

Independent Review of Overseas Health Practitioner Settings – Interim Report

Discussion questions

The Interim Report identifies immediate actions that governments and regulators can take to alleviate shortages in the health workforce and ensure all Australians can access timely and appropriate health care. These actions focus on improving the applicant experience, expanding fast-track pathways, collecting better workforce data, increasing regulatory flexibility, and enhancing regulator performance and regulatory system stewardship.

Having read the Interim Report:

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

The Department of Health agrees with the six key reform options identified in the Interim Report as requiring action now.

b. what, if any, reform options are missing

1. Review streamline and improve the Standard Pathway Process for IMGs

Our previous submission noted that most IMGs progress through the Standard pathway which involves passing the AMC Clinical Examination before they can apply to the Board for registration. According to the Australian Medical Review Centre, IMGs are challenged by the requirements to obtain general registration with the pass rate for the AMC clinical Examination under 28 per cent

Our recommendation is to increase availability for IMGs in the Standard Pathway to have their clinical skills and knowledge assessed in the workplace by AMC-accredited providers as an alternative to the AMC Clinical Examination to improve pass rates.

2. Broadening the scope of the review to unregistered professions, namely speech pathologists, allied health assistants, sonographers, exercise physiologists, dieticians, orthotics and prosthetics professionals and social workers.

Also mentioned in our initial submission is the recommendation to include unregistered/self-regulated professions that could benefit from these recommendations (i.e., streamlined, end to end registration process). Consideration should be given for their inclusion, given that they are widely employed across community and acute hospital settings including in Intensive Care Units and Emergency Departments, where their expertise can prevent clinical deterioration and is necessary for timely and successful hospital discharges. Further data from these professions should be sought by peak bodies, Health networks and Victorian Public Services to address any shortages that could lead to poor patient outcomes.

Most Allied Health disciplines in Victorian are self-regulated. These include:

- Allied health assistant
- Art therapy
- Audiology
- Biomedical science
- Diagnostic imaging medical physics
- Dietetics
- Exercise physiology
- Medical laboratory science
- Music therapy
- Orthoptics
- Orthotics and prosthetics
- Radiation oncology medical physics

- Social work
- Sonography
- Speech Therapy

It should also be noted that although there is a recognised core group of professionals that are nationally accepted with the definition of 'allied health,' and publicly listed as allied health on jurisdictional government health department websites; each jurisdiction demonstrates variation in their published 'lists' of disciplines included, causing confusion and potentially impacting recruitment of overseas allied health practitioners.

3. **Industry based learning pathways for nurses.** This was also in our initial submission and could be addressed by enabling regional and remote healthcare providers to sponsor ANZSCO Unit Group 4233 Nursing Support and Personal Care Workers in all industries not just the aged care industry. This occupation unit group includes:

- 423313: Personal Care Assistant
- 423314: Therapy Aide
- 423311: Hospital Orderly
- 423312: Nursing Support Worker

Access to these occupations would enable hospitals to source skilled and experienced RNs to work in the roles for a temporary period (3-12 months) while preparing and sitting relevant AHPRA registration. Once they obtain registration, they could move to RN / EN roles and have a pathway to permanent residency. This will allow regional and remote health services to establish a pipeline of nursing staff with knowledge and experience of internal systems and encourage retention through a long-term pathway to permanent residency.