Aged & Community Care Providers Association
Suite 2, Level 2, 176 Wellington Parade,
East Melbourne, VIC 3002
ABN 19 659 150 786

16 October 2023

Professor Mark Cormack
Lead Reviewer
Australian National University College of Health and Medicine
scopeofpracticereview@health.gov.au

Dear Professor Cormack,

RE: Unleashing the Potential of our Health Workforce - Scope of Practice Review

Thank you for the opportunity to provide input into the Health Workforce Scope of Practice Review for health professionals working in primary care. This submission has been prepared from an aged care perspective.

ACCPA strongly supports primary care professionals working in the aged care sector to work at their top of/expanded scope of practice to deliver a range of primary care services to older Australians, where clinically appropriate and safe to do so, and where this is not currently occurring.

ACCPA notes this scope of practice review will explore the available evidence of the benefits of health practitioners working to their full scope of practice and will identify opportunities to remove barriers preventing health professionals from working to their full scope of practice.

In the context of aged care, while General Practitioners (GPs) are the primary medical care providers for older people in the community, when attending to residents in residential aged care facilities (RACFs) they are supported by a multidisciplinary care team that can comprise nurses, allied health practitioners, specialist medical practitioners, pharmacists, and nurse practitioners (NPs).

This submission explores the benefits and barriers to primary care health professionals working to their full of scope of practice in aged care as they relate to services provided by GPs, nurses (including NPs), pharmacists, and allied health practitioners.

Access to primary care for older Australians

Although primary care has been shown to be cost-effective,[1] feedback from ACCPA members suggests that access to Medicare-funded primary health care is variable and sometimes inadequate.

Older people access primary care for a variety of reasons, including short term illnesses, preventive health, and management of long-term health conditions. It is therefore important that older people, especially those with complex health care needs, are able to access primary care in a timely manner and receive care that meets their needs, both in terms of ease of access and the quality of care provided. When access to primary care is inadequate (or fragmented), health outcomes are poorer and there are increased visits to hospital emergency departments.

However, it has been noted that when older Australians move into a RACF, the healthcare system does not fully cater for their needs.[2] Access to Commonwealth-funded primary care or specialist services is often variable, and residents of RACFs can have more limited access to GP care, allied

[1] Pond C.D. and Regan C. (2019) Improving the delivery of primary care for older people https://www.mja.com.au/journal/2019/211/2/improving-delivery-primary-care-older-people
[2] LASA submission to Royal Commission (2020) Aged care interface with health, disability and housing services

health services (including oral health and mental health/psychological services), and specialist services care.

The challenges of accessing primary health care services are even more acute in rural and remote areas due to service constraints, skilled workforce shortages, and broader factors such as the additional costs associated with delivering care.

With the support of community-based aged care services, older Australians are increasingly staying at home for longer, entering residential aged care when they are frailer with more co-morbidities and complex care needs.[3] The increased prevalence of chronic and co-morbid conditions makes delivering appropriate and timely care more complex and requires multi-disciplinary input from a number of health providers or agencies.

Benefits of working to full scope of practice in aged care

The full scope of practice of a profession includes the full spectrum of roles, functions, responsibilities, activities, and decision-making capacity that individuals within that profession are educated, competent and authorised to perform. The full scope of a profession is set by professional standards and, in some cases, legislation.[4]

For older people receiving aged care where timely access to primary care can be difficult/limited, this means primary care health professionals, when working at the top of their scope of practice, will be able provide a range of much needed services to support their healthcare needs, where clinically appropriate. This should be a key consideration for this review.

ACCPA supports the specific objectives of this review as noted and agrees that implementation of recommendations from this review to support health professionals working to their full scope of practice (if properly targeted) has the potential to deliver:

- Better health and care outcomes for the Australian people, who will benefit from increased access to the full range of skills of their health professionals and improved collaboration between those health professionals.
- Increased productivity of the health system and reduced wait times due to more health professionals working to their full scope of practice, including through preventative health care.
- Better access to health care for Aboriginal and Torres Strait Islander people, rural and remote Australians and marginalised groups by maximising the safe and effective use of each profession.
- Increased job satisfaction, leading to improved retention and recruitment of health professionals with improved portability of health professionals across jurisdictions.

However, in discussing this issue, it is important to also recognise that Australia's health care sector is in crisis and health care workforce shortages are making headlines around the nation.

