National
Rural Health
Alliance

Unleashing the Potential of our Health Workforce – Scope of practice review

Response to Phase 1 stakeholder consultation survey

October 2023

Healthy and
sustainable rural,
regional and remote
communities
across Australia.

Postal address:	PO Box 280 Deakin West ACT 2600
Address:	10 Campion St Deakin ACT 2600
Phone:	02 6285 4660
Email:	nrha@ruralhealth.org.au

About the National Rural Health Alliance (the Alliance)

The Alliance is Australia's peak body for rural, regional, and remote health (herein rural). The Alliance comprises 49 national organisations[1] and our vision is for healthy and sustainable rural communities across Australia. The Alliance is focused on advancing reform to achieve equitable health outcomes for rural communities, that is the seven million people (30 per cent) of Australia's population residing outside our major cities. Our members include healthcare and medical professionals, health service and support providers, health and medical educators and students, rural researchers and consumers, and the Aboriginal and Torres Strait Islander health sector.

Benefits of expanded scope of practice

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

☑ Consumers

☑ Funders

☑ Health practitioners

☑ Employers

☑ Government/s

☐ Other

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

Research suggests that regulating health professional scope of practice requires a balance between enabling **flexibility** and ensuring **accountability**.[2] While regulation is only one of several key factors

---

[1] Please see www.ruralhealth.org.au/about/memberbodies for details.

[2] Leslie K, Moore J and Robertson C et al. Regulating health professional scopes of practice: comparing institutional arrangements and approaches in the US, Canada, Australia, and the UK. Hum Resour Health. 2021: 19;15. https://pubmed.ncbi.nlm.nih.gov/33509209/

involved in influencing scope of health practitioner practice[3], this is an important concept to have front of mind when considering the potential benefits, risks and enablers of scope of practice.

Flexibility allows health care teams to determine roles and responsibilities in alignment with population need, while accountability is essentially about protecting patient safety and ensuring practitioners work in line with the law and recognised standards of practice.[2] In their assessment of regulatory approaches to health professional scope of practice across the USA, Canada, the UK and Australia, the aforementioned researchers proposed that appropriate management resulted in both the **efficient** and **effective** deployment of health workforce; enabled **innovation**, allowing the workforce to be responsive to local needs; and facilitated **collaboration** amongst health professionals within teams.

On this background, we suggest that consumers, funders, health practitioners, employers and governments can all benefit from appropriate management of scope of practice, such that health professionals are able to work to the required **breadth** and **depth of scope,** as required by their context (see the answer to the following question for a definition of these terms). The specific components of this are elaborated on below.

- Improved **efficiency** of care
    - reduction in unnecessary duplication of care and bureaucratic processes, saving time and money for consumers, health professionals and the health system.
    - appropriate delegation of tasks assists in workload management, which is important in the context of scarce workforce resources and makes financial sense.
    - improved productivity.
- Improved **work satisfaction** as health professionals are doing more of what they are educated and competent to do, and more opportunities for **career progression** when there is room for health professionals to progress towards advanced practice roles over time, with positive flow-on effects on **recruitment and retention** within the profession and also in parts of the system offering these roles.[4]
- Improved **access** to health care services[5,6], including timeliness (reduced waitlists) and care closer to home
    - this is related to improved efficiency and the impact on recruitment and retention mentioned above.
    - perhaps also due to reduced cost (see below).
- Reduced **cost of care**
    - more efficient care is likely to be cheaper for the health system (funders) and consumers alike.
    - more acute care in the hospital system is costly while improved access to primary health care, where there is the ability to focus on wellness and prevention (see below), is likely to reduce the reliance on the acute sector and reduce spending.

