

Interprofessional learning, multidisciplinary care and workforce redesign

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Sandra has worked extensively in multidisciplinary teams with a focus on clinical practice and health workforce development in challenging and diverse settings. She has extensive experience in clinical nursing ranging from critical care to remote and community health in Canada, USA and Australia. Sandra has a national and international reputation in the development and implementation of the nurse practitioner role. She was a member of the international research team that developed the Australian Nursing and Midwifery Council's *National Competency Standards for Nurse Practitioners*, lead a large consultancy with the National Prescribing Service to develop continuing education in quality use of medicines for NP prescribers, and has conducted research and consulted on implementation of nurse practitioner roles across Australia. She is a chief investigator on an ARC grant exploring stress in remote area nurses, and an NHMRC grant looking at diagnosis and treatment of sleep apnoea in the general practice environment. She is also leading a small research team exploring the informed consent processes for remote area Aboriginal people requiring treatment in a tertiary health care setting.

Good morning. I'd like to pay my respects to the traditional owners of the land on which we are meeting today, and also to welcome and to pay my respects to those visitors coming from other places. It's a little bit of a challenge to be following the group that has just been presenting, and I'm not entirely sure that I feel up to it but I'll do my best.

Overall, Australia does not do badly as far as health care workforce. If you take a look at this map of the world from 2006, you'll see that Australia is sitting up there in a fairly dark bright orange, which means that we are in the top echelons of numbers of health care workers compared to the population. We're certainly doing far better than places like Sub-Saharan Africa, and one could only say thank God for that. I think that the issues that we have here are not so much the actual numbers, but the distribution and the kind of work that we're able to do.

Here in Australia we have approximately six and a half times the number of health care workers per population of 1,000 as is considered adequate by the World Health Organisation, and yet, as we were told yesterday, we're asking the same questions, giving the same answers, and getting the same outcomes as we have for decades and decades. I'd like to suggest that the issue isn't only the numbers but what it is that we actually do with those resources. I'd also like to suggest that rural is not equal to remote in the same way that major metropolitan is not equal to rural, and that we really need to consider these areas as working together, but as having different issues and different responsibilities.

From 2007 data on the distribution of health care workers that was published by the Australian Institute of Health and Welfare in 2010 you can see, depending on whether you're working in a major metropolitan city or moving out into very remote, you have decreasing numbers across all areas of health care workers. There is nothing in the data that I could provide that is comparable for Allied Health, and I don't, for one minute, wish to ignore Allied Health—just to tell you that such is the information that's available that I can't even present it to you for 2007.

It's quite clear, however, that regardless of where you work the kind of health care workers that are available are dominated by nursing and midwifery and, as long as we continue to ignore those resources as major components of our health care workforce and not allow them to work to the full scope of their practice, whether it's nurses, midwives, Allied Health, we are absolutely putting ourselves in a poor situation for improving the health care outcomes across both rural and remote areas of Australia.

Measures of health care quality, as described by Duckett, include: access, which means not only being able to gain access initially to get into the health care system but also to those specialised areas of care that are required, for example, as Judith has described earlier on this morning; acceptability, so not what it is that I wish to offer you but what it is that you need and that you want to take; efficacy, how effective you are, how well you do the job, how well we accomplish the kinds of outcomes that we, as a team, have decided that are required for this particular person in this particular case at this particular time; and efficiency, how are we doing that within the resources that we have allocated to us. Jenny May described these yesterday as the three Es, and I thought that was very well laid out. She had efficacy and efficiency, but combined the access and acceptability into equity. And I think that that's something that's well worth thinking about whenever you think about the health care availability in your particular area.

The issues then are not only numbers but what use we make of the health care workers that we have available to us. I'd like to suggest that what we need is to be enabling all of our health care workers, whether they're physiotherapists, occupational therapists, pharmacists, podiatrists, nurses, midwives, nurse practitioners, general practitioners or specialists to be working to the full scope of their practice, not to be putting artificial boxes around the kind of care that they can provide to their clients. I think that we need to respect and utilise the areas of practice and to recognise that, although there are differences, each of these groups can contribute to the health care of their particular client group.

We need the knowledge provided by educational preparation that inter-professional learning needs to include not only anatomy and physiology, although Max has told us that that's no longer taught in a medical school. Certainly, what we need to be talking about with inter-professional education is learning about what each of us does and how we work and what we can contribute to the health care population, because I'm absolutely positive that we don't well understand both what we can do and what the scope of practice of our colleagues is.

Regulation—regulation has been a problem for us, I think, at a professional level and also at a legislative level. And just in a case in point, since 2010 nurse practitioners and appropriately-approved midwives now have access to MBS and PBS. However, the regulations that have been put in place around that are very restrictive in line with the collaborative requirements for making sure that those nurse practitioners and midwives can actually use that legislative access. This is a problem for the health care professionals but, more importantly, it's a problem for their client groups and a problem for the rest of the team members, particularly in remote and rural Australia where these issues of collaboration can become a lot more challenging.

And, finally, funding—we have a lot of people that are out there that are very keen to be making the kind of changes that we've had described this morning and over the last couple of days but, until we get those places available, until we have the funding available for those positions, and until we widen the kind of positions that are available to us through that funding so that we have the ability to put in place whatever is required regardless of whether it's a nurse or a midwife or an Allied Health professional in order to meet the needs of that community, then we will not be able to appropriately use our multidisciplinary workforce.

I'd like to say that I think nurse practitioners are but one wing of what we can end up doing as far as our changes to the health care workforce and health care redesign in the remote and rural setting. And I certainly hope that, as you think about the kinds of settings in which you work and you think about the changes that you can make, you consider how you're going to help educate the rest of your team as to the scopes of practice that are currently available to you, and also what would make a difference to your team in order to provide the kind of accessible, acceptable, effective and efficient care that your consumers need.

Thank you.

