

Extended scope of practice, emerging health professions and rural career pathway attraction opportunities

Position paper
September 2015

the future of rural health

National Rural Health Student Network

The National Rural Health Student Network (NRHSN) represents the future of rural health in Australia. It has more than 9,000 members who belong to 28 university Rural Health Clubs from all states and territories.

It is Australia's only multi-disciplinary student health network, bringing together people studying medicine, nursing and allied health, encouraging them to pursue rural health careers.

The NRHSN has two aims:

- ▶ to provide a voice for students who are interested in improving health outcomes for rural and remote Australians
- ▶ to promote rural health careers to students and encourage students who are interested in practising in rural health care.

The NRHSN and its Rural Health Clubs offer rural experience weekends, career information sessions and professional development activities as well as providing a social base for students at university and when on rural placement.

The student network leaders also advocate on behalf of health students of all disciplines - including opportunities for more rural placements and training support.

The NRHSN is managed by Rural Health Workforce Australia (RHWA) with funding from the Federal Department of Health.

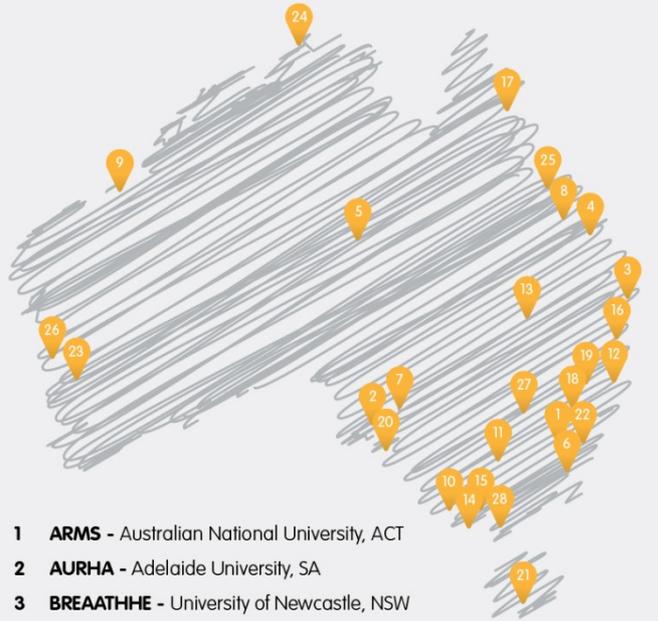
Rural Health Workforce Australia

Rural Health Workforce Australia is the national peak body for the seven state and territory Rural Workforce Agencies. Our not-for-profit Network is dedicated to making primary health care more accessible by attracting, recruiting and supporting health professionals needed in rural and remote communities. RHWA is also committed to the future workforce through our support of the National Rural Health Student Network.

Contact us

National Rural Health Student Network
Suite 2, Level 5, 10 Queens Road
Melbourne VIC 3004
03 9860 4700
info@nrhsn.org.au
www.nrhsn.org.au

Rural Health Clubs



- 1 **ARMS** - Australian National University, ACT
- 2 **AURHA** - Adelaide University, SA
- 3 **BREAATHHE** - University of Newcastle, NSW
- 4 **BUSHFIRE** - Bond University, QLD
- 5 **CARAH** - Charles Darwin University, NT in assoc with Flinders University, SA
- 6 **CRANC** - University of Canberra, ACT
- 7 **FURHS** - Flinders University, SA
- 8 **HOPE4HEALTH** - Griffith University, QLD
- 9 **KRASH** - Notre Dame University, Broome, WA
- 10 **LARHC** - La Trobe University, Bendigo, VIC
- 11 **MARHS** - Charles Sturt University, Albury, NSW including La Trobe University Wodonga campus
- 12 **MIRAGE** - University of Sydney, NSW
- 13 **NERCHA** - University of New England, NSW
- 14 **NOMAD** - Deakin University, VIC
- 15 **OUTLOOK** - University of Melbourne, VIC
- 16 **RAHMS** - University of New South Wales, NSW
- 17 **RHINO** - James Cook University, QLD
- 18 **RHUUWS** - University of Western Sydney, NSW
- 19 **ROUNDS** - Notre Dame University, Sydney campus, NSW
- 20 **ROUSTAH** - University of South Australia, SA
- 21 **RUSTICA** - University of Tasmania, TAS
- 22 **SHARP** - University of Wollongong, NSW
- 23 **SPINRPHX** - Combined Universities of Western Australia, WA
- 24 **StARRH** - Charles Darwin University, NT including Flinders University, SA
- 25 **TROHPIQ** - University of Queensland, QLD
- 26 **WAALHIIBE** - Combined Universities of Western Australia, WA
- 27 **WARRIAHS** - Charles Sturt University, Wagga Wagga, NSW
- 28 **WILDFIRE** - Monash University, VIC

Background

The National Rural Health Student Network (NRHSN) is a multi-disciplinary student network that believes all health professionals contribute significantly to health outcomes in rural Australia and all have the potential to contribute to improving these outcomes.

