

Evidence synthesis for stronger health systems — necessary but not sufficient

A strong and agile health workforce and evidence-based practice are two important elements that sustain our health system. These elements do not operate alone — obviously funding and resource allocation and infrastructure, among others, are also of great importance. Together, however, they are important elements that shape both the experience of the patient and the practitioner.

The Australian health workforce continues to face considerable challenges, including shortages, geographic maldistribution, burnout and attrition, demographic pressures and training issues. For our health system to function optimally, our health workforce must meet these challenges. Despite previous recommendations, there is no current national health workforce policy in Australia to provide overarching guidance and direction.¹ In this issue of the *MJA*, Topp and colleagues² present their review of policy documents relevant to the Australian federal health workforce, which they undertook as a starting point for improving policy coordination and reform. Their review included 121 relevant policy documents, and enabled them to describe the fragmentation that exists within federal health workforce policies. In their associated editorial, Bates and colleagues³ reinforce the importance of the health workforce within a sustainable health system, and the importance of a policy framework that facilitates the availability of workers in the areas in which they are required.

In addition to this evidence synthesis of policy documents, this issue of the *MJA* also includes evidence syntheses that will inform practice across two diverse areas of medicine: assessment and management of mild traumatic brain injury and concussion, and genetic testing for monogenic diabetes.

Public awareness of the health effects of concussion, and particularly repeated concussions, has increased markedly over the past 25 years. This increased awareness appears to be mostly driven by sports-related concussions, although falls are the leading cause of concussion hospitalisations in Australia.^{4,5} Nonetheless, many people with concussion do not receive appropriate care, with management varying across health care settings. In this issue of the *MJA*, Barlow and colleagues⁶ discuss the recent, and first, Australian and Aotearoa New Zealand guidelines for the management of concussion, mild traumatic brain injury and persisting post-concussion symptoms. These guidelines provide over 100 recommendations to inform the management of both acute presentations and longer term persisting symptoms, and should provide greater clarity and confidence for clinicians across diverse health care settings.

As indicated by its name, monogenic diabetes describes cases of diabetes caused by a single gene variant. Although relatively rare — monogenic diabetes accounts for less than 5% of all diabetes cases — identifying these variants can have important implications for therapy. In this issue of the *MJA*, the representatives of multiple societies present a consensus

statement on genetic testing for monogenic diabetes in adults, with a focus on recommendations for which patients to test, the benefits of appropriate genetic counselling, and testing methodologies.⁷ Furthermore, the consensus recommendations detailed in this article not only directly inform accurate diagnosis of monogenic diabetes in adults but also inform the delivery of individualised treatment.

However, consensus statements and guidelines do not always fully align with the realities of practice — getting evidence into practice is one of the hardest challenges for health systems. Thomas and colleagues⁸ highlight the difficulties of managing chronic non-cancer pain in rural settings. Using qualitative methods, they describe the experiences of rural general practitioners with prescribing opioids for chronic non-cancer pain. Although the rural practitioners were aware of the guidelines, systemic constraints such as limited consultation times, and limited access to multidisciplinary pain management resources were both factors that influenced the continued prescription of opioids for chronic non-cancer pain. The latter, which includes allied health support, physical therapy and weight management strategies, highlights the importance, and difficulties, of applying a holistic approach to health and reinforces the call by Topp, Bates and their colleagues for a comprehensive federal health workforce policy. ■

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doi: 10.5694/mja2.70083

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- 2 Topp SM, Nguyen T, Elliott LM. Federal health workforce policy in Australia and its implications: a descriptive policy document review. *Med J Aust* 2025; 223: 459-466.
- 3 Bates SM, Harris-Roxas B, Davidson PM. Building a health workforce to meet future population needs. *Med J Aust* 2025; 223: 457-458.
- 4 Guay JL, Lebreton BM, Main JM, et al. The era of sport concussion: evolution of knowledge, practice, and the role of psychology. *Am Psychol* 2016; 71: 875-887.
- 5 Australian Institute of Health and Welfare. Concussions in Australia over the last decade [website]. Canberra: AIHW, 2024. <https://www.aihw.gov.au/reports/australias-health/concussions> (viewed Oct 2025).
- 6 Barlow KM, Ponsford JL, Theodora A, et al. Mild traumatic brain injury/concussion and persisting post-concussion symptoms: New guidelines to support evidence-based assessment and management in Australia and Aotearoa New Zealand. *Med J Aust* 2025; 223: 446-449.
- 7 De Sousa SMC, Davis TME, Harraway J, et al. Australian and New Zealand Joint Society Consensus Statement on Genetic Testing for Monogenic Diabetes in Adults. *Med J Aust* 2025; 223: 484-491.
- 8 Thomas JA, Benson J, Davidson P, et al. Opioids and the challenges of managing chronic non-cancer pain in rural Australia: a qualitative study. *Med J Aust* 2025; 223: 467-472. ■