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Australian Government

Independent Review of Overseas
Health Practitioner Settings –
Interim Report

07 June 2023

07/06/2023

Re: Independent Review of Overseas Health Practitioner Settings – Interim Report

Aspen Medical is pleased to provide feedback on the Interim Report that was released by Ms. Robyn Kruk AO which recommended several high quality and effective measures that can immediately boost the health workforce in Australia. The report comprehensively documents several key strategic recommendations to enhance Australia's global position in attracting top-tier health professionals. These initiatives are not only instrumental in reinforcing our reputation as a competitive place for internationally qualified clinicians emigrate to work in, but also uphold our rigorous quality and safety standards.

The five-pillar strategy addresses critical areas, including streamlining processes and eradicating redundant procedural hurdles. However, these recommendations will take time and there remains an immediate stress in our system which is particularly noticeable in the Aged Care sector. This challenge emanates from bottlenecks associated with clinicians either caught in waiting for access to vocational assessments or being disinclined to explore opportunities within Australia due to accessibility concerns.

In light of this, Aspen Medical would like to contribute our perspective on the following topics:

Greater flexibility, while supporting safety

S2 – AHPRA, together with the relevant National Boards and Accreditation Authorities, to develop multi-disciplinary testing centres, with the first location to be based in Melbourne or Sydney (indicative cost \$2.5-\$2.6m)

In the backdrop of the globally competitive market for healthcare practitioners, the establishment of multi-disciplinary testing centres is a matter of pressing urgency. The current testing capability domestically, as identified by the interim report, puts Australia at a competitive disadvantage. Recognising this criticality, we propose the provision of a breakdown of projected timelines for the development and implementation of these centres. Timelines would instil a sense of urgency while providing a clear roadmap for all stakeholders involved. We also suggest that in the interim, targeted recruitment drives and 'pop-up testing clinics' would be worthwhile for critical craft groups where there is a backlog of testing.

Furthermore, we acknowledge that AHPRA and the associated National Boards are already operating at maximum capacity, which suggests the need for external support. Engaging a seasoned project management organisation who understand clinical standards and their downstream implications on healthcare provision, could significantly streamline the execution process, while maintaining standards. This would not only relieve the pressure on existing resources but also expedite Australia's ascendancy as the most coveted destination for the international health workforce.

S12 – National Boards to explore the development of online clinical examination and offshore assessment capability, where benefits can be established.

The proposed plan to explore offshore testing capability is a key aspect of increasing Australia's appeal to international health professionals. Our own research aligns with the report's findings that current testing procedures can be a deterrent for overseas Registered Nurses (RNs) considering a move to Australia, mainly due to the challenges in completing Objective Structured Clinical Examinations (OSCEs).

To address this, we recommend AHPRA and the NMBA team up with a trusted partner to initiate a trial of offshore testing. This would let us assess the effectiveness of this approach and pinpoint any potential issues.

Furthermore, recognising the urgent needs of the Aged Care Sector, we suggest targeting this pilot at candidates willing to work in Residential Aged Care Facilities (RACFs). This two-pronged strategy would not only allow us to evaluate the offshore testing initiative but also provide a pipeline of much-needed immediate workforce support to the Aged Care sector.

Please see Annex A for a high-level implementation plan of how this pilot could be facilitated.

Enhance regulator performance and stewardship

Collaborate in the best interests of the community and adopt a continuous improvement mindset

In response to the call for enhanced regulator performance and fostering a community-focused, continuous improvement mindset, we propose utilising the untapped potential of the significant portion of the Australian workforce currently on Working Holiday Visas.

As it stands, these workers are obligated to fulfil 'Regional Work' requirements, contributing to diverse sectors like agriculture, hospitality, or pandemic-related tasks. However, considering the unique circumstances and pressures faced by the Aged Care sector, we recommend extending this visa restriction to roles within Residential Aged Care Facilities (RACFs), as a priority.

This approach would provide a much-needed boost to the workforce, aiding RACFs in meeting their 'care minute' requirements. This aligns with recommendation W5, suggesting the exploration of rotating newly arrived overseas health practitioners across metropolitan, regional, and rural locations:

'Commonwealth, states and territories and employers to explore the scope for rotating new overseas health practitioners between metropolitan, regional and rural locations as a way of addressing distributional challenges and helping them develop networks.'

Not only would this help address the uneven distribution of health practitioners, but it also facilitates the development of robust networks among health practitioners, further enriching their Australian work experience and contribution to our communities.

Expand 'fast track' pathways

F17 - The Australian Government, working with industry and the higher education sector, to consider developing strategic alliances with respected health training facilities in the Indo-Pacific region to assist them in meeting Australian standards, with recognised pathways into the Australian health market – where such alliances are agreed between governments as being mutually beneficial.

In response to expanding 'fast track' pathways, we believe that this initiative would prove beneficial. Such collaborations would enable these facilities to align with Australian standards and establish more recognised pathways into our health workforce.

One practical approach could be to pilot this strategy in Indonesia, partnering with organizations like Sanusa Medika and selected Australian Universities to guide this. This suggestion is based on a turnkey solution of certain Universities pivotal roles in aligning nurse training standards in Hong Kong to Australia's. Sanusa Medika would be well placed to coordinate this transition in Indonesia given their existing connections with the Indonesian Government and Ministry of Health. By leveraging these strengths, we could create effective and mutually beneficial alliances that contribute to a more diverse international health workforce in Australia.

