Professor Mark Cormack
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Public Health Association AUSTRALIA

26 May 2024

Dear Mark,

RE: Unleashing the Potential of our Health Workforce (Scope of Practice Review) Issues Paper 2

PHAA welcomes the opportunity to provide input to the Scope of Practice Review - Issues Paper 2 Public Submissions. PHAA would also like to take the opportunity to commend the review team on the evidence-base that has been used to develop this Issue Paper.

The Public Health Association of Australia (PHAA) is Australia's peak body on public health. We advocate for the health and well-being of all individuals in Australia. Some, but not all, of our members are providers of primary care; nevertheless there is an overlap and necessary interface between the public health and primary health care (PHC) sectors that we wish to comment on. As outlined in our policy statement on PHC, there is a need to integrate public health approaches within PHC as a necessity.

Leadership for reform success

PHAA argues that an independent National Health Workforce Agency is required to lead the reforms outlined in this Issues Paper. The former Health Workforce Australia, which was abolished in 2014, used to perform health workforce modelling and planning functions, partnering with the health and education sectors to improve distribution, maximise use and increase productivity of the workforce to meet healthcare needs nationally. There is an urgent need to address the maldistributed and rapidly diminishing health workforce, which according to the World Health Organization is set to worsen in coming years with a projected global shortfall of 10 million health workers by 2030.

As the AMA and others have argued, re-establishing an autonomous national advisory body that considers new and innovative workforce models and impacts on scope of practice is a necessity to address these challenges. As this Issues Paper identifies, autonomy of the agency is essential to avoid conflicts of interest or self-interest that would arise should it be established within an existing body, especially a regulatory body such as AHPRA, or a discipline-specific body such as the Medical Services Advisory Committee. The body would also need the power to influence regulated, self-regulated and non-regulated healthcare professions, as well as engage with other key agencies across the entire health system, including the Australian Healthcare and Hospitals Association and even the Australian Centre for Disease Control. PHAA therefore argues that establishing such an agency should be foundational to all other reform options.

Workforce design, development and planning

PHAA agrees that development of a *National Skills and Capability Framework and Matrix* would assist to improve understanding and recognition of the skills and capabilities of the various professions, and thus improve planning to better utilise the skills of the entire healthcare workforce. Equally it should be used to streamline and gain alignment across jurisdictions of scopes of practice nationally. This reform should therefore sit under the responsibility of the recommended National Health Workforce Agency, as outlined above, and together jointly form the foundational reform options.

PHAA also agrees that there needs to be better inclusion of work-integrated learning and interprofessional education in preparation for PHC practice in entry-level curriculum as well as ongoing professional development. However, we do not believe these reforms alone are sufficient. PHAA strongly contends there also needs to be a stronger emphasis on public and preventive health in the education and training of all healthcare professionals.

PHAA argued in the previous consultation round for this review, that development and implementation of standardised public health training, which incorporates basic public health, disease prevention and emergency response training, was essential for all healthcare professionals. Accordingly, preventive health competencies should be included in the accreditation requirements for all healthcare professional education and training programs. This will lead to upskilling of clinicians working across the health system to deliver appropriate preventive health care, as prioritised in the National Preventive Health Strategy 2021-30. Secondly, it will lead to an additional pandemic- and emergency-ready workforce, who can be surged at short notice to address capacity issues.

In its 2023 Discussion Paper outlining the role and functions of the Australian Centre for Disease Control, the Australian Government highlighted that one of its key functions would be to develop emergency response capability and integration with the healthcare system, especially primary care. Unless PHC providers are adequately trained and educated in these areas, this integration will be significantly hampered. Furthermore, the *National Skills and Capability Framework and Matrix* needs to include the public health and emergency response capabilities so that it is clear which PHC professions have the necessary competencies and can be drawn on in times of emergencies to meet surge capacity needs.

Funding and payment

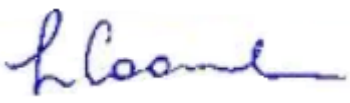
Building on the above comments, PHAA agrees that there is greater incentivisation needed for multidisciplinary care teams that work to full scope of practice to best meet client needs. Such reforms should include flexible funding and payment methods, and direct referral pathways. However, we strongly believe funding and payment reforms should explicitly include preventive health services. As we have argued previously, payment mechanisms for health and care providers currently centre on treatment rather than prevention of disease.[i] There is a significant evidence-base that indicates prevention and reduction of the burden of disease has a much higher economic value than treating illness. Indeed, it has been shown that public health interventions effectively save costs for the healthcare system in high-income countries, with a median return on investment of 14.3 to 1[ii].

Additional reform options

It is vital that this review takes the opportunity to integrate mechanisms to support and incentivise preventive health services across the healthcare system through explicit inclusion of relevant competencies in scopes of practice and funding and payment mechanisms for applicable services if we are to effectively address the burgeoning burden of chronic illness in our communities.

As we indicated, the PHAA greatly appreciates the opportunity to participate in ongoing consultations and conversations during your review. Please do not hesitate to contact us should you require additional information or have any queries in relation to this correspondence.

Yours Sincerely,



Leanne Coombe
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[i] Levine, S., Malone, E., Lekiachvili, A., & Briss, P. (2019). Health Care Industry Insights: Why the Use of Preventive Services Is Still Low. Preventing chronic disease, 16, E30. https://doi.org/10.5888/pcd16.180625

[ii] Masters, R., Anwar, E., Collins, B., Cookson, R., & Capewell, S. (2017). Return on investment of public health interventions: a systematic review. Journal of epidemiology and community health, 71(8), 827–834. https://doi.org/10.1136/jech-2016-208141