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Professor Mark McCormack
Scope of Practice Review
Via: scopeofpracticereview@health.gov.au

Suite 1, 20 Cato Street, Hawthorn East
Victoria 3123 Australia
T+61 3 9824 4699
info@racma.edu.au
racma.edu.au
abn 39 004 688 215

To Professor McCormack

Re: Submission to Scope of Practice Review – Issues Paper 2

Royal Australasian College of Medical Administrators

The Royal Australasian College of Medical Administrators – RACMA – is the only specialist medical college that trains doctors to become specialist medical leaders and managers. Our education programs, including our accredited flagship Fellowship Training Program, aim to equip doctors with the leadership and management skills needed to influence and lead Australasian healthcare systems with the explicit aim of improving health outcomes for all peoples of Australia and Aotearoa New Zealand.

RACMA has over 1500 Members across Australia, Aotearoa New Zealand, and Hong Kong. The strength of RACMA is its members, who, through the skills of system leadership, clinical governance and workforce management, strive to lead for change and ensure the delivery of safe and quality healthcare for all. The RACMA membership is a highly regarded medical leadership group as demonstrated by our members' roles and responsibilities within those health systems across the Public Service Sector, Private Health, Primary Health Care, Medical Insurance, Tertiary Sector, Military and beyond. Some of the pivotal roles carried out by our Members include Chief Executives, Chief Medical Officers, Medical Directors, Heads of Departments, Regulatory and Quality Assurance Body Executives and Chairs of key industry and research committees.

RACMA members occupy roles in the health system that consider whole-of-system delivery and are unique in their leadership of health and medical professionals, funding and financing, systems and processes. The impact of that leadership is demonstrated in all public and private settings, primary and tertiary settings and system reform.

General Comments

RACMA acknowledges the substantial effort into the Scope of Practice Review. We note there appears to be some divergence from the original objectives and recommendations set out by the Strengthening Medicare Taskforce, which served as its foundation. This includes some apparent overlooking of aspects of the Review's terms of reference, such as perspectives that challenge fundamental aspects of Australia's health system, including the Health Insurance Act 1973.

Having said this, RACMA strongly supports that effective integration of multidisciplinary teams within primary care is essential for enhancing healthcare delivery. While we understand the Review's intent to expand scopes of practice, it is crucial to ensure that this is done within a framework that recognises the importance of collaboration and the unique roles of all health and medical professionals and the importance of appropriate clinical governance and leadership.

RACMA is concerned that the current discourse may unintentionally portray certain healthcare providers as obstacles rather than integral partners in a cohesive healthcare system. The review must clearly articulate how various health professionals, including General Practitioners, nurses, physiotherapists, psychologists, and pharmacists, can collaborate effectively to improve patient outcomes.



We also emphasise that the team's collective capabilities, credentialing processes, and individual practitioners' training and experience determine the scope of practice. Safe and effective models of care are built on these foundations, and this understanding should be communicated in the final report.

Furthermore, RACMA's view is that expanded scopes of practice are intended to complement and supplement a medical workforce and can never solve a medical workforce shortage. The current Issues Paper refers to workforce planning but is largely silent on service planning. Addressing service planning—understanding what services are needed where and determining the optimal workforce to deliver them—is crucial. Without this, the process may lack the necessary direction to be effective.

An important consideration is the perspective of patients. The Review should take into account what patients want and value from the health and medical workforce. Ensuring that patient preferences and values are integral to the process will enhance the relevance and impact of the proposed changes.

The Review is currently missing several key considerations for stakeholder engagement including impacts on funding, the diversity of settings and how they impact on scope of practice, building on existing programs, frameworks and systems (particularly in rural and remote practice) instead of attempting to invent new ones. We would welcome the opportunity to discuss options to ensure this process remains engaged with medical leadership.

Key Points from RACMA

RACMA values the opportunity to engage constructively with this review and our members are deeply invested in optimising the effectiveness and efficiency of healthcare delivery in Australia.

