

Unleashing the Potential of Our Workforce Scope of Practice Review



Health Coaches Australia & New Zealand
Association
Submission

About HCANZA:

Health Coaches Australia & New Zealand Association (HCANZA) collaborates with medical organisations and educational institutions to establish a robust educational framework for qualified health and wellness coaches. HCANZA, as the peak industry body for health coaches in the region, aims to promote excellence and accountability in health coaching. It advocates for recognition and quality standards while ensuring that health coaches adhere to ethical and best practice standards, benchmarked to international standards, ultimately enhancing healthcare outcomes.

Health coaches can play a significant role in achieving the desired outcomes outlined in your Terms of Reference. Here's how health coaches can contribute to each of these objectives:

1. Better Health and Care Outcomes for the Australian People:

Health coaches can help individuals manage and improve their health through education, motivation, and support. They can work with clients to set and achieve health goals and provide guidance on nutrition, exercise, stress management, and other lifestyle factors. By doing so, they can contribute to better health outcomes for Australians, especially in areas like weight management, diabetes prevention, and cardiovascular health.

Additionally, health coaches can complement the efforts of other healthcare professionals, such as doctors and nurses, by providing ongoing support and reinforcement of medical advice, which can lead to improved adherence to treatment plans and better health outcomes.

2. Increased Productivity of the Health System and Reduced Wait Times:

Health coaches can help reduce the burden on primary care providers by taking on health education and behaviour change support responsibilities. This frees doctors, nurses, and other specialised healthcare professionals to focus on more complex medical cases. Health coaches can also play a role in preventive health care, conducting screenings health assessments, and delivering interventions to help prevent the progression of chronic diseases.

By utilising health coaches effectively, the healthcare system can become more efficient and responsive, reducing wait times and improving access to care.

3. Better Access to Health Care for Marginalised Groups:

Health coaches can help bridge the gap in healthcare access for marginalised groups, including Aboriginal and Torres Strait Islander People, rural and remote Australians, and other underserved communities. They can provide culturally sensitive and community-centred care, addressing social determinants of health and helping individuals navigate the healthcare system.

Health coaches can collaborate with other healthcare professionals to design outreach programs and services tailored to the specific needs of these populations, thereby improving access and health outcomes.

4. Increased Job Satisfaction and Improved Recruitment and Retention:

Integrating health coaches into the healthcare workforce can increase job satisfaction among healthcare professionals. By offloading certain health education and lifestyle management responsibilities to health coaches, doctors and nurses can focus on their core competencies, which can lead to reduced burnout and greater job satisfaction.

Furthermore, the portability of health coaches across jurisdictions can help address workforce shortages in underserved areas. Health coaches can be deployed strategically to areas with the greatest need, helping to address workforce disparities and improve access to care in remote and rural regions.

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The title Health Coach is an unprotected and ill-defined term nationally and internationally. This has led to much confusion, underestimation and under-evaluation of the importance of the role. Common terminology used interchangeably with Health Coach includes health navigator, compliance coach, link worker, health consultant, lifestyle coach, etc. As a micro-credential, health coaches must be trained to appropriate standards that include synchronous and asynchronous training, supervision, and practicum.

It is important to understand these workers' differences so that expectations and outcomes can be calibrated and funded and workforces skilled appropriately.

The HCANZA standard for properly trained Health Coaches is consistent with the international organisations in the USA (National Board Health & Wellness Coaches), United Kingdom (United Kingdom and International Health Coach Association), and Canada (Health Coach Alliance).

A health coach is a behaviour change expert who

1. Builds trust and rapport with clients to create a supportive environment.
2. Conducts thorough client assessments to understand needs, goals, and challenges.
3. Develops personalised wellness plans tailored to individual needs and preferences.
4. Helps clients set achievable health goals and offers ongoing motivation and encouragement.
5. Empowers clients with education on nutrition, exercise, and behaviour change strategies.
6. Monitors progress and provides feedback and adjustments to the plan as needed.
7. Supports clients in overcoming barriers to behaviour change and improving self-awareness.
8. Enhances patient engagement and adherence to treatment and lifestyle changes.
9. Advocates for clients' needs within the healthcare system.
10. Promotes overall well-being and a holistic approach to health.