---

[3] Wiggins D, Downie A and Engel RM et al. Factors that influence the scope of practice of the five largest health care professions in Australia: a scoping review. Human Resources for Health. 2022:20;87. \ https://pubmed.ncbi.nlm.nih.gov/36564798/

[4] Cosgrave C. The whole-of-person retention improvement framework: a guide for addressing health workforce challenges in the rural context. Int J Environ Res Public Health. 2020: 17;2698. https://www.mdpi.com/1660-4601/17/8/2698

[5] Queensland Government. Queensland Health. Allied Health Professions' Office of Queensland (AHPOQ). Allied health advanced clinical practice framework. 2013 Apr [cited 2023 Oct 20]. https://www.health.qld.gov.au/ahwac/html/full-scope

- on health care over the long term.

- Improved **effectiveness** of care[6] – health professionals can focus on doing the things they do well and where their skills are most needed
    - better management of chronic disease by inclusion of the appropriate team members in care (eg. allied health).
    - improved patient experience of care due to its comprehensive nature and the ability for health professions to spend the time needed.
    - improved ability to focus on wellness and prevention when health professions have more time and can work to full breadth of practice.
- Improved choice for consumers given the overlap of scopes of practice of different health professions in the Australian system.

[6] Breadon P, Romanes D and Fox L et al. A new Medicare: Strengthening general practice. Grattan Institute. 2022 [cited 2023 Oct 22]. https://grattan.edu.au/wp-content/uploads/2022/12/A-new-Medicare-strengthening-general-practice-Grattan-Report.pdf

Risks and challenges

What are the risks and other impacts of health practitioners working to their full scope or expanded scope of practice?

Please give examples of your own experience.

When discussing health professional scope of practice, numerous terms are used. It is imperative that these terms are clearly defined to ensure a shared understanding is developed, particularly as it relates to risk.

- **Scope of practice** is variously defined as including factors related to the profession, the individual and the setting of practice.[7] Scope of practice will differ between professions at the entry-to-practice level, with some overlap between professions. Individual scope of practice will change over a professional's career and relates to their educational attainment, skill development and experience. In Australia, while some components of scope of practice are regulated (for example, use of protected titles, medication management and certain protected acts), many are guided by professional standards and codes of conduct.
- We take the **full scope of practice** of a profession to mean the *"full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within that profession are educated, competent and authorised to perform."*[8]
- The Alliance wishes to highlight the importance of considering both dimensions of scope, including **breadth** and **depth or level** of practice.[9]
    - **Breadth of scope** refers to the continuum between a narrower, more specific, or focussed caseload and a broad caseload with practice across a wide range of conditions, ages, setting, etc.
    - **Depth or level of practice**, as it relates to scope, refers to the continuum between what is expected of a novice practitioner (for example, at the new graduate level) and the skills and expertise of an expert. Health professionals working towards the expert level of practice might be described as having **advanced scope**.
    - We take the term **extended scope** as referring to movement outside of the generally accepted norms of a profession, building *"on the recognised knowledge and skill base of the profession"*.[9]

There is a persistent, ongoing maldistribution of health professionals in Australia – major cities have an ample workforce supply, while rural and remote areas face a crisis.[10] In this context, it is

---

[7] Nursing and Midwifery Board. Australian Health Practitioner Regulation Agency. Scope of practice and capabilities of nurses and midwives [fact sheet]. 2022 Sep [cited 2023 Oct 20]. https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Fact-sheet-scope-of-practice-and-capabilities-of-nurses-and-midwives.aspx

[8] Queensland Government. Queensland Health. Full scope of practice [website]. 2017 Nov 2 [cited 2023 Oct 20]. https://www.health.qld.gov.au/ahwac/html/full-scope

[9] Queensland Government. Queensland Health. Allied Health Professions' Office of Queensland (AHPOQ). Allied health advanced clinical practice framework. 2013 Apr [cited 2023 Oct 20]. https://www.health.qld.gov.au/ahwac/html/full-scope

[10] Calculations by the National Rural Health Alliance based on National Health Workforce Dataset data and population figures provided by the Australian Government Department of Health for 2021. https://hwd.health.gov.au/datatool/

imperative that the health professionals who work in rural, regional and remote areas contribute maximally to the provision of health services, according to their full scope of practice (encompassing breadth and depth as is relevant to the context and individual professional). This is not happening at present. Hence, we are focussed on looking at the **breadth and depth of practice** of individuals **within the existing full scope of recognised practice** of a profession, rather than extending the scope of individual professions outside of currently recognised norms, at present. This has important implications for risk assessment. The Alliance also notes that recommendations for changes to scopes of practice is out of the remit of this review.

