Purpose of Submission

Thank you for the opportunity to provide a submission in response to your Issues Paper highlighting the current and pending pressures facing the health workforce. For several years, our Division has been aware of and concerned about the growing difficulties which patients encounter in accessing health care and the stresses on our general practice workforce. For some time, we have been working with our practices to come up with viable solutions. The purpose of this submission is to highlight one such strategy which we believe will have a positive impact on the health workforce.

Development of Diploma of Medical Assisting

The Brisbane North Division of General Practice has developed a nationally-recognised one-year training course designed to produce graduates who can safely and effectively perform the wide range of administrative and clinical assisting tasks required in a medical practice. A variety of factors led to the decision to develop a course specific to the medical practice environment:

- **GP and nurses spend valuable time on activities for which they are over-qualified**
  - If only 1 hour per week per GP is freed up to see additional patients, this would be the equivalent of 500 extra GPs in the workforce

- **Many practices utilise reception staff to perform clinical duties for which they have received on-the-job training but for which they are not formally trained or qualified**
  - Medical Defence Organisations, among others, see this as a risk management issue
  - The non-standardised training given to these staff members is likely to produce great variability in skills
  - In limited cases, these practice staff are being taught to perform duties in breach of state drugs and poisons legislation, eg nebulisation
  - These practice staff report a desire to access formal training and a desire to be recognised for the fact that they fulfil more than a receptionist role

- **Existing training does not adequately prepare staff for the medical practice environment**
  - Practices report significant lost time due to the need to train individuals in the specific needs of the medical practice environment once they have been employed
  - Lack of knowledge in areas such as sterilisation and cold chain management (proper vaccine storage) leads to costly and potentially harmful mistakes such as cross-contamination or inactivated vaccines
  - The increasing paperwork and ‘red tape’ burden in general practice can be more efficiently managed by personnel with training and expertise suited to these tasks

- **The relatively small size of practices requires a multi-skilled, flexible workforce**
  - In most practices, there is no room for a ‘silied approach’ to staffing structures
  - Cross-training in administration skills, information management skills, coordination skills and clinical skills produces the most effective workforce

- **Overseas experience demonstrates that the training required to safely perform the broad range of administrative and clinical assisting duties needed in the medical practice setting can be acquired in one year of full-time study**
  - The short duration of study is less expensive and therefore equates to less upward pressure on staff wages
  - The short duration of study is appealing to a wide variety of people including those currently employed in practices and mature age students wishing to re-enter the workforce
  - The short duration is achieved by limiting the training to those skills required in an ambulatory care environment

Course Development Process

During 2003/2004, multiple focus groups were held in which general practice employers provided feedback on the acceptability of formalised training for a medical assistant role. The idea received strong support, and employers readily provided input on the exact tasks they would like the medical assistant to be trained to perform.

Discussions were also held regarding the most appropriate name for the training, the likely effects on wages, and the willingness of practices to host students for vocational placements. A panel of consumers was also consulted about the development of the training and consumers’ perceptions of the role.
Research was completed on the various pieces of state legislation potentially affecting the role, leading to revisions in the lists of tasks for which the assistants would be trained. Further revisions to the planned training were made following involvement of a sub-committee of the RACGP’s Queensland Faculty.

In accordance with Department of Employment and Training procedures, a Course Development Advisory Committee was established including lead GPs and educational experts to develop the units of competency on which the course would be based.

**Resulting Training**

In late 2004, Australia’s first Diploma of Medical Assisting course was accredited through the Queensland Department of Employment and Training.

Brisbane North Division of General Practice then formed an agreement with Southbank Institute of TAFE to deliver the training course in partnership, starting in Brisbane in April 2005. A small group of students constituting the first intake will graduate in December 2005.

Standard classes such as anatomy & physiology are taught by Southbank Institute teachers while classes specific to the medical practice environment are taught by practice managers, practice nurses and Division staff. Expert guest speakers from the general practice industry are also involved.

The Division coordinates the vocational placements, where students gain experience in at least 3 different practices over the course of the training. Over 40 practices in the Brisbane area signed up to host a student, many of which are currently on a waiting list for next year’s student intake.

Enquiries have been received from GPs in NSW and South Australia regarding the process to follow to establish medical assisting training in their localities. Reception staff from specialist practices and from rural general practices have also requested access to the training. Course customisation for the needs of specialist and rural practices as well as more flexible training delivery options are currently being explored.

The medical assisting units of competency are presently under review for potential inclusion in the National Health Training Package, leading to the ability of any registered training organisation (RTO) in Australia to deliver the course as early as 2006. To enable maximum standardisation of the course and reduce delivery lead-times, the curriculum materials will be available for RTOs to purchase.

**Challenges**

The Productivity Commission’s Issues Paper rightly highlights barriers such as strong interest groups and inflexible regulatory arrangements including Poisons Acts. We have certainly encountered both and continue to work through the issues that exist.

