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APCHRI Travelling Fellowship Report Stream 10

Skill mix translation;
: Top down or bottom up?
An international comparison

Dr Jenny May March 2009

BACKGROUND

Primary health care skill mix is one of the major issues now occupying the mindsets of Australian clinicians, policy makers and researchers alike. The change of Federal government in late 2007 has resulted in increased interest in the diversification of skills within primary care and led to a number of enquiries into ways this might be achieved. The APHCRI Stream 6 review entitled “Optimising skill mix in the primary care workforce for the care of older Australians” identified skill mix changes that could be implemented to meet the challenges of an ageing population with a rising incidence of chronic disease [1]

While Australia sees practice level changes particularly notable in rural areas, translation of these skill mix changes in a more systematic way across other sectors of the health system is yet to occur. The development of collaborative models of training, definition of scope of practice, competencies, licensing and supervision requirements have occurred in innovative models at the practice level. Systemic barriers such as funding mechanisms, indemnity, and attitudinal blocks between professionals have contributed to the lack of translation of these models to the wider health system.

Other countries appear to have moved beyond the current Australian perspective to explore the policy and practice implications to develop change at the system, professional and practice level

At the practice level in both UK and Canada many systemic enablers have been addressed and licensing, training and accreditation have been systematised.

What then is the experience at the "coalface"? and what lessons are there for Australia as we contemplate similar changes

METHOD

A series of semi-structured interviews and discussions were undertaken with key researchers, clinicians and policy makers from the National Primary Care Research and Development Centre at the University of Manchester and the University of Northern British Columbia Prince George. Contact was also made with Professor Jane Farmer (University of Inverness)

This provided a snapshot of experiences from clinicians and researchers about some of the issues facing practitioners working in these altered environs.

KEY PRACTICE LEVEL ISSUES

Clarification of role

Clear enunciation of the reasons and role of the skill change is paramount

Nurses and GPs in both countries were unclear about the level of substitution and supplementation in the care they were delivering. Until this was clarified local negotiation of workload, division of activities, rosters and setting appropriate consumer expectations was difficult

Achieving supervision and a graded attainment of competencies was also seen as important requiring supportive colleagues.

Team based Care?

The challenges of providing team based care were articulated with practitioners, both GPs and nurses, unsure as to whether the benefits of continuity of care could be transferred within a practice team. The consumers that were seen to be vulnerable to loss of continuity of care were those with severe mental illness and severe and multiple physical illnesses.

Sibbald *et al.* notes that as the number of staff in a team increases so does the transaction cost, as more time is spent in conferring with each other. This is currently not funded and processes need to be developed to ensure appropriate communication

Funding and systemic enablers

The strong message from clinicians in the UK was that the GMC (General Medical Contract) being with GP practices rather than individual doctors and the development of QOF (Quality Outcomes framework) has driven skill mix change in the UK.

. This has required a significant increase in funding into primary care. It has increased both the number of nurses and their skill level.

In Canada recurrent funding has not yet been instituted nationwide so the models of care remain locally negotiated

Infrastructure issues such as increased numbers of consulting rooms and connective IT and IM systems were seen as crucial

IN AUSTRALIA.

In remote areas where there is already a high degree of GP substitution, the “catch up “ of policy and systemic enablers will be welcome to legalise the existing extended roles for many remote area nurses. Clinical support, ongoing CPD and recruitment and retention incentives will be important to the maintenance of this workforce.

Other practice enablers will need to include consumer education and improvements in IT and information management to enable communication and “team care”

System enablers still requiring work will be indemnity, accessible education and training and ongoing certification and training-issues no doubt to be addressed by the new National health Workforce Commission .

Recent budget announcements mandating MBS and PBS access for nurse practitioners highlight the need for effort at the practice level to ensure that skill mix is achieved with all practitioners working collaboratively

Once the main motivation to proceed is clarified then the change can be “sold” to the existing workforce and mechanisms negotiated and modelled about how the overlap, or supplementation should work. The principles of mutual respect, professional competence, responsibility and good communication skills will also be pivotal on successful skill transfer

There is much to learn from the way the UK and Canada have gone about workforce redesign The close alignment of research to policy priorities, such as skill mix and workforce supports, has ensured a climate of reflective practice in the UK and a supported funding stream to health services research. In Canada the development of new courses and the need to work closely with the clinical practice setting has led to lead champions in practices and support to ongoing research effort.

The opportunity exists to design Australian systems and practice that build on much of this fruitful effort and ensure that we support both the top down (policy enablers) as well as the “bottom up” or practice end (policy realities!) to ensure sustainable skill mix translation.