There is a risk to health and safety of consumers if health professionals are not appropriately trained, skilled and experienced to perform the tasks their roles entails, if they do not practice in accordance with recognised standards, and if there are not appropriate processes in place to manage this in an transparent and accountable manner. Some professions have drawn attention to this concern.[11] Yet it is essential that discussions about risk be differentiated between those related to health professionals working to the recognised full scope of practice of their profession, compared with an extended scope of practice for their profession, as these are quite different scenarios.

Research suggests that legislation and regulatory policies are one of eight key factors that influence the scope of practice of health professions in Australia.[12] The principle of right-touch regulation suggests that the degree of regulation be proportionate to the level of risk to consumers.[13] Hence, the same degree of regulation is not required of all practitioners or tasks/procedures. While it does not provide oversight of all health practitioners, ensuring patient safety in healthcare is the express aim of the Australian Health Practitioner Regulation Agency (AHPRA).[14] Via the National Boards, AHPRA is responsible for this regulatory role in Australia. Many other health practitioners are self-regulated and responsible for the management of these issues as a profession.

Despite their role in protection of patient safety, only two of the National Boards associated with AHPRA have produced documents relating to scope of practice for their profession – Nursing and Midwifery and Dentistry. It is apparent that a clear understanding of the terminology related to scope of practice, how this is addressed at the profession and individual professional level and how it is understood between professions, is essential to understanding and managing any risk to patient safely associated with enabling health professionals to work to their full scope of practice.

To minimise this risk, the following issues should be addressed:

- Understanding of the key terminology.

---

[11] Stone L. "Top of scope": no rights without responsibilities. InSight+. 2022 Oct 3 [cited 2023 Oct 20]. https://insightplus.mja.com.au/2022/38/top-of-scope-no-rights-without-responsibilities/#:~:text=Scope%20of%20practice%20is%20traditionally%20defined%20by%20professional,beyond%20the%20traditional%20limits%20of%20a%20particular%20role.

[12] Wiggins D, Downie A and Engel RM et al. Factors that influence the scope of practice of the five largest health care professions in Australia: a scoping review. Human Resources for Health. 2022:20;87. \ https://pubmed.ncbi.nlm.nih.gov/36564798/

[13] Leslie K, Moore J and Robertson C et al. Regulating health professional scopes of practice: comparing institutional arrangements and approaches in the US, Canada, Australia, and the UK. Hum Resour Health. 2021: 19;15. https://pubmed.ncbi.nlm.nih.gov/33509209/

[14] Australian Health Practitioner Regulation Agency. Regulating Australia's health practitioners [webpage]. Cited 2023 Oct 20. https://www.ahpra.gov.au/

- Understanding of the full scope of practice of individual health professions and how this differs at the individual practitioner level.
- Interprofessional understanding of the full scope of practice of health professions and individual practitioners within them, along with recognition of the role different professions can play within teams and the system at large.
- The need for processes to assess where individual practitioners sit with relation to the full scope of professional practice within their profession, how they should be administered and how formalised they should be – eg. credentialling processes.[15]
- Education, training, and professional development pathways must exist, be of high quality and be accessible, to enable the development and maintenance of both the full breadth of scope and depth of scope capability within health professionals according to their context, preferences and needs (at the entry-to-practice and post entry-to-practice levels).

