Economic Impact Analysis

Independent review of overseas health practitioner regulatory settings

October 2023

accenture

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Throughout this report, the term median is used. The median is the mid-point of a series of data along a distribution. Median has been chosen in place of a mean (average) because the data collected in the survey is not normally distributed and therefore a median is more suitable to reflect the distribution of data across the range of responses. A mean is more influenced by outliers, whereas a median is not.

To provide greater understanding of the distribution of the results, the interquartile range (IQR) is provided throughout the report. The interquartile range represents the middle 50% of data. Throughout the report, '25th percentile' is used to describe the lowest end of the middle 50% of data and '75th percentile' is used to describe the highest end of the middle 50% of data. The remaining 50% is split above and below these percentiles.

Executive Summary

In 2021, Australia had over 800,000 registered health practitioners, and 19% had obtained their initial qualification overseas[1,2]

For the health workforce, internationally qualified health practitioners (IQHPs) have, for many years, played an important role in supplementing the domestic workforce, especially in areas of shortage.

However, the Review has found that the end-to-end journey for IQHPs is long, complex and costly. Australia is often no longer the country of choice for IQHPs due to perceived barriers, costs and uncertainties in the migration and registration processes.

A survey of over 1,700 IQHPs who have come to Australia from 2017 onwards informs much of the analysis and findings of this report, including time spent and costs incurred at each stage of the journey and reported impacts to mental health, employment and social belonging in Australia.[3] The survey conducted aimed to get a view of the true time and cost burdens for IQHPs to become registered in Australia. Rather than compare this view to an expected journey length and cost, an analysis of the survey results identifies key pain points for targeting.

Findings from the survey show that the journey of an IQHP to become registered to work in Australia can be disproportionately long

For nurses and midwives on the non-fast-track pathway, the typical journey length is 56 weeks (interquartile range, or IQR, of 26 to 91 weeks), with visa related processes typically being the biggest driver of journey length.[4] The median cost for this group is $20,375 (IQR of $9,250 to $34,050). The nurses eligible to be fast-tracked still experience a median journey length of 30 weeks (IQR of 21 to 48 weeks) and cost of $4,675 (IQR of $2,069 to $10,243).[4]

For international medical graduates (IMG), the typical journey length is 70 weeks (IQR of 35 to 130 weeks) for general practitioners and 56 weeks (IQR of 26 to 105 weeks) for other medical specialists.[4] The typical cost of the process is $33,880 (IQR of $13,850 to $50,880) and $23,425 (IQR of $10,040 to $45,162), respectively.[4] The main contributors of time and cost for this cohort are additional study and supervision. General practitioners who are fast-tracked through the system can save up to $20,000 in costs yet currently only account for a small proportion of candidates.[4]

A psychologist's journey length is typically 93 weeks (IQR of 59 to 126) and costs $12,177 (IQR of $5,553 to $30,339), with additional study and supervision contributing substantially to time spent and costs incurred throughout the process.[4] This long journey time is largely due to all overseas trained psychologists being required to complete either a transition program or internship prior to commencing work under full registration in Australia. For occupational therapists, the journey length is typically 74 weeks (IQR of 48 to 135 weeks), and costs $10,108

[1] Ahpra (2023) More practitioners than ever want to work in Australian health systems; data is reflective of all registered health practitioners at June 30 2022.
[2] Department of Health and Aged Care (2022) National Health Workforce Dataset; 19% is calculated using 2021 data on initial country of qualification by all professionals available on the National Health Workforce Dataset. 2022 data was not used here as it is not available.
[3] See Appendix C for the full survey methodology
[4] Accenture Survey of 1,700 IQHPs. 'Typical journey' is used to represent the median. Interquartile range is the middle 50% of the data points from the 25th percentile to the 75th percentile.

(IQR of $5,765 to $17,902), with visa related processes the largest contributor to time and costs.[4]

For all professions, there is a significant amount of variation in experiences, with many IQHPs experiencing long and costly processes

Certain cohorts are more likely to experience a longer and costlier process. For example, IQHPs with more years of professional experience, in particular international medical graduates, experience insufficient recognition of their professional experience, with almost half working in roles below prior levels of seniority for periods of a year or longer.[4]

These processes and complexities are difficult and frustrating for the majority of candidates, and manifest in adverse impacts on mental health and wellbeing for 40% of survey respondents, and adverse impacts on work and other activities for over 50% of survey respondents.[4]

The current regulatory process costs the Australian economy $2.6 billion annually, comprising costs borne by individual candidates, the health system, society and the economy

Regulation ensures IQHPs meet the minimum standards and hold all required qualifications and documents. A significant proportion of cost associated with this regulation is representative of the value to the community of the regulatory services provided in upholding quality standards of health care professionals. However, regulation which is poorly devised or implemented creates overly burdensome economic and social impacts.

Delays in filling positions are the largest costs to the Australian economy and these costs result from IQHPs taking a long time progressing through the regulatory process. Other impacts include forgone income resulting from underemployment, fees associated with registration and migration, and other costs such as those associated with additional study.

The cost to the Australian economy was calculated based on an economic impact framework made up of consumer deficit, labour deficit, producer deficit and community impact.

It is estimated that adopting changes recommended by the Independent review could reduce the regulatory impact on the economy by up to $850 million annually

The interim report for the *Independent review of overseas health practitioner regulatory settings* has identified a range of reforms to improve the timeliness and flexibility of the regulatory process.[5] These recommendations aim to streamline the process by reduced duplication in document collation stages, accelerated visa processing times, expanding the fast-track eligibility and removing labour market testing.

This supplementary report describes, but does not quantify, other benefits likely to be generated by reform. As a result, the estimates of the reduced regulatory impact are likely to be conservative. These benefits include reduced burden of disease, improvements to patient care and reduction in workforce turnover. Other upside not captured in this benefit includes the increase in number of IQHPs choosing Australia due to a more streamlined process. This makes Australia a more attractive destination for global talent, having flow on impacts for

[5] Robyn Kruk AO (2023) Independent review of health practitioner regulatory settings: Interim Report

productivity. This will have broader benefits to health care provision and advancements of the health ecosystem in Australia.

Reforms have the potential to improve the wellbeing of health practitioners across Australia, as well as reduce the strain on the healthcare system and economy

With an estimated 15,000 IQHPs coming to Australia each year, there is an opportunity to improve the lives and experiences of tens of thousands of candidates, as well as improving the lives of the health practitioners they will work alongside by relieving the pressure of staff shortages. This will help to improve outcomes for patients and fill vacancies and gaps in the workforce, especially in rural and remote areas.

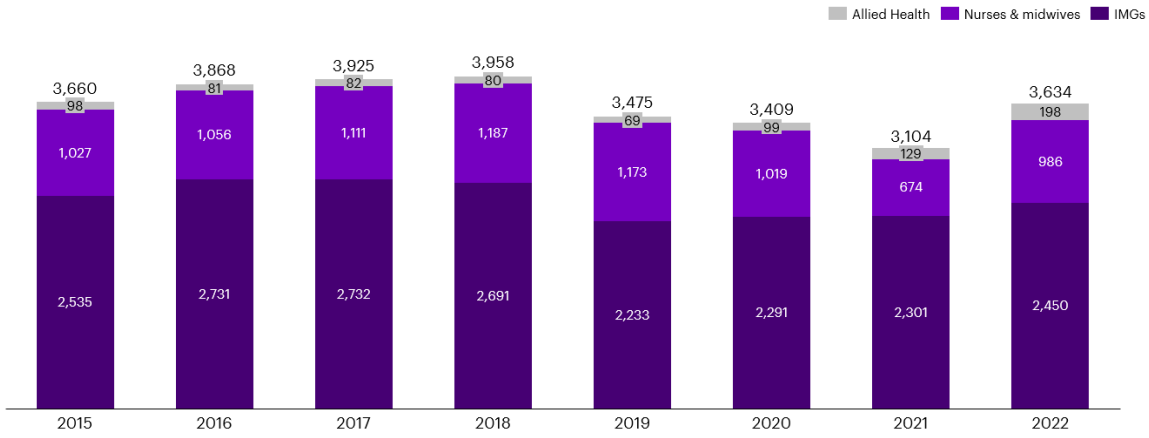
1. Introduction and context

In 2022 it is estimated that over 15,000 IQHPs came to Australia to work

In the context of an ageing population and rising total disease burden, Australia's healthcare workforce is under increasing pressure to keep pace with growing demand for services. Despite strong growth in domestically trained workers, IQHPs will continue to be critical to healthcare delivery.

In 2021, Australia had over 800,000 registered health practitioners, and 19% had obtained their initial qualification overseas.[6,7] Temporary skilled visas play an important role in supplying this workforce, with 3,634 arrivals in 2021-22 and over 29,000 since 2015 (see **Figure 1**). Just over one in four IQHPs come to Australia on a temporary skilled visa.[8] Close to 80% of this workforce originated in 10 countries: the United Kingdom, India, the Philippines, Ireland, Malaysia, Canada, South Africa, Sri Lanka, the Peoples Republic of China, and the USA.[8]

Figure 1: Temporary skilled visas granted to IQHPs since 2015



Note: The number of candidates obtaining temporary skilled visas represents only around a quarter of total IQHPs who are registered in Australia each year. Source: Department of Home Affairs, Ahpra

The Australian Health Practitioner Regulation Agency (Ahpra) oversees the regulatory approval, with interfaces with other agencies

The National Regulation and Accreditation Scheme (NRAS), established by state and territory governments, is the framework which supports registration and regulation of health practitioners in Australia.[9] To establish the scheme, all states and territories adopted the *Health Practitioners Regulation National Law Act 2009* (Qld) as mirrored legislation. Ahpra works in conjunction with 15 National Boards to implement the Scheme which is designed to

[6] Ahpra (2023) More practitioners than ever want to work in Australian health systems; data is reflective of all registered health practitioners at June 30 2022.
[7] Department of Health and Aged Care (2022) National Health Workforce Dataset; 19% is calculated using 2021 data on initial country of qualification by all professionals available on the National Health Workforce Dataset. 2022 data was not used here as it is not available.
[8] Department of Home Affairs (2023) Temporary Work (skilled) visa program
[9] Department of Health and Aged Care (2023) National Registration and Accreditation Scheme

protect public safety by ensuring regulated health practitioners are registered against consistent, high-quality, national professional standards. Ahpra oversees the registration processes for both domestically and internationally qualified health practitioners which includes a mixture of general standards like criminal history checks and English language proficiency, as well as profession-specific standards such as qualification assessments.[10]

IQHPs must meet a series of other requirements which include gaining a valid visa, which is granted by the Department of Home Affairs. Practitioners looking to migrate to Australia under a skilled migration visa must also complete a skills assessment which is undertaken by a separate authority. In addition to this, eligible health practitioners must gain a Medicare provider number from Services Australia once registered with Ahpra if they wish to claim, bill, refer or request Medicare services.

Other countries offer approaches and learnings that Australia can look to for enhancing our processes

International best practice can provide examples and learnings for Australia's registration and migration system and help to ensure Australia is a favourable destination for IQHPs. New Zealand, Canada and the United Kingdom share many similarities to Australia in terms of the rigorous registration process for IQHPs and have high-quality health care systems which attract many IQHPs.[11,12,13] Several other countries including Denmark and Finland offer fast-track immigration systems to address skills shortages through migration.[14,15]

It is important to note that each country has a unique regulatory system with different processes and requirements because of the health system in that country. While there are components of international best practice which work well overseas, differing regulatory and health systems may mean they are not suitable in the Australian context.

International best practice provides six key themes which Australia could consider.

1. **End-to-end support for applicants throughout the process:** New Zealand has introduced an international recruitment centre within Te Whatu Ora - Health New Zealand to provide support for IQHPs.[16] The purpose of this body is to provide national coordination and stewardship of health immigration advice and support. The body provides informative webinars for a series of professions including nurses, midwives and psychologists, free guidance on visa options and recruitment, financial and settlement support and cultural sensitivity and safety training.[17] A similar support mechanism could be used in Australia to help to support IQHPs by reducing the complexity and confusion currently experienced.

2. **Single source of information and clearly outlined process:** Denmark offers a clear, single source of truth for the registration process for healthcare professionals through the Danish Patient Safety Authority, which clearly outlines the documentation, assessments and language requirements.[18] The Medical Council of New Zealand offers detailed and clear information about the end-to-end registration process, supervision, and migration

[10] Ahpra (2023) Information for international practitioners
[11] Medical Council of New Zealand (n.d.) Getting registered
[12] Medical Council of Canada (n.d.) Route to licensure
[13] Health and Care Professionals Council (n.d.) Eligibility to apply for registration
[14] The Danish Agency for International Recruitment and Integration (2023)
[15] Finnish Immigration Service (Migri) (2023)
[16] Te Whatu Ora Health New Zealand (2022) International Recruitment Centre
[17] Te Whatu Ora Health New Zealand (n.d) Make a difference somewhere different
[18] Danish Patient Safety Authority (n.d) Registration of healthcare professionals

for overseas trained medical practitioners. The information provided clearly sets out the documents and assessments required as well as clearly defined pathways for applicants.[19]

3. **Greater flexibility to sit skills assessments:** The United Kingdom and Canada offer more flexibility in skills assessments for registration with a larger number of available test centres and online options to reduce costs for participants. The United Kingdom offers five locations to undertake the Objective Structured Clinical Exam (OSCE) assessment and offers reduced prices for re-sitting assessments if an applicant has to re-sit seven or fewer stations out of the total of 10.[20] Canada offers the opportunity to sit the OSCE as a virtual assessment as a part of the Internationally Educated Nurses Competency Assessment Program (IENCAP).[21] In contrast the in-person locations to sit the OSCE in Australia are limited, though expanding in future and online options have been introduced recently.[22]

4. **Financial support throughout registration:** Addressing financial barriers associated with registration has been prioritised in New Zealand.[23] Financial support of up to $10,000 is provided to international nurses for registration costs and to complete competence assessment programs. A six-month bridging program to prepare doctors for working in New Zealand includes covering international doctors' salaries during their six-week clinical induction courses and three-month training internships. Costs associated with the registration process are often cited as a pain point for IQHPs moving through the registration process in Australia. In Australia, states and territories and some private employers do offer some financial support.

5. **Fast-tracked visa processes for key skill areas:** Finland and Denmark prioritise and fast-track applications for a set of skilled occupations to reduce migration delays. It is worth noting that the registration process is still lengthy for recognition of overseas qualifications. Finland offers a fast-track service where an applicant with a job offer can receive a residency permit within 14 days.[24] This is offered to other medical professionals or individuals with a higher education degree. Denmark has a Positive List for People with a Higher Education which has a normal processing time of 30 days with fast-tracking taking between zero and 10 days.[25] For Australian skilled independent visas, processing times in mid-2022 were 83 days (~12 weeks).[26] Most survey respondents with this type of visa experienced processing times within this range, though approximately one quarter experienced longer times. It is important to note that Australia is prioritising the processing of health visas which has resulted in faster processing times in 2022 and 2023.

6. **Pathways to permanent residency:** Canada and New Zealand offer clearly defined pathways from initial skilled migration visas to permanent residency to offer stability and security for IQHPs. Canada offers a pathway for skilled workers to be assessed based on the Comprehensive Ranking System (CRS) with applicants with the highest CRS score invited to apply for permanent residency. Selection occurs every two weeks. New Zealand offers a pathway to permanent residency through a points-based system where individuals are selected from a pool of expression of interest applications to proceed with a residence application. A job offer is a key component of this process. Australia's

[19] Te Kaunihera Rata o Aotearoa (The Medical Council of New Zealand) (2022) Registration process
[20] NHS Employers (2022) Recruitment of overseas nurses and midwives
[21] Touchstone Institute (n.d) Internationally Educated Nurses Competency Assessment Program (IENCAP)
[22] It should be noted that 3 new sites are scheduled to open in 2023
[23] The Beehive (2022) Government plan to boost health workers
[24] Finnish Immigration Service (n.d) Residence permit
[25] The Danish Agency for International Recruitment and Integration (2023)
[26] The Australian Financial Review (2023) Some visas processed in less than 24 hours as backlog eases

pathway to permanent residency often requires three years holding an alternative visa which creates uncertainty for applicants.

Health practitioner registration systems in the United Kingdom, Ireland, Canada and New Zealand are complex and similarities can be drawn to the Australian system. Despite the similarities, there are points of difference between the systems which offer examples of areas of improvement for Australia. Fast-track systems offer examples of other models from which Australia can learn.

A common feature of both the Australian and overseas approaches illustrated above is that none quantify exactly how long the end-to-end process should be, nor the estimated costs incurred. While there are known steps in the journey such as the length of a mandatory supervision period or the cost of a skilled migration visa, aside from anecdotal reporting, no country has a good idea of how long the process for a prospective IQHPs truly takes.

Methodology overview

To quantify the duration of the end-to-end journey and the costs involved in the IQHP registration process in Australia a survey of 1,700 IQHPs was conducted. The survey collected data on IQHPs who went through the registration process from 2017 to 2023. Focus groups with IQHPs across the relevant fields of practice provided further insights into the current state of the end-to-end journey.

An economic impact framework was created to quantify the current cost of the registration process. The framework assessed the backfill costs of staff shortages, cost of delay due to labour market testing, registration fees, skilled migration fees, visa fees and missed income for IQHPs. To model the economic impact, the total number of IQHPs in 2022 was calculated based on the number of newly registered practitioners with Ahpra in 2022. The duration of the end-to-end journey was calculated using the median end-to-end journey length from the date an IQHP commenced the process to the date they received their full registration.

The number of IQHPs who register in a year and the median end-to-end journey length were used, in combination with other survey data and publicly available data, to quantify the key categories of the economic impact framework:

- Backfill costs were calculated by taking the cost premium required to pay domestic staff overtime for the duration an IQHP is in the registration process
- Cost of delay due to labour market testing was calculated as the cost premium required to pay domestic staff overtime for the duration an IQHP migrating on a skills shortage visa is in the registration process
- Cost for registration fees and skilled migration fees were taken from survey data and weighted against the proportion of IQHPs who incurred a cost at that stage
- Visa fees were calculated by using Department of Home Affairs visa cost data
- Missed income for IQHPs was calculated based on the employment status on arrival in Australia for the duration of the registration processes undertaken while in Australia

An alternative case with a series of proposed reforms was also modelled to calculate the cost savings which could result from the proposed reforms. The proposed changes to the registration process were reduced duplication in document collation stages, accelerated visa processing times, expanding the fast-track eligibility by 10 or 20 percentage points and removing labour market testing. These reforms reduce the overall cost of the registration process and represent a benefit to the economy.

2. Current candidate experience

Experience framework

The overall candidate experience can be considered in 10 stages

In order to understand the current candidate experience, this report maps out the journey experienced by IQHPs in nursing and midwifery, medicine and other specified allied health professions.[27] These journeys broadly follow 10 stages that span over four key phases of the process:

Pre-registration:

1. **Exploring** relates to the initial research and decision to work in Australia

2. **Deciding** relates to the ultimate decision to start the application process to register as a health practitioner in Australia

3. **Self-check or eligibility check** *(and if required, additional tertiary or transition study*) relates to the additional tertiary or transition study the individual may have been required to complete

Registration:

4. **Compiling documents** for registration relates to the documents required to complete a registration to become a registered health practitioner in Australia

5. **Skills assessment** for registration relates to the assessment such as exams, practical assessments and multiple-choice assessments undertaken to become registered as a health practitioner in Australia

6. **Receiving exam results** relates to the period after completing the assessments when the individual receives the results

Migration:

7. **Applying for registration** relates to the period after collating documents and receiving exam results when the final application to become a registered health practitioner in Australia is submitted

8. **Qualifying for skilled migration** (*if applicable*) relates to the compilation of documents and evidence for relevant assessing board to then qualify for a skilled migration pathway

9. **Applying for a visa** relates to compiling documents and applying for a relevant visa in order to live and work in Australia

[27] Psychologists, occupational therapists, pharmacists and paramedics

Supervision:

10. **Supervision** relates to a period of supervised practice for the purposes of gaining full registration

While the process is laid out in a linear fashion, many applicants will not undertake the process in this way and may complete certain activities concurrently or out of order.

Overall time and cost variability

Candidates from different professions experience substantially different time and financial costs

The median duration of the end-to-end journey varied by field of practice from 30 to 93 weeks. This length excludes the exploring and deciding phases of the journey.

Psychologists and occupational therapists reported the longest median end-to-end journey duration. Psychologists spent a median of 93 weeks and occupational therapists spend a median of 74 weeks from the time they start the process to become a registered practitioner in Australia to the date they receive their registration.

Nurses and midwives typically have the shortest reported duration of the end-to-end journey. This is likely because nurses and midwives are not required to complete an extended period of supervised practice to receive their full registration as is the case for many other professions including international medical graduates and psychologists. **Figure 2** shows that variation exists both between and within professions with wide ranges in the interquartile range.

Figure 2 : Duration of the end-to-end journey by field of practice

Field of practice	Median duration (weeks)	25th percentile (weeks)	75th percentile (weeks)
Nursing and midwifery *Fast-track (Stream A)*	30	21	48
Nursing and midwifery *Non-fast-track (Stream B and beyond)*[28]	56	26	91
Medicine – General practice	70	35	130
Medicine – Other specialists	56	26	105
Psychologists	93	59	126
Occupational Therapy	74	48	135

Source: Accenture survey analysis; Duration is based on the date which an IQHPs commences the process to become a registered health practitioner in Australia and the date they received their registration.

[28] 'Stream B and beyond' refers to health practitioners who go through the process in stream B and health practitioners who are not eligible for stream A or B and enter stream C where they are required to complete additional qualifications prior to re-commencing the registration process.

All of the field of practice groups reported median out-of-pocket costs exceeding $4,000, with general practitioners reporting the highest median costs of $33,880.[29] **Figure 3** shows the variation in cost between professions as well as within professions as shown through the interquartile range.

Figure 3: Cost incurred throughout the end-to-end journey by field of practice

Field of practice	Median cost ($)	25th percentile ($)	75th percentile ($)
Nursing and midwifery *Fast-track (Stream A)*	$4,675	$2,068	$10,243
Nursing and midwifery *Non-fast-track (Stream B and beyond)*	$20,375	$9,250	$34,050
Medicine – General practice	$33,880	$13,850	$50,880
Medicine – Other specialists	$23,425	$10,040	$45,162
Psychologists	$12,177	$5,553	$30,339
Occupational Therapy	$10,108	$5,765	$17,902

Source: Survey analysis, excluding estimated forgone income due to time taken off work

[29] Out-of-pocket costs includes any costs incurred by a health practitioner throughout the end-to-end journey. This includes, but is not limited to, assessment fees, additional study materials, travel and accommodation and document compilation costs. Out-of-pocket costs excludes estimations of any forgone income.

Profession specific experiences

Nurses and midwives

Internationally qualified nurses and midwives (IQNMs) make up 55% of the total IQHPs in-scope for this review who became registered health practitioners in Australia in 2022.[30]

IQNMs are divided into three streams when they commence the registration process:

- Stream A: IQNMs with a qualification considered to be substantially equivalent, or based on similar competencies, to an approved qualification.
- Stream B: IQNMs with a qualification that is professionally relevant, but is not substantially equivalent, nor based on similar competencies to an approved qualification.
- Stream C: IQNMs with a qualification that is not substantially equivalent or relevant to an approved qualification. Stream C are unable to proceed through the registration process without first completing additional study in Australia or overseas.

IQNMs who complete the registration process through Stream A are on a faster registration pathway with reduced skills assessment requirements. The variation between the Stream A and B is shown through the current state journey map, in **Figure 4.**

The current state journey map highlights the complexity and difficulty of the end-to-end journey for an IQNMs to become a registered health practitioner in Australia. The journey map highlights that compiling documents for registration, skills assessment for registration and applying for registration are the stages which IQNMs who responded to the survey found to be the most difficult.

[30] Ahpra (2023) Information for international practitioners (date accessed April 2023)

Figure 4: Nursing and Midwifery

Australian Government
Department of Finance

Current State Journey Map

This map illustrates a simplified journey of an Internationally Qualified Nurse / Midwife (IQNM) seeking to practice as a registered nurse and/or midwife in Australia.

The primary journey depicted here is an IQNM applying through Stream B

A B C

Stream A - a qualification considered to be substantially equivalent, or based on similar competencies, to an approved qualification

Stream B - a qualification that is professionally relevant, but is not substantially equivalent, nor based on similar competencies to an approved qualification

Stream C - a qualification that is not substantially equivalent or relevant to an approved qualification

An IQNM may not go through every action or step in the exact order shown. Their journey may vary primarily depending on factors such as country and duration of study, training/experience and working history.

While the journey map is linear; in reality, an IQNM may dip in and out of stages or actions at different times

This map also visualises the circularity/duplication of certain steps, which result in additional complexity and user effort.

The colours of each stage represent the difficulty of each stage, based on survey data.

1. Exploring

- IQNM applicant encounters information about living and working as a nurse overseas
- After researching and speaking with colleagues, IQNM applicant gathers professional documentation and submits applications for nursing positions in a few overseas locations, including Australia
- A migration agent may be utilised

What are they thinking?
- Is now the right time?
- Where could I go?
- How long is the process?
- How easy is it to get a job?

Cost: Varies by individual

Time: Varies by individual

Pain Points 1 4

Some applicants will likely start compiling documents ASAP

2. Deciding

- IQNM applicant does basic research into working conditions, visa requirements and lifestyle for countries
- IQNM applicant decides to proceed with an offer to work in Australia

What are they thinking?
- Who can help me secure a job in Australia?
- Will they help me and my family move to Australia?
- What is the culture of the country?

Cost: Varies by individual

Time: Varies by individual

"I had a number of connections who had previously worked in Australia, and there's a large community from my country working there. 47 out of 86 in my class came to work in Australia."

Stream A
Stream B

3. Self / eligibility check

- IQNM applicant completes online self-check
- IQNM assessment: $410
- Orientation Part 1 (Stream A and B)
- IQNM is likely to use personal and/or professional connections for guidance

What are they thinking?
- Now that I know which stream I belong to, how long will the next step/s take?

Stream C

"There is no way I would have come here if I had come through the stream for non-comparable health qualifications. The process for those health practitioners is very challenging."

Stream C
- IQNM must upgrade their qualification overseas or complete a qualification in Australia which results in registration (such as a midwifery or nursing bachelor degree or nursing diploma)

4. Compiling documents for registration

IQNM applicant compiles documents for portfolio:
1. Nursing registration in another country
2. Tertiary health qualifications in nursing
3. English language proficiency
4. Professional indemnity insurance arrangements
5. Criminal history check

What are they thinking?
- I grew up speaking English why do I need to prove it?
- If prior successful applicants have the same qual as me, why do I need to prove evidence of it?

