

1. Position statement

New and emerging health workers (NEHWs) working in primary healthcare sector will have a significant impact on the delivery of primary healthcare services in Australia. The RACGP only supports the provision of quality care delivered by suitably trained and qualified health professionals. The RACGP does not believe that role and task substitution from GPs to less trained/skilled NEHWs is a solution to an undersized general practice workforce and unmet need for GPs.

As clinical leaders of the primary healthcare system, general practice has an obligation to consider the utility and integration of these expanded roles and how they might fit into current and future models of care and service delivery.

To facilitate this process, the RACGP has developed a set of general principles and a framework which can be used to evaluate the utility of these new and emerging health workers working in the sector.

2. Background

More than 85% of Australians visit the GP at least once a year.ⁱ At a clinical level, care is provided by teams of health care professionals working together to provide comprehensive, continuous and person-centred care.ⁱⁱ However, in recent years there has been a host of new and emerging roles in primary healthcare in Australia.

The Federal Government has made national health workforce innovation and reform a key strategic priority.ⁱⁱⁱ A key objective within this framework is to reform health workforce roles to improve productivity and support more effective, efficient and accessible service delivery models.^{iv} The Federal Government has identified the development and implementation of “expanded roles” or NEHWs as an efficient solution to increasing the health workforce to fill service gaps in areas of need.^v

Definitions

New and emerging health workers (NEHWs): Refers to roles that are new or that have emerged in the Australian primary healthcare system. These roles include but are not limited to: physician assistants, nurse practitioners, medical assistants, allied health assistants and expanded pharmacists.

2.1. Related policies, documents, legislation and strategic priorities

- The RACGP *Collaborative care agreement for GPs and nurse practitioners*
- The RACGP *Policy on General practitioners and their teams*
- Australian Government (Health Workforce Australia) *National Health Workforce Innovation and Reform Strategic Framework for Action*

3. RACGP Policy

The RACGP believes that GP-led multidisciplinary teams are well placed to provide whole-patient, comprehensive, coordinated, continuing primary healthcare to individuals, families and communities.^{vi}

Any implementation of NEHWs must support improved access to GP-led and coordinated primary healthcare. The RACGP does not support the introduction of any NEHW role that would reduce the value and importance of general practice as the cornerstone of the primary healthcare sector.

The RACGP has identified the following general principles and framework to ensure that these NEHWs do not impact on the provision of quality GP-led care and patient safety.

3.1. General Principles

The following set of general principles underpins the RACGP's framework for assessing the utility of NEHWs. The RACGP would consider supporting a new and emerging roles working in the primary healthcare sector if:

- there is a strong evidence base to suggest that the introduction of a new NEHW will contribute to a more efficient, accessible and integrated quality primary healthcare system
- it is practical and feasible to implement and integrate into general practice and that appropriate frameworks and processes for quality monitoring, ongoing training and education, prescribing and scope of practice have been established
- the new role does not negatively impact upon the provision of GP-led quality care and universal patient access to quality general practice services.
- the new role promotes universal patient access to quality GP led care and greater patient engagement
- the new role does not contribute to the fragmentation of care and promote further siloing of primary care service provision.

