



Outdated rules are wasting our health workforce and hindering productivity

Catholic Health Australia

The federal government should expand the roles of care workers, nurses and allied health professionals to improve the productivity and quality of healthcare.

In its submission to the Economic Reform Roundtable, Catholic Health Australia (CHA) argues that the current health system is being hamstrung by rigid scope-of-practice rules that waste the skills of care workers, nurses, pharmacists, and allied health professionals.

“Australian nurses, care workers, pharmacists, and allied health professionals are some of the most highly trained in the world, yet too many are stuck doing paperwork or barred from performing tasks they’re perfectly qualified to do due to outdated professional boundaries,” said Dr Katharine Bassett, Director of Health Policy at Catholic Health Australia.

“Governments must fix outdated legislation and restrictive funding rules so these workers can do much more to manage chronic conditions, support prevention, and ease the pressure on stretched hospitals,” she said.

The submission calls for immediate reforms to expand prescribing, referral, diagnostics, and care coordination rights for qualified non-medical professionals, alongside the development of a National Skills and Capability Framework to clarify and support team-based models of care.

“These are not radical ideas. Other countries have done this and Australia is falling behind,” said Dr Bassett. “Every hour a nurse or allied health professional is prevented from working at their full scope is an hour stolen from patient care.

“We also need an overarching workforce planning body to make sure we have the right skills in the right locations and drive long-term planning,” Dr Bassett said.

CHA’s submission also calls for the introduction of a National Private Price to bring transparency and fairness to private hospital funding.

“Private hospitals and insurers are currently weighed down by a web of opaque and inefficient funding contracts that take up significant resources to negotiate and fail to reward quality care,” said Dr Bassett.

“Moving to a National Private Price where costs for procedures are clearly stipulated would allow hospitals to focus on what they do best, providing high quality care to patients. This would undoubtedly improve productivity and innovation in healthcare.”

The submission also emphasises the importance of investment in digital infrastructure and emerging technologies that reduce the administrative burden on healthcare staff.

Notes to editors: *Catholic Health Australia (CHA) is Australia’s largest non-government, not-for-profit group of health, community, and aged care providers. Our members operate 80 hospitals in each Australian state and the ACT, providing around 30 per cent of private hospital care and 5 per cent of public hospital care, in addition to extensive community and residential aged care. There are 63 private hospitals operated by CHA members, including St Vincent’s, Calvary, Mater, St John of God and Cabrini. CHA members also provide approximately 12 per cent of all aged care facilities across Australia, in addition to around 20 per cent of home care services. 25 per cent of our members’ service provision is regional, rural and remote.*