

9 June 2023

Ms Robyn Kruk, AO
Independent Reviewer

Via email: HealthRegReview@finance.gov.au

Dear Ms Kruk,

Independent Review of Overseas Health Practitioner Settings – Interim Report

Thank you for the opportunity to comment on the Independent Review of Overseas Health Practitioner Settings – Interim Report (Interim Report). The Australian Dental Council (ADC) notes the significant number of recommendations included in the Interim Report which is predominantly focused on increasing the number of overseas qualified medical, nursing and midwifery practitioners and the speed to which they are ready to enter the workforce. Many of the recommendations focus on the aspects of the process which are out of the scope of influence of the entities of the National Registration and Accreditation Scheme (the Scheme), including visa processing and issuing of Medicare provider numbers.

The ADC provided the review team with information in relation to the efficiency of the assessment process for overseas qualified dental practitioners. We have made it a priority to consider the applicant experience in all our activities relating to the assessment process for overseas qualified dental practitioners, including the establishment of our own examination centre in 2018, designed specifically to ensure candidates are provided with the best possible opportunity to demonstrate their competence.

The ADC has selected three areas of focus in our response to the Interim Report as outlined below.

Greater flexibility while supporting safety

The ADC does not support the sole use of online examinations as an appropriate test for safe practice and believes that assessments of overseas qualified practitioners should include direct observation in a clinically relevant environment, including in person interactions with patients (simulated or in a care setting), to determine their eligibility for registration.

Over the past six months, the ADC has consulted with the Australian Health Practitioner Regulation Agency (Ahpra), the Nursing and Midwifery Board of Australia (NMBA) and the Australian Medical Council (AMC), and has put forward a proposal to address recommendation S2 of your report which states:

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).

The ADC's proposal is to establish and fund a multi-disciplinary testing centre (MDTC) in conjunction with the ADC's current examination facilities in the Melbourne CBD. The complexity of establishing a truly multi-disciplinary centre does mean that there are significant up-front costs to ensure the centre is clinically appropriate across the various professions and is adequately supported by digital infrastructure. The estimated set up costs in our modelling far exceeds the indicated costs in your report.

However, the benefits of having a MDTC available within the Scheme are acknowledged by the ADC and we are committed to realising the potential of being able to collaborate on the assessment of shared capabilities such as communication, cultural safety and interprofessional collaborative practice while ensuring there is capacity and capability to increase the frequency and availability of examination sittings for all candidates.

The ADC awaits confirmation of interest from the NMBA and AMC before entering into agreements to progress the construction of the MDTC.

Enhance regulator performance and stewardship

The Interim Report makes a number of recommendations, predominantly relating to medicine, nursing, and midwifery. The ADC would like to recommend that the focus of the recommendations continues to be on the priority professions. It is the concern of the ADC that changes designed to reform medicine, nursing and midwifery may, unintendedly negatively impact other professions, including the dental professions. Streamlining the assessment processes for those professions through an 'end-to-end' application system via Ahpra may achieve some efficiencies for applicants, however, is unlikely to deliver the extent of efficiencies you are articulating without the integration of other government agencies in this process and significant financial investment. We recommend piloting this system with the high priority professions to determine whether the efficiencies are realised.

The ADC does not support the increased profile and role of Ahpra as 'chief steward' of the Scheme as suggested in recommendation P4. The National Boards already have the policy levers available to them to enable many of the recommendations you have put forward, without requiring changes to the understanding of the roles and responsibilities of Scheme entities.

Improve workforce planning

The ADC supports the articulation by Ministers that Scheme entities have a role in workforce supply and demand, and access as articulated in recommendation P1. This is an area of the Health Practitioner Regulation National Law Act 2009 which we have been specifically told over many years is not within our remit by stakeholders. The ADC would welcome clarity on this. Workforce planning data is needed to ensure we are able to meet the expectations of the Australian population for good health outcomes and we support recommendations W1 to W5.

Yours sincerely,



Ms Narelle Mills
Chief Executive Officer
Australian Dental Council