Aspen Medical would also like to commend the following recommendations as being pro-active in the review's endeavours:

1. Remove duplicative regulatory checks and align visa and registration processes so applicants only need to 'tell us once'. This shift towards more efficient processes will undoubtedly enhance the applicant experience and speed up the onboarding process.
2. S4 – DoHA and AHPRA to align the skills assessment test for migration and registration so each applicant's skills and qualifications are assessed and verified once. This initiative will further streamline the recruitment process, reducing the time and resource cost for both applicants and administrative bodies. The current environment creates a flow on-costs of these examinations onto operators, which then in turn drives up costs to patients and residents in RACFs.
3. W3 – DoHAC, working with states and territories and the professions, to continue and where possible expedite development of national workforce strategies for nursing and midwifery. Continued and accelerated efforts in this area will facilitate the strategic growth and distribution of these critical professions, addressing both current and future needs.
4. W4 – DoHAC, working in consultation with states and territories and relevant professions, to collaborate through Health Ministers on framing and development of a national workforce strategy for allied health to facilitate planning, and a whole of health workforce chapeau strategy to integrate and coordinate cross-cutting themes and provide for effective multi-disciplinary workforce planning and development of integrated models of care.

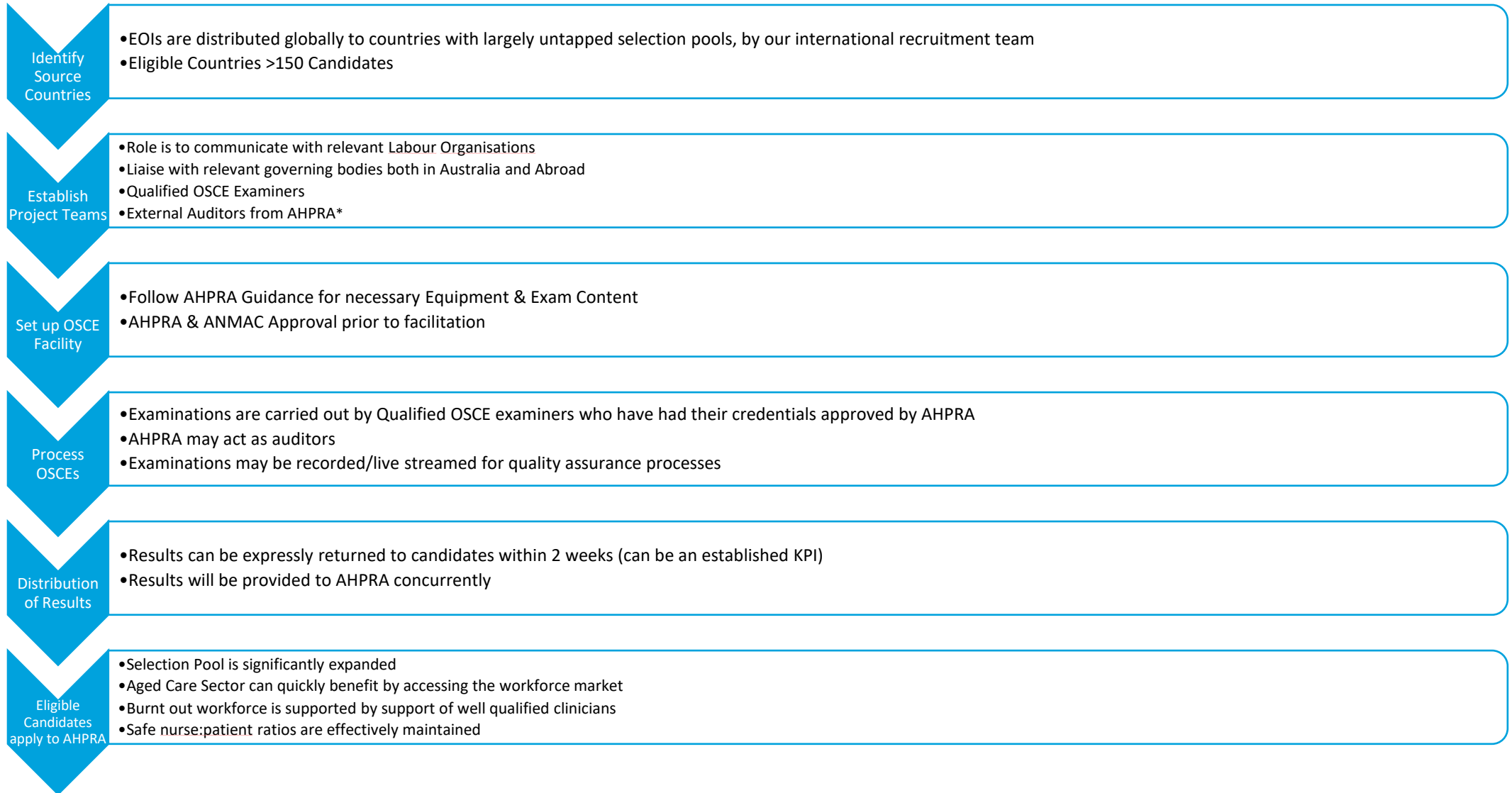
Aspen Medical are thankful for the opportunity to contribute our insights to Ms. Robyn Kruk AO's incisive Interim Report. This significant piece of work makes a multitude of robust and high-impact recommendations set to improve Australia's health workforce immediately.

These proposed measures demonstrate a vision for Australia to secure and enhance its position as a premier destination for the international health workforce. We firmly believe that these suggestions not only solidify our global competitiveness, but also uphold our unwavering commitment to maintaining the apex of quality and safety standards in healthcare that Australia is renowned for.

This Interim Report cogently outlines strategic measures to elevate Australia as a premier destination for healthcare professionals worldwide. Aspen Medical remains fully committed to these goals and is open to further discussions and collaboration.

If the review team wishes to delve deeper into any of the points raised, or explore other avenues to enhance our collective efforts, please do not hesitate to reach out to us. We welcome and embrace the opportunity to contribute to this transformative journey for Australia's health sector.

Annex A: Off-shore Testing Pilot Methodology





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