While ACCPA welcomes this review, supporting health professionals to work to their full scope of practice alone will not solve the problem of older Australians' inadequate access to primary healthcare. There is a need to also increase the supply of the health workforce, especially in

[3] Older Australians, Demographic profile - Australian Institute of Health and Welfare (aihw.gov.au)
[4] Queensland Health Full Scope of Practice

regional, rural, and remote areas, and this must be determined by community health needs as noted in the *National Medical Workforce Strategy 2021-2031*.[5]

ACCPA also acknowledges the Australian Government's related activities in relation to migration through looking at the future of Australia's migration system, and education through the Australian Universities Accord, respectively.[6] Key recommendations from ACCPA's submission in response to the Australian Universities Accord Interim Report included that the review:

- makes recommendations for measures to reduce placement poverty, such as provision of free or heavily subsidised temporary student accommodation to facilitate placements in regional settings, a stipend and/or opportunities for students to gain relevant workplace experience whilst being paid.
- recommends the introduction of further Regional University Centres to address workforce shortages in regional, rural and remote areas.
- consults with First Nations people on the barriers to participation in higher education and working in sectors such as health and aged care, and the type of supports which are likely to help increase participation.
- makes recommendations to prioritise and promote courses that support projected growth sectors, including health and aged care, such as use of the taxation system (including consideration of partial or full HELP waivers)
- explores how the Universities Accord could provide an opportunity to ensure that higher education providers assign students to placements in the aged care sector throughout all stages of their degrees, thereby fostering a career pathway in the aged care sector upon graduation.
- explores Recognition of Prior Learning, labour mobility schemes and visa pathways, as part of its consideration of the importance of a globally connected international education sector.
- recommends additional supports to encourage people working in high need sectors, such as aged care, to upskill.[7]

Barriers to working to full scope of practice in aged care

General Practitioners

For GPs delivering services in residential aged care, barriers to working to their full scope of practice often relate to factors that are impacting on their willingness and capacity to provide services in RACFs.

These may include:[8,9]

- Inadequate remuneration for the time and work involved and unremunerated non-face-to-face work;

[5] National Medical Workforce Strategy 2021–2031 | Australian Government Department of Health and Aged Care
[6] A Migration System for a More Prosperous and Secure Australia: Outline of the Government's Migration Strategy (April 2023) | Department of Home Affairs and Submission to Australian Universities Accord Interim Report (September 2023)| Aged and Community Care Providers Association
[7] ACCPA's submission in response to the Universities Accord Interim Report.
[8] Sefton, C. and Battye, K. (2019) Getting GPs into residential aged care: time to rethink on remuneration model? 15th National Rural Health Conference
[9] Iannuzi, A. (2019) Why GPs don't visit nursing homes. MJA Insight https://insightplus.mja.com.au/2019/11/why-gps-dont-visit-nursing-homes/

- Opportunity costs of attending a RACF, compared with caring for patients at the general practice;
- The disjointed nature of care for patients, created by workforce and infrastructure issues in RACFs; and
- The lack of interoperability between systems used by RACFs and GPs, which results in multiple records and time-consuming information management processes.

Recent reforms may help to address some of these barriers. For example, the introduction of the MyMedicare program (which introduces voluntary patient registration and the new GP Aged Care Incentive) and the longer (Level E) consultation Medicare item may incentivise GPs to spend more time and deliver a range of services to patients in RACFs (i.e., working to their full scope of practice), if needed and where clinically appropriate.

Furthermore, the development of conformant softwares to support My Health Record interoperability between systems used in RACFs and general practice (in line with Aged Care Royal Commission Recommendation 68) will enable GPs to access patient information in real time. This will remove time-consuming information management processes and enhance patient care by supporting GPs to working to their full scope of practice.

As noted above, older Australians are staying at home for longer and are entering residential aged care when they are frailer with more comorbidities, and complex care needs. Some will require highly specialised drugs such as antiviral medications to support ongoing chronic disease management.

To this end, ACCPA recommends that the prescribing of S100 medications is an area that GPs could play a greater role in. ACCPA notes that there are restrictions around prescribing certain medications, such as antiviral treatment, due to their classification as S100 'highly specialised drugs'. Currently GPs must undergo additional training to become accredited S100 prescribers to provide quality care within primary care settings. It has been suggested[10] that these additional training requirements should be removed, provided GPs continue to access clinical guidelines and HealthPathways.[11]

Another area is prescribing of antipsychotics for older people in RACFs. In this context, ACCPA notes the Aged Care Royal Commission recommended that only a psychiatrist or a geriatrician can initially prescribe antipsychotics as a pharmaceutical benefit for people receiving residential aged care (Recommendation 65).