In rural Australia, access to health professionals is limited. Even in the 21st century, some rural communities do not have access to adequate health care.

There is now great hope that the large numbers of medical, nursing and allied health graduates emerging from universities across the country will help turn this situation around. It is also evident that Australia does not have a shortage of doctors. According to the World Health Organization (WHO), Australia has 3.8 doctors per 1,000 people compared to 2.45 per 1,000 for the United States, but significant problems with misdistribution negate the oversupply.¹ It is possible that attracting more medical, nursing and allied health graduates to the bush may alone be insufficient to adequately address this country's rural and remote health workforce needs.

With adequate investment in positions for these graduates to take up postings in rural and remote Australia, there is significant potential for the health of these communities to markedly improve.

Strategies that could help deliver a more productive, resilient and skilled rural and remote health workforce include:

- ▶ Development of extended scopes of practice for current health professionals
- ▶ Integration of new health assistant roles, such as Physician Assistants, under the banner of emerging health professions
- ▶ Ensuring there are adequate rural graduate training opportunities

¹ K.J. Pederson, and D. DeGracia, 'Global Health Workforce and Physician Assistants', http://cugh.org/sites/default/files/content/resources/modules/To%20Post%20Both%20Faculty%20and%20Trainees/28_Global_Health_Workforce_And_Physician_Assistants_FINAL.pdf , 2006, (accessed 24 March 2015)

Position

Extended scope of practice

In rural and remote Australia, access to some health professionals is limited and many health professionals on the ground are faced with the challenge of dealing with a wider range of chronic medical conditions than their standard level of training would have prepared them for. The increase in chronic diseases has implications not only for the number of health workers required, but also the skills mix and different models of care required for optimum treatment. This has therefore, led to the creation of mid-level and advanced clinical roles for nurses, midwives and allied health workers.

In order to develop a health workforce that is better equipped to deal with such challenges, the NRHSN is supportive of the extended scopes of practice model whereby interested health practitioners have opportunity to pursue a dedicated training pathway designed to equip them with broad “generalist” knowledge and skills enabling them to provide a greater spectrum of care to patients than would normally be available from their profession.

The development of extended scopes of practice could provide opportunities for practitioners to expand their knowledge, skills and training in order to acquire a unique professional qualification for their discipline. With an extended scope of practice accrediting them to perform certain clinical tasks outside the usual scope of their profession, such practitioners become valued assets to an otherwise understaffed health care team due to the broader range of services they can provide. Nurse practitioners and rural medical generalists provide current examples of extended scopes of practice.

The NRHSN has identified growing interest among current health students in this concept of “rural generalism”, and this is not surprising given the diversity of rural and remote practice is a common motivating factor when considering a rural and remote career. The NRHSN, however, has also identified that there is a common perception within and outside of the profession that generalist work is professionally and financially undervalued compared to other “specialties”. Unless this perception is addressed and countered with a strategy that positively promotes the importance and rewards of generalist practice, it is possible that many potential recruits to a rural generalist career could be lost due to graduates alternatively choosing other specialties motivated by the prospect of greater professional recognition and financial reward.

The NRHSN believes that for a pathway to rural generalist practice to be successful and attractive to future health professionals, it needs to be clearly articulated, well supported and backed by competitive remuneration. The NRHSN believes that the Rural Generalist Pathway in Queensland provides a good model of how this can be achieved, and that the Rural Doctors Association of Australia proposal for a National Rural Advanced Training Pathway has merit in many similar regards. Extensive public consultations have resulted in a draft model being approved by the project advisory’s group. The project will inform the national framework through its unique adaptation of existing Rural Medical Generalist models in operation around the country.

