

Scope of Practice Review Issues Paper 2

Proposed options for reform

The Scope of Practice Review Issues Paper 2 includes eight options for reform. AMA has had several meetings with the Department of Health and Aged Care to express concern about proposed options for reform, particularly those related to Medicare access and direct referrals and we will continue to take a strong stand on these matters. We have applied a doctor lens to create a summary for each of the proposed options for reform which are provided below. These were not proposed by the AMA.

Theme 1: Workforce design, development and planning

- (1) Developing a national framework and matrix that sets out the skills and capabilities of health care professionals to clarify and recognise their scope of practice; national boards would oversee this for regulated professions.
- (2) Including primary care learning in undergraduate/entry level curriculum, support for supervised practical training, and the development of a competency framework for interprofessional education.
- (3) Providing career support to develop primary care skills post entry, support to access and attend education and training including locum support and protected time, facilitate nationally consistent post-graduate capabilities/outcomes based on agreed professional standards, and facilitate multiprofessional learning in primary care.

Theme 2: Legislation and regulation

- (4) Adopting a risk based approach to regulating scope of practice across professions for certain high risk activities (specific activities would be mapped to health professionals who are competent to perform an activity to complement existing specific naming of professions who are authorised to perform particular activities, and/or in particular settings/employers, to regulate scope of practice), amending the National Law to expand the existing power of the Health Ministers Meeting to give policy direction to Ahpra and National Boards to include Accreditation Authorities, and identifying legalisation which limits scope and pursue harmonisation to the extent possible,
- (5) Establishing an independent body to provide evidence based advice on how scopes of practice

can continue to meet community need, including assessment of innovation and change in health workforce models (similar to the medical services Advisory Committee for example).

- (6) Establishing a nationally consistent, harmonised Drugs and Poisons regulation to support health professions to work to scope of practice in terms of what medicine they are authorised to prescribe, dispense/supply and administer.

Theme 3: Funding and payment policy

- (7) Incorporating existing programs and payments, including assessment and care coordination MBS items, into a blended funding payment model to complement existing fee for service arrangements to support multidisciplinary care teams to work flexibly across multiple sites to their full scope of practice, adjusting MBS and other payment rates to introduce parity across professions for the delivery of identical services for specified activities falling within overlapping scope, and introducing bundled funding for midwifery continuity of care models to fund midwives to work to their full scope.
- (8) Amending legislation to enable specific non-medical professionals to make direct referrals in specific circumstances with subsequent changes to MBS payment rules (in consultation with MRAC and/or the Medical Services Advisory Committee), and improving digital health infrastructure to facilitate communication between health professionals and enable scope of practice.

Further reading

[Unleashing the Potential of our Health Workforce – Scope of Practice Review](#)

[AMA Submission to Unleashing the Potential of our Health Workforce – Scope of Practice Review Issues Paper 1](#)