There is concern that the recommended changes around antipsychotics could potentially lead to deskilling of the GP workforce. In addition, the increasing demand for geriatricians and psychiatrists may actually exacerbate current issues with access and deny older Australians the appropriate and timely prescription of antipsychotics, especially in rural and remote parts of the country.[12]

[10] RACGP https://www1.racgp.org.au/newsgp/clinical/gps-underutilised-for-hepatitis-b-care
[11] About HealthPathways (healthpathwayscommunity.org)
[12] RACGP https://www1.racgp.org.au/newsgp/clinical/fears-aged-care-antipsychotics-proposal-could-impe

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R1: **ACCPA recommends that restrictions for GPs to prescribe S100 medications be removed so older Australians with complex care needs can access specialised drugs when needed and in a timely manner**.

Nurses (Enrolled and Registered Nurses)

According to the Australian Primary Health Care Nurses Association (APNA) national survey, more than one third (34%) of all nurses working in residential or community aged care settings are not being utilised most of the time. [13]

The study noted that many nurses working in the aged care sector are prevented from fully utilising their skills and experience with their residents, largely due to the chronic shortage of nurses across residential and community aged care settings. These staff shortages mean an increased workload for each remaining nurse, meaning they must spend more time providing basic levels of care to more patients, and less time on the type of care that can improve patient health and reduce unnecessary hospital admissions.

Registered Nurses (RNs) working in aged care provide nursing care including complex patient assessment, care plan development and evaluation of care, and enrolled Nurses (ENs) provide nursing care as delegated by the RN, such as patient assessment, wound management and administration of prescribed medications.[14]

The ability of nurses to work at the top of their scope of practice has been further impeded by the introduction of a new requirement that approved providers must ensure that there is at least one RN on-site and on duty 24 hours a day, 7 days a week, at each residential facility they operate. In addition, from 1 October 2023, approved providers are required to deliver 200 care minutes per resident per day (to increase to 215 care minutes from 1 October 2024), including 40 minutes from a RN, putting more pressure for aged care providers to meet the new requirements and for nurses to focus on basic levels of care.

If nurses (RNs and ENs) in aged care had the time supported by associated resourcing to provide more advanced levels of care, such as preventative care, and to properly manage chronic conditions with their patients, it would help improve the overall health of their patients and reduce the burden on the health system. It is therefore important that nurses working in aged care facilities be supported (with appropriate levels of funding for the quantum of nurses required and with education and training, as well as by skilled nursing assistants) to work to their full scope of practice to deliver a range of services to support resident care.

R2: **ACCPA recommends that the Government identifies and implements a suite of measures to address workforce shortages in aged care to ensure registered and enrolled nurses have the necessary support and balance to work to their full scope of practice**.

R3: **ACCPA supports the development of a National Nursing Workforce Strategy to support nurses to continue delivering high quality health care in future care environments, including aged care, consultation on which is currently underway**.

[13] APNA (2023) Aged care nurses underutilised despite workforce shortage - national survey
[14] DoHAC https://www.health.gov.au/our-work/care-minutes-registered-nurses-aged-care/care-minutes

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Nurse Practitioners

The NP role is now well established in Australia. The training and context in which the NP practices determines their scope of practice.[15] NPs work in many roles in aged care settings, including general primary care, wound care, memory disorders, mental health, heart failure and palliative care. NPs can offer aged care providers a first line clinical health care and nursing response for consumers.

NP models providing services to the older Australians are emerging in many formats. Models of care include NPs initiating independent private practice, being situated in RACFs, working from community-based organisations, or as an outreach service from the acute hospital setting as a member of a multidisciplinary team. ACCPA notes that the Aged Care Royal Commission heard extensive evidence of the importance of NPs in rural and remote settings in particular, where they can augment the role of the GP.

Specialist aged care services provided by the NP include dementia care, management of delirium and nurse-led telephone support services to RACFs. These examples demonstrate NP-led models of care can provide holistic care that positively impact on older peoples' physiological and psychological symptoms and quality of life by reducing hospital admissions.[16]

Dwyer et al (2017)[17] evaluated aged care NP service quality of care and found that because of their advanced clinical skills and prescribing rights, they were able to deliver a range of timely health services within the RACF, saving the primary care physician time. NPs also upskill and support RACF staff to keep the resident at home. However, NPs lack adequate access to Medicare Benefits Schedule (MBS) rebates that restricts their scope of practice and the financial viability of this role.