A compliance coach is a treatment plan expert who

1. Ensures patients adhere to prescribed medical treatments, medication regimens, and healthcare recommendations.
2. Guides, educates, and supports individuals to follow their treatment plans effectively.
3. Provides crisis management
4. Addresses barriers to adherence



5. Offers motivation and tracks progress,
6. Improves medication management, ultimately contributing to better health outcomes

A health navigator is a health systems and services expert who

1. Assists individuals in accessing and navigating the healthcare system
2. Guides healthcare options,
3. Helps with appointments
4. Ensures patients understand their treatment plans

HCANZA proposes that the scope of practice for Nurses and Health Care Workers could be expanded to include long-term behaviour change programs delivered to underserved communities in the first instance, but ultimately in every GP clinic as part of a move to encourage and actualise preventative healthcare as a primary outcome of a patient centred health care delivery system in Australia.

3. Who can benefit from health professionals working to their full scope of practice?

- Consumers
- Funders
- Health practitioners
- Employers
- Government/s
- Other – underserved or vulnerable health populations

4. How can these groups benefit? Please provide references and links to any literature or other evidence.

A fundamental reorientation of Australia's healthcare systems is long overdue. The current healthcare landscape faces structural and socioeconomic barriers that hinder access to timely health services, particularly preventive care, and fail to support person-centred, multidisciplinary care. These barriers impede the optimal utilisation of limited healthcare resources.

Australia's healthcare systems were primarily designed for acute illness and injury, making them less effective at addressing contemporary health needs. The country now grapples with non-acute, preventable illnesses, chronic condition management, mental health services, and specialised care for complex, chronic conditions.

Multidisciplinary care models have demonstrated numerous benefits, including improved population health, collaboration, early chronic condition detection, and equitable access to care. As a healthcare component, integrated health coaching empowers patients, fosters health resilience, enhances preventive engagement, supports condition management, and reduces the burden on primary and emergency care services without compromising outcomes.

Health coaches enrich multidisciplinary care models at the micro level by offering a patient-centred, holistic approach. Their skill set goes beyond motivational interviewing and encompasses many behaviour change and positive psychology methodologies, empowering and complementing the skills of healthcare professionals. By bridging the gap between medical advice and patient actions, health coaches significantly improve treatment adherence and patient satisfaction.

In underserved communities, health coaches address health disparities effectively. They empower community members by providing culturally sensitive guidance, education, and support. This fosters trust, collaboration, and improved access to healthcare, particularly in remote areas or areas with a shortage of general practitioners. Health coaches play a pivotal role in shifting the focus toward preventive strategies, enhancing healthcare sustainability, and improving the well-being of all Australians¹.

Overall, introducing new resources and developing and enhancing health coaching skills within the current healthcare workforce, especially among nurses and community healthcare workers, hold immense potential for improving health outcomes, shifting the emphasis toward prevention, and bolstering the long-term sustainability of healthcare funding in Australia.

Health coaching offers career progression and development for healthcare workers and nurses, bringing several benefits:

1. **Skill Diversification:** Enhancing coaching skills alongside clinical expertise.
2. **Patient-Centred Care:** Fostering holistic, patient-centric care.
3. **Job Satisfaction:** Fulfillment in promoting patient well-being.
4. **Reduced Burnout:** Balanced roles with preventive care focus.
5. **Career Opportunities:** Versatile roles in diverse settings.
6. **Flexibility:** Choices in practice settings and remote work.
7. **Interdisciplinary Collaboration:** Multidisciplinary teamwork opportunities.
8. **Improved Communication:** Enhanced patient-provider rapport.
9. **Professional Growth:** Advancement, leadership, and specialisation.
10. **Alignment with Prevention:** Meeting the evolving healthcare priorities.