The Issues Paper also points to unwieldy state-based registration mechanisms and a lack of an evaluation culture. As a more flexible and uniform alternative to a licensing or registration model, our Division intends to establish a regularly-updated, nationwide, voluntary register of names that will list graduates of approved medical assisting training programs who can show evidence of participation in continuous professional development activities. This list of names will be accessible to potential and current employers.

Our Division is also working with a leading university to design a research project to evaluate the impact of the introduction of this training on factors such as access, quality, safety and teamwork in general practice. Unfortunately, this evaluation is threatened due to the inability to secure funding.

**Summary**

Medical Assisting is but one strategy to address an aspect of the health workforce problems. Although only filling a non-independent assisting role, the medical assistant can save substantial time for other highly-qualified health practitioners, leading to greater ability to provide patient services. Further information regarding the medical assisting scope of practice and content of training is attached or available from [www.bndgp.com.au/medicalassisting.htm](http://www.bndgp.com.au/medicalassisting.htm).
SCOPE OF PRACTICE

Definition & Qualifications
Medical Assistants are members of the health care team who are formally trained to provide administrative and clinical assistance to health practitioners working in ambulatory care settings.

Medical Assistants are multi-skilled team members and perform tasks at the direction of the health practitioner.

Medical Assistants undergo one year (or equivalent) of full-time training to obtain the Diploma of Medical Assisting.

Scope of Practice
Medical Assistants perform delegated clinical and administrative duties within the supervising practitioner’s scope of practice consistent with national and state legislation and the Medical Assistant’s education, training and experience.

Such duties shall not constitute the practice of medicine.

Medical Assistants are not independent practitioners and do not make decisions regarding the care of patients. Medical Assistants do not determine investigations to order, do not diagnose, refer nor prescribe.

Medical Assistants do not provide counselling services to patients apart from providing instruction and education as per the health practitioner’s directions.

Supervision
Health Practitioner supervision shall be active and continuous but shall not be construed as necessarily requiring the physical presence of the supervising practitioner at the time and place that services are rendered.
Breadth of Training

Medical Assisting training has been designed by doctors to suit the needs of ambulatory care centres such as general and specialist practices. In order to assure safe practice, Medical Assisting training includes a large proportion of teaching in background knowledge as well as hands-on, practical skills.

Medical Assisting students learn about anatomy, physiology, pathophysiology, and medical terminology covering all eleven systems of the body.

Medical Assistants are also given thorough training in infection control procedures, covering Standard Precautions, waste and sharps disposal, care for and sterilisation of instruments, and cleaning surfaces, equipment and spills.

Students learn about basic microbiology and common laboratory tests including how to obtain and handle specimens. Students are taught how to perform tests commonly experienced in a medical practice setting and how to provide instruction to patients requiring testing from other service providers. Medical Assistants will be well-prepared to facilitate future advances in on-site testing.

Medical Assistants are also comprehensively trained to understand legal and risk management issues in health, with particular emphasis on patient privacy, confidentiality and consent.

In addition to instruction on compliance with legislation, students are also schooled in industry standards, particularly the RACGP’s Standards for General Practice. Medical Assistants are ideally equipped to understand and assist with accreditation requirements including continuous improvement efforts.

Students also learn about the Australian health care system in general and where private medical practice fits in, including funding mechanisms and sources, key professional and related organisations and their respective roles.

Medical Assisting students are introduced to concepts affecting the health care system such as resource shortages, population health, equity in health care delivery and cross-cultural understanding and communication.

In order to play an effective role in the facilitation of service coordination, students are also introduced to the many service providers outside general and specialist practice from hospitals to allied and community health and aged care. Apart from a basic knowledge of these services, students are skilled in how to facilitate access to these services and how to ensure adequate information exchange.

The management of information is a large component of the teaching included in the course, whether the student ends up working in a computerised practice or not.

Students are taught how to conduct recalls and reminders and assist doctors to carry out their duty of care.

Students also learn how to extract clinical and business information from systems to provide to doctors and practice managers.

Although computer systems are complex and ever-changing, Medical Assistants are trained in the basics of what makes a good system, where to go for good advice, how to keep information secure, how to code data and how to keep data clean. Medical Assistants are trained to use both front office and clinical software packages.

Medical Assistants will, of course, come thoroughly equipped in their knowledge of administrative procedures including appointment scheduling, telephone technique, filing, handling medical records, inventory control, handling mail, billing, managing the waiting area and use of office technology including faxes, copiers, phones, computers, scanners, dictation machines and transcribers.

Medical Assistants will also understand their role in terms of workplace health and safety, customer service and dealing with difficult situations.

Those Medical Assistants interested in a future career in practice management will especially benefit from the Introduction to Medical Office Management where they will learn about communication, teamwork, conflict resolution, organisational behaviour, basic human resource management principles, accounting principles, office management, change management, organisational performance management and the employer’s responsibilities in ensuring workplace health and safety.