Prioritising narrow over wide breadth of scope risks not meeting the needs of rural and remote populations, given their geographic isolation, lack of health workforce and reduced access to services. Rural generalist (RG) medical practitioners are essential to the provision of health care in rural and remote areas. They may work across both primary and secondary care and have advanced skills in a specific area in addition to general practice, such as obstetrics, emergency, anaesthetics, etc. They can manage the broad range of conditions that people present with across the lifespan. The need to prioritise generalism (wide breadth of scope) in the medical workforce is highlighted in the *National Medical Workforce Strategy*[16] and relates to both the balance between general practitioners (GPs) and non-GP specialists, and the trend within non-GP specialist colleges towards sub-specialisation (very narrow but high depth of scope).

A focus on wide breadth of scope is inherent in the development and implementation of the *Allied Health Rural Generalist Pathway* (AHRGP)[17] and the *National Rural and Remote Nursing Generalist Framework*.[18] Both of these mechanisms aim to facilitate the development of a rural and remote workforce with the breadth of scope relevant for the context.

The potential risk of reduced coordination and integration of care when health professionals are working to the top (full depth) of their scope of practice should also be considered. It has been proposed that this might occur where professionals are working in silos rather than collaboratively within a team. This is both a system-level consideration and one for individual professional educational providers and regulatory bodies.

---

[15] Australian Commission on Safety and Quality in Healthcare. Credentialing health practitioners and defining their scope of clinical practice: a guide for managers and practitioners. Commonwealth of Australia. 2015 Dec [cited 2023 Oct 22]. https://www.safetyandquality.gov.au/sites/default/files/migrated/Credentialing-health-practitioners-and-defining-their-scope-of-clinical-practice-A-guide-for-managers-and-practitioners-December-2015.pdf

[16] Australian Government Department of Health and Aged Care. National Medical Workforce Strategy 2021-2031. 2021 [cited 2023 Oct 20]. https://www.health.gov.au/our-work/national-medical-workforce-strategy-2021-2031#:~:text=The%20strategy%20aims%20to%20address%20medical%20workforce%20issues,5%20building%20a%20flexible%20and%20responsive%20medical%20workforce.

[17] Services for Rural and Remote Allied Health. Allied health rural generalist pathway [website]. Cited 2023 Oct 20. https://sarrah.org.au/ahrgp

[18] Australian Government Department of Health and Aged Care. National Rural and Remote Nursing Generalist Framework 2023-2027. 2023 [cited 2023 Oct 20]. https://www.health.gov.au/resources/publications/the-national-rural-and-remote-nursing-generalist-framework-2023-2027?language=en

Please give any evidence (literature references and links) you are aware of that supports your views.

Leggat SG. Changing health professional's scope of practice: how do we continue to make progress? Deeble Institute Australian Healthcare and Hospitals Association. 2014 Jun 23 [cited 2023 Oct 22]. https://ahha.asn.au/system/files/docs/publications/deeble_issues_brief_nlcg-4_changing_health_professionals_scope_of_practice.pdf

Real life examples

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

○ No

◉ Yes

Please give examples, and any evidence (literature references and links) you have to support your example.

Please provide references and links to any literature or other evidence.

As a membership body representing a broad range of health professionals working in rural Australia, the Alliance is aware that there are very good examples of health practitioners working to their full or expanded scope of practice. The Alliance is aware that many of our member organisations plan to submit these examples to this Scope of Practice Review.

Facilitating best practice

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.

Please provide references and links to any literature or other evidence.

In the context of this review, the focus of the Alliance is on the primary healthcare system and the need to improve access to comprehensive, multidisciplinary care that is person-centred, of high quality and culturally safe for people living outside of major cities. Care should be timely, affordable, provided as close to home as possible, by a health professional with appropriate skills and qualifications, in an efficient manner. When reviewing health professional scopes of practice, these considerations should guide the process.

Recent research suggests there are eight key factors that influence the scope of practice of the largest health professions in Australia.[19] These factors include education, competency, professional identity, role confusion, legislation and regulatory policies, organisational structures, financial factors, individual factors, and professional and personal factors. All these factors can be both barriers or enablers to scope of practice and traverse the health system as follows:

- Individual
    - individual clinician level skills, expertise, experience, beliefs
    - interprofessional relationships at the local level
- Organisational
    - local organisational policies, procedures, culture, and leadership
    - training and professional development pathways and opportunities
- System
    - state and territory, Australian government, and other funding mechanisms
    - state and territory and Australian government regulatory and legislative requirements.