Overall time ~ 8 weeks

- IQNM applicant may need to certify or have documents notarised
- English translations for documents as required or evidence of schooling completed in English
- Criminal history check $150

"I had to track down principals and teachers who I barely knew to get evidence of primary and high schooling completed in English. It felt so unnecessary, especially since I'm from Ireland."

Pain Points 1 2

5. Skills assessment for registration

Overall time ~ 5 weeks

IQNM sits Outcomes Based Assessment (OBA):

Stream A:
(online) multiple choice question exam (MCQ) $500

Stream B:
(online) multiple choice question exam (MCQ) $500
(in-person, in Adelaide) Objective Structured Clinical Exam (OSCE) $4000
(*Re-sit fees where first attempt unsuccessful) 4 hours (only for Stream B)
OSCE is run 5 times per year (2-3 months between dates)

What are they thinking?
- I have many years of experience in similar work places overseas, why am I doing these assessments?
- Are there cheaper or faster pathways I can pursue through other countries?
- This is very expensive, will I have to make sacrifices elsewhere?
- Will it be easy to secure a job?

"There is just cost upon cost for some IQNMs. You're spending thousands and you have to align yourself to their schedule, while doing things like visas, finding housing, schools."

Pain Points 1 2 3

6. Receiving exam results

Wait time for results ~ 2.5 weeks

- IQNM receives feedback and/or results from Outcomes Based Assessment

What are they thinking?
- Now that I've passed, how long will it take to get registered?

Pain Points 1 3

Re-sit Required

"It's just incredibly expensive to live here, I know that's not unique to us, it just adds to the list of pressures on an already struggling profession."

7. Apply for registration

IQNM Applicant submits registration application, compiled documents to AHPRA for processing $480 (7-14 days if completed correctly)

What are they thinking?
- How long should I wait before I follow up on my registration application?
- How do I contact Ahpra if I need to?
- What extra fees, or time do I need to invest if my application is incomplete, or unsuccessful?

"I had documents translated and certified by the Australian government, but Ahpra still rejected them as not being to standard."

Pain Points 1

8. Qualifying for skilled migration

Applicant ensures they meet criteria to qualify for skilled migration. IQNM applies to ANMAC ($515) and compiles documents to meet five assessment criteria:
1. Proof of identity and/or age
2. English proficiency
3. Skills assessment
4. Character test
5. Partner skills and/or experience (if relevant)
6. Sponsorship or nomination (if relevant)

What are they thinking?
- Didn't I already have my skills assessed?
- Why doesn't my Ahpra registration count?

12 weeks processing time

"I relied entirely on my friends and connections, because it wasn't clear what to do."

Pain Points 1 2 3

"Our IQNMs are not valued for their skills and experience. There is a focus on certain qualifications or checks over comparable experience and skills from what we've gone through trying to get people over here."

Stream A

Applicant already living or working in Australia

9. Applying for a visa

Applicants will go through the visa process at different times based on their circumstances. Parts of the process may be done concurrently to an IQNM's registration journey

Overall time ~ 13 weeks

IQNM applies for a visa ~$4000 (3-6 months processing time Employer sponsored, 2+ years independent application)
In some unique instances, an IQNM will not apply for skilled migration but instead use another visa path (e.g partner, working holiday)
Medical health examination if applicable: up to $500

What are they thinking?
- Will it be easy to get work and can I work anywhere?
- Will I be able to live anywhere in Australia?
- Can I bring dependents with me?

Pain Points 1 2 3

"Lots of people I work with are very interested in pathways to get permanent residence."

10. Employment

Supervision time ~ 4 weeks

- IQNM secures offer of employment and commences work
- IQNM completes any credentialing requirements in order to work (if applicable)

What are they thinking?
- How will my family and I fit in and adapt?
- Who can help me understand the "Australian" ways of working?
- Will my employer reimburse or cover any costs?

Cost
Essential costs of living - $3,800 / month (single person)
$7,000 / month (family of 4)
Expatistian

Pain Points 1 5

"3 months start to finish is pretty normal for a nurse or midwife with a comparable background like me."

"Generally it's 6-12 weeks from finding a health practitioner and this individual starting working for a large employer like us."

"My employer did everything for me. I don't remember specifically, but it was a breeze to come over here. I basically didn't pay a cent during the process."

Living and working in Australia

Pain point Legend

1 Costs to individual
- Out of pocket expenses - certification/ notarisation, translation, document production fees
- Application / registration fees
- Examination fees
- Tuition / study costs (including private bridging courses)
- Travel costs (physical attendance)
- Third party/agent fees
- Opportunity cost

2 Application management
- Liaising with parties to compile documents (universities, overseas nursing boards, former employers, work history)
- Tracking progress
- Managing scheduling, correspondence

3 Process complexity
- Most countries' qualifications do not meet NMBA-Ahpra criteria, however many countries are considered equivalent
- High threshold for proving English language proficiency. IQNM applicants from English speaking backgrounds are often required to prove their schooling was completed in English
- Limited exams scheduled each year
- Requires physical presence in Australia to complete with no online options
- Duplicative processes

4 Source of truth
- No clear source of truth to many IQNM applicants
- Official and unofficial information sources each give a siloed view of the process to live and work in Australia
- Reliance on professional / social networks to navigate information sources

5 Skills transferability
- IQNM may be required to do further on-the-job training to ensure skills are of the required standard of the employer
- An IQNM may need more time to learn cultural / situational context and nuances

Touch point Legend

Online · In Person (incl. networks) · Social Media · Email · Phone · Post · Migration Agent

Australian Health Practitioner Regulation Agency (Ahpra) · ANMAC · Home Affairs

Nurses and midwives have the shortest median journey length ranging from 30 weeks (Stream A) to 56 weeks (Stream B and beyond)

Nurses and midwives have the shortest median journey length. This may be explained by the absence of a requirement to complete a period of supervision which is common across other professions. For the period of time that nurses and midwives do spend in the journey, additional study, visa application and qualifying for skilled migration are the most time consuming and each have a median of 13 weeks. It is important to note, however, that not all nurses and midwives complete every stage in the journey. For example, additional study was only completed by 45% of non-fast-tracked nurses and midwives.

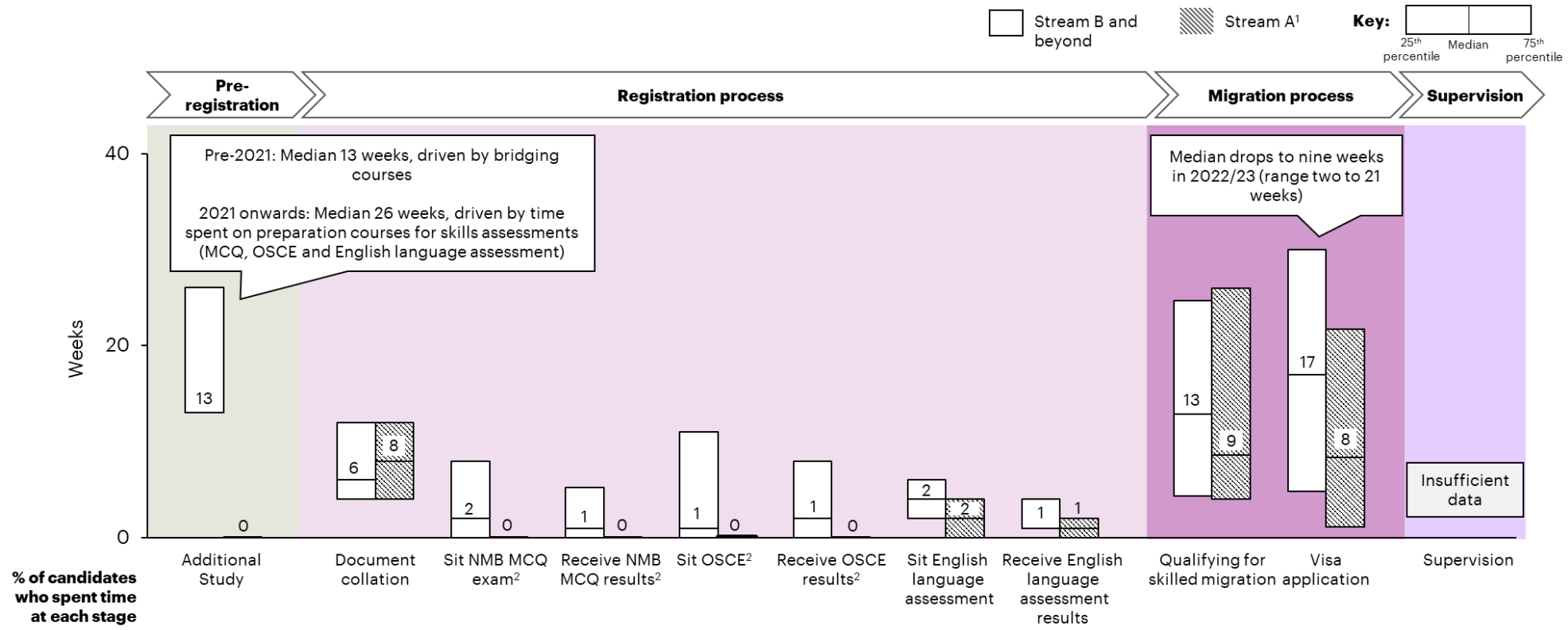
The additional study stage has a median length of 13 weeks and recent changes have seen this increase to 26 weeks. In March 2020, the Nursing and Midwifery Board of Australia (NMBA) replaced the need for bridging programs for Stream B applicants with the new Outcomes-Based Assessment (OBA) approach which involves a multiple-choice exam and the Objective Structured Clinical Exam (OSCE). While the change eliminated the cost and time incurred to complete the bridging courses, survey data shows that the cost and time to complete bridging courses was replaced by the cost and time to enrol in preparation courses for the multiple-choice exam or OSCE. While the proportion of nurses and midwives spending time and money on this stage dropped from 39% to 10% for nurses and midwives commencing the process after 2020, the median time spent on this stage increased from 13 weeks to 26 weeks, reflecting time spent on preparation courses or study for the OBA assessments.

The visa application stage has a median of 13 weeks, but recent prioritisation of IQHPs visas has seen this decrease to 9 weeks. A median of 13 weeks is experienced by candidates not on a fast-track pathway (Stream B and beyond), compared to nine weeks for candidates on a fast-track pathway (Stream A). This difference is largely explained by the different composition of visa types selected by candidates within each group rather than a feature of the fast-track process. The Department of Home Affairs has prioritised the processing of IQHPs visa applications in 2022/2023.[31] This has contributed to a decrease in the median time taken in the visa application stage by four weeks.

The stage with significant variation is the wait time to sit the OSCE and can be explained by the limitation of five OSCE assessments held per year. Waiting for an available assessment place and waiting to receive the results of the assessments are areas which can delay progress throughout the remainder of the journey. The OSCE only runs five times throughout the year, meaning some practitioners experience long wait times to complete the assessment further delaying the completion of the process.[32] This can be seen in the wide range for the time taken to 'sit OSCE' assessments in **Figure 5**. Candidates in Stream A are not required to sit the OSCE. This is indicated by the median of zero weeks for this assessment in **Figure 5**.

[31] Department of Home Affairs (2022) Skilled visa processing priorities
[32] Ahpra – Nursing and Midwifery Board (2021) Objective Structured Clinical Exam

Figure 5: Nurses and midwives median time spent at each stage of the journey



% of candidates who spent time at each stage	Additional Study	Document collation	Sit NMB MCQ exam[2]	Receive NMB MCQ results[2]	Sit OSCE[2]	Receive OSCE results[2]	Sit English language assessment	Receive English language assessment results	Qualifying for skilled migration	Visa application	Supervision
Stream B and beyond	45%	88%	100%		100%		90%		64%	100%	<20%
Stream A[1]	<5%	88%	16%		16%		26%		34%	100%	<5%

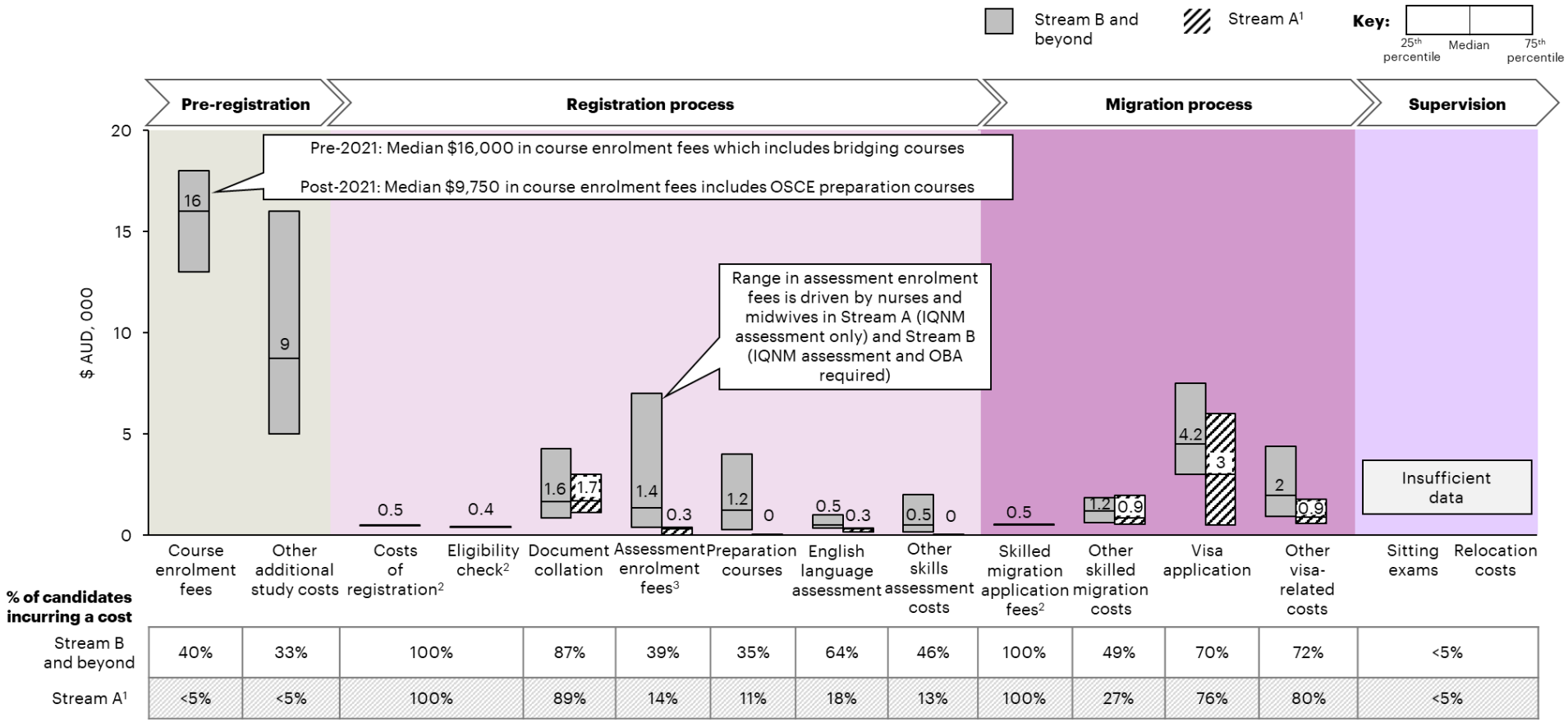
Note: n (Steam A) = 181, n (Stream B and beyond) = 409. 1. Candidates with qualifications from countries eligible for the Stream A: Hong Kong, Ireland, Canada, United States of America and the United Kingdom. 2. Required for all non-fast-tracked candidates. For all other stages, the proportion of candidates who complete these stages is calculated as the proportion of those who have completed the full process who reported spending any amount of time on the stage. It is assumed that those who report spending zero time on a stage still completed a stage while those who recorded NA were not required to complete the stage.
Source: Accenture survey analysis

The median journey cost for non-fast-tracked nurses and midwives is $20,375, with fast-tracked candidates avoiding over $15,000 in costs

A significant driver of cost for nurses and midwives comes from course enrolment fees. For the nurses and midwives completing the journey prior to 2020, this aligns with an estimated bridging course fee to meet qualification requirements for registration. For those who completed the journey after the changes in 2020, the costs are likely to be driven by preparation courses and other study costs to prepare for assessments.

Different streams in the nursing and midwifery registration process contribute to a wide range in assessment enrolment fees. Nurses or midwives in Stream A have a qualification which is considered to be substantially equivalent or is an approved qualification, meaning they are not required to sit the OBA. All applicants incur an initial IQNM assessment fee of $410, but only Stream B are required to sit the OBA. IQNMs in Stream B are required to pay $4,000 for the OSCE and $500 for the MCQ components of the OBA. This explains the range in assessment enrolment fees as shown in **Figure 6**. Candidates may also be required to repeat skills assessments which may result in repeated payment of fees for certain assessments.

Figure 6: **Nurses and midwives median cost incurred at each stage of the journey**



% of candidates incurring a cost	Course enrolment fees	Other additional study costs	Costs of registration[2]	Eligibility check[2]	Document collation	Assessment enrolment fees[3]	Preparation courses	English language assessment	Other skills assessment costs	Skilled migration application fees[2]	Other skilled migration costs	Visa application	Other visa-related costs	Sitting exams	Relocation costs
Stream B and beyond	40%	33%	100%		87%	39%	35%	64%	46%	100%	49%	70%	72%	<5%	
Stream A[1]	<5%	<5%	100%		89%	14%	11%	18%	13%	100%	27%	76%	80%	<5%	

Note: n (Stream A) = 181, n (Stream B and beyond) = 409. 1. Candidates with qualifications from countries eligible for the Stream A: Hong Kong, Ireland, Canada, United States of America, and the United Kingdom. 2. These cost categories are fixed costs which are incurred by all nurses and midwives and are sourced from Ahpra. All other cost categories are derived from survey analysis. 3. Some candidates recorded these costs as course enrolment fees or other additional study costs.
Source: Accenture survey analysis, Ahpra

International Medical Graduates

International medical graduates (IMGs) make up 26% of the total IQHPs in-scope for this review who became registered health practitioners in Australia in the past year.[33] Over 95% of survey respondents in this category were specialist international medical graduates (SIMG). General practitioners make up 72% of SIMGs and the remaining 28% are other medical specialists.[34] Non-specialist IMGs were excluded from any analysis due to the low sample size of this cohort.

The journey map in **Figure 7** represents the journey of IMGs based on five potential streams after commencing the registration process. These five streams are:

- Competent Authority pathway: IMGs who have passed recognised examinations or have completed training through a Board approved competent authority.
- Standard pathway (workplace-based assessment): IMGs who are not eligible for the Competent Authority pathway or Specialist pathway and who have secured a position of employment.
- Standard pathway (exam): IMGs who are not eligible for the Competent Authority pathway or Specialist pathway and who have not secured a position of employment.
- Specialist pathway (comparable): Specialist IMGs who meet the standard of a specialist trained in that specialty in Australia which results in a provisional registration and eligibility for full registration in 12 months.
- Specialist pathway (partially comparable): Specialist IMGs who only partially meet the standard of a specialist trained in that specialty in Australia which results in a limited registration and eligibility for full registration in 24 months.

Due to a significant number of survey respondents being general practitioners, the analysis has distinguished between general practitioners and other medical specialists. General practitioners have a median journey length of 70 weeks and incur $33,880 in costs. Other medical specialists have a median journey length of 56 weeks and a median journey cost of $23,425.

[33] Ahpra (2023) Information for international practitioners (date accessed April 2023)
[34] Department of Home Affairs (2023) Temporary work skilled visa program dataset (date accessed April 2023)

Figure 7: International Medical Graduates

Australian Government
Department of Finance

Current State Journey Map

This map illustrates a simplified journey of an International Medical Graduate (IMG) seeking to practice as a registered doctor in Australia.

Streams

Competent

Competent - Applicants registered in select countries with comparable standards to Australia.

Standard (WBA)

Standard (Exam)

Standard - Applicants from all other countries. Pathway will diverge based on the applicant having secured employment.

Specialist

Partially Comparable

Specialist - Applicants applying for specialist recognition. Qualifications will be assessed as comparable, partially or not comparable. Specialists can be assessed via competent authority as well.

An IMG may not go through every action or step in the exact order shown. Their journey may vary primarily depending on factors such as country and duration of study, training/experience and working history.

While the journey map is linear; in reality, an IMG may dip in and out of stages or actions at different times.

This map also visualises the circularity/duplication of certain steps, which result in additional complexity and user effort.

The colours of each stage represent the difficulty of each stage, based on survey data.

Some applicants will likely start compiling documents ASAP

All applicants

Competent

Standard

Specialist

1. Exploring

- Applicant encounters information about living and working as a doctor overseas, in particular Australia
- After researching and speaking with colleagues, applicant gathers professional documentation and submits applications for positions in Australia. They may also apply in other countries simultaneously

"The working conditions are much better in Australia, even compared to countries like Ireland and the UK."

Touchpoints

What are they thinking?
- Is now the right time?
- Where could I go?
- How long is the process?
- How easy is it to get a job?

"When you have family you need to weigh up the opportunity cost much more. Schools, housing, employment for my partner were all huge considerations."

Time: Varies by individual

Pain Points 1 4

2. Deciding

- Applicant does basic research into working conditions, visa requirements and lifestyle for countries
- Applicant may attend interviews with potential employers and may receive an offer of employment in Australia
- Applicant decides to proceed with an offer to work in Australia or decides to move to Australia without a job

"Speaking to other people who had moved, they said that in Australia, you have the ability to live a well-balanced and safe lifestyle."

What are they thinking?
- Is this the right move professionally?
- What is the culture of the country?
- Who can help me secure a job in Australia?
- Will they help me and my family move to Australia?

Touchpoints

"I got invited by my colleagues in my professional network in Singapore to come to Australia."

Time: Varies by individual

Pain Points 4

3. Self / eligibility check

- Applicant completes online check

What are they thinking?
- Now that I know which stream I belong to, how long will the next steps take?

"The Government translated my documents for free, which was a great service but then I submitted these same documents to Ahpra and they said they did not accept this translation."

Touchpoints

4. Compiling documents for registration

Applicant compiles documents:
1. Primary Medical Qualification
2. Postgraduate and specialists qualifications (if applicable)
3. Certificates of good standing
4. Identification documents

What are they thinking?
- What's the easiest path for me?
- Will my documents be accepted?

Touchpoints

Time: 8 - 10 weeks

Pain Points 1 2 3

"No one speaks to each other in the process. It is impossible to understand the process before you start the journey."

Competent

Pain Points 1 2 3

5. Skills assessment for registration

Overall time 24 - 27 weeks

Applicant completes requirements in order to qualify for registration

All applicants	Standard	Specialist
• AMC primary source verification • AMC portfolio for qualifications	• AMC MCQ exam	• Specialist college desktop assessment • Specialist College Interview

What are they thinking?
- Are there cheaper or faster pathways I can pursue through other countries?
- How long is my employer prepared to wait?
- If I am rejected at some stage, will my employer rescind my offer?

Touchpoints

Cost: AMC portfolio $600; MCQ exam: $2,920

Time: MCQ exam 3.5 hours; Specialist college assessments (varies by college)

Provisional registration

Provisional registration

Limited registration

Provisional registration

Limited registration

8

Standard (exam)

Standard (WBA)

Standard

6

Specialist

Substantially Comparable

Partially Comparable

Not Comparable
- Exit journey or,
- May still be eligible for other pathways

6. Receiving exam results

- Applicant receives feedback and/or results
- Applicant applies for jobs and may receive an offer of employment

Standard	Specialist
• MCQ Certificate • Can apply for jobs • Split into workplace based assessment (limited spots) and exam pathway	• Substantially comparable • Partially comparable • Not comparable, may be eligible for other pathways

Re-sit required

What are they thinking?
- Am I going to pass these exams?
- How long will it take to get an employment offer?

Wait time for results ~ 8 weeks

Touchpoints

Pain Points 1 3 5

"Proof of English Language competency test is only valid for 2 years and after this time, you have to re-do the test."

7. Registration Requirements

- Applicant completes further requirements before applying for registration including Criminal History check and English Language Skills (ELS) standard

All applicants	Standard (exam)	Specialist
• PESCI (I GP) • Gather info, incl. job details	• AMC clinical exam • Exam certificate • Must now secure an offer of employment	• Bridging study

What are they thinking?
- Have I covered everything and included all my documentation?

Cost: AMC clinical exam: $4,130 (exam), $300 (certificate); PESCI: $2,145

Time: Clinical exam <4 hours; PESCI 1.5 hours

Touchpoints

Pain Points 1 2 3

"I just got a generic reply. You don't receive any guidance on what to do differently next time. You just have to resubmit and try again."

8. Submit Registration

- Applicant submits registration application to the medical board (Ahpra) for processing

What are they thinking?
- How long should I wait before I follow up on my registration application?
- What extra fees, or time do I need to invest if my application is incomplete, or unsuccessful?
- Are my Certificate of Good Standing (CoGS) and English Language Skills (ELS) standard still valid?

Cost
- Limited registration (completed the AMC MCQ; enabled IMG to undertake post-graduate training, supervised practice or work in an area of need): $1,720
- Provisional registration (completed AMC MAC and AMC clinical; secured an offer of employment): $860

Time: 4-6 weeks processing time

Pain Points 1 3 6

Touchpoints

"Home affairs can accept you for skilled migration but then you get stuck in a registration hurdle and you can't work."

9. Qualifying for skilled migration

Applicant compiles documents and evidence to support visa application, which may include:
1. Proof of identity and/or age
2. English proficiency
3. Skills assessment
4. Character test
5. Partner skills and/or experience *(if relevant)*
6. Sponsorship or nomination *(if relevant)*

What are they thinking?
- Didn't I already have my skills assessed?
- Haven't I already provided this evidence?

Touchpoints

Overall time ~ 13 weeks

Pain Points 1 2 3 6

10. Applying for a visa

- Applicant applies for a visa (482, 187, 189, 190 and 489)
- In some instances an applicant may not necessarily apply for a skilled visa

What are they thinking?
- What will happen if my employer withdraws the job offer?
- Will my family be able to emigrate to Australia with me?
- Have I covered everything and included all my documentation?

Touchpoints

Cost: Visa application: ~$4,000; Medical health examination: up to $500

Time: 6-45 months processing time (varies by visa)

Pain Points 1 2 3

Competent

Standard

Specialist

Applicant already living or working in Australia

11

11. Employment and supervision

- Applicant completes a mandatory period of supervised practice

What are they thinking?
- Am I gaining the right skills and experience?
- Will I be treated the same as an Australian doctor?