Other barriers preventing NPs from working to their full scope of practice often cited include uncertainty about the role of the NP, combined with limited understanding of the scope of practice of the role and restriction regarding ability to order Medicare-funded diagnostic tests to support patients' care.

To this end, ACCPA welcomes the significant support provided to NPs as part of the 2023-24 Budget which include: 30% increase in MBS schedule fees for standard NP attendance items; eligibility for MBS case conferencing items to enable NPs to participate in allied health multidisciplinary case conferences; and removal of the legislated requirement for collaborative arrangements between participating NPs and medical practitioners to prescribe Pharmaceutical Benefits Scheme medications.

ACCPA also welcomes the release of the NP Workforce Plan (Plan)[18] which offers a clear vision on how to better use NPs to meet the needs of a growing and ageing population.

The Plan sets out actions to increase NP services across the country, increasing community awareness and knowledge of what services NPs can provide, and to grow the workforce to reflect the diversity of the community and improve cultural safety. In addition, it addresses the significant barriers that have prevented NPs from performing all duties that they have been trained to perform.

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[15] Scanlon A, Cashin A, Bryce J, Kelly JG, Buckely T (2016). The complexities of defining nurse practitioner scope of practice in the Australian context - Collegian (collegianjournal.com)

[16] Dwyer et al (2017) Evaluation of an aged care nurse practitioner service: Quality of care within RACF hospital avoidance service https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-1977-x

[17] Dwyer et al (2017) Evaluation of an aged care nurse practitioner service: Quality of care within RACF hospital avoidance service https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-1977-x

[18] https://www.health.gov.au/resources/publications/nurse-practitioner-workforce-plan

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R4: **ACCPA recommends that NPs be provided with call out MBS items (90001) and Bulk Billing Incentive (10990/10991), currently available to GPs, to assist with the NP service being sustainable especially in regional, rural, and remote areas**.

Pharmacists

Australian pharmacists are valued by their communities and play a significant role in the health and wellbeing of all Australians, including providing services to Australians living in rural and remote communities. Research shows that over 80% of Australians can readily access pharmacists for longer hours compared to other primary health care practitioners.[19]

Further, consumers recognise the skills of pharmacists to deliver care for minor ailments, support preventative health care, prevention of medication-related health outcomes and to refer to other primary care practitioners when necessary.[20]

Despite this well recognised implicit faith in pharmacists, Australian pharmacists are yet to work to their full scope of practice unlike their international counterparts. Consequently, the Australian public is missing out on best practice health care.

Extending scope of practice for Australian pharmacists would provide the following benefits:

- Consumers will benefit by increased access to and timely provision of collaborative patient-centric care. Depending on funding schemes, consumers will also benefit financially through less out of pocket expenses for health care services and costs associated with time and travel (e.g. expanded telehealth services; on-site pharmacist services provided at community pharmacies, residential aged care and disability care homes).
- The Government will benefit through improvement in system efficiencies, improved patient outcomes, improved societal productivity, reduced health care burden and expenditure.
- Pharmacists and prescribers will benefit through improved job satisfaction, a more supportive environment for teamwork, reduced administrative duties, and streamlined clinical care improving system efficiencies and patient outcomes.

However, there are currently a range of challenges that prevent pharmacists from working to their full scope of practice. These include:

- *Inconsistent regulation* - Due to the Federated framework, Australian pharmacists' services are governed and funded under several models, contributing to inconsistency of pharmacy services accessible to Australians (e.g. the Drug and Poisons Acts which regulate the types of medicines pharmacists can dispense differ between states and territories, thereby creating inequity of services nationally).

- *Medical Benefits Scheme lock-out* - Pharmacists have a critical role to play in several patient-centric services, such as medicine monitoring through pathology services, collaborative care planning and telehealth consultations. Unlike doctors, NPs and some allied health practitioners, Australian pharmacists cannot claim for these services under the national Medical Benefits Scheme, and this precludes them from fully participating in the health care team.