NRHSN also supports the Rural and Remote Allied health generalist model as a strategy to enable expanded depth of practice, expanded breath of practice (skill-sharing), and provide practitioners with the skills necessary for rural and remote practice.²

As other jurisdictions and health disciplines now look to develop their own approaches to training a new generation of rural generalists, the NRHSN wishes to make the following recommendations regarding any further rollout of rural generalist and extended scope training programs:

- ▶ **Recommendation 1:** That the perception that generalist work is professionally undervalued be directly addressed through a national campaign promoting the importance and rewards of generalist practice as a specialty in its own right.
- ▶ **Recommendation 2:** That clear training pathways towards rural generalist careers be articulated in medicine, nursing and allied health where a distinction between standard and rural generalist practice is considered appropriate. Health students will be more likely to consider a rural generalist career if the pathway to get there is clear, straightforward, well-supported, and easy to navigate.

² GNARTN (nd). Rural and Remote Generalist: Allied Health Project. Information for Prospective Project Sites.

- ▶ **Recommendation 3:** That a strategy be developed to monitor the effectiveness of any new extended scopes of practice training programs.

Emerging health professions

Many health professionals currently spend a considerable proportion of their time on administrative or clinical tasks that could be otherwise performed to a high standard by a health assistant workforce. This has a negative effect on productivity and potentially exacerbates the impact of a lack of health professionals in many rural and remote communities. The 2015 Intergenerational report states that the Australian Government health expenditure per capita is projected to more than double over the next 40 years, with an increment from 4.2 percent of GDP in 2014-15 to 5.5 percent in 2054-55 under the 'proposed policy'³ scenario. Such increments are validated with Australia's growing and ageing population, needing increasing chronic care, and a decreasing supply of the health care professionals to supply that care, particularly in rural areas.⁴ Similar health care and workforce challenges are faced by other OECD countries who have trialed health assistant roles (e.g. physician assistants) as a partial solution to these needs.

Introducing new health assistant roles is proposed to help drive greater health workforce productivity by enabling health professionals to spend a greater proportion of their time on tasks demanding of their specialist knowledge and expertise.⁵ A number of potential new health assistant roles are already undergoing planning in Australia, with physician assistants⁶ and allied health assistant roles among those currently being considered. The physician assistant roles represents an assistant health workforce being developed which is capable of practicing medicine under 'delegated-practice' framework.⁷ Physician assistant have the potential to provide support in rural and remote areas as they do not need direct supervision and can work independently of their collaborative medical practitioner⁸.

The NRHSN supports greater enquiry into how health assistant roles may be developed to promote greater levels of job support, satisfaction and productivity for current health professionals working in rural and remote Australia. The work developed by the former Health Workforce Australia and currently being done by James Cook University (JCU), College of Medicine and Dentistry on the Expanded Scopes of Practice Program, using the physician assistant model,⁹ is a promising initiative that could be extended across the spectrum of health professions. JCU's physician assistant program is uniquely suited to serve the rural and underserved populations in Australia. Education of physician assistants utilising a blended curriculum and the medical model is proving to be responsive to need in Australia. There is evidence that the use of health assistants in Australia's health workforce can improve access to healthcare and services, and can produce

³ Proposed policy shows fiscal projections based on the full implementation of the policies of the government of the day.

⁴ R.B. Murray and I. Wronski, 'When the tide goes out: health workforce in rural, remote and Indigenous communities', *Medical Journal of Australia*, vol. 185, no.1, 2006, pp. 37-38. Available from ProQuest. (accessed 5 April 2015).

⁵ S. Duckett et al., 'Access all areas: New solutions for GP shortages in rural Australia', <http://grattan.edu.au/wp-content/uploads/2014/04/196-Access-All-Areas.pdf>, 2013, (accessed 24 April 2015).

⁶ A. Verma, 'Addressing health workforce shortages in rural and remote Australia through the provision of Physician Assistants', <http://www.globalvoices.org.au/wp-content/uploads/Addressing-Health-Workforce-Shortages-in-Rural-and-Remote-Australia-through-the-PA-Model-Ankur-Verma.pdf>, 2015, (accessed 20 August 2015).

⁷ A. Forde and T. O'Connor, 'Augmenting the rural health workforce with physician assistants', *Proceedings of the 10th National Rural Health Conference*. James Cook University, 2009, http://ruralhealth.org.au/10thNRHC/10thnrhc.ruralhealth.org.au/papers/docs/Forde_Allan_E4.pdf, (accessed 5 April 2015).