Touchpoints

Time: 12 months (all streams); Up to 24 months for some specialists

Pain Points 1 5

"I have 20 years experience in a comparable health system, but I must be observed for at least three months."

Some IMGs repeat supervision a number of times prior to progressing to unrestricted registration

12

12. Further eligibility

Standard (WBA)	Specialist
• AMC clinical exam or workplace based assessment • Exam certificate	• Eligible for fellowship

Pain Points 1 5

Touchpoints

Cost: AMC clinical exam: $4,130 (exam), $300 (certificate)

Time: Clinical exam <4 hours

"You need a good amount of money to go through this process. Attempting exams and other assessments is an expensive process."

Competent

Standard

Specialist

13

13. Unrestricted Registration

- Applicant applies for general or specialist registration
- Applicant cannot practice until they receive a medicare provider number

What are they thinking?
- How long will it take to get my Medicare provider number?
- When can I practice?

Touchpoints

Cost: General registration (IMG has completed 12 months of supervised practice): $1,720

Time: Medicare provider number 21 days

Pain Points 1 3

"We chose to stay in Australia because of the lifestyle and working conditions, it's much better here."

Pain point Legend

1 Costs to individual
- Out of pocket expenses - certification/notarisation, translation, document production fees
- Application / registration fees
- Examination fees
- Tuition / study costs (including private bridging courses)
- Travel costs (physical attendance)
- Third party/agent fees
- Opportunity cost

2 Application management
- Liaising with parties to compile documents (universities, overseas medical boards, former employers, work history)
- Tracking progress
- Managing scheduling, correspondence

3 Process complexity
- Most countries' qualifications do not meet Ahpra criteria. Only qualifications from 5 countries meet criteria
- High threshold for proving English language proficiency
- Demand for exam position may exceed supply
- Requires physical presence to complete / no online or alternative completion options for some steps
- Duplicative processes

4 Source of truth
- Lack of single source of truth
- Official and unofficial information sources each give a siloed view of the process to live and work in Australia
- Difficult to find information on specific questions
- Reliance on professional / social networks to navigate information sources

5 Skills transferability
- IMG may be required to do further on-the-job training to ensure skills are of the required standard of the employer
- IMG may need more time to learn cultural / situational context and nuances

6 Currency of skills and assessments
- Criminal history check, ELS and ROP all have timeframes of applicability with associated costs
- Drawn out timeframes can result in a requirement to repeat criminal history checks and ELS to meet standards set by Ahpra and Immigration
- ROP is hard to address after five years and often results in IMGs not being able to register

Touchpoint Legend

Online; In Person; Video; Email; Phone; Post; Migration Agent; Employer; Video Conferencing; Specialist medical colleges

Australian Government Department of Home Affairs — Home Affairs

Australian Government Department of Health and Aged Care — Health and Aged Care

Services Australia — Services Australia (Medicare)

Medical Board Ahpra — Australian Health Practitioner Regulation Agency (Ahpra)

Australian Medical Council Limited — Australian Medical Council

ECFMG — Education Commission for Foreign Medical Graduates (ECFMG)

International Medical Graduates – General practitioners

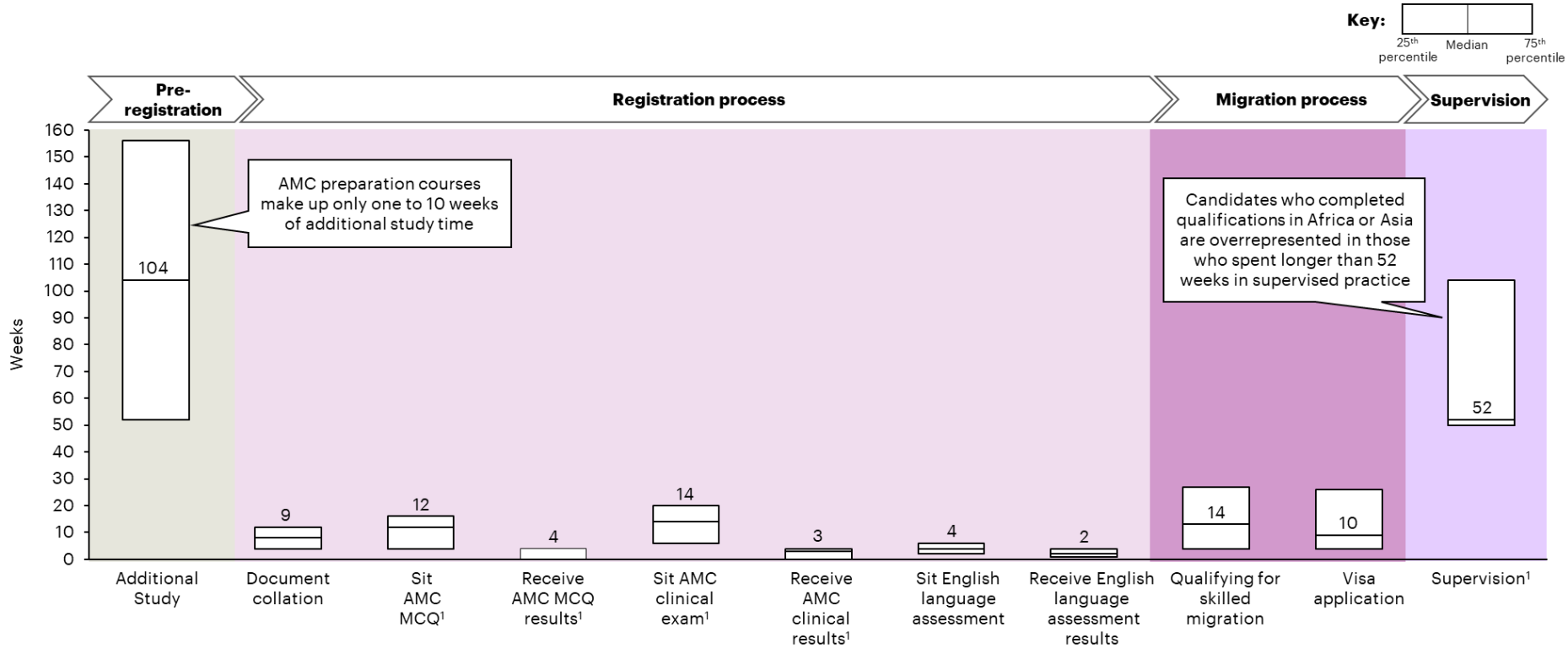
For general practitioners, the median journey length is 70 weeks, with registration and completing supervised practice the biggest contributors to overall journey length

There is a wide range of time spent in the additional study stage for general practitioners, ranging from 52 weeks to 156 weeks preparing for the assessments to become a registered health practitioner. This stage is made up of preparation courses to pass the skills assessment stage of the journey. This includes preparation courses for the Australian Medical Council (AMC) MCQ, AMC clinical exam, Pre-Employment Structured Clinical Interview (PESCI) and English language competency test.

The average candidate completes 52 weeks of supervised practice which reflects the minimum requirement for overseas trained IMGs. The interquartile range spans from 52 weeks to 104 weeks, with variation driven by country of qualification and geographical location where supervision is completed. Survey data shows that candidates who completed their qualifications in Africa or Asia were overrepresented in those who spend longer than the median of 52 weeks in supervised practice. Survey data also shows that general practitioners found it the hardest to find supervision, with 45% of general practitioners reporting that they found it hard to find a job with someone willing to supervise them, compared to 31% for other medical specialists. This is considerably higher when compared to other fields of practice. For example, 27% of occupational therapists and 25% of psychologists found it hard to find a job with someone willing to supervise them. General practitioners in rural or remote areas are more likely to have difficulty finding supervision, with 64% of general practitioners in rural or remote areas stating they found it hard to find a job with someone willing to supervise them, compared to 37% in regional and 40% in metropolitan areas.[35]

[35] Note: sample size for general practitioners responding to this survey question in rural or remote is 22; regional is 35 and metropolitan is 30

Figure 8: General practitioner median time spent at each stage of the journey



% candidates who spent time at each stage	45%	84%	100%	100%	87%	42%	100%	100%

Note: n = 272. 1. Required for all candidates. For all other stages, the proportion of candidates who complete these stages is calculated as the proportion of those who have completed the full process who reported spending any amount of time on the stage. It is assumed that those who report spending zero time on a stage still completed a stage while those who recorded NA were not required to complete the stage. A limitation of this figure is the exclusion of the PESCI for general practitioners. The survey did not collect data on the wait time to take the PESCI and time to receive the results of the PESCI.
Source: Accenture survey analysis

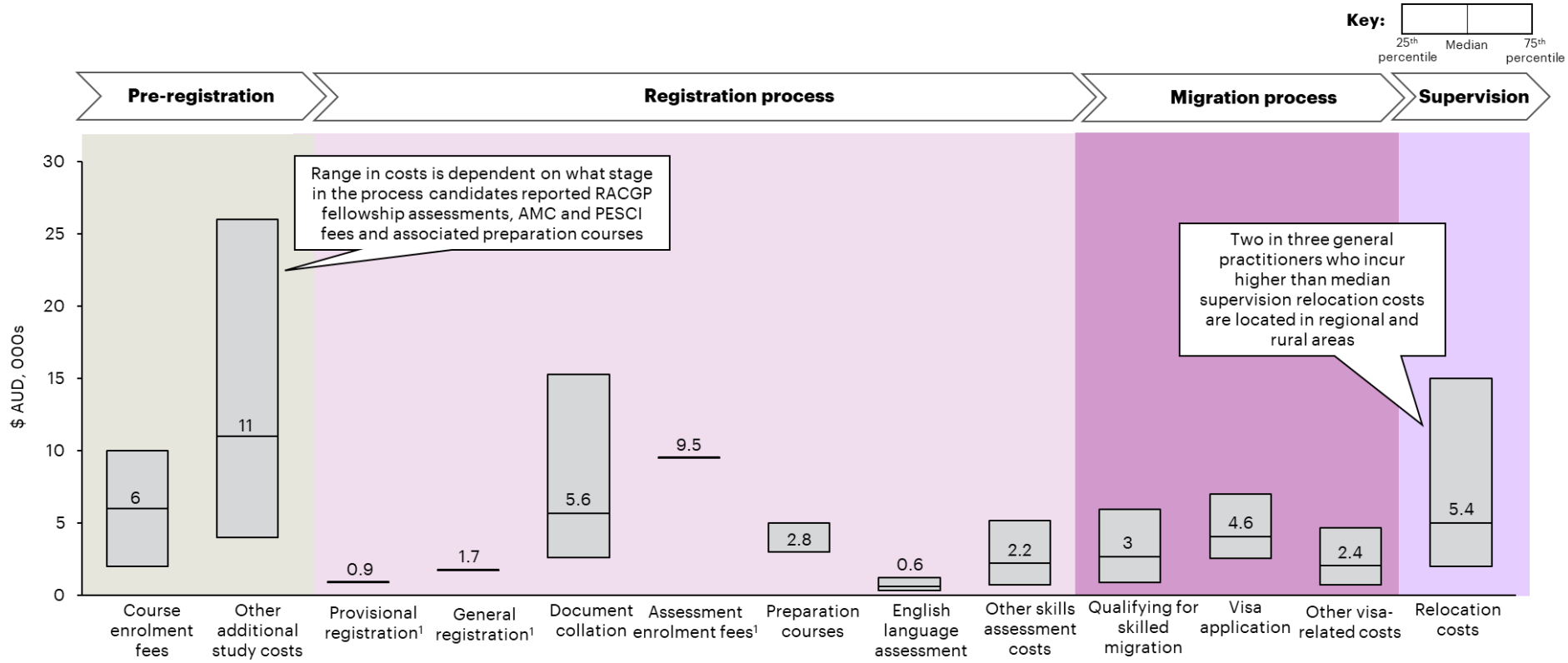
Median journey cost for general practitioners is $33,880, predominantly made up of assessment enrolment fees, study costs and collating documents

General practitioners reported the highest median costs compared to other professions with skills assessment for registration the greatest driver of overall cost. This cohort spends around $9,495 in skills assessment fees as seen in **Figure 9**. Skills assessment is made up of the AMC MCQ ($2,920), AMC clinical exam ($4,130) and PESCI ($2,145).[36] Another major driver of the high costs for general practitioners are the additional study costs incurred in order to prepare to sit these skills assessments for registration ($6,000 in course enrolment fees, $6,500 in other costs). For this group, it appears that passing the skills assessments for registration is the greatest contributor to out of pocket costs.

Relocation to regional and rural areas for supervision is a key driver of the high costs captured in the third quartile of relocation costs. Survey data suggests this range is driven by the geographical location where general practitioners are completing their period of supervision. Two thirds of general practitioners who incurred costs above the median relocation cost completed their period of supervision in regional and rural areas.

[36] As of 01 July 2022

Figure 9: General Practitioners median costs incurred at each stage of the journey



% candidates who incurred a cost	Course enrolment fees	Other additional study costs	Provisional registration[1]	General registration[1]	Document collation	Assessment enrolment fees[1]	Preparation courses	English language assessment	Other skills assessment costs	Qualifying for skilled migration	Visa application	Other visa-related costs	Relocation costs
	33%	36%	100%		85%	100%	52%	67%	49%	33%	69%	75%	30%

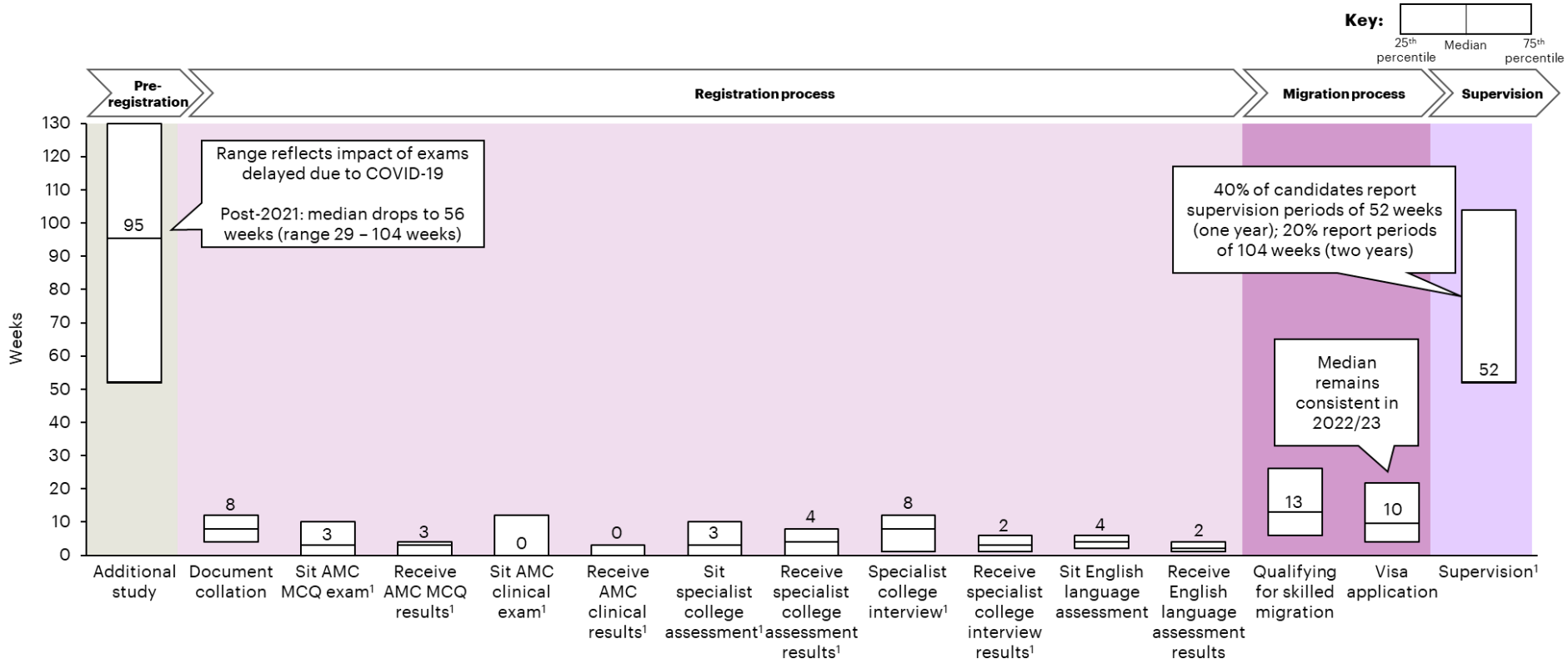
Note: n = 272. 1. These cost categories are fixed costs which are incurred by all general practitioners and are sourced from desktop research. All other cost categories are derived from survey analysis.
Source: Accenture survey analysis, Ahpra.

International Medical Graduates – Other medical specialists

Median journey length for other medical specialists is 56 weeks, with additional study and supervised practice being the longest stages in the overall journey

From 2021 onwards, the median duration of additional study has decreased from 95 to 56 weeks and this is likely driven by exams recommencing and an end to delays due to the COVID-19 pandemic. Additional study undertaken to prepare for skills assessments has the highest median duration when compared to other health practitioners, with a median of 104 weeks for other medical professionals, as seen in **Figure 10**. From 2021 onwards, applicants spent less time in the additional study stage of the journey and the median drops to 56 weeks. A likely cause of this reduction in length of additional study from 2021 onwards is due to the re-commencing of exams after COVID-19.

Figure 10: Median time spent by other medical specialists at each stage of the journey



% candidates who spent time at each stage	26%	88%	100%	100%	100%	100%	69%	38%	100%	100%

Note: n = 491. 1. Required for all candidates. For all other stages, the proportion of candidates who complete these stages is calculated as the proportion of those who have completed the full process who reported spending any amount of time on the stage. It is assumed that those who report spending zero time on a stage still completed a stage while those who recorded NA were not required to complete the stage.
Source: Accenture survey analysis

Median journey cost is $23,425 for other medical specialists, with relocation, study and skills assessments contributing the most to the overall cost

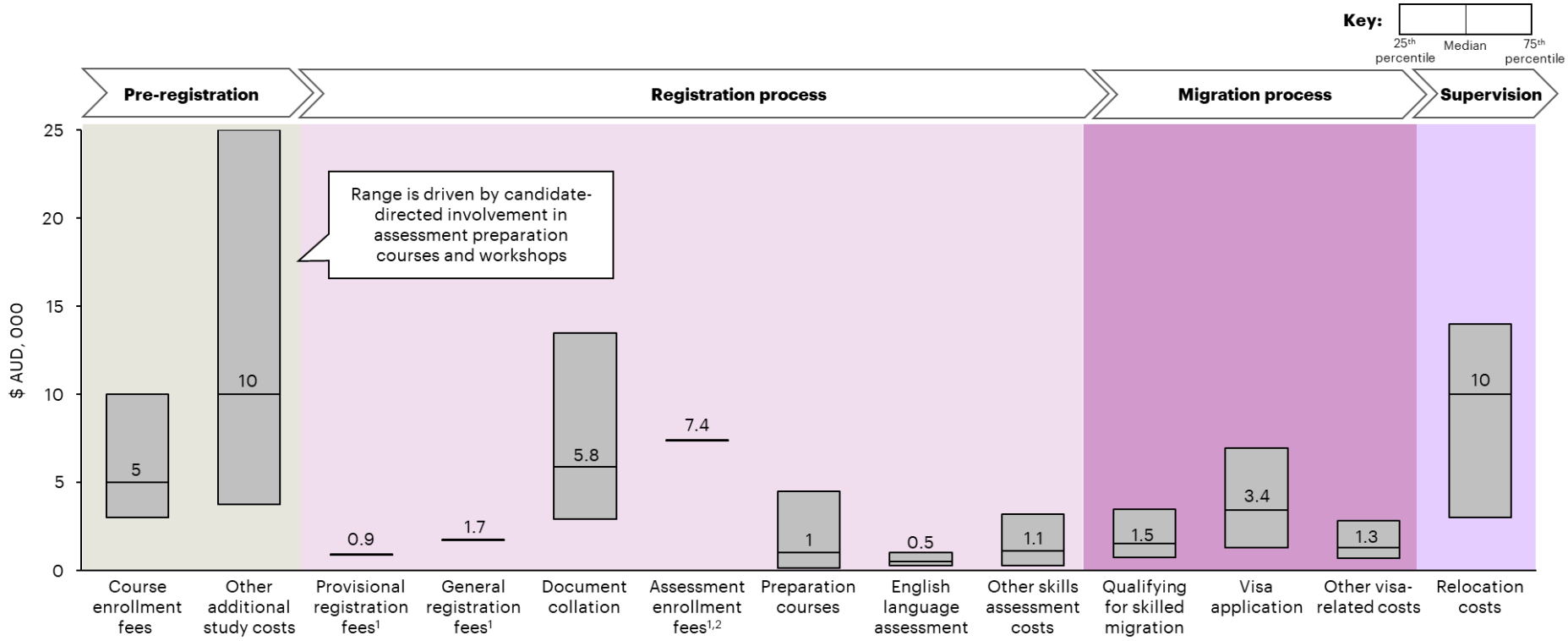
A significant driver of the costs for other medical professionals is the high cost for assessments which is $7,950, excluding any additional assessment costs administered by the specialist colleges. Specialist college assessment costs have been excluded from this analysis due to the large number of specialist colleges, expected variation in the costs involved and the small sample sizes across all the specialties. It is anticipated that there are additional costs on top of the $7,950 incurred for additional skills assessments for specialist international medical graduates.

Similar to general practitioners, other medical specialists have a wide range of costs incurred for additional study.

Costs incurred for additional study include course enrolment fees and additional study costs such as additional support and tutoring, travel and accommodation and books or other study materials. The interquartile range for course enrolment fees is $3,000 to $10,000 and the interquartile range for other study costs is $3,500 to $25,000. Given the additional study stage is largely self-directed and courses participated in are at the discretion of the candidate, these large ranges are unsurprising.

Relocation costs to complete supervised practice make up a significant portion of the total cost, with a median of $10,000. Out of the overall group of other medical specialists, 37% incur costs for relocation to complete supervised practice. These costs range from $3,000 to $13,000. This range is likely driven by the location to which an individual is relocating.

Figure 11: Median costs incurred by other medical specialists at each stage of the journey



% candidates who incurred a cost	Course enrollment fees	Other additional study costs	Provisional registration fees[1]	General registration fees[1]	Document collation	Assessment enrollment fees[1,2]	Preparation courses	English language assessment	Other skills assessment costs	Qualifying for skilled migration	Visa application	Other visa-related costs	Relocation costs
	15%	18%	100%		64%	100%	35%	61%	43%	43%	74%	76%	37%

Note: n = 491. 1. This cost indicates a fixed costs which are incurred by all other medical professionals. Other costs are shown with a range around the median to indicate the variation of costs at each stage. The range data is from the survey whereas the fixed cost data is from desktop research. 2. Assessment enrolment fees exclude specific college assessment fees. Assessment enrolment fees are likely to be higher for other medical specialists.
Source: Accenture survey analysis.

Allied health

Allied health practitioners made up 20% of the total IQHPs in-scope for this review who registered in Australia in the past year.[37]

The allied health occupations in-scope for this review are:

- Psychologists
- Occupational therapists
- Pharmacists
- Paramedics

The journey map in **Figure 12** reflects the journey of these four allied health professions. Survey responses from pharmacists and paramedics were low and did not provide an adequate sample size to analyse the results for these professions. Therefore, pharmacists and paramedics were excluded from survey data analysis. Occupational therapists make up 83% of the allied health survey respondents, while psychologists make up the remaining 17%.[38]

Allied health practitioners within the scope of this report do not have a fast-track pathway through the registration process. While pharmacists and paramedics have two streams for assessments based on country of qualification, psychologists and occupational therapists do not have streams for applicants from comparable and non-comparable health systems or degree qualifications.

A psychologist takes a median of 93 weeks to complete the end-to-end journey at a median cost of $12,177. An occupational therapist takes a median of 74 weeks to complete the end-to-end journey at a median cost of $10,107.90.

Survey data showed allied health practitioners find the skills assessment for registration and applying for registration to be the most challenging stages of the end-to-end journey, as shown in **Figure 12**.

[37] Ahpra (2023) Information for international practitioners (date accessed April 2023)
[38] Department of Home Affairs (2023) Temporary work skilled visa program dataset (date accessed April 2023)

Australian Government
Department of Finance

Figure 12: Allied Health

Current State Journey Map

This map illustrates a simplified journey of an international allied health practitioner (HP) seeking to practice in Australia.

Professions

- Paramedicine
- Occupational Therapy (OT)
- Psychology
- Pharmacy

A HP may not go through every action or step in the exact order and duration shown. Their journey may vary primarily depending on factors such as country and duration of study, training/experience and working history.

While the journey map is mostly linear, in reality, a HP may dip in and out of stages or actions at different times.

This map also visualises the circularity/duplication of certain steps, which result in additional complexity and user effort.

The colours of each stage represent the difficulty of each stage, based on survey data.

1. Exploring

- Applicant encounters information about living and working as a health practitioner overseas, in particular Australia
- After researching and speaking with colleagues, applicant gathers professional documentation and may submit applications for positions in Australia
- They may also apply in other countries simultaneously

Touchpoints

What are they thinking?
- Is now the right time?
- Where could I go?
- How long is the process?
- How easy is it to get a job?

"The working conditions in Australia were very attractive to me. The hours are much more reasonable."

"It's very expensive here, but the lifestyle is very desirable."

Pain Points 1 4

Time: Varies by individual

2. Deciding

"It was a lifestyle choice to come live and work in Australia."

- Applicant does basic research into working conditions, visa requirements and lifestyle in various countries
- Applicant may attend interviews with a number of potential employers and may receive amongst others, an offer of employment in Australia

What are they thinking?
- Is this the right move professionally?
- What is the culture of the country?
- Who can help me secure a job in Australia?
- Will they help me and my family move to Australia?

Touchpoints

Pain Points 1 4

Time: Varies by individual

3. Self / eligibility check

Applicant completes a self-check or an official eligibility assessment to see if they meet eligibility criteria and if they do, it will determine their streaming path.

What are they thinking?
- Now that I know what path I belong to, how long will the next step/s take?

All applicants
Self-check
Less than 30mins

Pharmacy
Eligibility Check
$1,310 (8 weeks processing time)

"The information on the website doesn't have the correct information and information provided via a phone call differs. I would like someone to speak to who knows the whole process."

Pain Points 1 5

4. Skills assessment for registration

Overall time 8 - 12 weeks

Applicant conducts assessments through relevant authorities to determine if their qualification is comparable.