- *Lack of recognition* - Internationally, pharmacists are recognised as medicines experts and can prescribe a range of medicines. These programs have been successful in improving access to care and patient health outcomes. The Australian health care environment does not

[19] Pharmaceutical Society of Australia. Pharmacists in 2023: roles and remuneration. Canberra. Australia.: PSA; 2019
[20] Pharmaceutical Society of Australia. Pharmacists in 2023: roles and remuneration. Canberra. Australia.: PSA; 2019

equally recognise the skills of pharmacists with respect to prescribing.

Unlike doctors and NPs, pharmacists cannot prescribe under the national Pharmaceutical Benefits Scheme. Allowing pharmacists to prescribe would increase consumers access to these services and reduce the burden on other primary health care practitioners. This model would be particularly beneficial in the aged care setting where there is a critical lack of GP services.

- *Barriers to monitoring medication safety* - Pathology is a critical element of medicines safety. Blood test results guide prescribers' decisions with respect to choice of medicine and dosing.

  During a medication review, one of the most frequent requests accredited pharmacists ask prescribers is to order pathology. Reliance on other health care practitioners to order pathology can create delays in clinical decision making, putting the patient at risk of an adverse event for an extended period.

  Allowing pharmacists to order pathology would facilitate timely decision-making with respect to the optimal medication regimen for patients and improve patient outcomes. This would also reduce the administration burden on prescribers.

- *Independence from supply* - To practice to full scope, pharmacists delivering innovative services which do not involve dispensing of medicines should be supported to work independently. Independence from dispensing is also necessary to ensure there is no conflict of interest when prescribing medicines, as with the doctor and NP prescribing models.

  In addition, current and future funding of many of these services is at the whim of the 5-year CPA cycle meaning services can be changed and or withdrawn at any time. Long-term consistency of these services is important to deliver health care stability to Australian consumers.

R5: **ACCPA recommends that Australian pharmacists are well placed to expand their scope of practice to fully utilise their bespoke knowledge of medicines for the benefit of all Australians. To advance full scope of practice for pharmacists, six additional services are proposed:**

1. **Pharmacist prescribing services.**
2. **Pharmacist telehealth medication review services for rural and remote communities.**
3. **Quality Use of Medicines service to homes servicing Australians with disabilities.**
4. **Bed-side pharmacist vaccination services in aged care.**
5. **Including pharmacists in existing collaborative care models.**
6. **Medicines monitoring and pathology**.

Allied Health Practitioners

The allied health sector is diverse and encompasses a broad range of professionals who have important roles to play in managing key conditions affecting older people living in RACFs. Such professionals include: Audiologists; Occupational therapists; Optometrists and orthoptists; Podiatrists; Pharmacists; Physiotherapists; Osteopaths; Chiropractors; Dietitians; Speech pathologists; Mental health-trained social workers and occupational therapists; Psychologists; Social workers; and Music therapists (more information on these professions is available here):

Allied health professionals use evidence-based practices to prevent, diagnose and treat various conditions and illnesses. They provide high quality care in RACFs, working alongside and with

personal care and nursing staff, lifestyle coordinators, diversional therapists, oral health therapists, general practitioners, geriatricians, and others.

Older people living in RACFs, including those with comorbidities, chronic and progressive conditions and end of life needs, can benefit from the broad range of allied health professionals who prevent, diagnose and manage a range of conditions and illnesses.

Particularly, and as part of multi-disciplinary teams, these health professionals play an important role in:[21]

- Preventing deterioration and serious events (for example, through nutritional and swallowing interventions, psychological management and falls prevention)
- Improving quality of life (for example, addressing pain, psychological and behavioural symptoms, communication, sight and/or hearing loss and mobility)
- Reducing emergency department admissions and preventable hospitalisations (for example via early assessment and management of chronic conditions, falls risks, oral infections and dysphagia).

According to Allied Health Professions Australia (AHPA), the allied health workforce in residential aged care is currently characterised by a predominantly part time agency/contractor workforce. Allied health professionals consistently report limited engagement of their services compared to actual client need due limited availability of funding which prevents them from working to their full scope of their practice.

The National Aged Care Alliance Position Statement, 'Meeting the Allied Health needs of older people in residential aged care' (March 2022)[22], recommends that 'As a matter of urgency, the Commonwealth must assure, clearly articulate and set out in a clear pathway for:

- Funding in the aged care classification model to ensure the inclusion of the broad care workforce in addition to personal care staff and nursing including oral health therapists, recreational officers, lifestyle staff, diversional therapy, welfare officers, spiritual care and pastoral care; and
- Funding a separate dedicated component for the assessment and delivery of allied health services responding to individual needs of older people in residential aged care; and
- The mechanisms for appropriate clinical needs assessment and delivery; and
- Monitoring and public accountability for that assessment and service delivery by individual profession/service.'