RACMA supports the goals of the Scope of Practice Review and offers the following insights and recommendations:

1. Workforce Design, Development, and Planning

- **Service Planning:** Continuing to develop options of Scope of Practice in the absence of a focus on planning the health service requirements into the future creates the risk that any workforce planning is being conducted in a vacuum.
- **National Skills and Capability Framework:** RACMA advocates for establishing a comprehensive national skills and capability framework. This framework should delineate the competencies required for various roles within the healthcare system. Such a framework would enhance workforce planning, facilitate targeted professional development, and ensure that all health professionals can work to their full scope of practice.
- **Primary Health Care Capability:** Strengthening primary health care capability is essential. RACMA emphasises the importance of interprofessional education and ongoing professional development to ensure that health professionals are well-prepared to meet the dynamic needs of the healthcare system.
- **Early Career Development:** Support for early career development is critical. RACMA suggests implementing structured mentoring and training programs focusing on the practical aspects of primary care and collaborative practice.

2. Legislation and Regulation

- **Risk-Based Approach to Regulation:** RACMA supports a risk-based approach to regulating scope of practice. This approach should be flexible and adaptable, allowing health professionals to utilise their skills fully while ensuring patient safety. Regulatory frameworks must keep pace with advancements in healthcare practice and technology.



- **Harmonisation of Regulations:** Harmonising legislation across states and territories is welcomed, particularly concerning drugs and poisons. Consistency in regulatory frameworks will facilitate smoother operations for health professionals working in different jurisdictions and improve overall healthcare delivery. Legislative reform to enable new Medicare billing pathways for multidisciplinary teams is also essential. A risk of adding Medicare items for other health providers working as individuals rather than as multidisciplinary teams is cost escalation and likely constraints to the desired multidisciplinary approach. This approach would require both caution and a risk mitigation, management plan we suggest.

3. Funding and Payment Policy

- **Incentivising Multidisciplinary Care:** RACMA therefore strongly supports funding and payment models that incentivise multidisciplinary care teams to work to their full scope of practice. These models should recognise the contributions of all team members, including medical administrators, and encourage collaborative, patient-centred care.
- **Direct Referral Pathways:** Implementing direct referral pathways supported by technology will enhance efficiency and coordination in patient care. RACMA recommends developing robust IT systems that facilitate seamless communication and referrals among health professionals. If patients can move through referral pathway systems electronically without constant return to their general practitioner, this may in and of itself remove the need for exhaustive work on the Scope of Practice, because the allied health professional can refer directly with the General Practitioner's electronic endorsement.

Additional Considerations

- **Cultural and Structural Change:** To achieve the proposed reforms, the healthcare system must undergo a cultural and structural shift. Leadership and clinical governance mechanisms are crucial in driving these changes. RACMA members, with their expertise in medical leadership, are well-positioned to collaboratively lead and support these efforts, role modelling the multidisciplinary approach.
- **Stakeholder Engagement:** Ongoing engagement with a diverse range of stakeholders, including professional bodies, healthcare providers, and consumers, is essential to refine and implement the proposed reforms effectively.
- **Principles-Based Approach:** The Issues Paper is high-level and further detail on implementation plans will be welcome. RACMA strongly support the Australian Government and the review process considering working towards a principles-based approach, where stakeholders agree on the fundamental principles guiding any extension of scopes of practice. This collaborative approach will ensure a coherent and effective implementation of the proposed changes, and role model the desired changes.

Conclusion

RACMA is committed to contributing to a healthcare system that maximises the potential of its workforce and delivers safe, high-quality, accessible care to all Australians. We look forward to collaboratively contributing to the considerable policy development required to articulate further the current high-level reforms in the Scope of Practice Review, for which we have strong expertise as health system leaders, and a strong desire to enhance the efficiency and effectiveness of healthcare delivery in Australia. We would welcome the opportunity to discuss options to ensure this process remains engaged with medical leadership, and to our ongoing engagement and contribution.