<u>Funding mechanisms</u>

- **Legislative barriers** within Australian government areas of responsibility eg. to access MBS rebates and regarding the size of MBS rebates, where provision of care is currently within scope of practice for the profession.
- Consider **alternate funding mechanisms** for primary health care in rural and remote Australia that facilitate multi-disciplinary team-based care.

If health professionals are to be able to provide care in alignment with their full breadth and depth of scope of practice (as their context requires), they need to be able to access a funding source that

[19] Wiggins D, Downie A and Engel RM et al. Factors that influence the scope of practice of the five largest health care professions in Australia: a scoping review. Human Resources for Health. 2022:20;87. \ https://pubmed.ncbi.nlm.nih.gov/36564798/

remunerates them for their work. This remuneration must allow the **provision of care at an accessible cost** to the client and **incentivise their work in rural and/or remote Australia.**

- For example, if endorsed midwifes working in primary health care in private practice are *not eligible to access MBS items* for reproductive health care services for their clients, yet this is within their scope of practice, they are unlikely to provide this care as clients would have to pay completely out-of-pocket for their services. Yet a midwife might be willing and able to work in a particular community, where a general practitioner with these skills is not available.
- If the *size of fee-for-service payments is too low*, clients again must pay large out-of-pocket costs, which is not feasible in rural and remote areas due to lower general ability to pay (lower average socio-economic status). The health professional is not incentivised to provide services if they cannot cover their costs and generate an adequate wage via a particular model of care. Nurse practitioner eligible MBS rebates are an example of this, as are some complex and specialised services provided by general practitioners (GPs).
- To incentivise work in primary health care in rural and remote areas, health professionals need to be able to access pay and conditions that are comparable to those in the public health sector and in metropolitan areas, otherwise there is a drain within a region towards the higher paying part of the sector (often the jurisdictional-run health service).
- Models other than fee-for-service in primary health care need to be considered if the health system is to transform from an illness to a wellness and prevention-focussed model, with improved experience and outcomes for consumers at its core. This is especially true in rural and remote areas where markets are thin or have failed, average socio-economic status is lower, and workforce is in short supply.

The ability to access funding for work in the primary health care sector is a significant issue limiting breadth and ability to work to full depth of scope of practice for many professions.

Legislation and regulatory policies

- There is a **lack of harmonisation of legislation** that limits scope of practice in some jurisdictions and makes cross-border work unnecessarily complex.
- **Protected titles:** consider the unintended impact of regulation of the use of titles on practice.

Legislation and regulatory policy differences between states and territories mean that scope of practice of health professionals differs from one jurisdiction to the next.

- Notable differences in legislation and regulation relate to medications and immunisation.
- This means that clients in one state can access a service that those in the next state cannot, despite the presence of the same health professional, resulting in equity issues. When the workforce distribution is poor, as in rural, regional, and remote areas, this is of heightened concern.

Protected titles are one of the mechanisms used by the AHPRA to regulate the professions within their remit, ensuring that only those professionals with the appropriate qualifications can call

themselves by a particular title and giving the public some confidence in the care they are likely to receive.

- The recent decision by the AHPRA to restrict use of the term "surgeon"[20] has created concern for rural generalist (RG) doctors with advanced skills in surgery, who are no longer able to call themselves surgeons, despite having the education and competence to perform these acts. This has implications for provision of this sort of care by RG doctors in rural and remote areas into the future and may have the negative unintended consequence of reducing the size of the workforce with these unique and highly useful skills.

Organisational structures

- These structures can influence scope of practice negatively but are often based on tradition maintained over time.[3] For example, one health service might have a history of utilising a particular profession to perform certain functions (which are well within the accepted scope of practice of the profession), where another will not even consider it.
- Work to facilitate organisational cultures of respect for professional skills, multidisciplinary teamwork, quality improvement and innovation, with consumers at the centre of care would help to alleviate the impact of these structures.

