



Ms Robyn Kruk AO
Independent Reviewer
Health practitioner regulatory settings

Via email: HealthRegReview@finance.gov.au

Dear Ms Kruk,

Thank you for your Interim Report and the opportunity to comment on your two questions. Just a reminder that the members of the Community Advisory Council for Ahpra are *not* health practitioners; they are the voices of the public for whom health regulation is designed.

a. which reform options do you think should be prioritised?

Re overseas qualified health practitioners: The removal of duplication between regulators and agencies and the facilitation of more cohorts from trusted countries, and who have passed recognised examinations or completed training through a board approved competent authority, to be 'fast tracked' through competent authority pathways should be prioritized in the short term.

b. what, if any, reform options are missing?

The Community Advisory Council agrees that expansion through education and retention of the domestic health workforce is as important as recruiting overseas trained practitioners.

The disbanding of the underutilised COVID-19 pandemic register of 28,000 health practitioners who opted in (in 2021) from retirement/absence from practice is an unfortunate example of employer inflexibility across state jurisdictions. Given the size of this unused workforce, a preference for part time or sessional work should be accommodated.

In addition, we support:

- the call to expand the scope of practice to prioritise a multidisciplinary approach to health service delivery
- the consideration of broadening supervised clinical placements to include GP and primary care practices and aged care settings where there is an immediate to medium industry demand for workforce
- the consideration of subsidising clinical placements or approving access to free university conversion/pathways if individuals practice for a minimum period of time.

Cultural sensitivity is a two-way process when recruiting overseas trained health practitioners. We draw your attention to an excellent paper (attached) "*Adapting to rural communities by overseas-born health professionals*" by Quynh Lê and colleagues from the University of Tasmania, presented at 10th National Rural Health Conference (attached).

Australian Health Practitioner Regulation Agency
National Boards
[GPO Box 9958 Melbourne VIC 3001](mailto:GPO.Box.9958.Melbourne.VIC.3001) Ahpra.gov.au 1300 419 495

Ahpra and the National Boards regulate these registered health professions: Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medical, medical radiation practice, midwifery, nursing, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry and psychology.

The placement processes need to ensure an appropriate and safe 'fit' for the overseas trained individual in rural and remote communities. The individual's practice must be culturally safe for the consumers, of their health care, but the local health service and community must also be safe for the individual and their family. Direct comments from our members demonstrate the divide:

I think that some don't understand isolation in Australia and that you are it when making decisions about us.

As a person from a CALD background, I believe culture is a positive factor to consider in any service delivery setting.

The Community Advisory Council has some specific suggestions for acculturation and preparation for internationally qualified health practitioners:

- provide information to interested applicants on diverse communities in pre departure briefings
- consult overseas trained practitioners who arrived 2-5 years ago about issues encountered and cultural fit within diverse Australian communities
- utilise consultation data to develop a comprehensive orientation program in collaboration with health- and consumer-related peak organisations representing Aboriginal and Torres Strait Islanders, culturally and linguistically diverse and LGBTIQ+ communities, women's health, disability rights, Older Person's Action Centre etc.
- consider placing practitioners within communities with high concentrations of populations from similar cultural backgrounds
- consider a case management approach to the placement and support and mentoring of newly arrived internationally qualified health practitioners
- consider remote, face to face or regionally based support networks - auspiced by relevant professional bodies to provide support and reinforce learning from the orientation program for practitioners in rural and remote locations as well as metropolitan and sole practitioners
- consider pairing newly arrived practitioners with locally based clinicians
- consider psychosocial support/employee assistance program options.

Finally, on diversity, the Community Advisory Council is aware of the lack of specialised knowledge and practice in both Australian and overseas trained practitioners around LGBTIQ+ health care. This is particularly evident about transgender consumer needs. Attention is required to ensure safe healthcare for transgender peoples regarding general practice and specialist education, out of reach costs, psychiatric services, adequate Australian-based support, and care for transgender patients including surgeries.

We thank you again for the opportunity to re-submit comment to your review. We look forward to the Final Report; hard to believe it will improve on your Interim one.

Yours sincerely,



Chair
Community Advisory Council
6 June 2023