

Workforce scope of practice survey

"To be submitted via online survey: <https://consultations.health.gov.au/pccd-communication/scope-of-practice-review/>

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.

Patients/consumers

As a patient-focused organisation, the Leukaemia Foundation wishes to focus on the benefits to patients if healthcare practitioners were able to and were supported to consistently work to their full scope of practice.

The Leukaemia Foundation recommends healthcare practitioners' role in supporting dissemination of, and adherence to, Optimal Care Pathways (OCPs) is also considered by this Inquiry.

With support from the Commonwealth, the expert Blood Cancer Taskforce (which the Leukaemia Foundation Co-Chairs and is secretariat for) has developed six blood cancer OCPs, with an additional five scheduled to be completed in 2023.

OCPs, along with clinical guidelines, are the foundations for achieving best practice care and reducing disparities in survival outcomes. They help ensure more consistent application of currently available best practice diagnosis, treatment and care, using therapies and technologies that are already available in Australia today in conjunction with holistic supportive care.

We could reduce deaths by 13 per cent and save 22,000 lives by 2035 through nationally consistent implementation of best practice treatment and care for blood cancer patients, using therapies that are already available in Australia today.ⁱ

Healthcare workers have an important role to play through adopting the OCPs and helping raising awareness of them.

As described in the OCP documentation, **all those involved in cancer care should read and understand the optimal care pathways.** This includes haematologists, radiation/medical oncologists, general practitioners, allied health professionals, nurses and managers of cancer services, along with others in the community sector and government. These pathways guide all practitioners from trainees to highly skilled specialists

The draft Australian Cancer Plan (ACP) reinforces this. Draft action 3.1.1 identifies the need for healthcare practitioners to be across and use OCPs: "To support the uptake of OCPs, this action should promote dissemination of information to cancer services, Primary Health Networks, healthcare practitioners and to consumers, carers, and their families."

The blood cancer OCPs also state that:

- "Telehealth can enable efficient shared care and should be explored for all patients. Patients in some rural or remote locations may access specialists via Medicare Benefit Scheme funded telehealth consultations. General practitioners working in rural or remote locations should be aware of specialist multidisciplinary teams with facilities to reduce the travel burden and costs for patients."ⁱⁱ
- "In a setting where no haematologist is locally available (e.g. regional or remote areas), some components of less complex therapies may be delivered by a general practitioner or nurse with training and experience that **enables credentialing and agreed scope of practice within this area.** This should be in accordance with a detailed treatment plan or agreed protocol, and with communication as agreed with the medical oncologist or as clinically required."ⁱⁱⁱ

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

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

n/a

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.

n/a

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.

- Data collection and information gathering: Data on the workforce is not collected, therefore there is not a clear picture on where haematologists work, what diseases they are treating, when they entered the workforce, and when they are expected to retire. As there has been no workforce planning, there is no understanding of whether there is an under-supply or over-supply of staff and where they are needed geographically.

- Diagnosis challenges: In settings with limited specialists such as regional rural and remote locations, nurse practitioners can play very important roles in patient care, especially in symptom identification and access to diagnostic tools. This type of care is very important as a cancer control mechanism for difficult to diagnose cancers such as blood cancers. Blood cancer outcomes are worse outside of major metropolitan centres, and new models of care are required as blood cancers are non-screenable, spontaneous cancers.

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.

1. Support for healthcare practitioners: Provide support to existing workforce and opportunity to upskill and provide further education to GPs to recognise signs and symptoms of hard to diagnose diseases such as blood cancers.

2. Support for healthcare practitioners: Provide support to maintain the currency of their knowledge. For example, the Leukaemia Foundation's State of the Nation report shows that "Clinicians believe that today's workforce is inadequately resourced to deliver novel medicines and CAR T-cell therapies, meaning Australia's propensity to adopt this technology in a sustainable manner is presently limited."

3. Work with disease-specific organisations such as the Leukaemia Foundation to better support patients living outside of metropolitan areas, including through the provision of supportive care services, and initiatives to improve further improve earlier diagnosis and take some of the burden off practitioners.

4. The National Strategic Action Plan for Blood Cancers showed that there are significant concerns in some jurisdictions around quality and safety of specialised services, with recommendations for accreditation and credentialing in addition to Optimal Care Pathways (OCPs), Clinical Guideline development and interstate partnerships.

Credentialing clinicians with a scope of practice to be a specialist in a given sub-type, on the basis of minimum volumes and caseload, was supported by many stakeholders. Other metrics could include having completed particular types of training or attended a particular number of relevant conferences in a given period.

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

This review should ensure alignment with other key policy documents of relevance.

For example, the draft Australian Cancer Plan included the strategic objective "Workforce to Transform the Delivery of Cancer Care".

This objective included the following 5-year goal: "Strategies implemented to enable a culturally safe, responsive, and capable multidisciplinary workforce that is working to the full scope of practice and ability to deliver high quality cancer care," and the commitment to "Work with the sector to support all cancer care practitioners to practice at the top of their scope, increase retention and ensure ongoing access to continuing professional development."

Under the National Medical Workforce Strategy, "stakeholders will collaborate to consider where **incorporating decision support software into clinical systems may assist generalists to practise safely with expanded scope**, and to ensure the development of software and algorithms that accurately reflect safe, evidence-based clinical guidelines and treatment pathways, and continuing referral of patients to more specialised care when appropriate."^{iv}

ⁱ *National Strategic Action Plan for Blood Cancer, 2020*: https://myeloma.org.au/wp-content/uploads/2020/10/National-Strategic-Action-Plan-for-Blood-Cancer_June-2020.pdf

ⁱⁱ *Optimal care pathway for people with chronic myeloid leukaemia*, p.10: https://www.cancer.org.au/assets/pdf/chronic-myeloid-leukaemia-1st-edition#_ga=2.199474030.1976630589.1659924132-1517087287.1653444068

ⁱⁱⁱ *Optimal care pathway for people with chronic myeloid leukaemia*, p.33: https://www.cancer.org.au/assets/pdf/chronic-myeloid-leukaemia-1st-edition#_ga=2.199474030.1976630589.1659924132-1517087287.1653444068

^{iv} <https://www.health.gov.au/sites/default/files/documents/2022/03/national-medical-workforce-strategy-2021-2031.pdf>