Health Workforce Reform

2008

The AMA recognises the challenge of maintaining a health workforce of adequate size and quality to meet the future health needs of the community. There are current and projected shortages across many sectors of the health workforce.

Each member of the health workforce contributes an essential mix of skills and experience to achieve the highest quality of care for the patient. While there is some overlap between these sets of skills and experience, it is important that the core roles of each of the health professions are preserved. This is to ensure patient care does not become fragmented, disorganised, confused and downgraded and in order to ensure the ongoing viability of all professional groups.

1. Task Delegation

1.1 It has been increasingly recognised that some of the tasks performed by medical practitioners may be performed safely by other health practitioners.

1.2 The AMA supports appropriate delegation of tasks to other classes of health practitioner where it can be demonstrated that there is an improvement in the delivery and maintenance of quality patient care and where there is agreement of the relevant medical practitioners.

1.3 For the delegation of medical tasks to be safe and effective, it must be performed in a team environment, where supervision can be provided and responsibility taken by a medical practitioner.

1.4 The AMA supports the introduction of specialised nurses or other health practitioners where these practitioners work within a healthcare team model and under the direction and supervision of medical practitioners.

2. Healthcare Teams

2.1 The AMA supports the concept of healthcare teams and believes that this concept underpins the high quality of medical care in this country. A healthcare team is led by a medical practitioner and may involve other medical practitioners as well as other health practitioners.

2.2 In general, the medical practitioner has responsibility for making a diagnosis and deciding on treatment. The team then delivers the treatment and each practitioner makes a contribution to the care of the patient as part of the team. Communication occurs between members of the team, but at all times, responsibility for the overall care of the patient remains with the medical practitioner. A similar model applies for preventative medicine. The importance of maintaining structured reporting lines and well defined roles cannot be emphasised enough in protecting the standard of care delivered to patients. A disorganised or confused team structure with poorly defined roles and responsibilities leads to disorganised and dangerous patient care.

3. Role Substitution

3.1 The substitution of medical practitioners with other classes of health practitioner for workforce reasons or cost saving cannot be supported. No other class of health practitioner is sufficiently trained in the roles of medical practitioners to meet the health needs of the community.

3.2 Independent health practitioners who do not work within the healthcare team model have the potential to create confusion and disharmony in the workplace and adversely affect patient care.

4. New Types of Health Professionals

4.1 The AMA supports research into the potential impact of the introduction of any new types of health practitioner into the workforce. Current health professions must be involved and the research must be independent and unbiased. It must demonstrate an improvement in delivery of patient care with maintenance of quality, as well as assess the impact on other health professions, cost, efficiency and patient satisfaction.

4.2 Any new type of health practitioner must work in a delegated role within the healthcare team.

5. Training

5.1 The impact on training of any reform of the health workforce must be considered. There is already substantial pressure on clinical training opportunities available for medical students and doctors in training, as well as other health practitioner trainees.

5.2 If clinical training opportunities are reduced by the introduction of task delegation, role substitution or new classes of health practitioner, the net effect on the health of the community may be negative.

6. Rural Health

6.1 The AMA does not believe that the substitution of doctors with other health practitioners is the solution for the health of rural Australians. Rural people deserve the same quality of care as other Australians.

6.2 Experience has demonstrated that poorly trained or isolated health practitioners have the potential to cause significant harm to the rural community.

7. Other Health Workforce Shortages

7.1 It should be noted that the shortage of nurses in particular but also of allied health practitioners has a significant effect on the health system. Health workforce reform should therefore focus not just on the medical profession.

7.2 It is also important to consider whether the movement of experienced non-medical health practitioners into medical tasks will adversely affect the workforce or training situation within their own profession.

8. The AMA Position

8.1 Quality health care for patients depends on a well-trained workforce providing coordinated care under the direction of fully educated, trained and accredited medical practitioners.

8.2 The AMA supports appropriate delegation of tasks to other types of health practitioner where it can be demonstrated that there is an improvement in the delivery and maintenance of quality patient care and where there is agreement of the relevant medical practitioners.

8.3 The AMA supports the concept of healthcare teams and believes that this concept underpins the high quality of medical care in this country. A healthcare team is led by a medical practitioner and may involve other medical practitioners as well as other health practitioners.

8.4 The substitution of medical practitioners with other classes of health practitioner for workforce reasons or cost saving cannot be supported.

8.5 The AMA supports research into the potential impact of the introduction of any new types of health practitioner into the workforce.

8.6 Any new type of health practitioner must work in a delegated role within the healthcare team.

8.7 The impact on training of any reform of the health workforce must be considered.

8.8 The AMA does not believe that the substitution of doctors with other health practitioners is the solution for the health of rural Australians.

8.9 The AMA believes that the present and predicted shortages in the health workforce relate to a lack of funding of the health system and an immediate shortage of fully trained doctors and other health practitioners. Workforce reform may contribute to more efficient use of available resources and may form part of the solution to the current workforce crisis. However, the overall numbers of practitioners and the quality of their training cannot be ignored. Proper long term health workforce planning and adequate funding of the entire system should result in a flexible but well structured and organised health workforce sufficient to meet the current and future health needs of the community.

See also:

AMA Position Statement on Quality and Safety in Public Hospitals 2006
AMA Position Statement on Task Substitution in Hospital Settings 2006
AMA Position Statement on Employment of Medical Students in Hospitals 2006
AMA Position Statement Prevocational Medical Education and Training 2005
AMA Position Statement on Early Streaming Into Specialist Training 2005

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