⁸ Australian Society of Physician Assistants, http://www.aspa-australianpas.org/what_are_pas.html, 2015 (accessed 8 October 2015)

⁹ HWA. (2012). Expanded Scopes of Practice Program. Retrieved 30th December, 2012, from <https://www.hwa.gov.au/work-programs/workforce-innovation-and-reform/expanded-scopes-of-practice-project>

improved health outcomes for rural and remote Australians.¹⁰ This is indicated in the doctor/physician assistant partnership under Queensland Health that provides a good model of how assistant health workforce increases productivity and addresses the maldistribution of medical and allied health professionals in rural and remote areas.¹¹

Therefore, NRHSN makes the following recommendations with regard to integrating health assistant roles into the workforce:

- ▶ **Recommendation 4:** That any training for new health assistant roles be accessible to individuals living in rural and remote communities, as this will provide an important way in which rural and remote communities could be supported to help “grow” a local health workforce. For example, the PA profession has also been recommended as extending the career span of existing rural and remote health workforce, especially as an advanced career option for Aboriginal Health Workers.¹²
- ▶ **Recommendation 5:** The role of health assistant roles should be evaluated in its effectiveness in addressing rural and remote health workforce maldistribution as a complement to existing health models.
- ▶ **Recommendation 6:** Health Assistant’s scope of practice, employment potential, their contribution to productivity and quality of health care services suggest that they can be implemented as a solution to the maldistribution of GPs in rural and remote areas to stabilise health care services.
- ▶ **Recommendation 7:** Health Assistants access to the Pharmaceutical Benefits Scheme and the Medicare Benefits Schedule could facilitate sustainable contribution to primary health care services, and enable ‘collaborative arrangement’ between the assistant workforce and medical practitioners.
- ▶ **Recommendation 8:** That Health Assistant roles be considered for national registration through the Australian Health Practitioner Regulation Agency.¹³

¹⁰ Health Workforce Australia, ‘The Potential role of Physician Assistants in the Australian Context Volume 1 – Literature Review’, 2011. <https://www.hwa.gov.au/sites/uploads/hwa-physician-assistant-report-20120816.pdf> (accessed 25 May, 2015).

¹¹ Urbis, ‘Evaluation of Queensland Physician Assistants pilot -final report’, cited in Health Workforce Australia, ‘The Potential role of Physician Assistants in the Australian Context Volume 2 – Literature Review’, <https://www.hwa.gov.au/sites/uploads/hwa-physician-assistant-report-20120816.pdf>, 2011, (accessed 6 April, 2015).
¹² A. Forde and T. O’Connor, ‘Augmenting the rural health workforce with physician assistants’, 2009.

¹³ Australian College of Rural and Remote Medicine, ‘Position Statement on Physician Assistants’, <https://www.acrrm.org.au/files/uploads/pdf/advocacy/ACRRM-PhysicianAssistant-Policy-Oct-2011.pdf>, 2011, (accessed 26 March 2015).

Post-graduate training places

The increased pool of health graduates provides opportunity to facilitate higher levels of graduates moving into rural and remote Australia is a further opportunity to meet the rural health need by ensuring rural training opportunities for these graduates.

While new generalist training pathways and new health professions provide potential solutions for filling rural and remote health workforce gaps, the NRHSN believes that it is essential that the introduction of either or both takes into account the capacity of the current health system to accommodate and provide quality supervision for trainees of these professions.

As Australia currently has an undersupply of many health professional graduate training places due to lack of supervision capacity, the NRHSN urges careful workforce planning to ensure that any new health profession training programs are able to be supervised and that investment in new and current training programs is not wasted due to inability to accommodate graduates.

The NRHSN believes that Government and stakeholders should give priority to establishing more training positions in regional, rural and remote Australia for the unprecedented numbers of medical, physician assistant, nursing and allied health graduates now emerging from universities across the country. By establishing additional internship, new graduate and other postgraduate training places in rural settings, these graduates will be encouraged to move where their skills and services are needed the most. The creation of such places is essential to ensure that recent increases to health student numbers at universities across the country translate into a corresponding increase in the number of health professionals working in rural and remote Australia into the future.

- ▶ **Recommendation 9:** For more medical, health assistant, nursing and allied health internship, new graduate and other postgraduate positions to be urgently created in rural and remote areas in order to capitalise on the opportunity to recruit a reasonable proportion of the increased number of health graduates to the communities where they are most in need.