What are they thinking?
- Are there cheaper or faster pathways I can pursue through other countries?
- How long is my employer prepared to wait?
- If I am rejected at some stage, will my employer rescind my offer? Will I be able to reattempt?

Paramedicine
Apply to have qualifications recognised by paramedicine board (Ahpra) $400
Submit qualification portfolio to Ahpra for assessment

Occupational Therapy
Desktop Assessment (up to 4 weeks)
- Proof of identity
- Proof of qualification
- English language competency

Psychology
Desktop Assessment:
- Qualification comparable to 6 years Australian study; or
- Qualification comparable to 4-5 years Australian study

Pharmacy
Competency Assessment of Overseas Pharmacists (CAOP) exam (Canada, Ireland, New Zealand, the UK or the USA): $1,910
Knowledge Assessment of Pharmaceutical Sciences (KAPS) exam (all other countries): $2,190

Pain Points 1 2 3 5

5. Registration requirements

Wait time for results 2 - 4 weeks

Some applicants will undertake further assessment and/or bridging study.

What are they thinking?
- How long will it take to be assessed?
- Will I be able to reattempt if I fail or am rejected?
- If I haven't secured an offer for employment, how long will it take?

Paramedicine
- Applicants assessed as comparable can apply for registration
- Relevant qualifications complete Competence Assessment $2,200

Pharmacy
Resit exam if unsuccessful or exit journey.

"Ahpra wouldn't accept my thesis even though I had evidence of my placement hours. I had to do further study which I'd already done."

All applicants
If qualification is not comparable, applicant must complete bridging or further study, or exit journey.

Pain Points 1 3

6. Apply for registration

Applicant applies for registration. The type of registration will depend on the pathway they are applying through.

What are they thinking?
- How long should I wait before I follow up on my registration application if I need to?
- What extra fees, or time do I need to invest if my application is incomplete, or unsuccessful?

"I had to do a $1,000 international criminal history check even though I haven't left Australia for 2 years."

Paramedicine
Registration $472

Occupational Therapy
Limited registration $1,500

Psychology
Provisional registration $1,135

Pharmacy
Competent path: limited registration ~$440
Knowledge path: provisional registration ~$670

Pain Points 1 3

"I had to do an English test to get my initial registration. I have to do another English test to gain full registration. Do they actually think my English will decrease after 2 years studying and working in Australia?"

"I wouldn't have known what to do, how to apply for things and what the process is if other people, like my friends and colleagues hadn't done it before. This way I knew what to expect and what to prepare in advance."

7. Supervision and/or employment

Overall time 26 - 52 weeks

Applicant completes mandatory supervised practice as per their pathway requirements.

What are they thinking?
- What will happens if I am found unsuitable during the practice?
- How much out of work time will this take up for me?
- If I haven't got a job yet, will my supervisor offer me ongoing employment?

"It's like being a student all over again. You have to get out of the mentality of working for 10 years and go back to basics, it's hard."

Occupational Therapy
Supervision agreement with employer submitted to OTC 6 months

Pharmacy
Limited registration 153 hours
Provisional registration 1,824 hours

Psychology
Transition program 3 months or Internship 1 year

"A one year unpaid internship which requires working 4 days a week is almost financially impossible. I relied heavily on my partner."

"I found my supervisor was really helpful to learn the system, especially the NDIS."

8. Further assessment

Some applicants will undertake further assessment prior to being eligible for full registration.

What are they thinking?
- Will I be able to reattempt if I fail or am rejected?
- If I haven't got a job yet, will it take long to find one?
- Will it impact my visa?

Pain Points 1 3

"With the broader challenges around mental health access, the process seems illogical for a professional."

Psychology
National psychology exam $450

Pharmacy
APC written exam $730
Ahpra oral exam $225

"My employer made this process a lot easier, by helping to walk me through the process."

9. Full registration

Applicant applies for full/general registration.

What are they thinking?
- How long will it take to get my Medicare provider number? (if applicable)
- When and where can I practice?

"I'm an experienced Occupational Therapist, but learning the Australian system took some time."

Paramedicine
Employer determines additional assessments/ training requirements, for example:
- Ambulance Victoria Assessment Centre
- NSW Ambulance Credentialing committee

Occupational Therapy
General registration ~$250

Pharmacy
General registration ~$740

Psychology
Assessment $510
General registration $415

Pain Points 1 2

Applicants will go through the visa process at different times based on their circumstances

1. Qualifying for skilled migration

Overall time 13 - 17 weeks

Applicant compiles documents and evidence to support visa application, which may include:
1. Proof of identity and/or age
2. English proficiency
3. Skills assessment
4. Character test
5. Partner skills and/or experience *(if relevant)*
6. Sponsorship or nomination *(if relevant)*

What are they thinking?
- Didn't I already have my skills assessed?
- Do I need someone to help me?

Paramedicine
Skills assessment $968

Occupational Therapy
Desktop assessment $1,200

Psychology
Application fee $1,233

Pharmacy
CAOP and KAPS results used for skills assessment

Pain Points 1 2 3

2. Applying for a visa

Overall time 13 - 15 weeks

Applicant applies for a visa:
- English test
- Skills assessment (from previous)
- Medical exam $500
- Criminal history check

In some instances an applicant may not necessarily apply for a skilled visa.

What are they thinking?
- What will happen if my employer withdraws the job offer?
- Will my family be able to emigrate to Australia with me?

Paramedicine
Visa $2,770-$4,240
Processing time 4 - 60 months

Occupational Therapy
Visa up to $4,240
Processing time 14 days - 3 months

Psychology
Visa $4240
Processing time 2 - 3 months

Pharmacy
Visa $4,240
Processing time (TBC)

Pain Points 1 2 3

Pain point legend

1. Costs to individual
   - Out of pocket expenses - certification / notarisation, translation, document production fees
   - Application / registration fees
   - Examination fees
   - Tuition / study costs (including private bridging courses)
   - Travel costs (physical attendance)
   - Third party / agent fees
   - Opportunity cost
2. Application management
   - Liaising with parties to compile documents (universities, overseas medical boards, former employers, work history)
   - Tracking progress
   - Managing scheduling, correspondence
3. Process complexity
   - Most countries' qualifications do not meet criteria, however many countries are considered equivalent
   - High threshold for English language proficiency. Applicants from English speaking backgrounds are often also required to prove their schooling was completed in English
   - May require physical presence to complete / no online or alternative completion options for some steps
   - Duplicative processes
4. Source of truth
   - No clear source of truth to many applicants
   - Official and unofficial information sources each give a siloed view of the process to live and work in Australia
   - Difficult to find information on specific questions
   - Reliance on employers and professional / social networks to navigate information sources
5. Skills transferability
   - Skills may not be fully transferrable to Australia, resulting in additional years of training
   - A HP may need more time to learn cultural / situational context and nuances

Touchpoint Legend

Online, In Person, Video, Email, Phone, Post, Migration Agent, Employer

Australian Health Practitioner Regulation Agency (Ahpra)

Australian Pharmacy Council, OT Council Australia, Australian Psychological Society, Department of Home Affairs

Allied health – Psychology

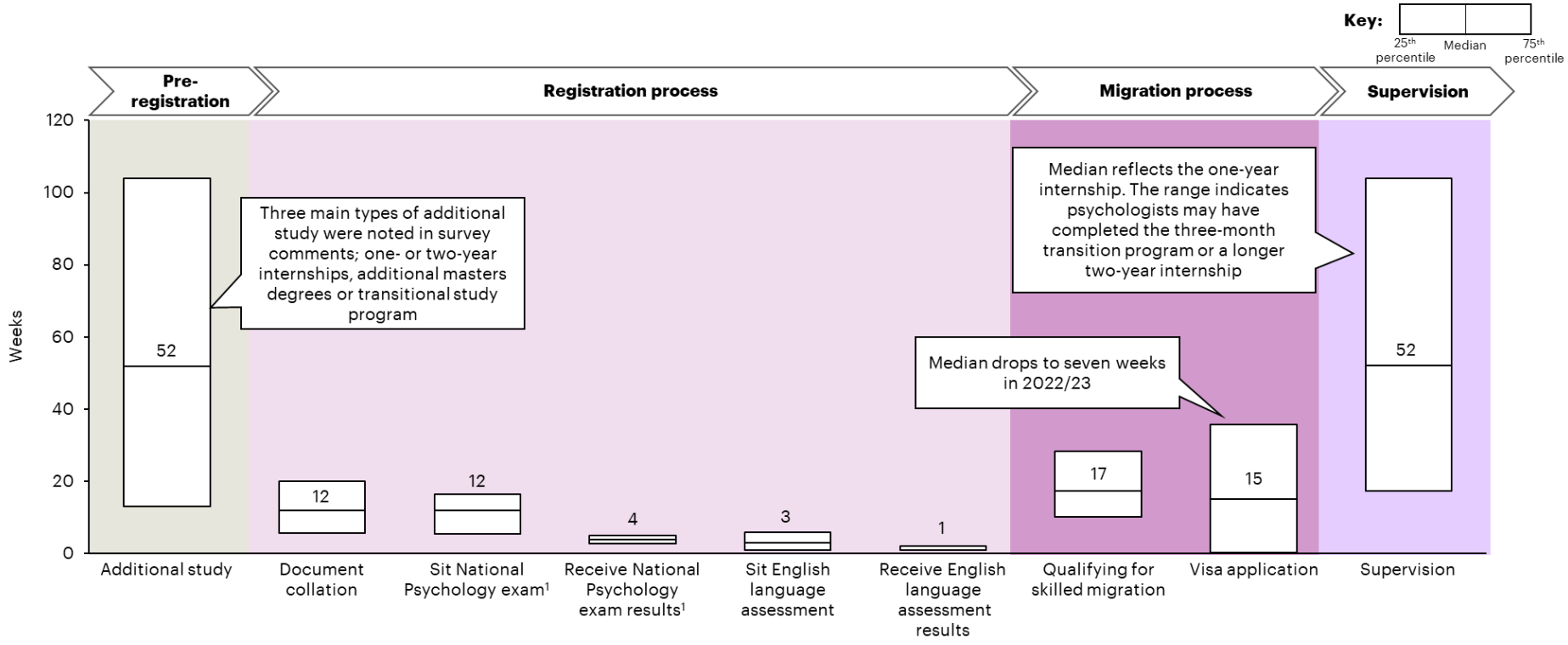
Median journey length for psychologists is 93 weeks, with additional study and supervision the biggest contributors to overall journey length

Survey data indicates that psychologists are spending a median of 52 weeks completing either additional study or supervised practice. Only 17% of respondents spent time in both additional study and a period of supervision. Given psychologists are not required to complete both the transition program and an internship it is likely that practitioners may have mis-reported their period of supervision (internship) as additional study and the three-month transition program as supervised practice. The large reported interquartile ranges for both the additional study (13 to 104 weeks) and supervision (14 to 104 weeks) supports this hypothesis, as seen in **Figure 13**.

Median journey cost is $12,177 with course enrolment fees and other study costs as the biggest contributors to overall cost

Survey data suggests that the key driver of the overall cost of the end-to-end journey for psychologists are course enrolment fees and other study costs, shown in **Figure 14**. Significant variation can be seen within the course enrolment fees and other additional study costs for psychologists. For course enrolment fees, the range is from $900 to $34,500 and for other additional study costs, the range is from $2,230 to $25,325.

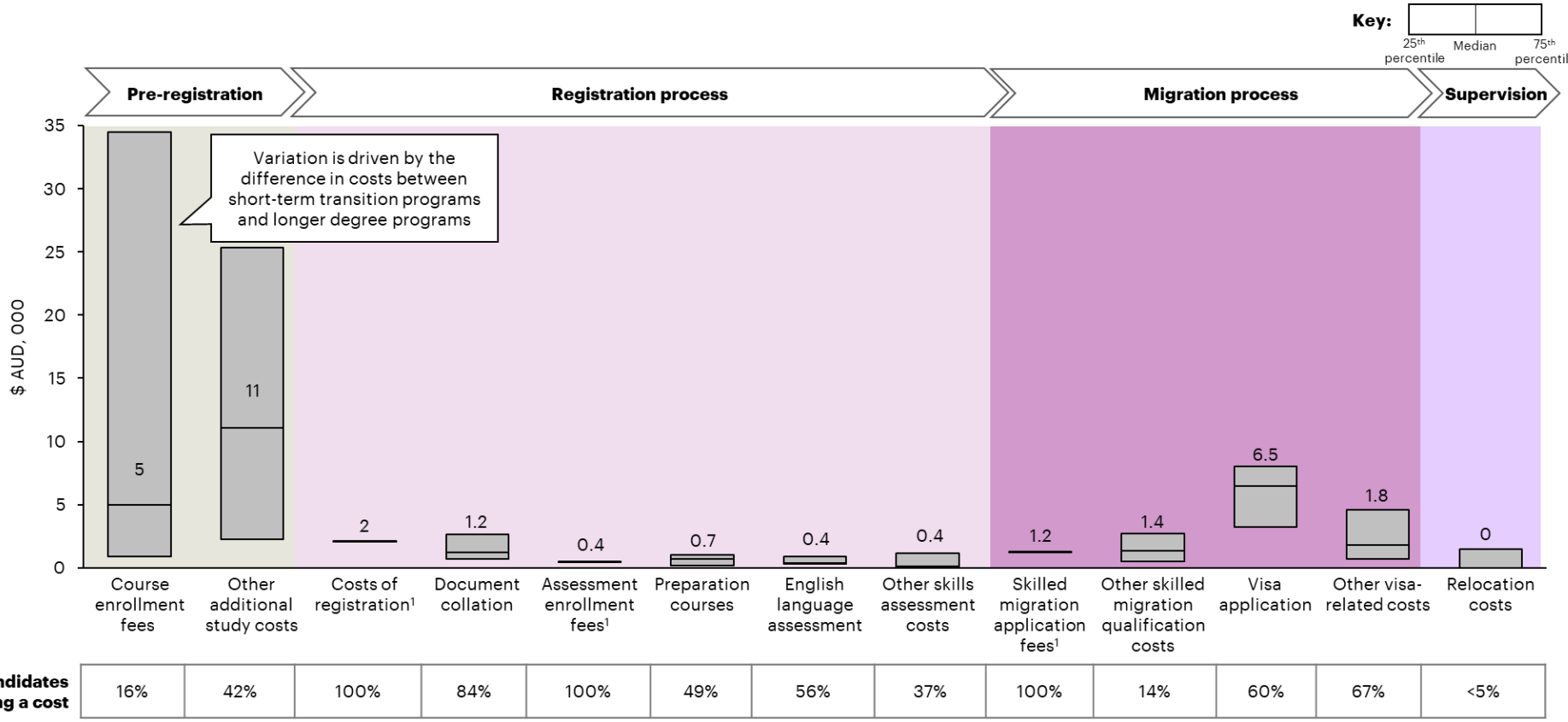
Figure 13: Psychologists median time spent at each stage of the journey



% candidates who spent time at each stage	53%	100%	100%	70%	33%	100%	58%

Note: n = 131; 1. This cost indicates a fixed costs which are incurred by all other medical professionals. Other costs are shown with a range around the median to indicate the variation of costs at each stage. The range data is from the survey whereas the fixed cost data is from desktop research.
Source: Survey analysis

Figure 14: Psychologist median costs incurred at each stage of the journey



Note: n = 131. 1. These costs are fixed costs which are incurred by all psychologists. Other costs are shown with a range around the median to indicate the variation of costs at each stage. The range data is from the survey whereas the fixed cost data is from desktop research.
Source: Accenture survey analysis

Allied health – Occupational Therapy

Median journey length for occupational therapists is 74 weeks, with the migration process the biggest contributor to overall journey length

For occupational therapists, the skilled migration qualification and visa application process times exhibit the greatest variability. The skilled migration process requires applicants to compile documents to ensure they qualify for a skilled migration pathway, after which they are able to apply for a visa. Skilled migration ranges from four to 26 weeks and the visa application ranges from four to 29 weeks, as shown in **Figure 15**. This variation is likely driven by visa type as median overall process length varies significantly depending on the type of visa an IQHP applies for (see page 39 for more details on visa costs). With decreased visa processing times from the Department of Home Affairs in 2022/2023, median time for the visa application process has reduced from 13 weeks to eight weeks.

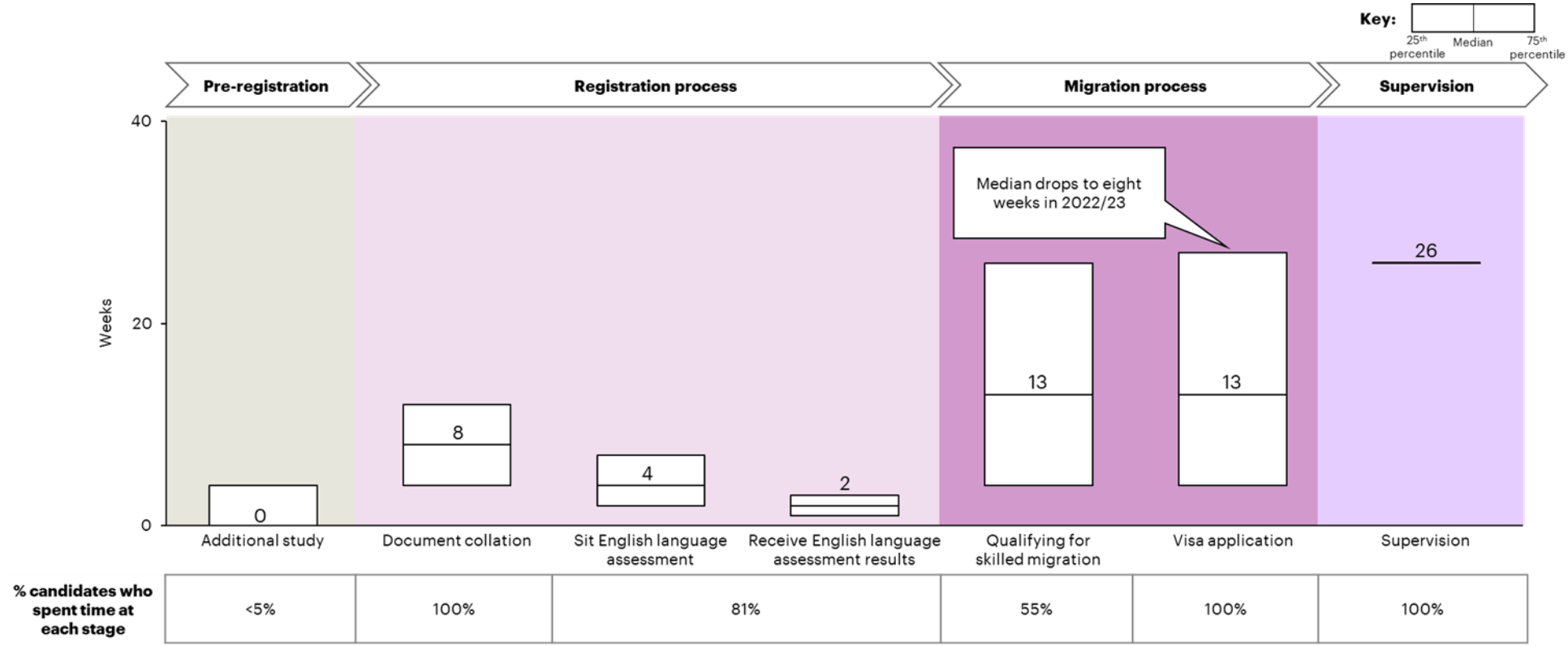
There was no variation present in the sample for the supervised practice indicating that all occupational therapists who completed a period of supervised practice spent 26 weeks in that stage of the journey. This aligns with the mandatory six-months of supervision required for all occupational therapists.

Median journey cost is $10,108, with visa costs the biggest contributor to overall cost

Occupational therapists have the lowest overall median cost. This is likely driven by occupational therapists having a lower number of assessments than other professions. Occupational therapists have no profession-specific exams to sit and are only required to demonstrate English competency in the skills assessment stage.

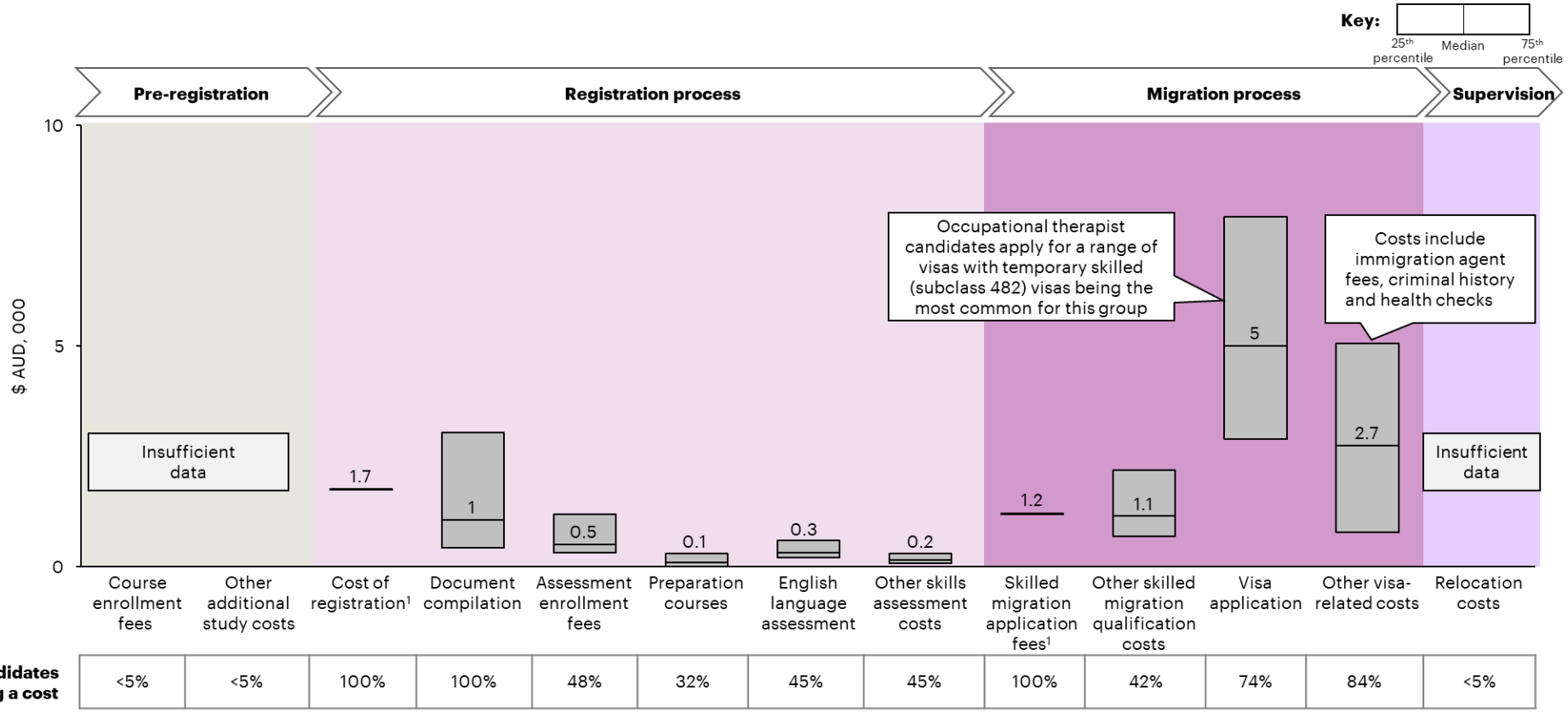
A key driver of the overall cost of the end-to-end journey for occupational therapists is the cost of the visa application, as shown in **Figure 16**. The median cost of the visa application is $5,000. This is high considering the most common visa type for occupational therapists is the temporary skilled visa (subclass 482) which is $2,770. The wide range is likely to be driven by the variety of visas applied for by occupational therapists, including partner visas which are more expensive than skilled migration visas at $8,085.

Figure 15: Occupational therapist median time spent at each stage of the journey



Note: n = 79. 1. Calculated as the proportion of candidates who have completed the full process who reported spending any amount of time on the stage. It is assumed that those who report spending zero time on a stage still completed a stage while those who recorded NA were not required to complete the stage.
Source: Accenture survey analysis.

Figure 16: Occupational therapist median costs incurred at each stage of the journey



Note: n = 79. 1. These cost categories indicate fixed costs which are incurred by all occupational therapists. Other costs are shown with a range around the median to indicate the variation of costs at each stage. The range data is from the survey whereas the fixed cost data is from desktop research.
Source: Accenture survey analysis.

Drivers of variation

Overarching cost and time drivers

Complex and confusing application process

IQHPs often report that they experience confusion in understanding the steps and requirements involved in the registration and migration processes. Comments from candidates indicate this to be largely the result of a lack of centralised information, with the various stages throughout the journey managed by different entities. One in two IQHPs considered the information available online about the process unsatisfactory. IQHPs who are not familiar with the entities in Australia who manage each stage in the process are required to locate the relevant entity website and navigate to find the correct information for themselves. This can be seen on the journey maps with the wide range of entities listed as touch points throughout the end-to-end journey.

The complexity of the process is exacerbated by differences in requirements driven by field of practice and even within field of practice depending on how comparable the candidate's country of training is to Australia's system. This is illustrated in the journey maps which show different pathways for different fields of practice as well as multiple complex pathways within a field of practice. For example, the process for general practitioners varies between the competent and standard stream and further variation is experienced for recognition of other medical professional qualifications through the medical colleges.

Support networks, employers and informal networks are seen as important factors in helping navigate the complexity of the system. Many IQHPs reported that they relied on information provided by other IQHPs in their networks to understand the complexities of the system. Employers often offer support and guidance to IQHPs. Around 70% of IQHPs reported that they were satisfied or very satisfied with the support provided by their employers. This compares to only around 30% of IQHPs reporting that they were satisfied with the support provided by Ahpra, state and territory agencies and federal government agencies.

Duplicative processes, with inconsistent standards between entities

IQHPs report having to provide the same documents multiple times. IQHPs are required to collate, translate and verify documents in three different stages of the process: the health practitioner registration process, the skilled migration process and the visa application process. According to survey data, the duplication of these processes adds between three and eight weeks to the overall end-to-end journey depending on the field of practice. This delays IQHPs entering the workforce. In addition, each time the process is duplicated, IQHPs also incur additional financial burden related to costs like translations and verification.

Survey respondents also reported difficulties in document certification, citing the need to have original or physical copies of documents such as transcripts sent from their country of qualification, and then sent to Ahpra. This can prove difficult considering various time constraints set by agencies to ensure an applicant is able to progress with their application. There are also inconsistencies in which certain documentation is accepted and vetted by some Australian entities and denied by others. For example, one focus group participant said that the translation of a document provided by one government agency was not accepted by another government agency.