Professional indemnity insurance

Insurers often have a poor understanding of the scope of practice of a profession and do not keep pace with contemporary changes. If a health professional is not able to get insurance coverage for the full breadth and/or depth of their scope of practice, this is likely to limit their ability to work to their full scope.

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.

As noted in the response to the previous questions, in the context of this review, the focus of the Alliance is on the primary healthcare system and the need to improve access to comprehensive, multidisciplinary care that is person-centred, of high quality and culturally safe, for people living outside of major cities. Care should be timely, affordable, provided as close to home as possible, by a health professional with appropriate skills and qualifications, in an efficient manner. When reviewing health professional scopes of practice, these considerations should guide the process.

Recent research suggests there are eight key factors that influence the scope of practice of the largest health professions in Australia.[21] These factors include education, competency, professional

[20] Australian Health Practitioner Regulation Agency. Win for patient safety with 'surgeon' now a protected title. [Media release]. 2023 Sep 13 [cited 2023 Oct 22]. https://www.ahpra.gov.au/News/2023-09-13-Title-bill-passes.aspx

[21] Wiggins D, Downie A and Engel RM et al. Factors that influence the scope of practice of the five largest health care professions in Australia: a scoping review. Human Resources for Health. 2022:20;87. \ https://pubmed.ncbi.nlm.nih.gov/36564798/

identity, role confusion, legislation and regulatory policies, organisational structures, financial factors, individual factors, and professional and personal factors. All these factors can be both barriers or enablers to scope of practice and traverse the health system as follows:

- Individual
  - individual clinician level skills, expertise, experience, beliefs
  - interprofessional relationships at the local level
- Organisational
  - local organisational policies, procedures, culture, and leadership
  - training and professional development pathways and opportunities
- System
  - state and territory, Australian government, and other funding mechanisms
  - state and territory and Australian government regulatory and legislative requirements.

Funding mechanisms

Strategic policy direction that incentivises work within multidisciplinary teams, innovation in the provision of care, and respect for and understanding of professional skills and expertise, with client experience and outcomes at the centre, is essential to the consideration of scope of practice. Funding for the primary health care system going forward must be fit-for-purpose in the context of an ageing population with ever-increasing rates of chronic disease. In the rural and remote context, funding reform should be cognisant of the existing discrepancy in fee-for-service primary health care funding[22], the increased burden of disease in these populations, the existing workforce maldistribution, and the impact of thin or failed markets on the financial sustainability of private health care businesses.

If health professionals are to be able to provide care in alignment with their full breadth and depth of scope of practice (as their context requires), they need to be able to access a funding source that remunerates them for their work. This remuneration must allow the **provision of care at an accessible cost** to the client and **incentivise their work in primary health care in rural and/or remote Australia.**

- In some cases, improvement would come from **enabling access to fee-for-service funding** or **increasing the rate of rebate** for this funding.
- In others, reform requires a **component of block funding** to allow the design of services in accordance with local population need and the engagement of a combination of health professionals accordingly.
- **Models other than fee-for-service** in primary health care need to be considered if the health system is to transform from an illness to a wellness and prevention-focussed model, with improved experience and outcomes for consumers at its core. This is especially true in rural and remote areas where markets are thin or have failed, average socio-economic status is lower, and workforce is in short supply.

[22] Nous Group. Evidence base for additional investment in rural health in Australia. 2023 Jun 23 [cited 2023 Oct 21]. National Rural Health Alliance: Canberra, ACT. https://www.ruralhealth.org.au/content/nous-report-evidence-base-additional-investment-rural-health-australia

The ability to access funding for work in the primary health care sector is a significant issue limiting breadth and ability to work to full depth of scope of practice for many professions.

Legislation and regulatory policies

- **Harmonising of legislation** between states and territories would
  - Make the provision of care less complex and more equitable in cross-border regions.
  - Remove discrepancies in the ability of health professionals to work to their full depth of practice between jurisdictions.

