

Why health workers need to broaden their roles to fix the workforce crisis

August 29 2022, by Henry Cutler



Credit: Andrea Piacquadio from Pexels

The greatest workforce challenge Australia faces is in health, an issue that will likely be with us for another decade.

Shortages of [health workers](#) reduce access to care, increase waiting times and reduce [patient safety](#). They can even [increase avoidable deaths](#).

However, we don't need the upcoming [Jobs and Skills Summit](#) to solve this problem. There is already low-hanging fruit to pick.

We need to broaden the scope of practice for some [health](#) workers, engage in better workforce planning, and reform how existing and new resources are deployed.

Health workers burnt out and leaving

[Burnt-out health workers](#) leaving the workforce are a key driver of a rise in [job vacancies](#) across Australia.

While much of this is due to the unprecedented nature of COVID, Australia has had problems staffing its health-care system [for years](#). The workforce shortage is particularly acute in rural and remote regions.

The natural response is to throw money at the problem but the Australian government has little spare cash. Its budget deficit is projected to be more than [A\\$800 billion](#) by 2025-26. State governments are also cash-strapped.

More immigration of skilled health workers may also have limited success. Australia will be competing with countries including New Zealand, Canada, the United States and the United Kingdom, which are looking to fill their own health [worker shortages](#).

Health workers could take on more roles

Health worker registration, along with standards and protocols, are

essential for ensuring safe and effective care. However, this also stops health workers taking on new roles typically performed by others.

The potential for broadening health workers' roles has been discussed for [more than two decades](#). There has been some progress. Pharmacists now administer some vaccines, which was traditionally the domain of GPs and nurses.

A broader scope of practice for some health workers [can increase](#) people's access to care, create more job satisfaction for the health worker, and lead to more efficient health care. It could also help the health-care system respond better and quicker to future pandemics or large-scale reform.

Overall, peak organisations and specialist colleges have effectively protected their turf. This may have resulted in [more expensive care](#) for the public and the government because it has stopped less-costly health workers from delivering care.

We are now faced with a more serious problem. A broader scope of practice for some health workers is needed to secure *timely* access to care. That stronger message will help government bash through future turf wars.

New roles for paramedics, pharmacists, physios

Health workers in other countries are becoming more flexible in the scope of tasks they perform.

The UK's National Health Service [has](#) "extended roles", such as nurses being more involved in managing chronic diseases. There are also "advanced roles", which require a master's degree in advanced practice. One example is allowing advanced nurse practitioners to manage people

with mental health issues in the community, under the guidance of a psychiatrist.

Australia is also starting to think differently. The ten-year [National Medical Workforce Strategy](#) released in 2021 seeks to re-balance from sub-specialisation to a more generalist workforce to improve access to care. The hope is to create more GPs and specialists with additional skills, such as [emergency care](#), and other select specialist skills.

There are opportunities to expand the roles of paramedics, especially in rural and remote regions without enough GPs and nurses.

Paramedics [have evolved](#) from delivering emergency care to managing chronic disease, mental health and social care. Additional paramedic education to understand diagnostic tests, prescribe some medicines and deliver wound care could increase patients' access to health care.

This 'day-in-the-life' article is the author's first-person account of his experiences as a paramedic working in an inner-city GP practice, while training to be an advanced clinical practitioner.
<https://t.co/vXbTlPtY4q>

— Paramedic Practice (@Para_Practice) [August 20, 2022](#)

Physiotherapists could be the [first point of contact](#) for musculoskeletal conditions. They could give steroid injections and refer patients to orthopaedic specialists.

Pharmacists could also take a greater role, administering medicines over the counter rather than requiring a prescription from GPs.

Sexual health is one area. Allowing women to access the oral contraceptive pill without a prescription would be [cost effective](#) with

minimal risk. Viagra requires a prescription in Australia but is sold over the counter [in the UK](#).

How do we fund this?

Any health workforce reform to address shortages must ensure quality and safety are maintained and provide at least as good an experience to patients compared to current practice.

It must also be accompanied by supportive funding models.

Nurse practitioners provide a good example. They were [introduced in Australia in 1998](#) to fill doctor shortages, allowing registered nurses with additional education to diagnose, perform procedures and prescribe drugs—within tightly defined parameters.

Today, [most](#) nurse practitioners work in public health, particularly emergency departments.

More nurse practitioners aren't in private practice for a number of reasons, including [restricted access](#) to Medicare and pharmaceutical item numbers.

With appropriate funding models, expanding nurse practitioner roles could substantially increase access to care and [reduce health-care costs](#).

We need better planning

Health workforce shortages are an endemic, multifaceted, cross-jurisdictional problem. COVID has amplified shortages, but poor planning and limited government investment are mostly to blame.

There is an under-supply of specialists in some areas, and oversupply of specialists in others. [Redistributing](#) the health workforce, from metropolitan regions to rural and remote regions, would fill some shortages.

Australia also needs another independent agency such as Health Workforce Australia. This was [established](#) to support workforce reform initiatives in 2009 but abolished in 2014.

Roles of a new agency should include independently identifying workforce needs across the health-care system, helping coordinate investment in education and training, and providing evidence for broadening [workforce](#) scope, retention and reform.

What policies would we need?

The health-care system must also reform to reduce waste and redeploy valuable resources more effectively.

[Digital health](#) and other technology advancements offer opportunities to improve workplace productivity, alongside reorganisation of care models.

Reducing bureaucracy and better allocating administration tasks to non-clinical staff can also create more time for clinical care.

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