Multidisciplinary Health Care Advisory Panel: Strengthening multidisciplinary workforce capability and capacity to support team-based care

Meeting Communique

June 2026

Australia's primary care system continues to undergo significant reform following the Australian Government's establishment of the Strengthening Medicare Taskforce in 2022. The Taskforce identified key priorities to strengthen primary care, including improving access to services, expanding multidisciplinary team-based care, modernising service delivery, and supporting system-wide change. Collectively, these reforms seek to shift primary care from an episodic model towards more coordinated, person-centred and team-based care, enabled by data and technology.

As the operator of Western Australia's three Primary Health Networks, WA Primary Health Alliance (WAPHA) is supporting the implementation of a range of Strengthening Medicare initiatives, including MyMedicare, chronic conditions management reforms, the Better Access program, aged care incentives and bulk billing measures.

WAPHA is also investing in innovative multidisciplinary models of care across general practice, women's health, aged care and mental health to improve access to integrated services, particularly in areas experiencing workforce shortages and service need.

In this context, the Panel considered the enablers and barriers to effective team-based care, with a focus on how WAPHA can continue to build workforce capability and capacity and improve access to integrated primary care services. Insights from the discussion will inform future approaches to strengthening multidisciplinary primary care across WA.

Key insights from Panel members included:

Supporting effective engagement within the primary care sector

- A clear understanding of Medicare, incentive payments, indirect billing value and the income structures of general practice is fundamental for allied health and multidisciplinary professionals seeking to work effectively with, or within, general practice.
- Additional support is required to articulate the value proposition for general practices, including both direct and indirect benefits such as improved patient outcomes, greater service efficiency and contributions to practice sustainability.
- Multidisciplinary services often rely on a mix of Medicare, grant and private funding. Training in grant writing and sustainable income generation would support providers to establish and maintain roles in primary care settings.
- Offering allied health services focused support similar to existing practice support and quality improvement functions for general practices, including practical upskilling, local coordination, digital health and workflow design.
- Establishment of relationships and referral pathways, particularly in regional and rural contexts where solo or small practices may lack capacity to identify and coordinate with relevant specialist and allied health services, is essential to supporting multidisciplinary care.
- Case studies demonstrating practical examples of the impact of multidisciplinary care could support GPs, providers and patients to better understand the connection between team-based care and improved health outcomes.
- Resources are needed to help providers explain allied health, referral processes and the purpose of team-based care to patients, particularly where health literacy is low or outreach models are being used.

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Barriers to team based care

- Relationship building, feedback loops and communication between GPs and health professionals are essential but often unpaid, making sustainable collaboration challenging.
- While co-location is often proposed as a solution, it is not always appropriate or feasible due to physical space constraints, financial considerations and needs of specific patient cohorts.
- GPs and practice managers may not always have a clear understanding of how to build or sustain multidisciplinary models and may require structured support to understand the different ways these models can operate.
- Medicare rules and referral eligibility requirements are complex and can be misunderstood, which may result in patients being misinformed or misreferred and create additional administrative burden.
- Role limitations can create additional workflows. For example, while nurse practitioners can identify allied health needs and coordinate care, GP sign-off is still required for some referrals.
- Specialists may not have adequate incentives to participate in community-based multidisciplinary care or case conferencing particularly in regional and rural settings.
- Some providers lack the equipment or confidence to use video-enabled care, secure messaging, My Health Record or interoperable systems, which can limit multidisciplinary collaboration, especially in rural and remote areas.
- Members working in rural or outreach settings described challenges including referral paperwork, low patient understanding of why allied health matters, limited local workforce, unreliable infrastructure and difficulty accessing specialist input.

Enablers to team based care

- Structured, funded case conferences as a practical way to support collaboration between GPs and allied health when co-location is not feasible.
- Use of platforms such as HealthLink and integrated software was identified as a major enabler as it allows correspondence to flow directly into general practice systems and reduces delays and manual handling.
- Some members viewed My Health Record as essential for efficiency and information sharing, while others noted ongoing concerns about privacy, inconsistent use and limited perceived value. Overall, improved confidence, training and uptake were seen as important.
- Local networks and relationship-based models support effective multidisciplinary care, particularly where patients have complex needs, by building trust and supporting local provider knowledge.
- Sharing practical workflow examples from successful multidisciplinary models could help small and resource-limited practices adapt approaches to their own context.
- Given the time constraints experienced by GPs, training for practice managers on building multidisciplinary teams, coordinating local partnerships and supporting team-based care models could strengthen multidisciplinary care within general practice.

Job satisfaction working in a primary care environment

- Primary care offers breadth and diversity through exposure to a broad range of patients and conditions, creating opportunities to work across the lifespan and broaden practice within a specialty area.
- Working in primary care can strengthen adaptability, particularly when supporting diverse patient cohorts and complex care needs.
- regional and rural primary care can provide opportunities to expand scope of practice, particularly where clinicians are required to respond flexibly to local community needs.
- Primary care can be rewarding because clinicians are able to see the direct impact of multidisciplinary care on patient outcomes, including improvements in preventative care, chronic disease management and population health.
- Being able to connect with other providers, share information and develop consistent care plans improves both clinical effectiveness and professional satisfaction.
- Multidisciplinary models can create a strong sense of professional purpose by enabling clinicians to contribute to better coordinated, more holistic care for patients with complex needs.
- Professional satisfaction improves when there are opportunities for regular collaboration, shared learning and case discussion, particularly when clinicians can problem-solve together around patient care.
- As multidisciplinary care becomes more embedded and recognised, GPs and specialists are better able to see the benefits of allied health and nurse practitioner involvement, strengthening professional confidence and perceived value.
- Professional development opportunities which bring disciplines together could further strengthen satisfaction by helping clinicians feel connected, visible and part of a broader primary care workforce.

This communique will be shared with teams within our organisation, published on the WAPHA website and shared with stakeholders through our publications.

The information provided by the Multidisciplinary Health Care Advisory Panel will be considered and incorporated into:

- **A comprehensive program plan, designed to support WAPHA teams to apply a consistent and informed approach to multidisciplinary care across commissioning, coordination and capacity building.**
- **Future planning for learning and events.**
- **The regular review and uplift of content on Practice Assist.**
- **Practice support and engagement activities WAPHA undertakes with general practices.**
- **How WAPHA supports and enables best-practice multidisciplinary team care in the services we commission.**

The Multidisciplinary Health Care Advisory Committee will continue to meet as needed to discuss contemporary issues, highlight best practice and provide contextual advice.

WAPHA will continue to monitor changes to health policy and reform and highlight opportunities for sustainable and integrated multidisciplinary models of care.

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