



A Global Shortage of Health Practitioners: The Role of Regulation and Accreditation in Supporting Safe Care

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Introduction

There is a global shortage of healthcare workers, which is increasingly being felt in Australia. Professions of particular concern include general practice, psychiatry, midwifery nursing, aged care, and several of our allied health professions. These shortages inhibit our ability to meet increasing demands for high quality health care. Indemnity insurers report that they regularly receive enquiries from distressed members about the professional risk of working with limited resources.

Within some professions, the absolute number of practitioners is adequate but there is a maldistribution with more profound workforce shortages in regional and rural areas. Lower middle-income countries (LMICs) face high levels of workforce emigration, whilst richer nations have become reliant on this growing market.

Regulators – such as the Australian Health Practitioner Regulation Agency (Ahpra) - and accreditation agencies play an important role in balancing the tension between these very real workforce pressures and the right of patients to safe and timely care.

Workforce shortages

The healthcare workforce deficit is a growing concern. Health Workforce Australia estimates there will be a shortage of over 100,000 nurses by 2025, whilst close to 11,000 additional GPs will be needed by 2032. Globally, the World Health Organization (WHO) projects that the healthcare worker deficit will widen to 14 million by 2030.

The causes behind the shortfall relate to decreasing labour supply and increasing healthcare demand. Demand has grown with lengthened life-expectancy and an increase in associated chronic illnesses. Supply is under pressure due to an aging workforce, burnout among health professionals which was worsened by the COVID-19 pandemic, and barriers to training and registration.

Workforce shortages are more pronounced in LMICs than richer nations. For example, India has 0.7 doctors

per 1000 people, compared with Australia which has 4 doctors per 1000 people. Healthcare workers look for opportunities abroad due to fewer career opportunities and lower remuneration in their home countries. In Australia more than half of our health practitioners trained overseas, with a near doubling in the number of internationally qualified practitioners who received registration to work in Australia in 2023. Many of these practitioners come from LMIC's, whose governments lament that state educated healthcare workers are poached by affluent countries hampering the ability of these countries to provide safe healthcare.

Regulation

In Australia, most health professionals are regulated by Ahpra and the relevant National Boards under a National Registration and Accreditation Scheme. The National Boards set registration requirements, approve course accreditation standards and process complaints. Ahpra assists the National Boards to perform their functions by acting as the central point of enquiry and maintaining a public register of health practitioners. Importantly, Ahpra's statutory functions include consideration of workforce issues.

Ahpra's CEO Martin Fletcher reports that: "to address workforce shortages, we have cut the complexity and time it takes to register practitioners and get them ready to work where they are most needed."

Accreditation

Health services must meet the standards of the Australian Commission on Safety and Quality in Health Care to be accredited. Similarly, the Aged Care Quality and Safety Commission has a set of standards that all government funded aged care providers must meet. Workforce shortages can both directly and indirectly affect a facility's ability to gain or retain accreditation.

Royal Colleges also play an important role in the accreditation of workplaces as suitable for the training of specialist doctors. Hospitals must meet strict requirements in order to be recognised as a training site. Over recent years, multiple hospitals across Australia and New Zealand have lost accreditation to

provide particular types of training due to a shortage of senior medical staff available to supervise trainees.

Healthcare complaints

Complaints against health practitioners can be made to health complaint entities or to Ahpra. Disciplinary measures following a complaint process may include imposing restrictions on a practitioner's registration, suspension or cancellation.

When investigating complaints about an individual health practitioner, complaints entities will consider relevant circumstances, including resource constraints and workforce shortages. However, in the words of former New Zealand Health Complaints Commissioner, Prof Ron Paterson, it is not enough for health practitioners to simply "toll the bell of scarce health resources" when substandard care has occurred. Health practitioners are expected to prioritise competing demands carefully, communicate the consequences of workforce shortages (eg long wait times) to patients, and escalate patient safety concerns to more senior levels of the organisation.

Coronial inquests

When a patient dies during medical care, the coroner will often be involved in determining the cause of death and making recommendations to prevent future harm.

In recent years, a number of high-profile Coronial inquiries have made pointed comments about the dangers of workforce shortages. For example, Aishwarya Aswath died hours after presenting to the Perth Children's hospital emergency department with a fever and unusually cold hands. The coroner found that hospital staff missed the signs that the seven-year-old girl was dying of sepsis because of the pressures caused by "inadequate" staffing.

Kruk Review

In 2022, National Cabinet announced a review acknowledging the pressures on the health workforce during and after the COVID-19 pandemic resultant Kruk Review. The key message from this review is that removing unnecessary regulatory barriers faced by internationally qualified health practitioners will improve care for Australians.

Specific recommendations from the Kruk review included:

1. Better planning for Australia's future workforce needs including regularly updated national workforce modelling and workforce strategies.

2. Transitioning all or part of the comparability assessments from specialist medical colleges to the Australian Medical Council if expectations for more streamlined processes are not met within agreed timelines.
3. Ensuring all health practitioners are supported with appropriate training to familiarise them with and prepare them for safe practice in the Australian health system, regardless of their registration pathway.
4. Reducing barriers and improving incentives for doctors to work and train in rural and remote communities.

Conclusion

Healthcare workforce shortages are a global concern. They have worsened healthcare inequities and overstretched local providers. Ensuring high patient safety standards, while rapidly growing the workforce, will be a growing challenge for clinicians, health service leaders, and regulatory agencies.

At an international level, while the migration of workers cannot easily be stemmed, more consideration needs to be given to addressing the resultant inequities for LMICs.

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