As part of this review, ACCPA recommends it is also important to consider the current funding shortfall and consequent under-provision of allied health services that results from the siloing of aged care from health – for example, funding for rehabilitation of aged care residents after hospitalisation.

While short term restorative care outreach and in-reach programs are effective in delivering critical restorative care, they are inconsistently delivered by increasingly under-pressure hospitals. Funding allied health practitioners employed or engaged by facilities who have relationships with residents and understand their condition would offer a more practical mechanism to address this need.

[21] NACA Position statement Meeting the allied health needs of older people in residential aged care March 2022 https://naca.asn.au/wp-content/uploads/2022/04/National-Aged-Care-Alliance-Position-Statement-Allied-Health-1.pdf

[22] NACA Position statement Meeting the allied health needs of older people in residential aged care March 2022 https://naca.asn.au/wp-content/uploads/2022/04/National-Aged-Care-Alliance-Position-Statement-Allied-Health-1.pdf

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Therefore, allied health funding must have sufficient guaranteed funding that does not subtract from the funds currently available via the AN-ACC.

R6: **ACCPA recommends the development of a mechanism to evaluate and fund areas of unmet need and putting in place an allied health needs assessment and funding model by July 2024, in line with Aged Care Royal Commission Recommendation 38**.

Other funding sources, such as the MBS, while certainly far from being a complete solution to the allied health shortfall, currently play a role in enabling some access (particularly for some allied health disciplines), and therefore should continue. There is a separate question about which allied health services might be designated as infrequent or episodic to the extent that the MBS could be effectively utilised, especially as the maximum number of sessions in a year under the MBS, with the exception of mental health services provided under Better Access, is five.

R7: **ACCPA recommends that the maximum allied health sessions in a year under the MBS be expanded from five to ten, to support older Australians with complex care needs with chronic disease management**.

Additional comments

As noted above, scope of practice is traditionally defined by professional standards, codes of ethics and codes of professional conduct, and includes skills that an individual practitioner is "educated, authorised, competent and confident to perform"[23]. However, "top of scope" has often implied extending practice beyond the traditional limits of a particular role.[24]

The scope of practice review is timely in the context of the recent introduction of 24/7 Registered Nurse onsite requirement. As noted earlier, as of 1 July 2023 all residential aged care homes are required to have an RN onsite and on duty at all times.

However, this requirement may be challenging for some aged care providers to meet due to the significant workforce shortages affecting the aged care sector, particularly in rural and remote areas. As such, where an RN is not available due to workforce shortages, providers must be able to demonstrate to the Department of Health and Aged Care that they have alternative clinical models of care in place to ensure residents will receive safe and quality care. ACCPA members have provided feedback that ENs are very important to their alternative clinical models of care.

In terms of risks, the key issues for ACCPA are ensuring patient/resident safety. To this end, ACCPA recommends for this review not only to clearly define the full scope of practice, but also to develop a framework/pathway (that demonstrates positive results including patient safety and outcomes) for which health professionals can expand their scope of practice via advanced training and collaboration with other practitioners.

[23] APNA https://www.apna.asn.au/hub/news/improving-patient-outcomes---primary-health-care-nurses-working-to-the-breadth-of-their-scope-of-practice
[24] Louise Stone (2022) Top of scope: no rights without responsibilities https://insightplus.mja.com.au/2022/38/top-of-scope-no-rights-without-responsibilities/

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R8: **ACCPA recommends this review to clearly define the full scope of practice and to develop a framework for which health professionals can expand their scope of practice via advanced training and collaboration with other practitioners**.

Furthermore, expanding scope of practice should not be about task substitution, but rather a way for health professionals to complement/augment services provided by other practitioners within a multidisciplinary team (where clinically appropriate), so as not to fragment care.

Importantly, the process of expanding scope must involve broad consultation, including conducting a consultation regulation impact statement (to identify areas where red tape can be removed to support primary care practitioners to work to their full scope of practice), engaging with other National Boards and with all relevant stakeholders including the aged care sector.

If you have any further questions or would like to discuss, please contact Dr Moe Mahat at Mohamad.Mahat@accpa.asn.au

Yours sincerely

Anne Liddell
Head of Policy and Advocacy
Aged & Community Care Providers Association