From 2021 to the present, the New Zealand government have implemented several programs that place a health coach in each GP practice. I am attaching several articles that have been written evaluating the success of these programs².

5. What are the risks and other impacts of health practitioners working to their full scope or expanded scope of practice? Please give examples of your own experience.

Due to this late submission, we will not be able to answer this question.

6. Please give any evidence (literature references and links) you are aware of that supports your views.

See the Reference list at the end of this submission.

¹ ADAPT (Wellness Program), A Detect and Protect Training, A report and proposal to Australia's National Recovery and Resilience Agency, Christien Boucher, 2022.

² Rata Aotearoa New Zealand Doctor, Te Tumu Waiora: The integrated Primary Mental Health and Addiction model, Feb 2021, p31; Rata Aotearoa New Zealand Doctor, Te Tumu Waiora – three years on, Feb 2023, p33; Rata Aotearoa New Zealand Doctor, Integrated Primary Mental Health and Addiction programme – Rapid Review, September 2023, p29

7. Can you identify best practice examples of health practitioners working to their full or expanded scope of practice in multidisciplinary teams in primary care?

- **Yes**

See the reference list at the end of the submission.

8. Please give examples, and any evidence (literature references and links) you have to support your example.

See the reference list at the end of the submission.

9. What barriers can the Government, employers and regulators address to enable health practitioners to work to their full scope of practice? Please provide references and links to any literature or other evidence.

At a macro level, Australia's health and care services are under enormous pressure from both healthcare demand and workforce attrition and shortages, with growing concern the health workforce may not have the capacity to cope with the increasing burden of preventable and chronic conditions, an ageing population, reduced bulk billing availability, over utilisation of emergency care service, and ongoing HCP shortages, particularly in rural, regional, and remote communities.

Additionally, the growing demand for mental health services has overwhelmed primary care providers, and far too many Australians are experiencing significant delays when attempting to access these services. This has led to many Australians being vulnerable to a preventable health crisis for extended periods, presenting to emergency departments in crisis, or falling through service gaps (the 'Missing Middle) within an increasingly crisis-driven mental health system.

Greater utilisation and integration of all our primary care assets and resources can be achieved through funding and practice models that allow all highly qualified and trusted healthcare professionals to work to their full and enhanced scope of practice, which will enable the Australian Government to more effectively, efficiently, equitably and economically deliver the vital healthcare resources and services, while also ensuring all Australians have access to the appropriate level of care for their ailment.

Shared Medical Appointments are a relatively poorly understood example of the types of models that are game changers in terms of long-term sustainable outcomes coupled with improved patient outcomes.

There is growing evidence of the value of peer-supported interventions in emergency, crisis management and community mental health services, and peer support in the primary care setting was found to be feasible for conditions such as diabetes management.

Peer support's health and cost benefits are increasingly recognised for some health conditions, such as mental health and cancer care. The value of a peer support workforce as an adjunct to primary

health care for chronic health conditions and modifiable risk factors such as physical inactivity, poor diet, etc, should be considered.

HCANZA proposes that nurses and healthcare workers in underserved communities, given the skills and expanded scope of practice, are well placed to deliver improved outcomes.

Other barriers to the upskilling, utilisation and widespread integration of nurses and healthcare workers as coaches in underserved communities include

1. **Lack of Regulation for the Term "Health Coaching":** "Health coaching" is not regulated, leading to variability in the quality and qualifications of individuals offering coaching services.
2. **Absence of a Standardized Credentialing System:** There is no universally recognised credential for health coaching, leading to a lack of consistency in training and qualifications among practitioners. International Health coach training standards require more than motivational interviewing techniques.
3. **Limited Education for Healthcare Providers:** Many healthcare providers are not adequately educated about health coaches' potential benefits and role in primary care settings, which can hinder their willingness to incorporate health coaches into their clinics.