Significant hidden costs

The information which is available to applicants sets out the expected fees for assessments, applications and migration processes. However, IQHPs reported through the survey to have incurred significant out of pocket costs which far exceed the cost from fees. For example, the OSCE for Nurses and Midwives only runs in Adelaide five times per year which means that IQHPs are required to travel to Adelaide and pay for accommodation and other associated costs alongside the $4,000 OSCE assessment fee.[39] The infrequency of exams creates further time delays which contributes to forgone income.

Over a third of general practitioners and medical professionals are required to complete some form of supervised practice as part of their registration process. The costs associated with relocation to complete this supervised practice are in excess of $5,000 per applicant, excluding any forgone income incurred during the period of supervision. These costs are higher for those who relocate to rural or remote areas to complete supervision.

While hidden costs associated with a regulatory process cannot be removed entirely, the current process appears to place a significant financial burden on applicants who are often unaware of the extent of the hidden costs.

Candidate specific cost and time drivers

It is evident that candidates can have very different experiences going through the same process, reflected in large ranges in reported costs, time and overall experience. There are several candidate characteristics that influence this cost and time variation.

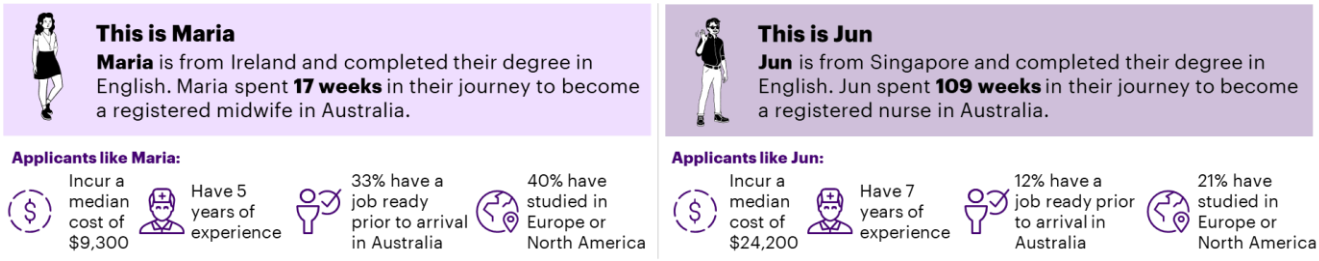
Nurses and midwives with fewer years of experience and have studied in Europe or North America are more likely to incur shorter journey length times

Largely due to the criteria for acceptance into Stream A, a significant number of candidates in the bottom 25% for journey times completed their degrees in Europe or North America.

A range of characteristics are associated with nursing and midwifery candidates who incur higher than median journey lengths. Candidates in the top 25% for journey times incur higher median costs, tend to have more years of experience and are less likely to have a job prior to their arrival in Australia (See **Figure 17**).

[39] Ahpra – Nursing and Midwifery Board (2021) Objective Structured Clinical Exam

Figure 17: Example profiles of nurses and midwives incurring varying median wait times

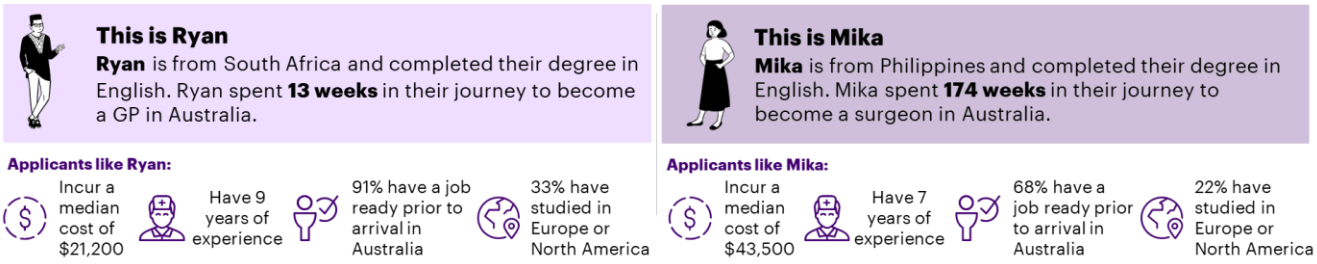


Note: "Maria" is based on candidates whose journey time is at or below the 25% percentile for nurses and midwives (n = 75). "Jun" is based on candidates whose journey time is at or above the 75% percentile for nurses and midwives (n=81). Source: Survey analysis

IMGs with greater experience and jobs prior to their arrival in Australia are more likely to have lower than median journey times

International medical graduates with more years of experience and who have a job ready prior to their arrival in Australia are more likely to be in the bottom 25% for journey times.

Figure 18: Example profiles of international medical graduates incurring varying median wait times



Note: "Ryan" is based on candidates whose journey time is at or below the 25% percentile for international medical graduates (n = 57). "Mika" is based on candidates whose journey time is at or above the 75% percentile for international medical graduates (n=66). Source: Survey analysis

Practitioners with greater prior experience struggle to be recognised

Almost half of IQHPs are experiencing insufficient recognition of their prior professional and clinical experience, resulting in many working in roles below their previous levels of seniority. Survey data shows that 44% of nurses and midwives; 46% of international medical graduates; and 63% of psychologists and occupational therapists work below their previous levels of seniority.

For these candidates, the median time spend working below their prior level of seniority is:

- 52 weeks for nurses and midwives
- 69 weeks for international medical graduates
- 59 weeks for psychologists and occupational therapists.

One in four IQHPs said they had a specialisation which was not recognised in Australia, according to survey data. These include fellowships from overseas medical colleges in domains such as radiology, paediatrics and psychiatry which were deemed to be not comparable or only partially comparable with Australian equivalents. This suggests that the current registration processes are resulting in the under-recognition of the skills of IQHPs.

This period of working below prior level of seniority or undervaluing of specialised skills results in IQHPs receiving lower pay and undervalues the experience of mid-career IQHPs. IQHPs who had specialisations not recognised through the registration process were less satisfied with the overall process. Survey data shows that 42% not satisfied with the registration process compared to only 28% of those who did have specialties recognised. It should be acknowledged that some IQHPs may be required to work below their level of seniority to gain relevant experience of the Australian healthcare system or meet the standards of a given level of seniority.

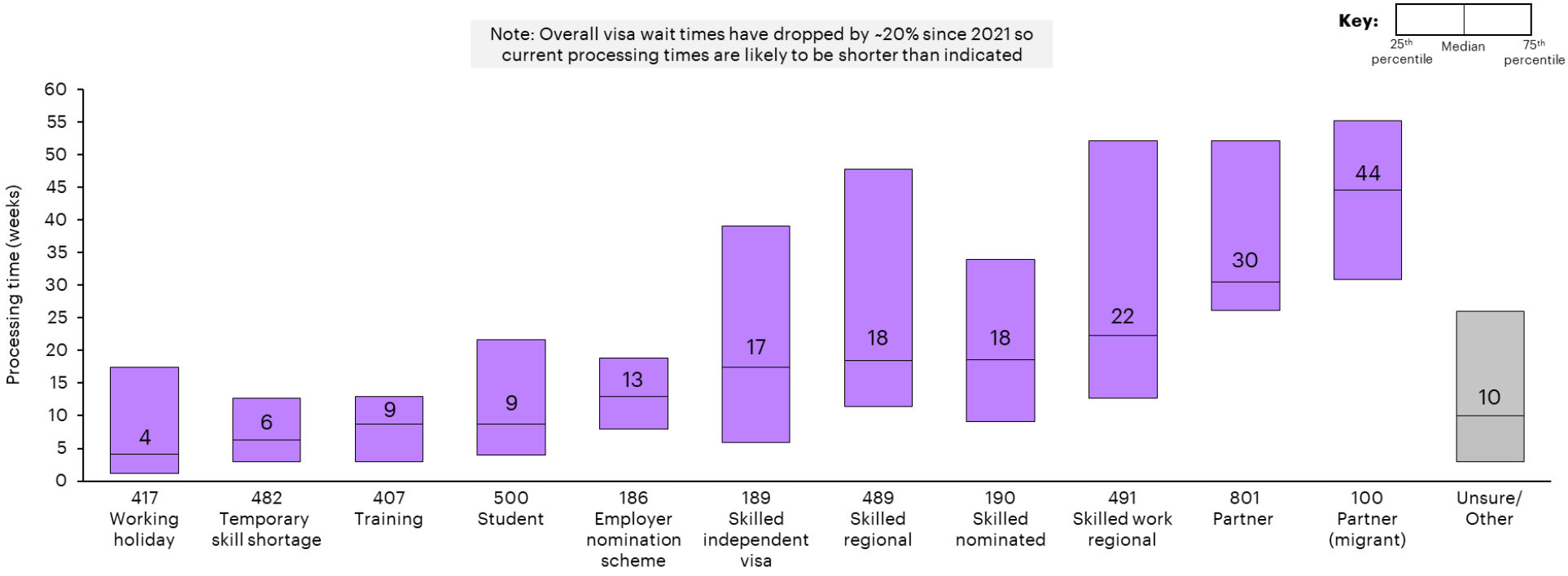
A candidate's visa can inflate their journey wait times

The type of visa to which a candidate applies to work in Australia has a significant impact on the length of their overall journey. Most candidates who report their visa type enter Australia on Temporary Skill Shortage visas (482) which has the second lowest processing time of the most popular visas reported, or six weeks for all candidates who started the process post-2016.

While it should be noted that overall visa wait times have dropped by approximately 20% for candidates who have started the process post-2021, for some candidates, such as those on partner visas, wait times can exceed over half the length of the registration process. Of particular concern are the regional skilled visas whose wait times can be three to four times the wait of a temporary skill shortage visa (see **Figure 19)**.

Further investigation is likely required to determine why these regional visas take so long to process and consideration of reforms to make regional visas more attractive to help address staff shortage issues in regional, rural and remote areas is needed.

Figure 19: Candidate median visa processing times by visa subclass type



	417 Working holiday	482 Temporary skill shortage	407 Training	500 Student	186 Employer nomination scheme	189 Skilled independent visa	489 Skilled regional	190 Skilled nominated	491 Skilled work regional	801 Partner	100 Partner (migrant)	Unsure/ Other
% of candidates	2%	**23%**	5%	2%	4%	8%	1%	7%	4%	3%	3%	**38%**
DHA processing time	1 – 3 weeks	1 – 10 weeks	Up to 30 weeks	Up to 4 weeks	12 – 56 weeks	12 – 20 weeks	168 – 212 weeks	Up to 56 weeks	20 – 80 weeks	20 to 104 weeks	24 – 128 weeks	N/A

Source: Accenture survey analysis, Department of Home Affairs relevant visa processing times

More than one in two candidates who completed a degree in English in South-East Asian countries are required to prove English competency

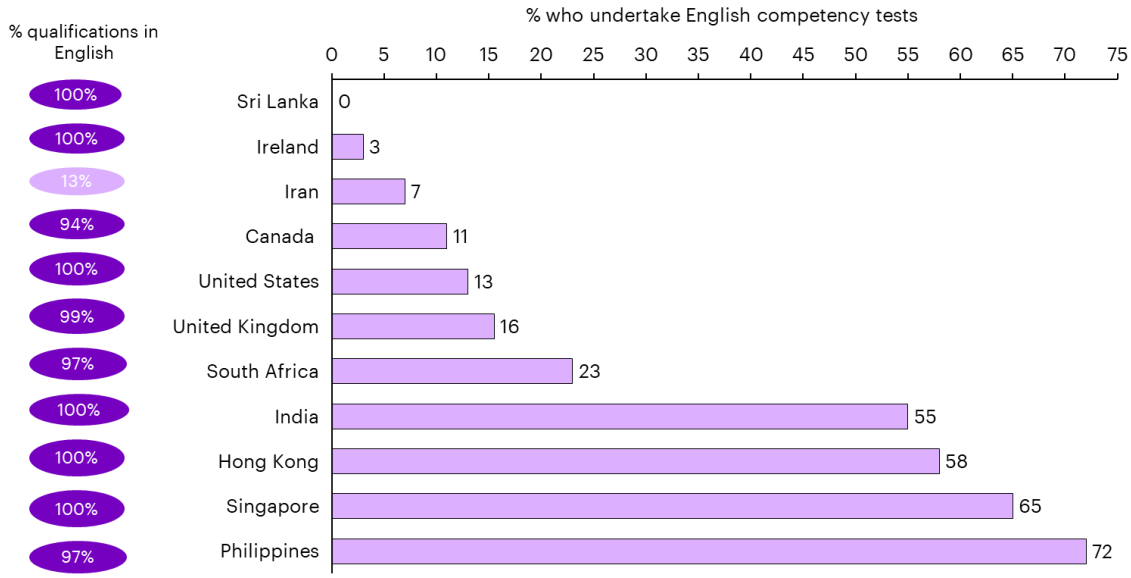
Despite the fact that 85% of survey respondents reported having qualifications completed in English, 52% reported incurring costs to complete one or more English competency tests. When broken down by country of qualification, it is evident that there is a split between European and North American and others, namely India, Hong Kong, Singapore and the Philippines in terms of who is required to sit an English competency test despite completing a relevant qualification in English (see **Figure 20**).

While one reason may be that English competency tests are determined by country of citizenship rather than where or in what language a degree was completed, the stark double-standards between European and North American countries and Asia-Pacific (APAC), and Middle East and North Africa (MENA) countries are concerning. One survey respondent stated that despite immigrating to the United Kingdom, completing their nursing qualifications there, and having over 40 years of experience, they still had to complete the International English Language Testing System (IELTS) twice because they completed their high school qualification in Kenya. The median length of time it takes to complete an English competency test across all cohorts is approximately four weeks. Sitting the IELTS costs applicants $410.[40]

Cost and time in preparing for English level exams, in combination with the time-bound nature of exam results was a significant pain point for IQHPs. Many IQHPs involved in focus groups reported that the standard which is required to be met in the English language tests is challenging even for native English speakers whose primary language spoken at home is English. One survey respondent with citizenship and a qualification from the United Kingdom stated that they had to complete the IELTS four times in order to achieve a level eight on the writing exam. The two-year expiry date for proof of language proficiency results in many applicants repeating the process multiple times while they complete other stages of the process, which can prove costly and involve preparation courses and travel to sit assessments.

[40] IELTS (2023) How much does IELTS cost?

Figure 20: Proportion of IQHPs who undertook English competency tests



Source: Accenture survey analysis.

Mental health and productivity impacts

Around 40% of IQHPs reported that the journey had a negative impact on their mental health and wellbeing with the registration process having the largest negative impact

Around 40% of IQHPs reported the journey had negative impact on their mental health and wellbeing, which is likely to have negative flow-on impacts into other areas. This includes health system costs to support IQHPs' mental health and reduced productivity from IQHPs needing to take time off to manage their mental health and wellbeing. IQHPs who reported that the process had a negative or significant negative impact on their mental health and wellbeing were also more likely to be dissatisfied with the registration process. These IQHPs reported a net promoter score of five, compared to seven for those with a neutral impact and eight for those who had a positive or significant positive impact on mental health and wellbeing.

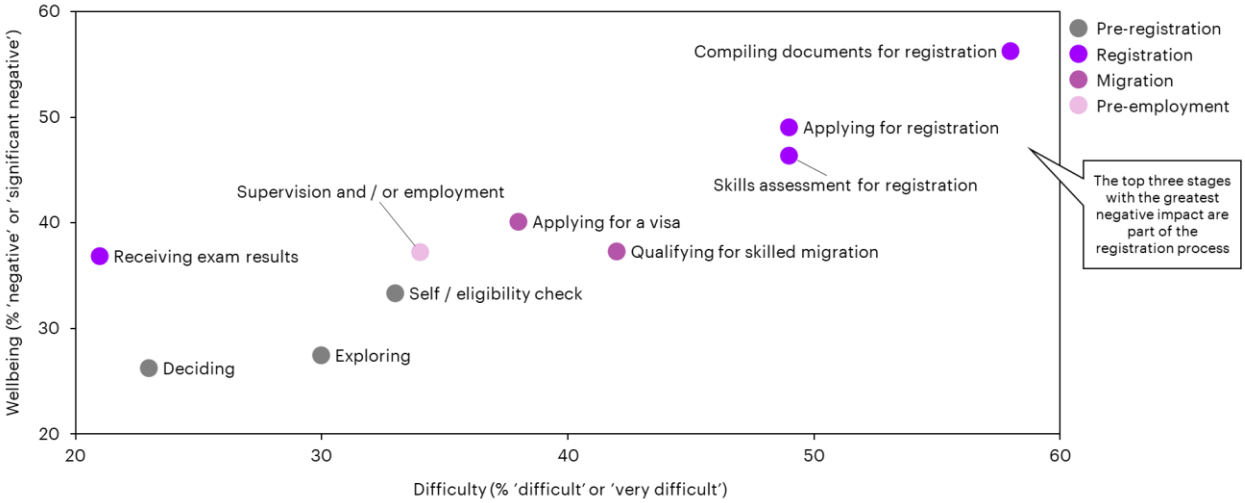
The mental health and wellbeing impacts vary stage by stage. There is a positive relationship between difficulty and impact on mental health and wellbeing. Stages associated with the registration process, such as compiling documents, applying for registration, and the skills assessment for registration, had the greatest reported level of difficulty and the greatest reported impact on mental health. Conversely, pre-registration stages had the lowest (see **Figure 21**).

Specialists who reported needing to undertake assessments or interviews as part of a specialist college recorded skills assessment for registration as more difficult and negatively impactful to their mental health than most other candidates. Of these candidates, 56% reported this stage was either 'difficult' or 'very difficult', and 57% reported it had 'negative' or 'significant negative impact' to their mental health. This is supported by comments from

specialists describing the lack of flexibility around recognition of experience at this stage which leaves some doctors demoralised and feeling as if they are "starting from scratch."[41]

Negative experiences throughout the registration process impact the attitudes of IQHPs towards Australia. Two in five doctors in specialist colleges said the process has negatively impacted their views of Australia. Almost 50% said that their sense of belonging in Australia was negatively impacted by the registration process and 60% would not be likely to recommend the process. This compares to the IQHP group as a whole, of which 39% said their sense of belonging in Australia was negatively impacted and 54% reported that they would not be likely to recommend the process.

Figure 21: Relationship between difficulty of a stage and the impact of the stage on mental health and wellbeing



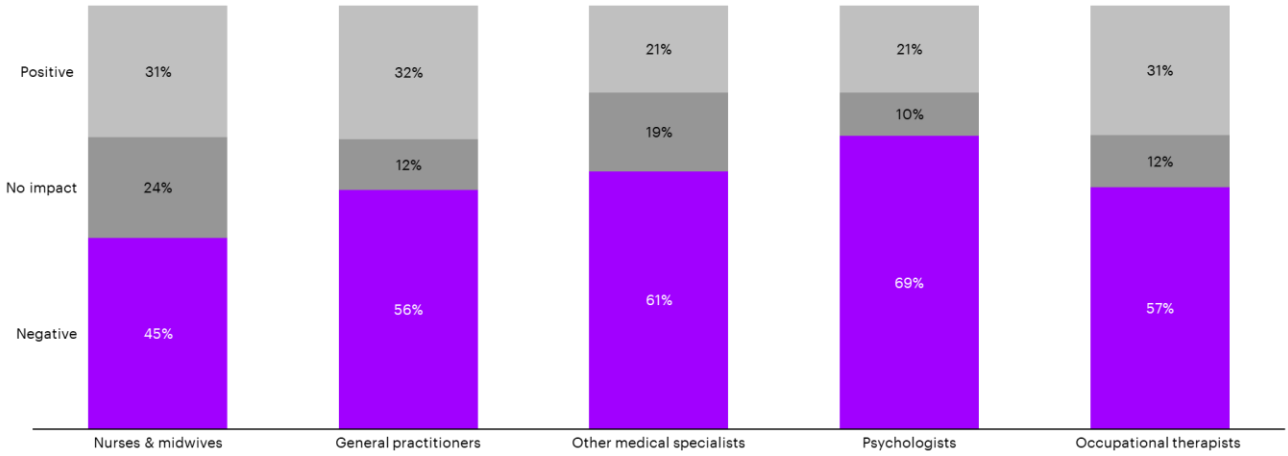
Source: Accenture survey analysis, n = 932.

More than half of respondents said the process had a negative impact on the amount of time they could spend on work or other activities

The current end-to-end journey is resulting in absenteeism amongst IQHPs with around half of all respondents reporting that the process had a negative impact on the amount of time they could spend on work and other activities. Psychologists reported that their experience of the registration processes had greatest impact on their productivity with nearly 70% of psychologists reporting the process had a negative impact on the amount of time they could spend on work and other activities. Presenteeism was also reported, with more than half of IMGs and almost two thirds of psychologists reporting that their experience of the registration process had a negative impact on the amount they could accomplish at work. This could be due to a variety of factors including time taken up at work accomplishing tasks required for registration or time spent distracted while concerned or worrying about stages in the process (see **Figure 22**).

[41] Accenture survey analysis

Figure 22: Impact of the registration process on the amount of time spent on work or other activities



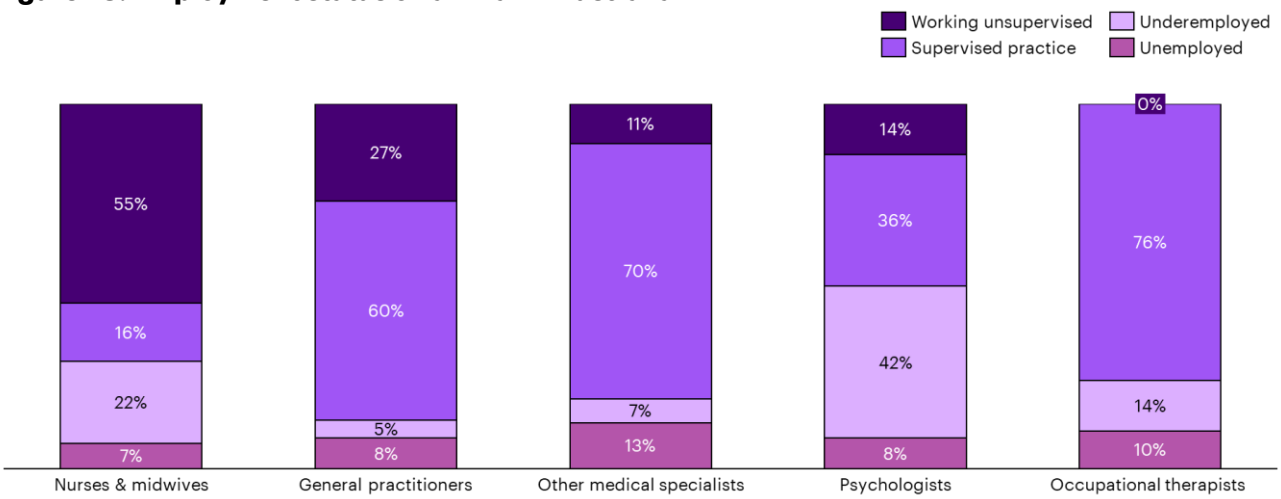
Source: Accenture survey analysis, n = 914.

Employment status

Employment status on arrival in Australia varies widely by field of practice, with a portion of practitioners underutilised for a period of time

While 83% of medical practitioners report having a job prior to their arrival in Australia and 13% of general practitioners and 20% of other medical specialists are underutilised upon arrival (either unemployed or underemployed), 50% of psychologists are underutilised when they arrive in Australia.

Figure 23: Employment status on arrival in Australia



Source: Accenture survey analysis. Data collected through the question "Which of the following best described your working status when you arrived in Australia as a migrant or after completing your qualification as an international student." n = 872

Psychologists also spend the greatest amount of time underutilised, with a median of 128 weeks spent in Australia in an underutilised role, according to survey data. This is more than double the amount of time spent in underutilisation for general practitioners who spend the second greatest amount of time underutilised. The length of time spent in Australia in underemployment prior to registration are:

- 22 weeks for nurses and midwives
- 41 weeks for occupational therapists
- 61 weeks for IMGs
- 128 weeks for psychologists.

Over half of survey respondents cited the IQHPs registration process taking longer than the visa process as the main reason for underemployment *(note: the sample size for this question was only 48).* While engaged in a period of underemployment, these IQHPs are missing out on earning a salary that is commensurate with their experience and qualifications.

Underemployment has a series of consequences for both the IQHPs and the broader health system. Firstly, the IQHP is missing out on income due to working in a lower paying role. This is likely to have flow on impacts to the mental health and wellbeing of IQHPs who are unable to work in the field they are trained in. Secondly, during the period of underemployment, IQHPs are not contributing to closing the worker and skill shortage gap in the Australian health system.

It is important to acknowledge that there may be a group of IQHPs who do not meet the standards to become registered in Australia, and this group is not the focus of regulatory reform. This group of people may move to Australia and be employed in underutilised roles. The objective of the regulatory settings reform is not to get these people through the process but to ensure that those IQHPs who will meet the registration requirements are not waiting in underutilised roles for extended periods of time.

