



University Department of Rural Health  
& Rural Clinical School  
Northern New South Wales



AUSTRALIAN PRIMARY HEALTH CARE RESEARCH INSTITUTE  
UNIVERSITY OF NEWCASTLE  
UNIVERSITY DEPARTMENT OF RURAL HEALTH & RURAL CLINICAL  
SCHOOL, NORTHERN NEW SOUTH WALES

Skill mix translation;  
: Top down or bottom up?  
An international comparison  
Dr Jenny May March 2009

### ***Policy Context***

There has been increasing interest in the diversification of skills in primary care. The recent APHCRI Stream 6 review entitled “Optimising skill mix in the primary care workforce for the care of older Australians” identified skill mix changes that could be implemented to meet the challenges of an ageing population with a rising incidence of chronic disease. While Australia sees practice level changes particularly notable in rural areas, translation of these skill mix changes in a more systematic way across other sectors of the health system is yet to occur. Other countries appear to have moved beyond the current Australian perspective to explore the policy and practice implications to develop change at the system, professional and practice level. At the practice level in both UK and Canada many systemic enablers have been addressed and licensing, training and accreditation have been systematised. What then is the experience at the “coalface”? and what lessons are there for Australia as we contemplate similar changes.

### ***Key Findings***

- Clear enunciation of the reasons and role of the skill change is paramount
- Achieving quality targeted supervision and a graded attainment of competencies was also seen as important requiring supportive colleagues.
- The challenges of providing team based care were articulated with practitioners, both GPs and nurses, unsure as to whether the benefits of continuity of care could be transferred within a large practice team.
- Consumers that were seen to be vulnerable to loss of continuity of care were those with severe mental illness and severe and multiple physical illnesses.
- In both Canada and UK skill mix change has required a significant increase in funding into primary care. It has increased both the number of nurses and their skill level.
- Infrastructure issues such as increased numbers of consulting rooms and connective IT and IM systems were seen as crucial

### ***Practice Implications***

Once the main motivation to proceed is clarified then the change can be “sold” to the existing workforce and mechanisms negotiated and modelled about how the overlap, or supplementation should work. The principles of mutual respect, professional competence, responsibility and good communication skills will also be pivotal on successful skill transfer.