Another issue is the lack of coordination or agreement on health coach professional standards. While state healthcare autonomy is paramount in delivery, a national approach that applies to this mobile workforce would be welcomed.

The lack of agreement or alignment between federal and state governments regarding the role of health coaches can be a significant barrier to integrating health coaching into primary healthcare systems. This issue can create confusion and inconsistencies in regulations, policies, and funding mechanisms related to health coaching. Some potential challenges associated with this lack of alignment include:

1. **Regulatory Inconsistencies:** Different states may have varying regulations or licensing requirements for health coaches, leading to a lack of standardisation and clarity in the profession.
2. **Funding and Reimbursement:** The lack of consensus between federal and state governments can result in disparities in funding and reimbursement for health coaching services, hindering widespread adoption.
3. **Scope of Practice:** Differing interpretations of the role and scope of health coaches may lead to challenges in defining their responsibilities within healthcare teams.
4. **Interstate Practice:** Health coaches may face obstacles when providing services across state lines due to varying regulations and licensing requirements.
5. **Professional Development:** Inconsistent standards for education and training can affect the quality and consistency of health coaching services.

Addressing these challenges may require collaboration between federal and state governments to develop standardised regulations and guidelines for health coaching, ensuring that the profession is well-defined, regulated, and integrated effectively into healthcare systems. This would provide clarity for healthcare workers, patients, and health coaches themselves, ultimately improving the quality and accessibility of healthcare services.

10. What enablers can the Government, employers and regulators address to enable health practitioners to work to their full scope of practice? Please provide references and links to any literature or other evidence.

The existing structural and cultural limitations that restrict the utilisation of integrated or multidisciplinary team care models run counter to current ideas of best practices for effective health management.

Increasingly, the understood best practice for mental health care aligns strongly with a person-centred and engaging self-care model; acknowledging the most effective treatment and management strategy requires a partnership between health care professionals and people with mental health conditions engaged in their care.

Lifestyle behaviour change is also an adjunct to a patient improving their day-to-day lived experience. These include sleep, nutrition, exercise, anxiety reduction through mindfulness, etc.

It is presumptuous to think that the lack of sustainable lifestyle habits by those experiencing illness and/or chronic disease is just an education issue. Sometimes this is true. However, some consultation models do not support or allow patients to fully understand what is getting in their way – the barriers. Health coaches are experts at assisting clients to understand these barriers and apply personal strategies to overcome them. This requires more than a 'pamphlet approach'.

In Australia, there has been little policy attention directed towards the potential to use similar approaches in delivering primary and secondary care services.

At a macro level - this Review provides a unique opportunity for the evidence of best practice internationally and nationally to be applied to the reorientation of the scopes of practice of the existing health workforce through both national support strategies and by enabling relevant geographical and local communities to work collaboratively on building an adequate health workforce to meet local needs.

To achieve this requires incentivised practice models, training frameworks and targeted health consumer engagement programs. It also requires a health and public policy context in which the value of multidisciplinary care practice models and self-care are acknowledged, supported and enabled as a key component of health care.

Critical structural and cultural reforms are urgently required to ensure all Australians living in good health are placed at the centre of our health and care systems.

11. Please share with the Review any additional comments or suggestions in relation to scope of practice.

Health coaches can be a valuable addition to the healthcare system in Australia, contributing to better health outcomes, increased efficiency, improved access to care for marginalised populations, and enhanced job satisfaction and retention among healthcare professionals. Incorporating health

coaches into the scope of practice can be a key strategy in achieving the outlined objectives in your government submission.

Finally, HCANZA wishes to add our voice to the submission by the Australian Self-Care Alliance. HCANZA understands that the synergies between patient (and non-patient) self-care is at the heart of preventative health systems thinking.