Education and competency

- Funding the development and full, ongoing roll-out of **rural generalist training programs** for various professions (including medicine, allied health, nursing and midwifery), will help to ensure rural and remote health professionals have the post-entry-to-practice development they need to be competent in their workplaces, which often require a wide breadth of practice.
- Prioritising access to high quality **professional development** for rural and remote health professionals is also essential to ensure their individual competency and maintenance or further development of their individual scope of practice. Considerations include:
  - Geographic access
  - Financial support
  - Locum support.

Professional identity and role confusion

Inconsistent use of language, the lack of clearly documented scopes of practice for different professions and overlapping scopes of practice can negatively influence scope of practice.[21] To address these issues, it is important to:

- Develop an agreed set of terminology regarding scope of practice.
- Consider the need for clear documentation of professional scopes of practice.
- Work to improve interprofessional understanding of scopes of practice.

Additional views

The broadest range of views will give the review a thorough foundation on which to consider new policy and regulation.

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

What is missing?

The lack of inclusion of the dental and oral health workforce in the terms of reference for this review must be called out. Good oral health is a key component of overall health and wellbeing, with clear links to the health of other body systems. The professions that work in dental and oral health provide most of their services in the primary health care sector. Access to dental and oral health care and the associated workforce is significantly lacking in rural, regional, and remote areas and the dental and oral health of these this population is poorer.[23] We draw your attention to this issue and ask that this workforce be included in further iterations of this review.

Summary

The impact of unnecessary limitation, poor prioritisation, and lack of innovation in the scope of practice that various health professionals can work to is amplified in rural, regional, and remote Australia. This is due to the existing disparities in workforce distribution, thin and failed markets in healthcare service provision (reducing financial sustainability of private health businesses), overutilisation of the acute sector due to reduced accessibility of primary health care and the $6.55 billion annual deficit in rural, regional and remote health expenditure.[24] Of all parts of the health sector, the rural, regional and remote health sector is most in need of a focus on high-value care, provided in the most efficient and effective manner by the available workforce.

Hence, increasing the size, efficiency and improving the distribution of the health, along with the care and support sector workforces is essential to improving access to health care (especially primary health care) and health outcomes for people living outside of major cities. Given its potential influence on health workforce recruitment and retention (via work satisfaction, career progression, multidisciplinary teamwork, remuneration) and efficiency in the provision of care, scope of practice is an important moderator of these aims.

In rural, regional, and remote areas (especially the more rural and remote), health professionals who can practice to a wide **breadth of their scope** are highly valued.

- Generalist practitioners across the various professions can provide care to their local communities in accordance with their wide-ranging needs, in the context of workforce and service scarcity and geographic isolation, where access to local, in -person sub-specialised care is a challenge.

---

[23] National Rural Health Alliance. 2023 Jul 26 [cited 2023 Oct 21]. Oral and dental health in rural Australia [fact sheet]. https://www.ruralhealth.org.au/sites/default/files/publications/nrha-oral-health-fact-sheet-2023.pdf
[24] Nous Group. Evidence base for additional investment in rural health in Australia. 2023 Jun 23 [cited 2023 Oct 21]. National Rural Health Alliance: Canberra, ACT. https://www.ruralhealth.org.au/content/nous-report-evidence-base-additional-investment-rural-health-australia

- In rural, regional, and remote areas, it is also important that the health professionals available can contribute the most they can to the health and wellbeing of their communities, via work to the **full depth of scope of practice**. In many cases, this could mean the difference between communities being able to or not receiving essential care.

The provision of safe, high-quality care is essential, and rural, regional, and remote communities are just as entitled to expect this as people living in major cities. As an outcome of this review, we would like to see a balance found that enables improved recruitment and retention of the rural, regional, and remote health workforce and improved efficiency in the performance of that workforce, while maintaining high standards of patient care.

The inclusion of consumer perspectives via authentic mechanisms will ensure the review expressly addresses their needs, guaranteeing people who use the health system remain the core consideration.