It is with this background of information and training that Medical Assistants learn clinical skills including recognising emergencies in person and over the phone. First aid and CPR training resulting in an Advanced First Aid Certificate is incorporated into the course.

Students learn about the most common emergency situations that occur in medical practices, how to recognise them and how to respond including liaising with ambulance and hospital staff and assisting the doctor to stabilise the patient for transport.

Students are familiarised with equipment and supplies including how to use them, maintain them and keep them handy in case of an emergency.

Medical Assistants are also trained to assist the doctor with non-emergency procedures and operations including maintaining asepsis, preparing the patient and applying dressings as per the doctor’s instructions.
Medical Assistants can prepare patients, equipment and supplies for exams, act as a chaperone and clean and tidy rooms between patients.

Medical Assistants are competent to perform ECGs, including how to produce an accurate tracing and recognise a significantly abnormal result.

Medical Assistants are trained to correctly obtain blood pressure, pulse and respiration readings as well as measure height, weight, visual acuity, hearing and colour blindness. In addition, Medical Assistants are taught the skills to obtain data for growth charts and record developmental milestones.

Medical Assistants are trained in blood collection including venipuncture and skin puncture and are able to remove sutures and surgical clips.

Medical Assistants are trained in bandaging techniques, the application of splints, slings and backslabs. Medical Assistants can assist doctors with the application of full plasters and can remove plasters.

Medical Assistants are taught correct procedures for performing spirometry, ear irrigations, collecting throat swabs, measuring blood glucose through finger pricks, testing for occult blood in stool specimens, paediatric urine collection and performing urine dipstick tests and pregnancy testing.

Medical Assistants are taught to reinforce the doctor’s advice when instructing patients on use of physical therapy, medication devices, nutrition and lifestyle factors.

Medical Assisting training includes pharmacological education designed to ensure the graduate understands concepts such as major medication categories, uses, effects, side effects and contraindications, routes of administration, usual adult dosages, dangers and precautions, and allergies and adverse reactions.

Medical Assistants learn about medication, drugs and poisons schedules, complimentary and non-prescription medications, cold chain management, medication stock control, dosage administration aids and consumer medicine information.

Medical Assistants are taught to understand and observe legislation restricting the administration of scheduled medications and the potential consequences for non-compliance. Medical Assistants are, however, taught to administer non-scheduled substances, such as Vitamin B12 injections.

In all aspects of the course, Medical Assistants are required to demonstrate their competence in both the classroom and practice placement environment.

With all clinical procedures, students must be assessed as achieving a level of competence in the classroom prior to being allowed to perform that task in the supervised medical practice setting.

Finally, students learn about the latest government programs and are able to expertly make their way through the red tape of programs such as practice and immunisation incentive payments.

Medical Assistants are an efficient team member able to reduce the burden of paperwork, administration and coordination on other members of the practice team.

### Units of Competency

The **Diploma of Medical Assisting** course is based on the following Vocational Education and Training units of competency:

- **MASSIST1A**  Work Effectively in the Medical Assisting Profession
- **MASSIST2A**  Handle Specimens in a Medical Practice
- **MASSIST3A**  Contribute to Organisational Effectiveness in a Medical Practice
- **MASSIST4A**  Perform Administrative Procedures in a Medical Practice
- **MASSIST5A**  Perform Duties Using Knowledge of Anatomy, Physiology and Pathophysiology
- **MASSIST6A**  Implement Patient Risk Management Techniques in the Medical Practice
- **MASSIST7A**  Administer the Information Management System of a Medical Practice
- **MASSIST8A**  Perform Clinical Procedures as Directed by the Doctor
- **MASSIST9A**  Manage Medications as Directed by the Doctor
- **MASSIST10A**  Manage Emergency Patients Safely and Effectively in a Medical Practice
- **MASSIST11A**  Perform Essential Management Functions in a Medical Practice
- **MASSIST12A**  Facilitate a Coordinated Approach to Patient Care
- **BSBMED301A**  Use Advanced Medical Terminology
- **HLTIN2A**  Maintain Infection Control Standards in Office Practice Settings
- **MASSIST7A**  Administer the Information Management System of a Medical Practice
- **MASSIST8A**  Perform Clinical Procedures as Directed by the Doctor
- **MASSIST10A**  Manage Emergency Patients Safely and Effectively in a Medical Practice
- **HLTHIR6A**  Implement and Monitor Compliance with Legal and Ethical Requirements
- **MASSIST9A**  Manage Medications as Directed by the Doctor
- **MASSIST10A**  Manage Emergency Patients Safely and Effectively in a Medical Practice
- **HLTFA1A**  Apply Basic First Aid
- **HLTFA2A**  Apply Advanced First Aid
- **MASSIST11A**  Perform Essential Management Functions in a Medical Practice
- **MASSIST12A**  Facilitate a Coordinated Approach to Patient Care