

# PHC Alliance Statement: Scope of Practice Review Recommendations

## Executive Summary

The Federal Government's final report, *Unleashing the Potential of our Health Workforce: Scope of Practice Review* (Scope of Practice Review Final Report) was published in October 2024. The report made eighteen recommendations for reform to expand the capacity of the primary care workforce to deliver high-quality healthcare to Australians.

The Primary Health Care Alliance (PHC Alliance) surveyed the primary health care sector to gather the sector's views on the recommendations, with the aim of providing strategic advice to government and guiding implementation of the scope of practice reforms. This statement has been compiled by the PHC Alliance to share the results of the survey, which was completed by 113 people representing eleven organisational types.

*Overall, respondents from the primary health care sector supported all recommendations made in the Scope of Practice Review Final Report. The review consultation process was also considered robust by most respondents due to the research that underpinned consultations and the wide variety of stakeholders who were consulted in person and online across the country.*

*The policy recommendation rated the highest (92.9% n=42) and most positively (94.8% (n=30) for potential to impact primary care delivery in Australia was 'Introducing a new blended payment to enable access to multidisciplinary health care delivered by health professionals working to full scope of practice in primary care' (Recommendation 10).*

*While prioritising 'implementation of reforms in rural, remote and under-serviced areas' (Recommendation 18) was rated as the highest (88.4% n=43) and most positive (90.2% n=41) enabler for potential to impact primary care delivery.*

## About the PHC Alliance

The Primary Health Care Alliance (PHC Alliance) consists of multidisciplinary organisations with a common interest in transforming the primary health care system to a model of multidisciplinary primary health care through collaborative efforts that support system-wide reform.

Membership consists of Allied Health Professions Australia; Australasian College of Paramedicine; Australian Healthcare and Hospitals Association; Australian Nursing and Midwifery Federation; Australian Primary Health Care Nurses Association; Congress of Aboriginal and Torres Strait Islander Nurses and Midwives; Pharmaceutical Society of Australia; and the Rural Doctors Network.

*The Alliance calls on all governments to enable all primary health care professionals to work to their full scope of practice to improve access to quality and affordable health care for Australians, no matter where they live.*

## The Survey: Background and Response

The PHC Alliance facilitated a PHC Congress<sup>1</sup> in July 2024 to bring health leaders together for a collaborative discussion on health reform in Australia. The Scope of Practice Review recommendations for reform were a feature of these discussions and provided the springboard for implementing this survey. The PHC Alliance shared the survey in November and December 2024 with their networks, attendees of the 2024 Congress and via LinkedIn to reach the broader sector.

One hundred and thirteen (113) people responded to the Scope of Practice Review survey between 10 December 2024 and 10 January 2025 with a completion rate of 35.4%.

<sup>1</sup> Read more about the PHC Congress here: <https://www.apna.asn.au/about/media/statement-PHCA-PHCCongress>

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Respondents represented 11 organisational types, with most coming from allied health and nursing (21.3% each), health service providers (19.1%), 'others' (12.4% comprising peak bodies, unions and researchers) and the medical sector accounting for (9%) of the total respondents.

## Attitudes to the Scope of Practice Review Final Report

The Scope of Practice Review final report received strong support, with 86.9% (n=62) of respondents indicating they 'fully' or 'mostly' supported its recommendations. The consultation process behind the report was also well-regarded, with 75.9% (n=63) rating it as 'robust' or 'very robust' (7 or higher on a 10-point scale).

Respondents praised the consultation for being active, inclusive, and evidence-based, and for providing a clear roadmap for action. Those who rated the process poorly (4 or below) raised concerns about inconsistent invitations across the sector, lack of representation from key stakeholders, and insufficient engagement with consumers to incorporate lived experiences into the recommendations.

*“[there was a] ..significant amount of consultation over many meetings and all areas of the countries[sic] in person and online”.*

*“[This] will need a good change management strategy, including for consumers.”*

## Theme A: Workforce design, development, education, and planning

'Establishing a primary care workforce development program' (**Recommendation 2**) and 'Developing principles for interprofessional education, professional capabilities for primary care, collaborative practice and First Nations health care' (**Recommendation 4**) were both rated as potentially having the highest positive impact (82.5% n=40) on the delivery of primary care in Australia under this theme.

Furthermore, 'removing unnecessary barriers to supervision in primary care education and training' was considered as having the highest impact (88.6% n=44) while 'amending the National Law to provide a consistent authority of the health ministers' meeting to give policy directions on registration

and accreditation functions' (**Recommendation 3**) was rated the lowest (69.2% n=39) for potentially having a positive or very positive impact on primary care delivery.

*“[To be honest] it was nice that there was recognition that things that affect [the] medical profession also affect other professions and that there needs to be equity”*

## Theme B: Legislation and regulation

Although all recommendations were rated positively under this theme, (**Recommendation 7**) for a 'program of review and potential harmonisation of existing legislation and regulation' rated the highest and most positively for its potential to impact primary care delivery, with ratings of 83.3% (n=42) and 81.6% (n=38) respectively.

## Theme C: Funding and Payment Policy

All recommendations for funding and payment policy reform rated highly and positively for impact on primary care delivery; however 'introducing new blended payments to enable access to multidisciplinary health care delivered by health professionals working to full scope of practice in primary care' (**Recommendation 10**) rated highest (92.9% n=42) and most positively (94.8% (n=30) for potential to impact primary care delivery in Australia and in the survey overall.

## Theme D: Enablers and other key considerations

Overall, recommendations regarding the enablers rated highly and positively, but prioritising 'implementation of reforms in rural, remote and underserviced areas' (**Recommendation 18**) was rated as the highest (88.4% n=43) and most positive (90.2% n=41) enabler for potential to impact primary care delivery.

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## Strengthening the Scope of Practice Final Report Recommendations

Finally, respondents were asked to identify if anything was missing that would have strengthened the Scope of Practice Final Report recommendations. Eight themes emerged from the combined responses:

1. **Governance and diagnostics:** The need for a clearer framework for diagnostics, particularly around pathology and imaging.
2. **Regulatory emphasis:** Stronger focus on regulatory frameworks and governance to support scope of practice changes.
3. **Change management:** A strategy to manage and implement these reforms effectively.
4. **Consumer involvement:** Greater inclusion of consumers and carers in reform processes and change management, and to support their engagement with non-medical health providers.
5. **Underserved communities:** More attention to the needs of vulnerable and underserved populations.
6. **Allied health focus:** Increased emphasis on the role and development of allied health professionals.
7. **Bias acknowledgement:** Recognition of biases toward Commonwealth, peak body, and lobby group interests in the review process.
8. **Workforce development:** Expanding workforce development efforts beyond students, particularly for postgraduate and allied health professionals, to meet broader community needs.

*“[The report needs] attention to the detail in: a. governance; b. implementation; c. consideration of vested interests and how to ensure all that is implemented is evidence-based and leads to measurable better outcomes for community members”*

## Conclusion

The PHC Alliance believes the Scope of Practice Review presents a strong roadmap to enhance primary health care. The sector broadly supports the 18 recommendations provided in the report but suggests it could be strengthened with greater attention to governance, regulatory support, change management strategies, consumer involvement including addressing the needs of underserved communities and ensuring allied health remains visible in workforce development. Addressing these issues will be essential for successful implementation, and the PHC Alliance remains committed to advocating for reforms that improve health care access and outcomes for all Australians.

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