3. Recommendations and future state

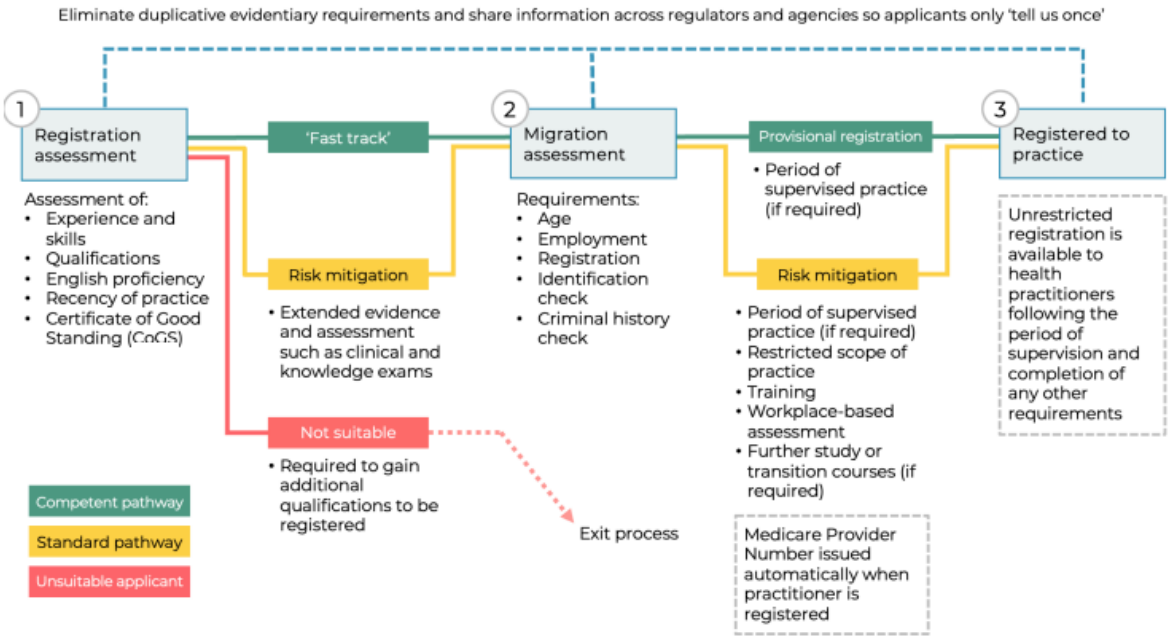
The interim report recommendations set out a range of interventions for streamlining the regulatory system

The Review has identified several potential changes to the current regulatory system which are underscored by the following key characteristics:

- **Risk-based** – patient safety and quality of care are paramount and kept front of mind
- **Best-practice** – regular benchmarking against domestic and international best practice where relevant for the Australian context
- **Clear, evidence-based and cost-effective** – evidence-based requirements are fit-for-purpose and maximise simplicity and low cost where possible
- **Responsive –** the health system's needs and priorities are supported
- **Stewardship –** the impact on the system as a whole is considered

Several recommendations, which focus on eliminating key pain points, can be put in place to increase the efficiency of the system, and reduce the economic burden of the current system. An overarching risk-based approach is shown in **Figure 24**, as included in the Interim Report of the *Independent review of overseas health practitioner regulatory settings*. How this might translate for each of the IQHP cohorts is shown in **Figures 25, 26 and 27**.

Figure 24: Future state vision for the system as a whole



Source: Independent review of overseas health practitioner regulatory settings: Interim Report, April 2023

Improve the applicant experience (I)

Removing unnecessary costs and requirements such as labour market testing for skilled visa holders will help to streamline candidate experience. The requirement for labour market testing currently affects 27% of IQHPs.[42]

Expand 'fast-track' registration pathways (F)

Recognising more overseas training and regulatory systems as equivalent to Australia's can be a low-risk way of getting appropriately skilled professionals into the health system earlier. Currently only around 26% of IQHPs are on a fast-tracked pathway that allows them to skip certain skills assessments.[43]

Better workforce planning (W)

There are opportunities to further optimise the regulatory processes through workforce data and planning to focus attraction and processing of IQHP in the areas of greatest need. This includes quantifying workforce, skills and distributional issues, supporting national workforce strategies, and determining performance indicators to monitor progress of IQHP recruitment.

Greater flexibility, while supporting safety (S)

Avoiding duplication for documentation and evidentiary requirements across multiple agencies and bodies will reduce unnecessary time and cost burdens. Similarly, changes to English language competency requirements, such as waiving tests for all candidates who completed their degrees in English, could save approximately four weeks per candidate and get over 8,000 workers into their jobs sooner.

Enhance regulator performance and stewardship (P)

Improving the accountability and transparency of the registration and accreditation process is an important element of reform to enable effective stewardship and ongoing improvement of the system. This includes ensuring performance standards are publicly available, ongoing focus on reducing applicant costs, promoting transparency of costs borne by applicants and employers, seeking regulator feedback from people utilising the system, and supporting changes in models of care that may impact demand side workforce factors. Ultimately, regulatory settings should be subject to ongoing assessment to ensure that they remain proportionate to the risks they are trying to protect against.

[42] Department of Home Affairs (2023) Temporary Work (skilled) visa program
[43] Survey analysis

Figure 25: Nursing and Midwifery

Australian Government
Department of Finance

Future State Journey Map

This map illustrates the ideal future state of an Internationally Qualified Nurse / Midwife (IQNM) seeking to practice as a registered nurse and/or midwife in Australia once the priority reforms have been implemented.

Competent pathway

IQNM from comparable health systems, with comparable professional experience conducted primarily in English or with a qualification completed in English and listed as fully equivalent.

These health practitioners experience streamlined requirements and processes.

Standard pathway

IQNM with relevant qualifications or experience from a health system which is not considered to be substantially comparable or with a qualification not listed as fully equivalent by the Nursing and Midwifery Board.

Taking a risk-based approach, these practitioners are required to complete additional skills assessments and supply additional documentation.

IQNM with relevant qualifications but do not meet English requirements will only be required to complete additional English language assessment.

Unsuitable applicant

IQNM with a qualification that is not substantially equivalent or relevant to an approved qualification

This map acknowledged that the visa and skilled migration process may occur concurrently outside of the linear process shown in the journey map.

Unsuitable applicant

Applicant deemed to be not suitable
- IQNM can gain additional qualifications to commence the registration process in the future

1 → 2 → 3

1. Exploring (I) (P)

- **Centralised information:** IQNM has access to all the relevant information about the end-to-end journey in a centralised place
- **Transparency of overall journey:** Candidate can see the complete journey involved in becoming a registered health practitioner
- **Candidate support:** Candidate can access support in understanding the process to become a registered health practitioner

2. Deciding

- IQNM decides to become a registered health practitioner in Australia
- IQNM may apply for a job prior to commencing the process or may commence the process and search for a job once they have completed the registration process

3. Registration assessment (I) (F) (S)

Candidates complete a self-assessment to determine which pathway they are eligible for. Candidates are aligned to one of three pathways (unsuitable, standard or competent). Self-assessment cost of $410 is paid at this initial stage.

Candidates provide evidence of:
- Experience and qualifications, with **greater recognition of experience**
- Qualifications
- English proficiency
- Recency of practice, **noting greater flexibility as long as applicant meets the minimum level of experience in a comparable health system**
- Certificate of Good Standing (CoGS)

Centralised portal: Candidates provide the evidence requirements in a single portal which facilitates the sharing of documents across regulators and agencies to avoid duplication. Candidates complete tasks such as a criminal history check once which can be used throughout the registration and migration processes to **ensure the process is streamlined.**

Nursing and Midwifery Board Ahpra

Standard pathway (50-60% of IQNM)

3.1

3.1. Additional supporting documents

IQNM on the standard pathway provide supplementary documentation alongside the information provided in the registration assessment.
This includes:
- Additional supporting documents to demonstrate qualifications and work experience
- References from employers

Competent pathway (40-50% of IQNM)

3.2. Skills assessment for registration (S)

IQNM on the standard pathway are be required to sit the skills assessments to prove they meet the clinical knowledge and skills standards.

IQNM on the standard pathway sits Outcomes Based Assessment (OBA):
Multiple choice question exam (MCQ) $500
Objective Structured Clinical Exam (OSCE) $4,000
English language competency assessment (Cost varies)

Candidates are able to sit assessments online, overseas and a wide range of locations in Australia to ensure candidates do not experience long wait time for assessments.

Some candidates may only be required to sit the English language competency assessment as they are deemed to meet the clinical knowledge and skills based on qualifications and experience but did not complete their qualification in English.

Nursing and Midwifery Board Ahpra

3.2

4

4. Submit registration application (F)

On centralised portal IQNM finalises their application:
- Standard pathway candidates receive assessment results through the portal and results are linked to the candidates application
- Standard pathway candidates upload additional documents collected in the additional supporting documents stage
- Candidate pays a registration fee to Ahpra of $480

Registration for nurses and midwives is a full registration with no requirement to complete a period of supervised practice.

Nursing and Midwifery Board Ahpra

5

5. Migration process

Applicants will go through the visa process at different times based on their circumstances

5.1 → 5.2

5.1. Qualifying for skilled migration (I)

ANMAC accesses the relevant documents to approve skilled migration for an IQNM who is migrating to Australia on a skilled migration pathway. This involves accessing:
- Proof of identity and/or age
- English proficiency
- Skills assessment
- Character test
- Partner skills and/or experience *(if relevant)*
- Sponsorship or nomination *(if relevant)*

Candidate pays a fee of $515 in order to qualify for skilled migration. Candidates are not required to provide documentation which they have already submitted in the registration assessment but may be required to provide supplementary information related to sponsorship where required.

anmac Australian Nursing & Midwifery Accreditation Council

5.2. Applying for a visa (I)

IQNM applies for a visa ~$4,000
Medical health examination if applicable: up to $500

Department of Home Affairs fast-tracks visa applications for health practitioners.

Australian Government Department of Home Affairs

6

6. Employment (I)

- IQNM secures offer of employment and commences work
- Employers are not required to undertake the mandatory three-months of labour market testing for skill shortage visa holders

Living and working in Australia

Priority reform areas

- (I) Improve the applicant experience
- (F) Expand 'fast track' registration pathways
- (W) Better workforce planning
- (S) Greater flexibility, while supporting safety
- (P) Enhance regulatory performance and stewardship

Touch point legend

Centralised portal · Online · In Person (incl. networks) · Social Media · Email · Phone · Post · Migration Agent

Nursing and Midwifery Board Ahpra · anmac Australian Nursing & Midwifery Accreditation Council · Australian Government Department of Home Affairs

Figure 26: International Medical Graduates

Australian Government
Department of Finance

Future State Journey Map

This map illustrates the ideal future state of an International Medical Graduate (IMG) seeking to practice as a registered doctor in Australia once the priority reforms have been implemented.

Competent pathway

IMG from comparable health systems, with comparable professional experience conducted primarily in English or with a qualification completed in English and listed as fully equivalent

These health practitioners experience streamlined requirements and processes.

Standard pathway

IMG with relevant qualifications or experience from a health system which is not considered to be substantially comparable or with a qualification not listed as fully equivalent by the Medical Board.

Taking a risk-based approach, these practitioners are required to complete additional skills assessments and supply additional documentation.

IMG with relevant qualifications but do not meet English requirements will only be required to complete additional English language assessment.

Unsuitable applicant

IMG with a qualification that is not substantially equivalent or relevant to an approved qualification

This map acknowledged that the visa and skilled migration process may occur concurrently outside of the linear process shown in the journey map.

Unsuitable applicant

Applicant deemed to be not suitable

- IMG can gain additional qualifications to commence the registration process in the future

1 → 2 → 3

1. Exploring (I) (P)

- **Centralised information:** IMG has access to all the relevant information about the end-to-end journey in a centralised place
- **Transparency of overall journey:** Candidate can see the complete journey involved in becoming a registered health practitioner
- **Candidate support:** Candidate can access support in understanding the process to become a registered health practitioner

2. Deciding

- IMG decides to become a registered health practitioner in Australia
- Candidates may apply for a job prior to commencing the process or may commence the process and search for a job once they have completed the registration process

3. Registration assessment (I) (F) (S)

Candidates complete a self-assessment to determine which pathway they are eligible for. Candidates are aligned to one of three pathways (unsuitable, standard or competent).

Candidates provide evidence of:

- Experience and qualifications, with **greater recognition of experience**
- Qualifications, including a primary source verification through ECFMG's Electronic Portfolio of International Credentials (EPIC) portal
- English proficiency
- Recency of practice, **noting greater flexibility as long as applicant meets the minimum level of experience in a comparable health system**
- Certificate of Good Standing (CoGS)

Centralised portal: Candidates provide the evidence requirements in a single portal which facilitates the sharing of documents across regulators and agencies to avoid duplication. Candidates complete tasks such as a criminal history check once which can be used throughout the registration and migration processes to **ensure the process is streamlined.**

Medical Board Ahpra · ECFMG

Competent pathway (10-20% of IMGs)

Standard pathway (80-90% of IMGs)

3.1 → 3.2 → 3.3

3.1. Additional supporting documents

IMG on the standard pathway provide supplementary documentation alongside the information provided in the registration assessment.
This includes:

- Additional supporting documents to provide qualifications and work experience.
- References from employers

3.2. Skills assessment for registration (S)

IQNM on the standard pathway will be required to sit the skills assessments to prove they meet the clinical knowledge and skills standards:
AMC MCQ exam: $2,920
AMC clinical exam: $4,130 (exam), $300 (certificate)
English Competency Assessments (costs vary)

Candidates are able to **sit assessments online, off-shore and a wide range of locations** in Australia to wait times and cost incurred to sit assessments.
Some candidates may only be required to sit the English language competency assessment as they are deemed to meet the clinical knowledge and skills based on qualifications and experience but did not complete their qualification in English.

Australian Medical Council Limited

3.3. Specialist equivalence assessments (F)

Specialist IMG on the standard pathway who wish to get a specialty recognised will **complete additional skills assessments through the Australian Medical Council.**

- Candidates are able seek advise from the Specialist Colleges who have an advisory role in the registration process.
- Specialist assessments include the PESCI for general practitioners: $2,145

Australian Medical Council Limited

4

4. Submit registration application (F)

On centralised portal IMG finalises their application:

- Standard pathway candidates receive assessment results through the portal and results are linked to the candidates application
- Standard pathway candidates upload additional documents collected in the additional supporting documents stage
- Candidate pays a provisional registration fee to Ahpra of $860

Medical Board Ahpra

5

5. Migration process

Applicants will go through the visa process at different times based on their circumstances

5.1 → 5.2

5.1. Qualifying for skilled migration (I)

The Department of Home Affairs accesses the relevant documents to approve skilled migration for an IMG who is migrating to Australia on a skilled migration pathway:

- Proof of identity and/or age
- English proficiency
- Skills assessment
- Character test
- Partner skills and/or experience *(if relevant)*
- Sponsorship or nomination *(if relevant)*

Candidates are **not required to provide documentation which they have already submitted in the registration assessment** but may be required to provide supplementary information related to sponsorship where required.

Australian Government Department of Home Affairs

5.2. Applying for a visa (I)

IMG applies for a visa ~$4,000
Medical health examination if applicable: up to $500

Department of Home Affairs fast-tracks visa applications for health practitioners

Australian Government Department of Home Affairs

6 → 7 → 8

Competent pathway

6. Period of supervised practice (F)

- IMG on the competent pathway completes a shortened period of supervised practice which is focused on learning the Australian healthcare system and building cultural knowledge

6.1

Standard pathway

6.1. Extended period of supervised practice

- IMG on the standard pathway completes a period of 12 months of supervised practice and up to 24 months of supervised practice for certain specialties

7. Receive full registration (I)

- IMG pays $1,720 to receive their full registration on completion of a period of supervised practice
- IMG is **automatically generated a Medicare Provider Number (MPN)** which is a requirement prior to commencing work as a registered health practitioner

Medical Board Ahpra · Services Australia

8. Employment (I)

- IMG secures offer of employment and commences work
- **Employers are not required to undertake the mandatory three-months of labour market testing** for skill shortage visa holders

Living and working in Australia

Priority reform areas

- (I) Improve the applicant experience
- (F) Expand 'fast track' registration pathways
- (W) Better workforce planning
- (S) Greater flexibility, while supporting safety
- (P) Enhance regulatory performance and stewardship

Touch point Legend

Centralised portal · Online · In Person (incl. networks) · Social Media · Email · Phone · Post · Migration Agent

Australian Medical Council Limited · Services Australia · Australian Government Department of Home Affairs · Medical Board Ahpra

Figure 27: Allied Health - Psychologists, Occupational Therapists, Pharmacists and Paramedics

Australian Government
Department of Finance

Future State Journey Map

This map illustrates the ideal future state of an allied health practitioner seeking to practice as a registered doctor in Australia once the priority reforms have been implemented.

Competent pathway

Allied health practitioners from comparable health systems, with comparable professional experience conducted primarily in English or with a qualification completed in English and listed as fully equivalent. These health practitioners experience streamlined requirements and processes.

Standard pathway

Allied health practitioners with relevant qualifications or experience from a health system which is not considered to be substantially comparable or with a qualification not listed as fully equivalent by the relevant accreditation boards.

Taking a risk-based approach, these practitioners are required to complete additional skills assessments and supply additional documentation. Allied health practitioners with relevant qualifications but do not meet English requirements will only be required to complete additional English language assessment.

Unsuitable applicant

Allied health practitioners with a qualification that is not substantially equivalent or relevant to an approved qualification

This map acknowledged that the visa and skilled migration process may occur concurrently outside of the linear process shown in the journey map.

Pharmacy
Psychology
Paramedicine
Occupational Therapy

Within the three pathways shown on the map, distinction is make between professions due to the differences in skills assessments and period of supervised practice.

Unsuitable applicant

Applicant deemed to be not suitable
- IMG can gain additional qualifications to commence the registration process in the future

1. Exploring (I) (P)

- **Centralised information:** Allied health practitioner has access to all the relevant information about the end-to-end journey in a centralised place
- **Transparency of overall journey:** Candidate can see the complete journey involved in becoming a registered health practitioner
- **Candidate support:** Candidate can access support in understanding the process to become a registered health practitioner

2. Deciding

- Allied health practitioner decides to become a registered health practitioner in Australia
- Candidates may apply for a job prior to commencing the process or may commence the process and search for a job once they have completed the registration process

3. Registration assessment (I) (F) (S)

Candidates complete a self-assessment to determine which pathway they are eligible for. Candidates are aligned to one of three pathways (unsuitable, standard or competent).

Candidates provide evidence of:
- Experience and qualifications, with **greater recognition of experience**
- Qualifications
- English proficiency
- Recency of practice, **noting greater flexibility as long as applicant meets the minimum level of experience in a comparable health system**
- Certificate of Good Standing (CoGS)

Centralised portal: Candidates provide the evidence requirements in a single portal which facilitates the sharing of documents across regulators and agencies to avoid duplication. Candidates complete tasks such as a criminal history check once which can be used throughout the registration and migration processes to **ensure the process is streamlined.**

Paramedicine Board Ahpra · Occupational Therapy Board Ahpra · Psychology Board Ahpra · Pharmacy Board Ahpra

Standard pathway (80-90% of practitioners)

Competent pathway (10-20% of practitioners)

3.1. Additional supporting documents

Allied health practitioner on the standard pathway provide supplementary documentation alongside the information provided in the registration assessment.
This includes:
- Additional supporting documents to provide qualifications and work experience.
- References from employers

3.2. Skills assessment for registration (S)

Allied health practitioner on the standard pathway will be required to sit the skills assessments to prove they meet the clinical knowledge and skills standards.

Psychology
- National psychology exam $450

APS

Occupational Therapy
- Additional skills assessments

Pharmacy
- Knowledge Assessment of Pharmaceutical Sciences (KAPS) exam $2,190
- APC written exam $730
- Ahpra oral exam $225

Australian Pharmacy Council

Paramedicine
- Competence Assessment $2,200

Paramedicine Board Ahpra

Candidates are able to sit assessments online, overseas and a wide range of locations in Australia to wait times and cost incurred to sit assessments.

Some candidates may only be required to sit the English language competency assessment as they are deemed to meet the clinical knowledge and skills based on qualifications and experience but did not complete their qualification in English.

4. Submit registration application (F)

On centralised portal allied health practitioner finalises their application:
- Standard pathway candidates receive assessment results through the portal and results are linked to the candidates application
- Standard pathway candidates upload additional documents collected in the additional supporting documents stage

Psychology — Provisional registration $1,135
Occupational Therapy — Limited registration $1,500
Pharmacy — Provisional registration $670
Paramedicine — Full registration $472

5. Migration process

Applicants will go through the visa process at different times based on their circumstances

5.1. Qualifying for skilled migration (I)

The Department of Home Affairs accesses the relevant documents to approve skilled migration for an allied health practitioner who is migrating to Australia on a skilled migration pathway:
- Proof of identity and/or age
- English proficiency
- Skills assessment
- Character test
- Partner skills and/or experience (if relevant)
- Sponsorship or nomination (if relevant)

Applicant is not required to provide any additional documentation or prepare a separate application for skilled migration.

Australian Government Department of Home Affairs

5.2. Applying for a visa (I)

Allied health practitioner applies for a visa ~$4000
Medical health examination if applicable: up to $500

Department of Home Affairs fast-tracks visa applications for health practitioners

Australian Government Department of Home Affairs

Competent pathway

6. Period of supervised practice (F)

- Allied health practitioner on the competent pathway completes a shortened period of supervised practice which is focused on learning the Australian healthcare system and building cultural knowledge

Standard pathway

6.1. Extended period of supervised practice

- Allied health practitioner on the standard pathway completes a period of 12 months of supervised practice

7. Receive full registration (I)

- Allied health practitioner with a limited or provisional registration pays a fee to receive their full registration on completion of a period of supervised practice
- **Medicare Provider Numbers are automatically generated** to enable practitioners to commence work

Psychology — General registration $415
Occupational Therapy — General registration $250
Pharmacy — General registration $740

8. Employment (I)

- Allied health practitioner secures offer of employment and commences work
- **Employers are not required to undertake the mandatory three-months of labour market testing** for skill shortage visa holders

Living and working in Australia

Priority reform areas

(I)	Improve the applicant experience
(F)	Expand 'fast track' registration pathways
(W)	Better workforce planning
(S)	Greater flexibility, while supporting safety
(P)	Enhance regulatory performance and stewardship

Touch point Legend

Centralised portal · Online · In Person (incl. networks) · Social Media · Email · Phone · Post · Migration Agent

Paramedicine Board Ahpra · Occupational Therapy Board Ahpra · APS · Psychology Board Ahpra · Pharmacy Board Ahpra · Australian Pharmacy Council · Australian Government Department of Home Affairs

4. Economic impact of the current system

Regulatory context and benefits framework

Regulations are important to ensure safety and high-quality standards within the Australian healthcare system

The purpose of regulation of health care practitioners is to ensure that all practitioners meet the professional standards required to maintain the high quality and safety of the Australian health care system. Regulation represents a cost, but a significant proportion of cost associated with regulation is representative of the value to the community of the regulatory services provided. The value is that IQHPs meet high quality and safety standards.

The goal of regulatory reform is not to eliminate the economic costs in its entirety as regulation will always result in a cost to the economy. The aim of regulation is to ensure it is effective and efficient while factoring in the economy impact. Reform of the regulatory settings aims to balance improving efficiency, transparency and accountability while maintaining the quality of Australia's health system.

The economic impact of the current regulatory settings includes those borne by individuals, government and the economy

The economic impact framework set out in **Figure 28** outlines the qualitative and quantitative impacts. This framework is designed to capture the impacts on the existing volumes of IQHPs.

Note that the framework does not seek to quantify any benefits related to induced demand, both in terms of the quantity or quality of IQHPs that may be encouraged to seek registration in Australia if the regulatory process were improved.

Figure 28: Economic impact framework

		Measurement	Assessment	What is captured
Economic impact framework	Consumer deficit	Increase in burden of disease	Qualitative	• Reduced number of health practitioners reduces expected daily-adjusted life years (DALY) of the population
		Reduced patient productivity	Qualitative	• Increased length of stay and lower quality of care impacts patients' ability to return to productive work
	Labour deficit	Costs to OS HPs stratified by: • Registration fees and other related costs incurred • Skilled migration fees and other related costs incurred • Visa fees and other related costs incurred	Quantitative	• Additional costs to OS HPs throughout the process compared to a reasonable level of journey cost
		Foregone marginal income from underutilisation of OS HPs	Quantitative	• Lost income for OS HPs who spend longer in underutilised roles than expected due to the length of the registration process
		Burden on mental wellbeing for OS HPs	Qualitative	• Impact on the mental wellbeing of OS HPs during the process • Increased levels of absenteeism and presenteeism during the process
	Producer deficit	Backfill cost of staff shortages	Quantitative	• Overtime premium costs borne by hospitals to ensure quantity of care with local staff in the interim period before OS HPs can start work
		Cost of visas paid by employers	Quantitative	• Costs incurred by employers for visas for sponsored OS HPs
		Cost of delay due to labour market testing	Quantiative	• The additional premium cost to hospitals to ensure quantity of care during the registration process
		Increased workforce turnover	Qualitative	• Increased spending on workforce recruitment and training
		Increased length of patient stay	Qualitative	• Increased costs for patients staying in hospital longer
		Increased re-admissions	Qualitative	• Increased patient re-admissions and ED presentations
	Community impact	Community benefits from OS HPs entering the workforce	Qualitative	• Indirect and induced impacts on employment and consumption in the broader community from OS HPs entering the workforce

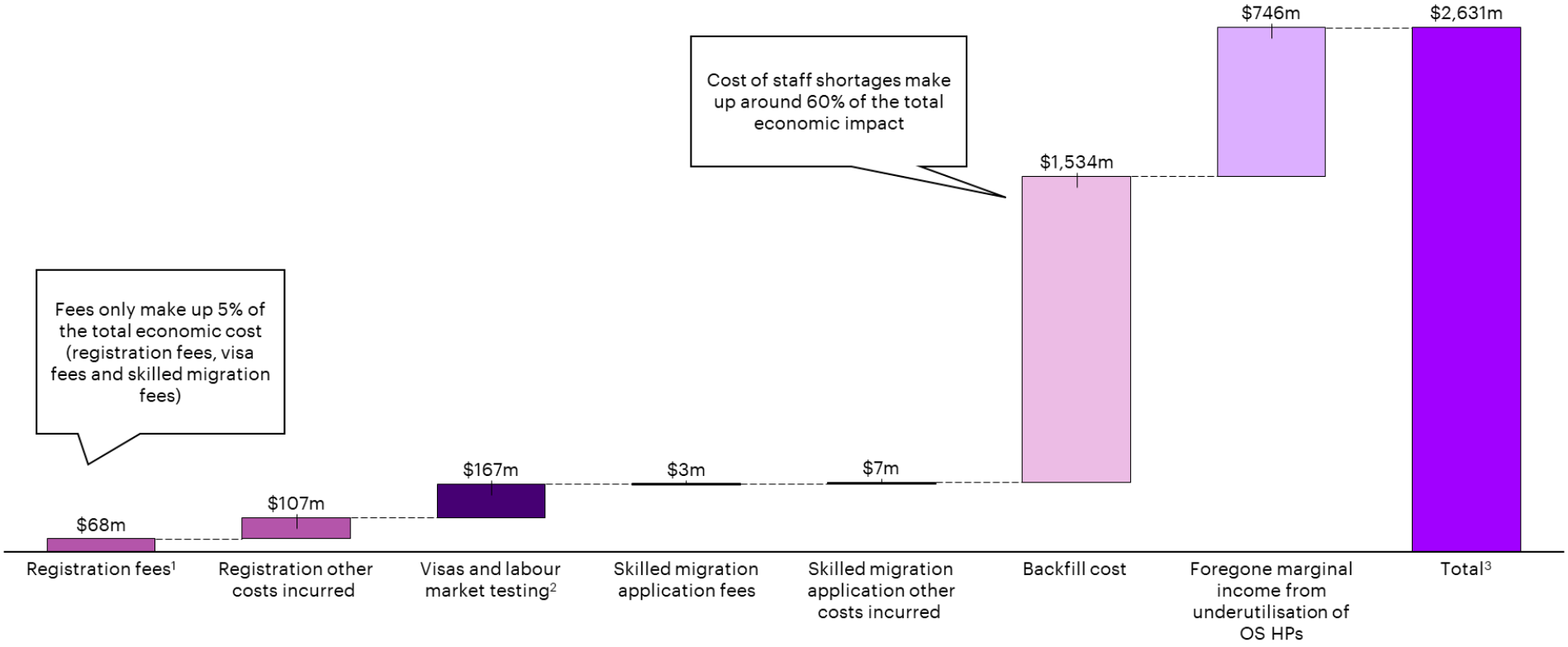
Regulatory impact

It is estimated the current regulatory settings cost the economy $2.6 billion in 2022

The overall cost to the Australian economy from the current regulatory settings was around $2.6 billion in 2022 (see **Figure 29**). The economic impact of the current system is made up of three key quantitative measures. These are:

- Costs incurred by IQHPs to complete the end-to-end journey
- Backfill costs to the health system due to lengthy registration, migration and labour market testing processes
- Forgone income for IQHPs.

