The State of Education and Training in Integrated Care in Australia

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Country context

Our population and health status

Australia's population was 26,638,544 people on 30 June 2023. New South Wales has the highest population. Australia has the third highest life expectancy in the world. Life expectancy at birth was 81.2 years for males and 85.3 years for females in 2020-2022[1].

As of December 2023, eight in ten (81.4%) people had at least one long-term health condition. One in two (49.9%) people had at least one chronic condition. Mental and behavioural conditions (26.1%), back problems (15.7%), and arthritis (14.5%) were the most common chronic conditions. Forty-seven percent of Australians had one or more chronic conditions. Over the last decade the prevalence of chronic conditions increased (from 42%). Chronic illness has been the leading focus of Australia's health care system. Around one in five Australians have a disability and many others provide care to those with a disability[2].

Health and care systems structure

Health and social care in Australia are funded by national, state, and local governments. Other jurisdictions such as non-government sectors, private health insurers and individuals also fund and provide services[3].

The Australian government informs national health policy and funds health services through Medicare. Medicare is a universal insurance scheme that upholds Australia's health system. Medicare pays rebates for medical services and procedures provided by private practitioners in the community such as General Practitioners and other medical practitioners[3].

Medicare provides free hospital services for public patients in public hospitals and a range of prescription pharmaceuticals subsidised under the national Pharmaceutical Benefits Scheme (PBS). However, Medicare does not cover services such as ambulance services, most dental services, and optical aids. People can pay additional private health insurance to manage these costs as well as alleviate waiting times in the public hospital system and can choose their own doctor.

The Australian government provides funds to the states and territories for public hospital services, community controlled Aboriginal and Torres Strait Islander primary health care services, health care for veterans, to support the National Disability Insurance Scheme (NDIS) and residential aged care. The Australian government also regulates private health insurance and funds health and medical research[3].

Our state governments, on the other hand, fund and manage public hospitals, ambulance services and deliver community-based and preventive services (for example, cancer screening and immunisation). Local governments provide community and home-based health and support services, environmental health services and public health activities[3].

Primary care is the foundation of the healthcare system, providing care in communities and connecting Australians to specialised medical care when needed. Delivered through general practice, community pharmacies, community health centres, mental health centres, and allied health services, primary care professionals and their support teams are often the first place Australians turn to for their general health needs. Primary care is provided by a broad range of services including individuals without formal healthcare qualifications that work in primary care services and help people to access care[3].

Australia also has 31 Primary Health Networks, who are independent organisations working to streamline health services – particularly for those at risk of poor health outcomes – and to better coordinate care so people receive the right care, in the right place, at the right time[3]. The PHNs identity and prioritise local health needs and develop collaborative care pathways and joint funding initiatives.

The Australian examples of integrated care are confined to the GP dominated primary sector, focus on hospitalisation avoidance, the patient experience (looks mainly across GP and acute episodes of care)and the implementation of Health Care Homes. However, GPs are often overstretched, with large patient caseloads and often do not discuss health issues with people with high health risks and the focus on people with existing chronic conditions in health care homes is too narrow[4]. Another drawback of Australia's current health system is that there is a series of budget silos, there is no financial incentive to use other parts of the system, and this blocks the progress towards an integrated health system[4].

In NSW there are Community Health Pathways (CHP) a web-based portal providing locally agreed processes, pathways and referral information for primary care providers. This process helps with the delivery of integrated care across a range of service providers. A similar program is shared care planning with the implementation of a patient centred health record that can be shared across service providers.

Other integrated health care examples in NSW include planned care for better health, a program that identifies patients at risk of hospitalisation early and provides care coordination, care navigation and health coaching to improve the patients experience and outcomes. Emergency department to the community is another tailored intensive case management program to reduce the need to hospitalisation. A similar program exists in residential aged care to prevent hospitalisations[5].

There is currently a national review of health practitioners' scope of practice in primary care settings, with early suggestions recommending a nationally consistent approach in promoting and implementing common interprofessional competencies and national standards[6]. The risk here is that we don't move on from interprofessional practices that have been limited and siloed in the past.

Our health and care workforce

Our health and care professionals deliver services in a variety of settings, from large hospitals (in capital cities and regional centres) to small health clinics (such as those in remote areas). Nurses and midwives make up most health professions followed by allied health and medical practitioners who mostly work in metropolitan, regional centres, or large rural towns[7].

Significantly less work in small rural towns and remote communities. This is despite reports illustrating that people living outside major cities have increased health risk factors, chronic conditions, and higher mortality rates.

The Australian Government funds several programs to encourage health care workers to train, live and work in these areas. This includes incentives for General Practitioners to work in rural and remote locations, the implementation of training facilities in rural Australia and a broad range of scholarships to support health workers in rural and remote settings[8].

Vocationally trained health workers such as Assistants in Nursing, Dentistry, Audiometry, Pharmacy Physiotherapy and Occupational therapy work in community settings, hospitals, private practice, schools, residential aged care and other health and disability settings. Many of these certificate courses have pathways to higher education. Technical and Further Education New South Wales (TAFE NSW) is Australia's largest vocational education and training provider.