3.2. Evaluation framework

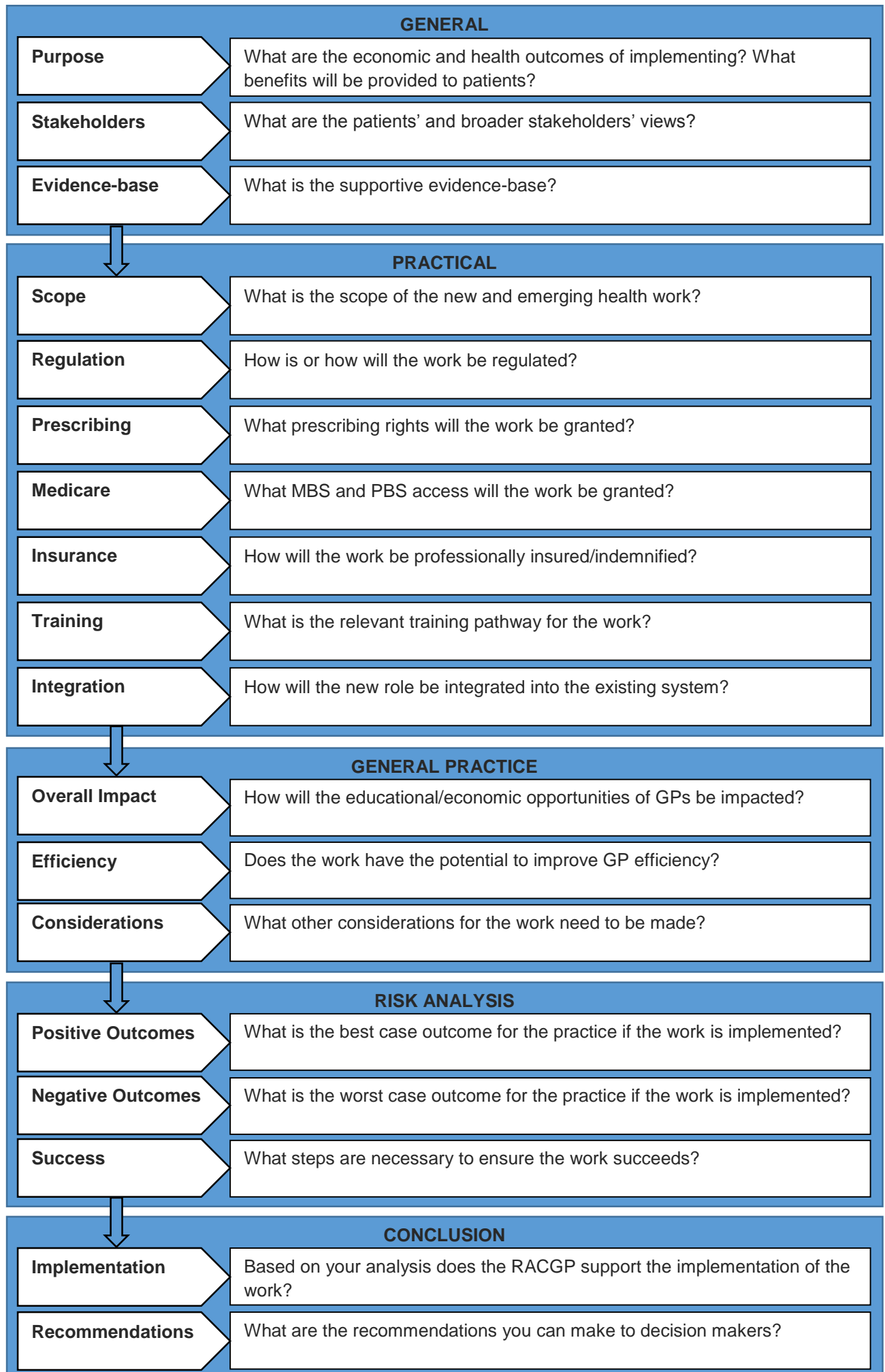
The following framework provides a formal structure for the RACGP to evaluate the utility and integration of a NEHW from a general practice perspective.

Assessment according to this framework will help determine RACGP's overall position on the NEHW in question, and whether its implementation into general practice is supported.

To assist in the evaluation process, the RACGP has developed a complementary template to assess the impacts of NEHWs working in the primary healthcare setting.

See the below framework which can be used to complete an assessment and evaluation of a NEHW role.

RACGP Evaluation Framework – NEHW working in the primary healthcare setting



4. References

- ⁱ Britt, H. et al., Australian Institute of Health and Welfare, AIHW 2009, General Practice Activity in Australia 1999-00 to 2008-09: 10 year data tables BEACH, Better the Evaluation And Care of Health, 4.
- ⁱⁱ Standing Council on Health, National Primary Health Care Strategic Framework, April 2013. Available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/nphc-strategic-framework>
- ⁱⁱⁱ Health Workforce Australia, National Health Workforce Innovation and Reform Strategic Framework for Action 2011-2015. Available at: <http://www.hwa.gov.au/work-programs/workforce-innovation-and-reform/strategic-framework-for-action>
- ^{iv} Ibid.
- ^v Standing Council on Health, National Primary Health Care Strategic Framework, April 2013. Available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/nphc-strategic-framework>
- ^{vi} The RACGP Policy on *General practitioners and their teams*