Figure 29: Economic cost of the current regulatory system for IQHPs



Source: Accenture economic analysis. 1. 'Registration fees' include fees associated with self/eligibility checks, compiling documents, and skills assessment requirements. 2. 'Visas and labour market testing' includes visa application fees, visa other costs, and costs of delays due to labour market testing. 3. Numbers have been rounded to the nearest million. Individual column totals do not add to the overall total due to rounding.

The cost of backfilling labour shortages is estimated to be $1.5 billion in 2022, accounting for nearly 60% of the regulatory impact

Cost of staff shortages accounts for nearly 60% of the total economic cost of the regulatory system. Staff shortages have a series of impacts on the health system including increased staff turnover, increased patient readmission, increased patient length of stay, reduced quality of care, reduced patient outcomes and reduced patient productivity. Many of these costs cannot be quantified but are significant.

In the context of IQHPs, the replacement cost of labour is utilised to value this shortage; i.e. the requisite premium that would be required to maintain supply of health services during the period overseas trained practitioners are awaiting registration, assuming there is no underutilised local supply.

While backfilling with overtime is an appropriate proxy to value the cost of staff shortages, it is likely a conservative approach because:

- there may be insufficient supply of local workers to take on overtime hours
- there are safety and quality risks associated with fatigue that can result from long shift durations and overtime
- there are budgetary constraints that limit the feasibility of replacing labour at a premium cost.

This means that the actual cost of the shortages is likely to be higher, reflective of the disease burden impact that results from delayed or deferred care.

IQHPs are estimated to forgo $746 million of income annually due to underutilisation during the regulatory process

The time spent in the registration and migration process while in Australia is time they are not able to be fully utilised and earning a registered health practitioner salary. The difference between this and the income someone is earning while not fully utilised is forgone income to the IQHPs and represents a productivity loss in the economy.

In addition, survey data shows that one in two IQHPs experience a reduction in productivity because of the registration process. The registration process induces absenteeism and presenteeism which has productivity impacts as individuals achieve less in their jobs. While a portion of this cost is incurred in overseas economies, IQHPs often complete part of the registration process while they are in Australia.

Fees contribute $133 million annually and represent only 5% of the total economic cost. Other hidden costs to IQHPs contribute a further $131 million in 2022

The majority of the $133 million annual cost of fees is incurred by the IQHPs. Of these total fees, it is estimated that employers incur only 1% of the total fees paid, primarily in visa fees. IQHPs incur significant additional costs which are often hidden, indirect costs, totaling $131 million annually. These represent 5% of the total economic impact and include costs incurred to travel and sit an exam or complete a period of supervised practice or the costs of preparation courses ahead of an assessment. The current system has many inefficiencies and duplication which is largely captured in the other costs incurred by IQHPs.

Qualitative impacts of the current regulatory settings include poorer health system outcomes, lower access to correct care and burn-out of current staff

Alongside the quantitative impacts captured in the economic impact model, there are a series of qualitative impacts which represent significant social or health impacts of the current regulatory system. The economic cost set out in the economic model is likely to understate the true burden of the regulatory settings.

Workforce shortages contribute to reduced access to care, over-use of emergency care and reduced patient outcomes. Extended delays in IQHPs becoming registered and commencing work means areas already experiencing a shortage of skills continue to be underserviced. Shortages of health practitioners result in lower health care attendances per person, which has impacts on health outcomes if medical conditions go untreated or diagnoses are delayed.

In underserviced or short-staffed areas, many people turn to emergency departments for care more suited to non-emergency treatment. Presentations to emergency departments which are considered 'low urgency' make up 35% total presentations.[44] Continued workforce shortages mean a continued lack of availability of alternative care, which results in increased costs for the health system. The cost of care in an emergency department is significantly higher than care provided by a general practitioner, with the cost of a non-admitted emergency department presentation costing the taxpayer $533.[45] It also means that patients who need emergency care have longer wait times to receive care, reducing health outcomes.

Workforce shortages result in increased readmission, increased length of stay and increased burden of disease because the quality-of-care decreases. A Queensland study found that patient length of stay and readmissions decreased with increased health practitioner staffing.[46] While the contribution of additional health care workers cannot be attributed to a decrease in the burden of disease for the population, literature suggests that an increase in the number of healthcare workers per 1,000, may result in a decrease in between 1% and 3% in the total burden of disease.[47]

Increased workload, workforce burn out and workforce turnover are a product of labour shortages across the healthcare system. Workforce shortages increase the workload placed on existing staff in the healthcare system. An increased workload can result in worker dissatisfaction and burnout, with some leaving their chosen profession. Workforce shortages and increased workloads in the nursing profession over the period of the COVID-19 pandemic resulted in 37% of nurses surveyed in 2022 indicating they were planning on leaving the sector in the next one to five years.[48] As a result, the healthcare system incurs additional costs to hire and train new staff. A 2014 study found that the cost to hire and train a new nurse is $49,255 per FTE (in 2014 $).[49] While staff turnover is expected in the labour force, increased rates of workforce turnover results in increased costs to the healthcare system. Experienced

[44] Australian Institute of Health and Welfare (2020) Use of emergency departments for lower urgency care: 2015-16 to 2018-19
[45] National Hospital Cost Data Collection (NHCDC) (2021) What is the cost of Australia's emergency care patients?
[46] McHugh, M. D, Aiken, L. H., Douglas, S. M, Windsor, C, Douglas, C, Yates, P (2021) Effects of nurse-to-patient ratio legislation on nurse staffing and patient mortality, readmissions, and length of stay: a prospective study in a panel of hospitals
[47] Castillo-Laborde, C. (2011) Human resources for health and burden of disease: an econometric approach
[48] Australian Nursing & Midwifery Foundation (2022) National Aged Care COVID-19 Survey 2022
[49] Roche, M. A., Duffield, C., Homer, C., Buchan, J., & Dimitrelis, S. (2014). The rate and cost of nurse turnover in Australia.

staff exiting to other professions also leads to 'brain drain' where knowledge and experience leaves the sector.

The extended duration and costs incurred during the registration process results in lower induced economic impact from IQHPs. These IQHPs are not participating in the Australian economy and creating induced impact through their consumption within the economy. Accelerating the process would mean that IQHPs would be consuming in the Australian economy earlier and creating a greater induced economic impact through the goods and services they purchase and their participation in the Australian labour force. IQHPs are being required to spend significant amounts of money to become registered in Australia meaning they have less income to spend in the Australian economy once they arrive and commence work as a health practitioner. This results in lowered economic activity.

The registration process is also just one component which makes Australia attractive to global talent. Pay, conditions, access to research funding and state-of-the art infrastructure and attractive partnerships also influence the decision of IQHPs to come practice in Australia.

5. The economic impact opportunity

There is an opportunity for the system to be streamlined to reduce duration and costs for IQHPs, the health system and broader economy

Four key drivers which can reduce the duration and cost and therefore overall economic impact were identified from the key reform priorities identified in the interim report. The key drivers are:

1. Centralising document collation processes to avoid duplicative processes for candidates
2. Maintaining faster visa processing times for visa applications
3. Increasing the number of candidates who are eligible for a fast-track pathway to streamline elements of the registration system
4. Removing mandatory labour market testing to reduce delay in overall process.

In order to quantify potential savings to the health system and broader economy, a hypothetical "alternative" case was established for an economic model. This assumes that the regulatory reforms set out above have been implemented to increase the efficiency of the process (see **Figure 30**). Any reduction in time spent or the costs incurred in the process below the base case would represent a reduced economic burden to the Australian economy.

Figure 30: Changes to the base case modelled in a hypothetical alternative case

Change	Cohort	Is there a time impact?	Is there a cost impact?[1]
Documents compiled for registration are uploaded into a central portal	All OS HPs	✓	✓
Accelerate processing times for visa applications	All OS HPs	✓	×
Expand fast-track by 10 – 20 percentage points[2]	Nurses and midwives: 40 – 50% SMIGs/IMGs: 10 – 20% Allied health: 10 – 20%	✓	✓
12 week labour market testing removed	Temporary skilled visa holders (~27% of all OS HPs)	✓	×

Note: 1. Cost impacts describe costs of the end-to-end journey for IQHPs and do not include costs incurred in administrative processes such as costs incurred in processing visa applications 2. The base proportion of cohorts which are already fast-tracked are based on survey responses which exclude nurses and midwives from New Zealand who registered under the Trans-Tasman Mutual Recognition Act.

Removing mandatory labour market testing could reduce overall journey length. Currently, a requirement of a 12-week labour market testing period is in place for employers seeking to hire overseas health care workers on a skill shortage visa. This testing period requires employers to sufficiently evidence that they are not able to fill the role with domestic workers. Removing this requirement can save applicants on skill shortage visa up to 12 weeks in their overall journey length.

The implementation of a central registration portal for all candidates to upload their documents could reduce overall journey cost and length. IQHPs indicated that currently three separate stages within the end-to-end process require almost identical documents for submission to relevant bodies.[50] These stages include the submission of documents for registration with Ahpra, the submission of documents to bodies such as the Australian Nursing and Midwifery Accreditation Council to qualify for skilled migration, and the submission of these same documents to the Department of Home Affairs for visa processing. Developing a central registration portal therefore reduces duplication and reduces the journey length of applicants. The alternative case considered for IQHPs examines the impact of the removal of any time spent on duplicating documentation requirements.

Shortening visa processing times for all health workers could reduce overall journey length. Recently, the Department of Home Affairs has reduced the visa processing times for health care workers. This has resulted in a reduction of two to six weeks of the overall journey depending on field of practice. Maintaining the faster visa processing times for IQHPs will reduce the overall journey length.

Increasing the proportion of candidates who are fast-tracked could be achieved in a number of ways including expanding eligibility for candidates with equivalent qualifications. Currently, fast-track pathways are available to certain IQHPs. For nurses and midwives, the pathway is offered to English-speaking practitioners who have qualifications which are considered substantially equivalent. For international medical graduates, the pathway is offered to practitioners who are registered in countries with comparable healthcare standards to Australia. The eligibility for these pathways is narrow and it has been identified that there is a significant number of IQHPs who are not currently eligible for these pathways who could be eligible while still maintaining the safety and high-quality standards.

Regulatory reforms to broaden the eligibility of the fast-track for nurses and midwives and develop a fast-track for specialist international medical graduates, psychologists and occupational therapists would result in a greater number of practitioners moving through a fast-track journey. This would reduce overall journey length and overall journey costs and may also lead to an induced demand of more candidates eligible for the fast-track pathway electing to come to Australia due to the attractive registration process.

Expanding the fast-track pathways could be achieved in a number of ways, including developing and expanding on a list of competent authorities for each profession which will reduce the requirements for candidates who have previously been registered in a competent authority country to complete additional skills assessment steps in Australia.

Modelling an increase of fast-tracked candidates by 10 or 20 percentage points could save:

- Between 28 and 63 weeks in process duration per candidate:
    - The lower bound of 28 weeks of time saved would be experienced by other medical specialists. Other medical specialists on the current 56-week non-fast-

[50] Accenture survey analysis

track pathway could save 28 weeks if a fast-track pathways was created and proposed reforms are adopted to reduce this pathway to 28 weeks.

    - The upper bound of 63 weeks of time saved would be experienced by psychologists. Psychologists on the current 93-week non-fast-track pathway could save 63 weeks if a fast-track pathways was created and proposed reforms are adopted to reduce this pathway to 30 weeks.

    - For the potential time savings for other fields of practice, see **Figure 33**.

- Between 20% and 80% of total costs per candidate:

    - The lower bound of cost savings, which is 20% of costs, would be experience by ocupational therapists. Occupational therapists who currently do not have a fast-track option and pay $10,108 would be able to pay $8,056 and save 20% of the total cost if a fast-track pathways was created and proposed reforms are adopted.

    - The upper bound of cost savings, which is 80% of costs, would be experience by IQNMs. IQNMs who currently pay $20,375 for the non-fast-track would be able to pay $4,000 and save 80% of the total cost if they become eligible for a fast-track pathways and proposed reforms are adopted.

    - For the potential cost savings for other fields of practice, see **Figure 34**.

Regulatory settings reform could reduce the economic burden by up to $850 million annually depending on the proportion of candidates who are fast-tracked

The four recommended changes to the current regulatory settings are estimated to result in up to $850 million in avoided economic cost annually, split between the health system and IQHPs. This has been based on calculations for 2022. This impact does not include additional benefits that may result from induced demand from a more timely and flexible registration process. The total economic cost under the alternative regulatory settings ranges from $1.8 to $1.9 billion.

Reducing the overall journey length reduces the strain on the health system from staff shortages, reducing the cost of backfill by $277 to $347 million annually. IQHPs would be able to fill staff shortages in some areas. Relying on IQHPs is not the only solution to staff shortages and does not replace the need to increase the supply of Australian-trained health practitioners and address broader health sector needs. A significant cost of backfill remains after the regulatory reforms indicating that further action is required elsewhere in the economy to resolve staff shortages in the health sector or determine whether this represents the accepted impact of the regulatory process.

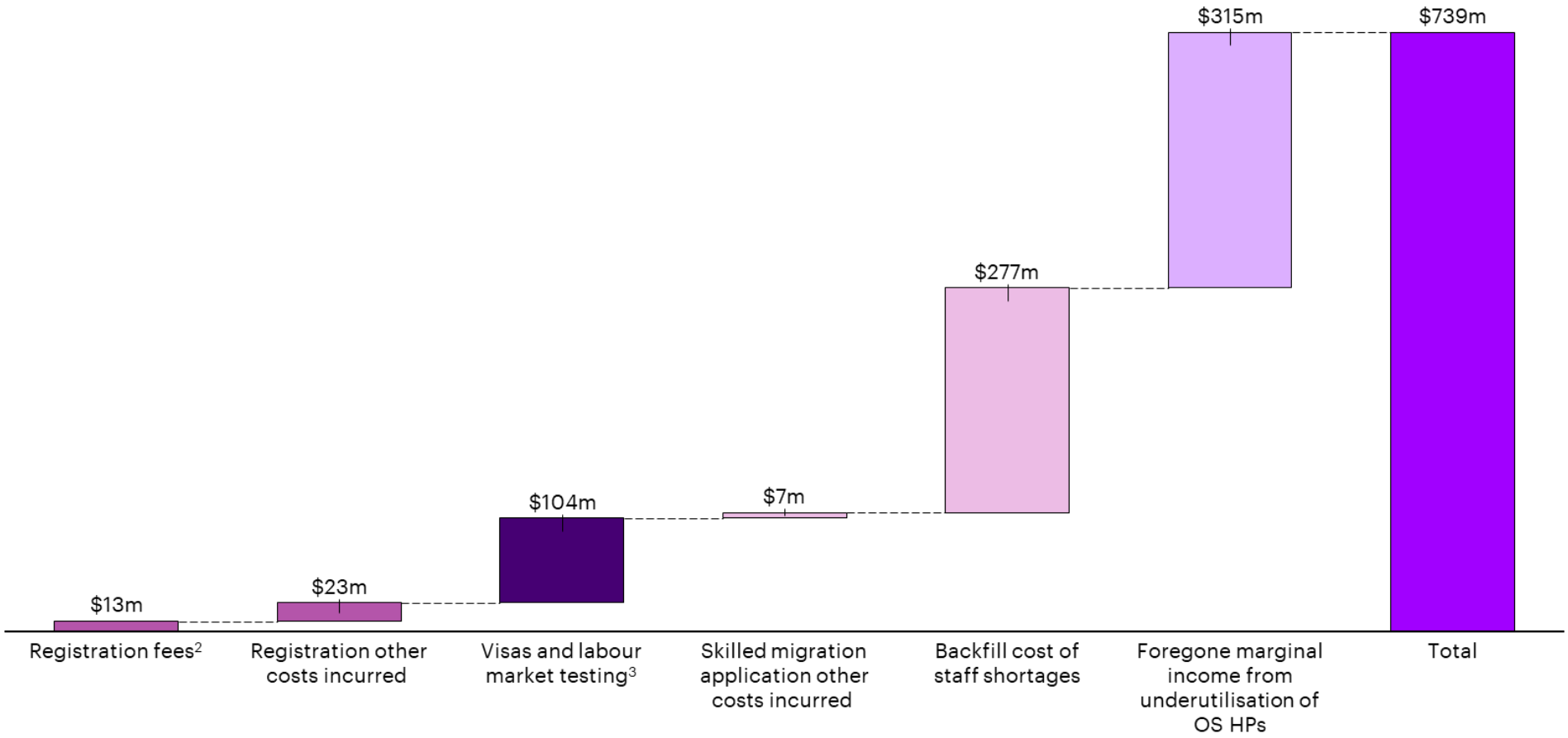
Reduced overall journey length allows IQHPs to start working in the health system sooner, reducing the forgone income cost by $315 to $343 million annually. IQHPs would spend less time in underemployment and unemployment as well as less time waiting to commence supervision or unsupervised work.

Regulatory reforms could reduce the overall costs incurred by the IQHPs by $62 to $72 million annually. This is based on the assumption that the proportion of IQHPs eligible for the

fast-track pathway increases by 10 to 20 percentage points per field of practice. These practitioners also benefit from the accelerated visa processing times and reduced duplication. IQHPs who are not eligible for the fast-track pathway experience the accelerated visa processing times and reduced duplication.

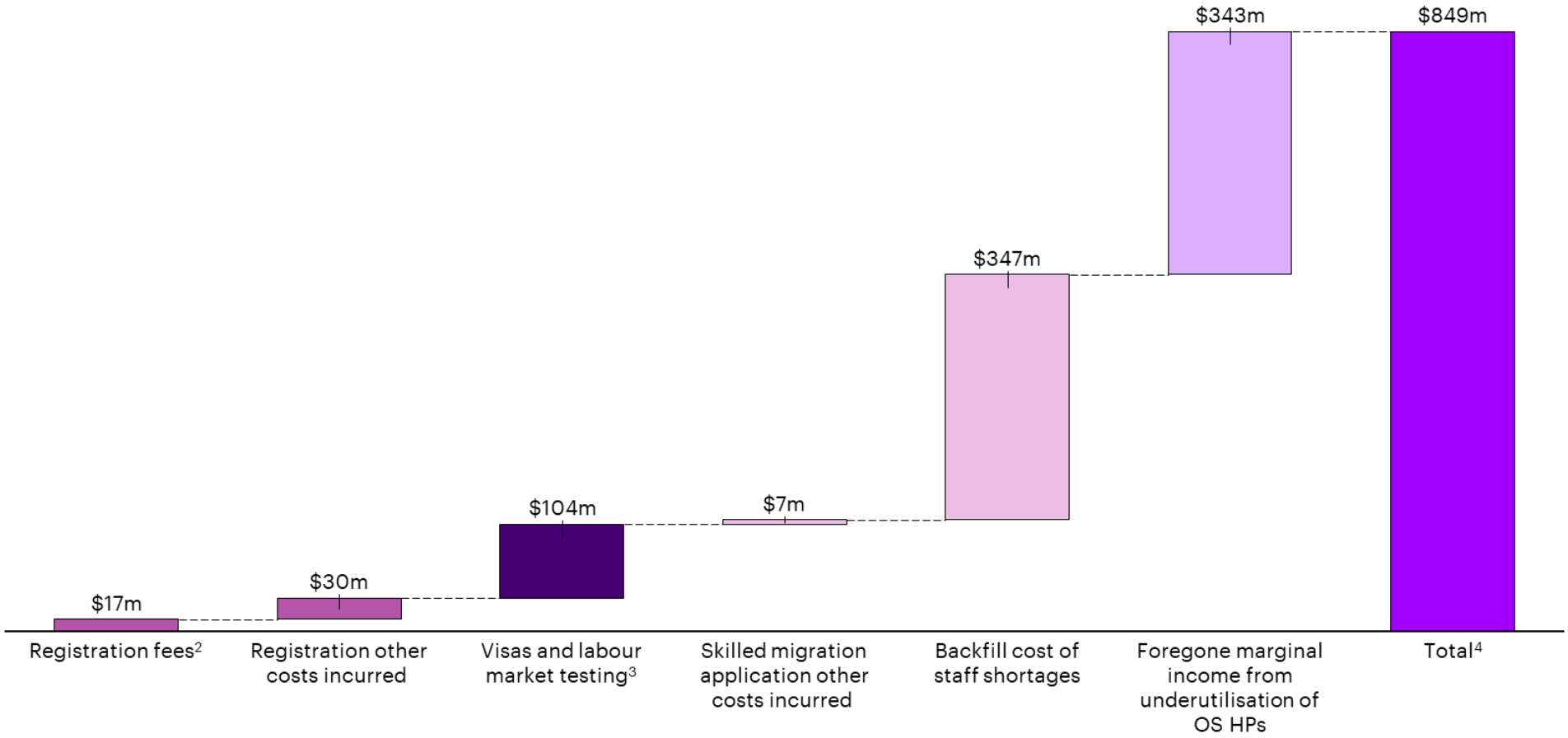
In addition to the regulatory reforms built into the economic model, removing the three months of mandatory labour market testing may have the potential to save an additional $86 million annually. This represents more than 80% of the $104 million total costs incurred by visa fees and related requirements. This would be the upper limit of the cost savings from this reform. It is likely that the time where labour market testing occurs overlaps with other stages in the IQHP's journey. As a result, the time savings from the removal of labour market testing is likely to overlap with time saved through other reforms such as removal of duplicative processes or accelerated visa processing times. The total saving of $86 million is unlikely to be realised.

Figure 31: Drivers of economic cost savings under proposed regulatory settings with 10 percentage point increase in fast-tracked candidates[1]



Source: Accenture economic analysis. 1. The percentage point increase applies to the proportion of each field of practice who are eligible for the fast-track. This means for nurses and midwives, the number eligible increases by 10 percentage points from 30% to 40% of overall candidates. For other fields of practice without a current fast-track, the proportion of candidates eligible for a fast-track increases by 10 percentage point from 0% to 10% of all candidates. 2. 'Registration fees' include fees associated with self/eligibility checks, compiling documents, and skills assessment requirements. 3. 'Visas and labour market testing' includes visa application fees, visa other costs, and costs of delays due to labour market testing.

Figure 32: Drivers of economic cost savings under proposed regulatory settings with 20 percentage point increase in fast-tracked candidates[1]



Source: Accenture economic analysis. 1. The percentage point increase applies to the proportion of each field of practice who are eligible for the fast-track. This means for nurses and midwives, the number eligible increases by 20 percentage point from 30% to 50% of overall candidates. For other fields of practice without a current fast-track, the proportion of candidates eligible for a fast-track increases by 20 percentage point from 0% to 20% of all candidates. 2. 'Registration fees' include fees associated with self/eligibility checks, compiling documents, and skills assessment requirements. 3. 'Visas and labour market testing' includes visa application fees, visa other costs, and costs of delays due to labour market testing. 4. Numbers have been rounded to the nearest million. Individual column totals do not add to the overall total due to rounding.

Appendix

Appendix A: Glossary

Additional study: Time spent completing any formal qualifications or study required to progress the registration process.

Assessment enrolment fees: Fees associated with completing relevant skills assessments such as exams and specialist college assessments/interviews

Australian Medical Council (AMC) Clinical exam: A compulsory clinical exam for IMGs

Australian Medical Council (AMC) MCQ Exam: A compulsory multiple-choice question exam required for IMGs

Costs of registration: Fees associated with applying for registration. For some professions, this can be separated into fees for provisional registration, which allows applicants to practice while supervised, and general registration, which allows applicants to practice unsupervised.

Course enrolment fees: Fees associated with any courses undertaken as part of additional study.

Document collation: Time spent on collating documents required to complete an application to become a registered health practitioner in Australia

English competency tests: Time spent completing an English language skills test for applicants to prove English competency

English language assessment fees: Fees associated with completing an English language skills test

National Psychology exam: A compulsory exam for psychologists

Nursing and Midwifery Board (NMB) MCQ Exam: A compulsory multiple-choice question exam required for Stream B IQNM applicants

Objective Structured Clinical Exam (OSCE): A compulsory clinical exam for Stream B IQNM applicants

Other additional study costs: Costs associated with additional study including books and study materials, and travel and accommodation costs, but does not include any forgone income reported by survey respondents.

Other skilled migration qualification costs: Other costs associated with applying to qualify for skilled migration with relevant assessing bodies including document translation and certification, travel, and accommodation.

Other skills assessment costs: Other costs associated with skills assessment including preparation course fees, books and study materials, and travel and accommodation costs.

Other visa-related costs: Other costs associated with applying for a visa including cost of a migration agent, costs associated with document collation and translation, and medical examination costs

Qualifying for skilled migration: Time spent collating documents for the process to qualify for a skilled migration pathway and time spent waiting for processing

Relocation costs: Costs associated with relocating for the purposes of supervised practice

Self/eligibility check: Time spent completing a self-check or an official eligibility assessment for applicants to determine if they meet eligibility criteria and streaming path.

Sitting exams as part of supervised practice : Time spent completing additional exams to receive full registration after a period of supervision

Skilled migration application fees: Fees associated with applying to qualify for skilled migration with relevant assessing bodies

Specialist college assessment: Time spent completing assessments for IMGs with relevant specialist colleges

Specialist college interview: Time spent completing an interview with relevant specialist colleges for IMGs

Supervision: Time spent in periods of supervised practice for the purposes of gaining full registration

Visa application fees: Fees associated with visa applications including the cost of applying, cost of a police check, and cost of a criminal history check.