Education and training focused on integrated care

Providers of education and training

In Australia, our health and care workforce are trained in university and vocational settings. There are forty-one universities located in multiple campuses across metropolitan, regional, and remote areas. New South Wales has the highest number of universities[11], followed by Victoria and Queensland.[8] The remaining states have 1-4 universities. Students can study medicine, nursing, dentistry, social work, pharmacy, and a variety of allied health disciplines, including occupational therapy, physiotherapy, nutrition and dietetics, exercise physiology, paramedics, and speech pathology. The TAFE sector is the largest education and training sector in Australia. There are 59 institutions across metropolitan and regional areas.

Moderators of education and training

Under the National Law, fifteen national boards are responsible for registering and regulating the sixteen health professions that have protected titles. The professions with protected titles include doctors, nurses, pharmacists, and psychologists. As part of its function, the Australian Health Practitioner Regulation Agency (Ahpra) manages registration and renewal for health practitioners[9].

The Australian Practitioner Regulation Agency (Ahpra) works in partnership with the boards to ensure that Australia's registered health practitioners are suitably trained, qualified and safe to practice. The Australian Practitioner Regulation Agency works closely with the individual health boards to develop and approve accreditation standards, assess, and accredit programs of study and monitor approved programs of study. Examples of these boards include the Australian Medical Council (the AMC) responsible for accrediting education providers and their programs of study for the medical profession. The AMC assesses medical schools and their programs of study against the approved accreditation standards. The Nursing and Midwifery Board of Australia works to ensure that Australia's nurses and midwives are suitably trained, qualified and safe to practise[9].

However, some health professions are 'self-regulated' (that is, not regulated under the National Law), including social workers, speech pathologists and audiologists. For healthcare workers outside the National Scheme, there is a Code of Conduct, which establishes expected standards of care and allows for investigations into alleged breaches of the code. The implementation and regulation of the code is a state and territory responsibility.

There are inconsistencies in the regulatory approaches across primary health care professionals that may inhibit these professionals working to their full scopes of practice.

Training focused on integrated care

A hand search of Universities in New South Wales, Australia, conducted in January 2024 shows the extent of health-related courses offered at all 11 universities including undergraduate and postgraduate courses. The search identified 3 universities offering undergraduate and post graduate courses that have some reference to integrated care.

A hand search of all universities in Australia, identified post graduate units in the Foundations of Integrated Care and Delivering integrated Care as part of the college of business and economics and the Australian Institute of Health Service Management at the University of Tasmania.

Barriers to implementing integrated care in education and training

Interviews with 9 curriculum leads across different universities as well as disciplines nationally as part of a larger PhD study shows that we are still training our health professionals in silos, there is a lack of understanding of what integrated care is and how it is applied in practice, our health workforce is not trained to understand the complexities and referral processes to the social care sector as we are still focussing on disease based and acute focused care. Training does not include how to coordinate care across sectors. Another barrier is that we are still focussing on interprofessional learning frameworks that are acute orientated and do not include key concepts of integrated care such as care coordination across sectors and health promotion and disease prevention. There is also a lack of understanding of what integrated care is and how training in integrated care is different to interprofessional learning.

> "Nursing is so acute care focused; it makes it very difficult for students to actually think outside acute care".
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> "Most nurses have worked in acute care, so they do not understand integrated care".
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> "Often when students from different disciplines are brought together to learn, the focus is on acute care topics, the students are usually within the first or early years of their training. It is difficult to program and is not always a priority".

Another barrier is that we are not training our vocationally trained workforce together with our higher education trained health professionals leading to gaps in understanding of these roles and referral process to the types of sectors they work in.

> "Without appropriate enabling employer practices and settings, there is the potential for multidisciplinary care teams to result in the formation of new siloes rather than working in a truly connected way[6]."

Enabling factors

Macro level

Solutions to implementing integrated care into curriculum include.

- The development of a global framework and competencies to understand what is required to train our workforce in integrated care.
- Targeting leadership and culture to promote enabling and authorising environments at the service level has been identified as a critical complement to system-level reform6.
- The development of post graduate programs to upskill university and vocational care curriculum leads on understanding integrated care including how and why and what needs to be incorporated into curriculum.
- The development of postgraduate programs to upskill those responsible for providing supervision to health and social care students on placement across different settings. Once again to focus on understanding integrated care including examples of how to incorporate this into practice in the workplace.
- Implement legislation where students do not have to always be supervised by their discipline while on placement and look at broader placement opportunities to include community and social care settings.
- We need better alignment between education/training for health professionals and accreditation/registration bodies.
- Upskilling accreditation bodies about the importance of integrated care and understanding what it means and how to do it.
- We need to promote to governments about the need to train and upskill leaders in health and not assume they have the knowledge of integrated care and how to do it.

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The International Foundation for Integrated Care (IFIC) is a not-for-profit foundation dedicated to improving the lives of people and communities by advancing the science, knowledge, and adoption of integrated care around the world.

Our vision is that individuals, families, and communities benefit from person-centred, coordinated care and support that enables them to live healthy and fulfilling lives. We work to overcome the fragmentation in health and care systems by promoting models of care that are holistic, co-produced, continuous, coordinated, equitable, and sustainable.

As the leading international voice for integrated care, IFIC brings together researchers, health and care professionals, policymakers and people, families and communities. We provide a unique platform for collaboration, knowledge exchange, and innovation to drive system change.

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