practice nurses](#)
- [Delivering mental healthcare in general practice: implications for practice and policy](#)

7. What barriers can government, employers and regulators address to enable health practitioners to work to their full scope of practice? Please provide references and links to any literature or other evidence.

Clinical education experiences on-campus are within the university's control and can provide exposure to full/extended scopes and IPE through various mechanisms including simulation, clinical learning laboratories, university student-led clinics and the like. However, off-campus, exposure to full/advanced practice scopes and IPE are largely limited by the extent to which they occur in the health services where students undertake placements. Where health service models support narrow scopes and more siloed approaches, they can act as a barrier to students learning about full / advanced practice in their own and others' disciplines.

Barriers to health professional students' better understanding of full/advanced practice scopes in primary care can also be hampered by limited access to sufficient and/or meaningful primary care

placements (including general practice, aged care, other community settings). This can be an issue for all health professional students. It is well documented, however, that the number of medical students selecting general practice as a specialty is decreasing. While various factors contribute to this, access to meaningful placements is an element. (see [Medical students' interest in general practice dips](#))

Other barriers to IPE and to student exposure to full/advanced practice scopes is student access to shared electronic health records (EHRs). EHRs can support IPCP. This can aid better understanding and use of full and extended practice scopes within care teams and the health workforce more broadly. However, barriers exist for students as their access to EHRs (including “sandpit” versions) is extremely limited, particularly for non-medical health professional students. This can impede students’ ability to share information/perspectives with and from other disciplines and can limit learning about other professions’ roles, communication styles and interactions.

8. What enablers can government, employers and regulators address to enable health practitioners to work to their full scope of practice? Please provide references and links to any literature or other evidence, where available.

Key building blocks for education providers to contribute to full/extended practice scope include:

- increased student access to health service placements that model full/expanded practice scopes; and
- opportunities for quality IPE/IPCP.

Employers, regulators and the professions can support greater student exposure to full/advanced scopes by promoting their use within health services as informed by relevant evidence. Government can assist through policy support to develop and implement relevant models of care.

IPE/IPCP can help clarify professional boundaries and illuminate where other disciplines’ scopes of practice can add to, rather than compete with, one’s own. Timing and type of exposure for students to IPE/IPCP is also important: delineating scopes of practice of other disciplines relies on a sound understanding one’s own discipline first.

Enablers to support education/training further encompass IPE includes increased opportunities for:

- students to engage in IPE and IPCP within health services; and
- interprofessional learning to be scaffolded across the education/training and career pathway.

Work underway through [AHPRA's independently chaired Accreditation Committee](#) is looking at how to enhance IPE for health professional students as part of its workplan. It may be useful to engage with the Committee as part of the review.

Other enablers include:

- greater placement capacity in multidisciplinary primary care settings that showcase a range of health practitioners in full/advanced practice roles; and
- health professional student access to shared EHRs, even if these are sample versions.

Work already underway to support some of the above includes:

- recent Federal budget initiatives around student placements in primary and aged care; and

- the [Program of Experience in the Palliative Approach](#) (PEPA) which encourages multi-professional/interdisciplinary education, including for students, in palliative care teams.

Significant work has also been undertaken in entrustable professional activities in interprofessional learning which provides further insight into this area.

9. Please share with the review any additional comments or suggestions in relation to scope of practice

University Australia's (UA's) sector input into HPE work is informed through UA's Health Professions Education Standing Group (HPESG). HPESG comprises senior university leaders from all health professional disciplines and across all jurisdictions. HPESG provides a unique interdisciplinary and multi-professional perspective on health professions education, practice and workforce development that is highly relevant to the scope of practice review.

We welcome the opportunity to provide more detailed input into the review/the above questions through further discussion with HPESG and will contact you to arrange a time to do so.

For any further information in relation to this response, please contact our Policy Director Health and Workforce, Rachel Yates, on r.yates@uniaux.edu.au