Visa application: Time spent preparing documents for the visa application and time spent waiting for visa processing

Appendix B: The alternative case

Figure 33: Duration of the end-to-end journey in the base case and alternative case, by field of practice[51]

Field of practice	Stream	Current state	Proposed pathway (reduction)
Nursing and midwifery	*Non-fast track*	56 weeks	36 weeks *(-20 weeks)*
Nursing and midwifery	*Fast-track*	30 weeks	22 weeks *(-8 weeks from the existing fast-track; -34 weeks from the non-fast track)*
Medicine – General practice	*Non-fast track*	70 weeks	65 weeks *(-5 weeks)*
Medicine – General practice	*Fast-track*	NA	28 weeks *(-42 weeks)*
Medicine – Other specialists	*Non-fast track*	56 weeks	51 weeks *(-5 weeks)*
Medicine – Other specialists	*Fast-track*	NA	28 weeks *(-28 weeks)*
Psychologists	*Non-fast track*	93 weeks	80 weeks *(-13 weeks)*
Psychologists	*Fast-track*	NA	30 weeks *(-63 weeks)*
Occupational Therapy	*Non-fast track*	74 weeks	62 weeks *(-12 weeks)*
Occupational Therapy	*Fast-track*	NA	30 weeks *(-44 weeks)*

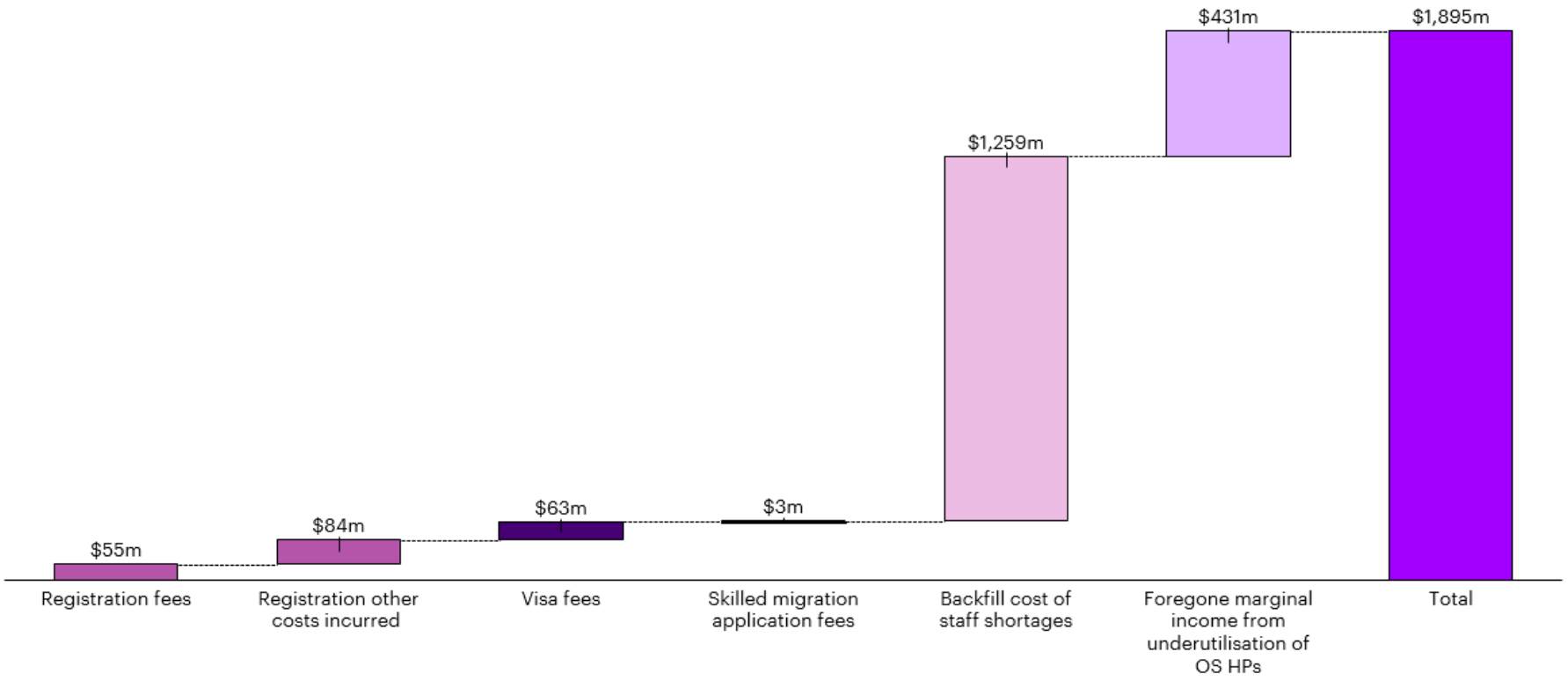
Numbers have been rounded to the nearest week.

Figure 34: Cost of the end-to-end journey in the base case and alternative case, by field of practice[51]

Field of practice	Stream	Current costs	Proposed costs (% reduction)
Nursing and midwifery	*Non-fast track*	$20,375	$14,120 *(-31%)*
Nursing and midwifery	*Fast-track*	$4,675	$4,000 *(-14% from the existing fast-track; -80% from the non-fast track)*
Medicine – General practice	*Non-fast track*	$35,880	$19,827 *(-45%)*
Medicine – General practice	*Fast-track*	NA	$7,858 *(-78%)*
Medicine – Other specialists	*Non-fast track*	$23,425	$19,214 *(-18%)*
Medicine – Other specialists	*Fast-track*	NA	$9,964 *(-57%)*
Psychologists	*Non-fast track*	$12,177	$10,671 *(-12%)*
Psychologists	*Fast-track*	NA	$7,486 *(-39%)*
Occupational Therapy	*Non-fast track*	$10,108	$8,560 *(-15%)*
Occupational Therapy	*Fast-track*	NA	$8,056 *(-20%)*

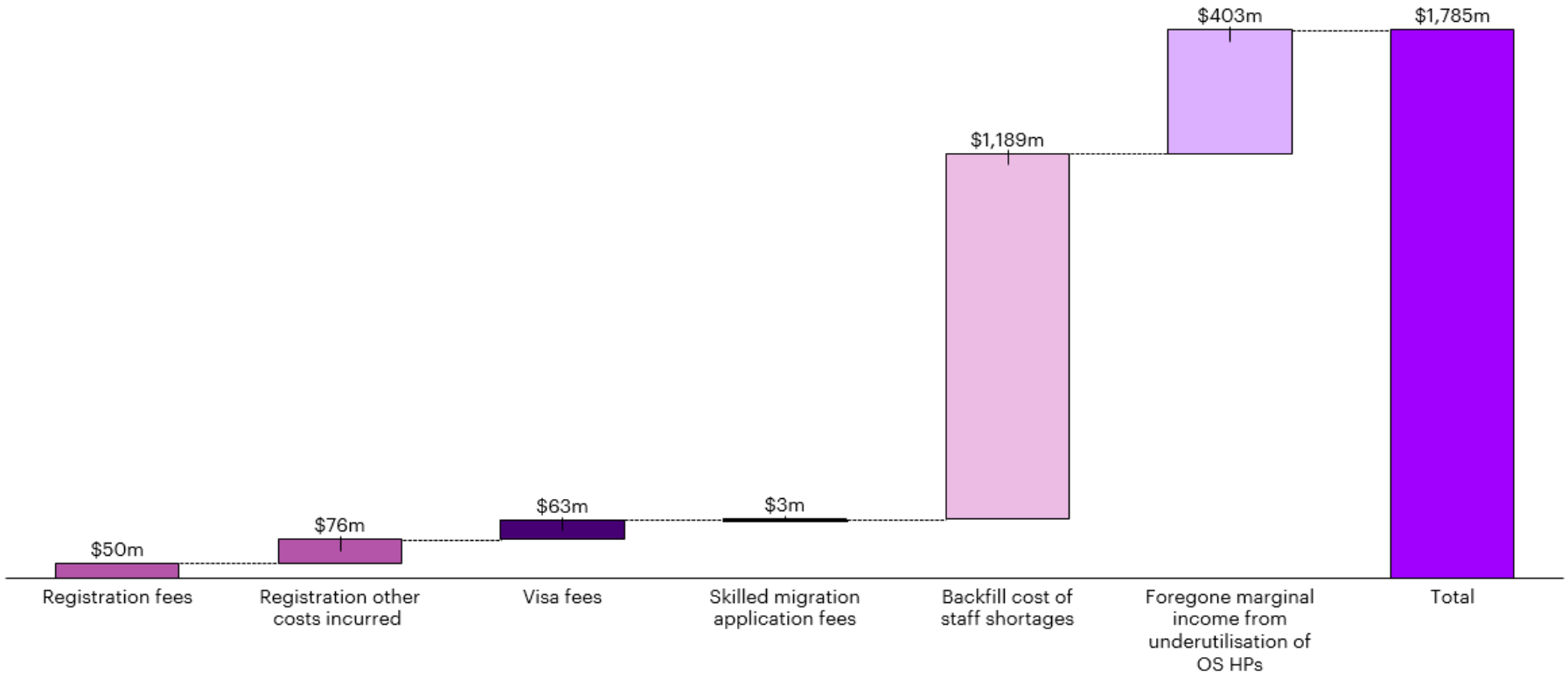
[51] See page 59 for a summary of the hypothetical alternative case and Appendix D - Figure 49 for detailed assumptions driving the alternative case

Figure 35: Economic cost of the alternative regulatory system for IQHPs with 10 percentage point increase in fast-tracked candidates[1]



Source: Accenture economic analysis. 1. A 10 percentage point increase in the proportion of each field of practice who are eligible for the fast-track. This means for nurses and midwives, the number eligible increases by 10 percentage point from 30% to 40% of overall candidates. For other fields of practice without a current fast-track, the proportion of candidates eligible for a fast-track increases by 10 percentage point from 0% to 10% of all candidates.

Figure 36: Economic cost of the alternative regulatory system for IQHPs with 20 percentage point increase in fast-tracked candidates[1]



Source: Accenture economic analysis. 1. A 20 percentage point increase in the proportion of each field of practice who are eligible for the fast-track. This means for nurses and midwives, the number eligible increases by 20 percentage point from 30% to 50% of overall candidates. For other fields of practice without a current fast-track, the proportion of candidates eligible for a fast-track increases by 20 percentage point from 0% to 20% of all candidates.

Appendix C: Survey of IQHPs

Method: A survey of current health practitioners was distributed via Ekas and Ahpra.

Survey period: 29 March 2023 to 21 April 2023

Assumptions:

- It is assumed that the experience of IQHPs going through the process from 2017 to 2023 remains relatively consistent over time
- Where there are significant changes in processes, e.g., introduction of the OBA pathway for nurses post-2020, separate analysis is conducted for candidates pre and post the change where sample size allows
- When calculating median journey lengths and total costs for each occupation group, the subset of candidates who have indicated they have completed both the process and the full survey so that partial values for those still undergoing the process are excluded

Valid survey responses:

- Has either started or completed the health practitioner registration process in Australia
- Started the process post-2016
- Is not an Australian citizen or permanent resident

Notes:

- The demographic composition of survey respondents including country of origin and occupation was tested against known data values including Ahpra's breakdown of overseas trained health practitioners who were registered in Australia in 2022 and the breakdown of healthcare practitioners with skilled visa holders by occupation and country who were granted visas in 2022
- The breakdown of country of qualification for survey respondents is largely consistent with what is observed in skilled visa holder
- These proportions were also used to inform inputs to the economic input model

Figure 37: Sample size of fields of practice within the survey

Group	Number
Total valid responses	1713
Nurses & midwives *(Completed process and full survey)*	582 *(319)*
International Medical Graduates *(Completed process and full survey)*	892 *(288)*
Allied health practitioners *(Completed process and full survey)*	214 (76)

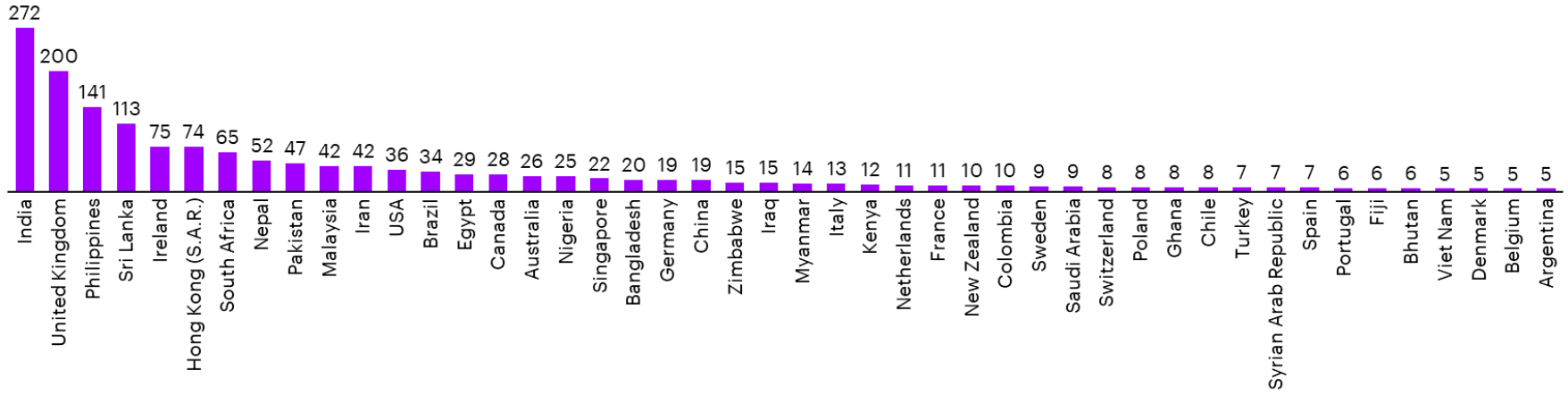
Figure 38: State and territory distribution of the survey sample

State or territory	Percentage
New South Wales	27%
Victoria	31%
Queensland	19%
South Australia	6%
Western Australia	11%
Tasmania	3%
Northern Territory	2%
Australian Capital Territory	1%

Figure 39: Distribution of the survey sample by remoteness

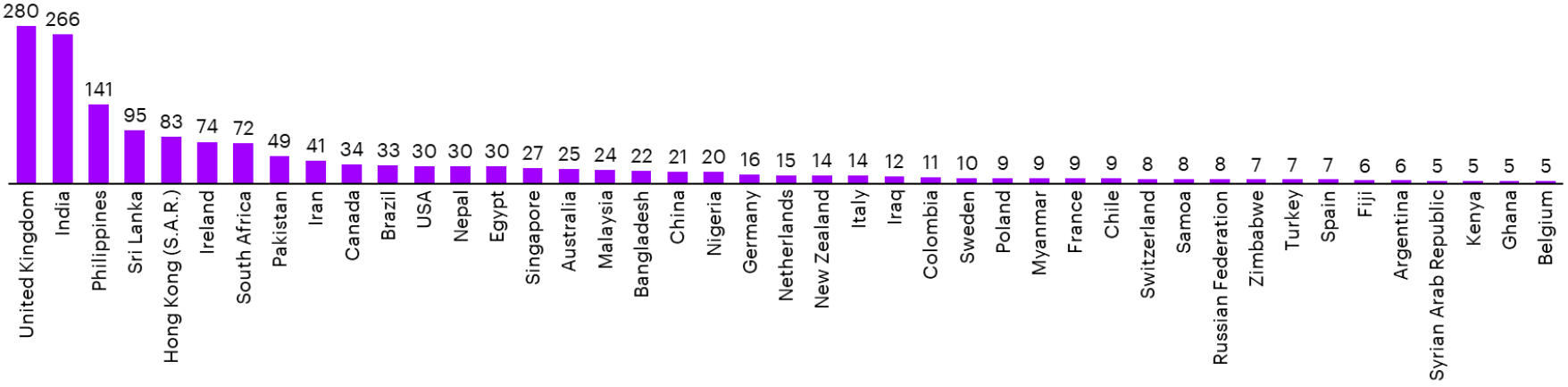
Geographical location	Percentage
Metropolitan area	58%
Regional area	30%
Rural or remote area	10%
Unsure	2%

Figure 40: Country of birth of IQHPs



Note: Countries with less than 5 respondents have been excluded from figure 40

Figure 41: Country of main health practitioner qualification of IQHPs



Note: Countries with less than 5 respondents have been excluded from figure 41

Appendix D: Methodology of economic modelling

Figure 42: Assumptions driving the economic impact calculations, including registration fees, skilled migration fees, and visa fees

	Assumptions	Source

Number of IQHPs	• The total number of IQHPs in 2022 has been calculated based on the number of newly registered practitioners with Ahpra between January 2022 and April 2023
	• Figures provided by Ahpra do not stratify by occupation, so visa data is used to develop assumptions of the composition of the broader groups:
	  ○ 72% of IMGs are general practitioners and 28% are other medical specialists
	  ○ 17% of the allied health cohort are psychologists and 83% are occupational therapists
	  ○ Nurses and midwives are analysed as a whole group
	• Assumptions of the composition of IQHP cohorts are based off the proportion of each cohort that entered Australia on a skilled migration visa between June 2022 and March 2023 and the breakdown for other visa types is assumed to be the same
		• Ahpra (2023) Information for international practitioners (date accessed April 2023)
		• Department of Home Affairs (2023) Temporary Work Skilled visa program dataset (date accessed April 2023)

Registration and other costs	• Median costs for each stage reported by survey respondents has been weighted against the proportion of people who incurred a cost in that stage • In the alternative case, all applicants are assumed to have reduced costs due to removal of duplicative processes within a stage • In the alternative case, the proportion of applicants on the fast-track are assumed to have reduced skills assessment fees and other costs	• Accenture survey of 1,700 IQHPs
Skilled migration fees and other costs	• Median costs for each stage reported by survey respondents have been weighted against the proportion of people who incurred a cost in that stage • In the alternative case, all applicants are assumed to have reduced costs due to removal of duplicative processes within this stage	• Accenture survey of 1,700 IQHPs
Visa fees and other costs	• Visa costs, except those for employee sponsored visas, are based on costs reported by the Department of Home Affairs (DoHA) • Some applicants reported no costs for visa application. It is assumed that these respondents had employers that sponsored their visa costs. An average of visa costs reported by the DoHA has been taken and applied to this proportion of respondents • This cost is identified as the cost to employers and has been included in this calculation	• Department of Home Affairs (2023) *Fees and charges for visas* • Accenture survey of 1,700 IQHPs

Figure 43: Assumptions driving the economic impact framework calculations for backfill costs of staff shortages

Assumptions	Notes	Source
• Standard hourly wage is based on the average income for each profession according to the Australian Tax Office • Overtime hourly wage assumes a 200% penalty on the hourly wage, based on Fair Work Commission guidelines that overtime penalties are 150% for the first two hours and 200% thereafter • Given the modelling is measured in weeks, a uniform 200% overtime penalty applied • In the alternative case, applicants are assumed to go through the process at a faster rate, hence reducing the time during which hospitals must pay a premium for workers	• This estimation has been stratified based on different average wages of different professions • This is likely a conservative estimate as it does not capture additional costs to consumers due to reduced quality of care from overworking local staff, increased patient length of stay and readmissions, and instances of reduced provision of care due to lack of health practitioner supply • Cost of labour market testing has been removed from this calculation and reported separately	• ATO Taxation Statistics 2019-20 Table 15B • Fair Work Commission – penalty rates

Figure 44: Calculation for the backfill cost of staff shortages

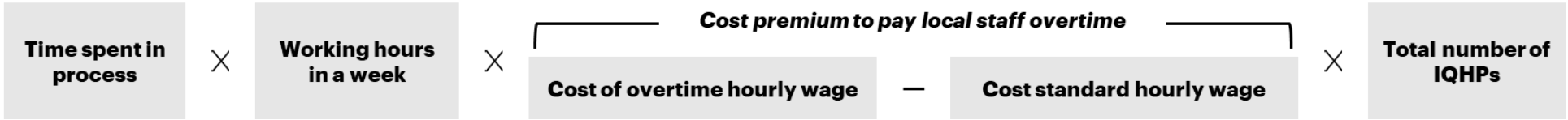


Figure 45: Assumptions driving the economic impact framework calculations for costs of delays due to labour market testing

Assumptions	Notes	Source
• Standard hourly wage is based on the average income for each profession according to the Australian Tax Office • Overtime hourly wage assumes a 200% penalty on the hourly wage • Labour market testing is a 12-week process, and is included in an applicant's journey length • Labour market testing is assumed to only apply to the proportion of applicants who have applied on a skill shortage visa • In the alternative case, labour market testing is removed entirely	• This estimation has been stratified based on different average wages of different professions	• ATO Taxation Statistics 2019-20 Table 15B • Fair Work Commission – penalty rates

Figure 46: Calculation for costs of delays due to labour market testing

Figure 47: Assumptions driving the economic impact framework calculations for missed income for IQHPs during the process

Assumptions	Notes	Source
• Standard salary is based on the average income for each profession according to the Australian Tax Office • In the alternative case, applicants are assumed to go through the process at a faster rate, therefore reducing the time in which they miss income from being underutilised • The duration of the period of supervision will not change in the alternative case • Income is missed for time in the registration process, excluding supervision • For applicants where time spent in Australia prior to completing registration is greater than the duration of the end-to-end journey, it is assumed they arrived before starting the registration process • These IQHPs only missing income while they are completing the registration process • For applicants who were unemployed on arrival, it is assumed that they will eventually go into a role which is unsupervised due to small sample sizes of post-unemployment data	• This calculation has been stratified based on employment status of survey respondents when they arrived in Australia • This includes those who work in a role where they are unsupervised, supervised, underutilised, and unemployed on arrival in Australia • Underutilised refers to when an applicant works in a role not using their health qualification (either in or out of the health field) during the registration process	• ATO Taxation Statistics 2019-20 Table 15B • Accenture survey of 1,700 IQHPs

Figure 48: Calculation for missed income for IQHPs while in Australian during the registration process

Unsupervised work on arrival	Proportion who said they started working unsupervised on arrival	X	Time spent in Australia prior to completing registration	X	Full salary
Supervision on arrival	Proportion who said they started work in a supervised role on arrival	X	Duration of overall process – duration of supervision period	X	Full salary
Underutilised on arrival	Proportion who said they were underutilised on arrival	X	Time spent in Australia prior to completing registration	X	Full salary – underutilised salary
Unemployed on arrival	Proportion who said they were unemployed on arrival	X	Time spent in Australia prior to completing registration	X	Full salary – salary in unemployment ($0)

Figure 49: Assumptions driving the alternative case, by each driving factor

	Assumptions
Fast-track	**Key assumptions 1: Fast-track eligibility would increase by 10 percentage points or 20 percentage points** • For nurses and midwives, the number eligible increases by 10 or 20 percentage points from 30% to 40% (10 percentage points) or from 30% to 50% (20 percentage points) of overall candidates • For other fields of practice without a current fast-track, the proportion of candidates eligible for a fast-track increases by 10 percentage points from 0% to 10% (10 percentage points) or from 0% to 20% (20 percentage points) of all candidates **Key assumption 2: Fast-track avoids skills assessments** • Assessments avoided under the fast-track are: o Nurse and midwives: OSCE, MCQ and English language assessment removed. ▪ Assumes fees and other costs for skills assessments are avoided for fast-track candidates ▪ Assumes median time for each skills assessment is avoided in the fast-track and removed from the overall median o General practitioners and other medical practitioners: AMC MCQ and English language assessment removed but AMC clinical assessment and specialist college assessments remain in place ▪ Assumes fee costs AMC MCQ and English language assessment are removed ▪ Assumes all other costs for all skills assessment are removed ▪ Assumes median time for each skills assessment is avoided in the fast-track and removed from the overall median o Psychologists: Full registration assessment and English language assessment removed ▪ Assumes fee costs Full registration assessment and English language assessment are removed ▪ Assumes all other costs for all skills assessment are removed ▪ Assumes median time for each skills assessment is avoided in the fast-track and removed from the overall median o Occupational therapists: English language assessment removed ▪ Assumes fee costs for English language assessment is removed ▪ Assumes all other costs for all skills assessment are removed ▪ Assumes median time for each skills assessment is avoided in the fast-track and removed from the overall median **Key assumption 3: Fast-track avoids additional study as candidates are not required to sit most skills assessments** • The time saved by avoiding additional study is the lowest quartile of time incurred by each occupation • The lowest quartile of time taken to complete additional study is used based on the assumption that health practitioners who currently spend the longest completing additional study would not be eligible for the fast-track • The cost avoided for additional study is the median cost incurred

Duplicative processes	• The median time spent and the cost (both fees and other costs) incurred in collating each form of document in the initial stage of document collation was used as the time and cost able to be avoided by removing duplication in later stages • This time and cost was removed from 'qualifying for skilled migration', and 'visa application' stages where there is duplication. This does not assume any reduction in the processing time for these documents
Visa processes	• The median time for visa applications as reported by survey respondents who completed the process in 2022/23 was used as a benchmark • This is the time period in which Department of Home Affairs has reported they were achieving faster processing times for visas for health care workers • It is assumed that in the alternative case, all candidates will be processed at the benchmark speed

Figure 50: Stage-by-stage comparison of the base case and alternative case

Assumptions	Base case (current experiences)	Alternative case (ideal experiences)	Potential impacts
Labour market testing	Prospective employers must conduct a three-month period of labour market testing prior to sponsoring an IQHP	**All candidates:** Labour market testing requirements are removed	Candidates on skill shortage visas will see a three-month reduction in journey length
Self-eligibility check/additional study	Candidate conducts an online eligibility self-check, and completes any additional study requirements	No change	No change
Compiling documents for registration	Candidate compiles necessary documents for registration with Ahpra	**All candidates:** documents compiled for registration are uploaded into a central registration portal	Flow on effects to the skilled migration and visa stages
Skills assessment / Receive exam results	Candidate sits skills assessment tests specific to their occupation, as well as an English competency test. Candidate must wait for their test results	**Fast-track:** candidates are exempted from relevant skills assessments and additional study	10 or 20 percentage points more candidates will see a reduction in time spent completing skills assessment requirements
Qualifying for skilled migration	Candidate recompiles documents from stage 2 for their relevant assessing body, alongside any partner qualifications and/or sponsorship details, if relevant	**All candidates:** assessing body uses registration portal to access candidate documentation	All candidates will see a reduction in time spent collating documents
Applying for visa	Candidate recompiles documents from stages two and four for Department of Home Affairs, alongside a medical examination	**All candidates:** Department of Home Affairs uses registration portal to access candidate documentation. Visa processing times are reduced for healthcare workers	All candidates will see a reduction in time spent collating documents, and faster visa processing times