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SOCIETY NEWS

From the Alliance

Sustaining multidisciplinary teams in rural and remote primary care

The health system in rural and remote Australia has been under significant strain for decades with rural and remote Australians continuing to face barriers in accessing and utilising appropriate primary health care due to a range of factors including geographic spread, low population density, infrastructure limitations and higher costs of delivering healthcare.[1] The global shortage of health care workers since the COVID-19 pandemic will likely further exacerbate the long-standing challenges for rural and remote Australian communities in attracting and retaining a suitably trained multidisciplinary primary care workforce with the appropriate mix of required skills.

Whilst the concept of multidisciplinary health care teams is well-established, there have been renewed calls for the implementation of sustainable multidisciplinary team-based models of primary care service delivery in rural and remote communities. There are several bodies of work in recent times that point towards the importance of needs-based multidisciplinary health workforce planning for effective and sustainable rural and remote primary care in Australia.

In 2023, the Office of the National Rural Health Commissioner released the *Ngayubah Gadan Consensus Statement: Rural and Remote Multidisciplinary Health Teams*,[2] which identifies key contextual areas for successful implementation and sustainability: Policy and Funding Context, Organisational Context, Multidisciplinary Team Context and Person and Community Context. The statement provides a framework for contextual considerations in the implementation and sustainability of multidisciplinary primary health care teams in rural and remote Australia. It makes clear that place-based solutions are required where service models are co-designed with the community to meet the specific ongoing health needs of the community.

The Innovative Models of Care (IMOC) Program administered by the Australia Department of Health and Aged Care[3] is attempting to address these issues by funding trials of multidisciplinary primary care models in rural and remote locations. This is an important initiative to showcase successful examples of rural and remote multidisciplinary models of primary care and determine the elements of success and challenge. A diversity of models and locations have thus far been funded, and it will be valuable to see over time a robust evaluation of these projects to inform future primary care reform.

The findings and outcomes of the *Unleashing the Potential of our Health Workforce—Scope of Practice Review*[4] will be important in informing the future of rural and remote primary care. Identifying the appropriate mix of skills and capabilities of multidisciplinary primary care teams and clinicians working at their full scope of practice has been identified in the review. It is heartening to see the suggestion of a skills and capability framework which would likely identify the skill-mix required in rural and remote communities, particularly where skills may be shared between more than one health profession. This will be critical for health workforce planning to meet the complex health needs of the population. Appropriate funding mechanisms will be required to ensure the workforce skill-mix is based on the health needs of the specific community and the skills required to address those needs.

To consider the appropriate composition of a place-based multidisciplinary primary health care team, a need-based analysis of the current and future health needs of the relevant community is required,[5] which also considers the mix of skills required to meet the population need. For clinicians working at full scope of practice, there is likely overlap in skills between professions where skill-sharing could occur with the appropriate clinical governance mechanisms in place. This requires a workforce planning approach that first accounts for the skill-mix required to meet the health needs of the community and then considers the range of health professions able to deliver the required services within their scope of practice. This approach can inform the composition of the multidisciplinary team most capable of effectively meeting the health needs of the community.

In recognising the importance of the contemporary rural health care team, interprofessional education experiences have been a key feature of the rural health student clinical placement experience.[6] This preparation for the next generation of health professionals is critical to ensure a contemporary health workforce that engages in interprofessional collaborative practice (ICP). ICP is an intentional process that goes beyond the interdisciplinary composition

of the team and is aimed at creating a high-functioning team environment that includes the person receiving care and their family.[7] ICP within a multidisciplinary team is a critical factor to ensure role clarity, shared decision-making, person-centred care, reduce team conflict and improve consumer outcomes. For a multidisciplinary primary care team to thrive in an oft changing and resource-scarce environment, intentional ICP will greatly assist in the delivery of safe, high-quality health care that meets community need.

If we are to fully realise the positive impacts of rural and remote multidisciplinary health care teams on community health outcomes, a need-based workforce planning approach is required that informs the required skill-mix to meet community need. Appropriate primary care funding models need to be developed to ensure a sustainable rural multidisciplinary primary care workforce. Such models should incentivise team-based health care, ensure the appropriate skills-mix, promote interprofessional collaborative practice, support clinicians to work at their full scope of practice and be relevant to the needs of, and co-designed with, the community.

AUTHOR CONTRIBUTIONS

Geoff Argus: Resources; writing – original draft; writing – review and editing.

ETHICS STATEMENT

None.

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