Empowering patients with the knowledge, skills, and a deep sense of self-awareness is the cornerstone of self-care. This transformative journey is accessible to all individuals, especially when guided by a dedicated health coach. It's not just about making changes for today; it's about forging a sustainable path towards a healthier, more vibrant future. With the unwavering support of a health coach, patients can unlock their potential, embrace self-care, and embark on a lifelong quest for wellness, resilience, and lasting well-being.

To quote the Australian Self-Care Alliance:

The Alliance believes that, if this Review is to achieve its stated aims, the measures designed must be grounded in a person centred and engaging self-care model.

The landmark report by the Mitchell Institute for Education and Health Policy, 'Self-care for health: a national policy blueprint'³, outlines a national policy approach to building self-care capability and enhancing self-care activity in all aspects of health and health care, and provides a framework for action.

Led by leading public health policy expert, [Professor Rosemary Calder AM](#), and endorsed by more than 50 health experts and stakeholders, the Blueprint offers a suite of evidence-based, feasible policy proposals to support self-care through health policy and practice, developed in collaboration with a network of health, self-care and policy experts.

The Blueprint outlines nine priority policy proposals for implementation, combined with the structural policy approaches recommended, these proposals will:

- *improve health literacy for all*
- *build self-care into health care practice*
- *enable consumers to be active partners in health care*
- *assure the quality and accessibility of digital health information, and*
- *develop measures for individual self-care and self-care support by health services.*

However, as the Blueprint makes clear, the benefits associated with self-care cannot be achieved for the whole population through a singular focus on individuals' health behaviours and lifestyle choices. Equal focus should be applied to enable and facilitate the provision of self-care support throughout the health system and broader community, including targeted approaches for individuals and groups requiring the most support to effectively self-care.

Each proposal will make a difference. Combined, however, the proposals have the potential to improve the health of all Australians, particularly disadvantaged, vulnerable and priority health populations, through the prevention and better management of disease and decrease health inequities by reducing

³ Mitchell Institute for Education and Health Policy "Self-care and health: a national blueprint" - <https://www.vu.edu.au/sites/default/files/mitchell-institute-self-care-for-health-a-national-policy-blueprint.pdf>

the impact of the social determinants of health. As such, the Alliance strongly recommends the Blueprint policy proposals be implemented as a matter of priority.

Self-care is the most logical, simple, cost-effective and comprehensive approach to help drive individual and community engagement and empowerment in health care. If properly supported, self-care could be a game changer for public health, with benefits being shared by individuals, communities, and Government.

References:

1. Doctors Guide to Health & Wellness Coaching
2. Sandra Sheinbaum PhD, co-sponsored by the Institute of Functional Medicine, Functional Medicine Coaching Academy and Health Coaches Australia & New Zealand Association. 2022
3. ADAPT (Wellness Program), A Detect and Protect Training, A report and proposal to Australia's National Recovery and Resilience Agency, Christien Boucher, 2022.
4. Rata Aotearoa New Zealand Doctor, Te Tumu Waiora: The integrated Primary Mental Health and Addiction model, Feb 2021, p31;
5. Rata Aotearoa New Zealand Doctor, Te Tumu Waiora – three years on, Feb 2023, p33;
6. Rata Aotearoa New Zealand Doctor, Integrated Primary Mental Health and Addiction programme – Rapid Review, September 2023, p29

Research papers:

JAMA Network Open:

1. Effectiveness of Health Coaching Intervention for Patient-Family Dyads to improve Outcomes Among Adults with Diabetes. Ann-Marie Rosland, MD et al, 2022;5(11):e2237960.doi:10.1001/jamanetworkopen.2022.37960
2. Home-Based Health Coaching for Girls with Overweight and Obesity – A Randomised Clinical Trial. Richard R Rosenkranz, PhD et al. 2022;5(6):e22176720.doi:10.1001/jamanetworkopen.2022.16270
3. Mobile Health Interventions in Patients with Type 2 Diabetes. Ben S Gerber MD, MPH, et al 2023;6(11):e2333629.doi:10.1001/jamanetworkopen.2023.33629