Challenging the status quo in rural health workforce roles: risks versus benefits

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In spite of the challenges of providing high quality health care to the rural and remote population, it seems that widely applicable, innovative workforce strategies are not as high priority as they could be. More needs to be done to support horizontal and vertical integration and 'task transfer' in rural and remote health care.

Examples already exist of how such innovations can be effective, such as rural nurse practitioner roles. However, there are sound arguments that updated policies and procedures are needed to address the legal capabilities of nurse practitioners, including referral pathways, admitting rights, prescribing rights, ordering and interpreting of diagnostic tests, and Medicare provider numbers.

Another example is that of limited license radiography performed by nurses and GPs in locations where radiographers are not available. In that case, however, the licence conditions, as well as pre-requisite and continuing education requirements, vary from State to State, causing ongoing confusion among practitioners.

Other opportunities for innovation also exist. Advanced practitioner roles for allied health professionals have existed in other developed countries for decades; however, they have not yet been developed in Australia, let alone in rural and remote Australia where the benefits could be substantial.

This paper considers the barriers to implementing innovative practice roles in the context of rural and remote health care, making use of two interrelated themes. Firstly, the legislative, regulatory and policy barriers (real and perceived) to expanded scopes of practice are considered. Secondly, drawing on literature from the sociology of professions and social identity theory, there are arguments around professional identity and socialisation that can drive another potential barrier—the perceived threat to professionalism, particularly to distinctiveness and value.

At the same time, there are legitimate concerns about service quality and safety when the boundaries between health professions are challenged. Some interprofessional boundaries exist for sound reasons and there is a need to ensure that those who are legally permitted to cross interprofessional boundaries do so with due care and do not place the health and wellbeing of the already vulnerable rural and remote population at greater risk because of poor quality clinical practice. Consequently, this paper attempts to balance the arguments and put forward a risk-benefit framework for the implementation of innovative rural and remote health workforce strategies.