Ochre HEALTH

Feedback to Robyn Kruk Report

Independent Review of Overseas Health Practitioners Regulatory Settings [Interim Report]

26th May 2023

Ochre Health applauds the comprehensiveness and pragmatic relevance of the Interim Report and see this foundation piece of work as setting the general practice environment up for significant improvements in the future. Generally, the report features the required changes that Ochre Health feels are required to enhance and expedite the process of attracting international medical graduates (IMGs) to Australia.

There are a couple of areas where Ochre Health would like the report to consider prior to finalisation.

Item # 1: Provide Supervisors with adequate funding to support IMG on a training pathways

While there is reference to supervision in Section F of the recommendations (p.50) we believe this is an area which requires more focus to address the very pragmatic reality that there is a lack of interested supervisors due to the impost of supervision on the supervisors own practice and the **non-existence of government funding to support supervision of doctors from overseas.** This is a particularly large problem for the rural pathways which attract a large proportion of IMGs (Note: there is adequate funding for Australian trained GPs via the National Consistent Payment framework (NCP, Department of Health and Aged Care) for Australian GP Fellowship pathways.

Further Context: Paying for supervisors is not a new process and is currently funded for Australian and New Zealand citizens and permanent residents who enter the GP Registrar training programs through Australian General Practice Training (via RACGP and ACCRM) or Rural Generalist Training Scheme.

Unfortunately the IMG's in question do not qualify for either of these two pathways. The only pathways for these IMG's towards GP Fellowship in Australia are through the Independent Pathway (IP) with ACRRM or the Fellowship Support Program (FSP) with RACGP. ***Neither of these pathways have any supervisor payments attached.***

Pre-Fellowship pathway Supervision

Most of these IMG doctors are initially required to spend a predetermined period in Australian general practice (an MDRAP bridging pathway to get a provider number) before they can apply for a GP fellowship training pathway. During this period, there is no process for supervisor payment for this period (level of supervision determined by AHPRA).

Payment to supervisors to support IMG on MDARAP should be consistent to General Practice Term 1 payments for Australian trained GPs via the National Consistent Payment framework (NCP, Department of Health and Aged Care) need to be extended to this cohort.

IMG Level 1 Supervision (direct)

Under level one supervision the Principle Supervisor and Co-Supervisor are directly responsible for each individual patient the Supervised GP consults with. A supervisor must be physically present in the practice at all times while the supervised GP practices (Supervision via phone or any other telecommunication is not acceptable). The supervised GP must consult with their supervisor about the management of each patient before concluding the consultation and before the patient leaves the practice. This effectively means that the supervisor will be, for the most part, not able to see

their normal number of patients and generate a meaningful income on the days that they supervise an IMG. (AHPRA Supervised Practice Framework, 2022)

Payment to supervisors consistent to General Practice Term 1 payments for Australian trained GPs via the National Consistent Payment framework (NCP, Department of Health and Aged Care) need to be extended to this cohort.

Level 2 Supervision (indirect 1 – present)

Under level two supervision both the supervised GP and supervisors share the responsibility of each individual patient. For this reason, the supervisors are to ensure the level of patient management undertaken by the supervised GP is based on their knowledge and level of competency. Supervision via phone or any other telecommunication is acceptable, however a supervisor must be physically present in the practice for a minimum 80% of the time the supervised GP practices. The supervised GP must consult with their supervisor daily about the management of individual patients. (AHPRA Supervised Practice Framework, 2022)

Payment to supervisors consistent to General Practice Term 2 payments for Australian trained GPs via the National Consistent Payment framework (NCP, Department of Health and Aged Care) need to be extended to this cohort.

Level 3 Supervision (indirect 2– accessible)

Under level three supervision the supervised GP is directly responsible for each individual patient. A supervisor must ensure that there are measures in place that enable the monitoring of the supervised GP and safe practice. The supervised GP is permitted to work alone, so long as a supervisor is contactable via phone or video link. (AHPRA Supervised Practice Framework, 2022)

Payment to supervisors consistent to General Practice Term 3 payments for Australian trained GPs via the National Consistent Payment framework (NCP, Department of Health and Aged Care) need to be extended to this cohort.

Level 4 Supervision (remote)

Under level four supervision the supervised GP is directly responsible for each individual patient. A supervisor must oversee the supervised GP's practice and must be available for consultation should it be required. A supervisor must periodically conduct reviews of the supervised GPs practice. (AHPRA Supervised Practice Framework, 2022)

Level 4 supervision is far less onerous and no additional supervisory payment is expected, consistent with General Practice Term 4 payments under the NCP.

Recommendation Summary

A structured supervisor payment scheme is required for the ACCRM IP and RACGP FSP pathways.

The payment scheme needs to be dependent on the level of supervision that the IMG requires, which is determined by AHPRA and attached to IMG's provider number and thus location specific.

Funding amounts defined via the National Consistent Payment framework already in place for Australian GP Fellowship pathways, under the NCP scheme. This expansion will ensure supervisors, including existing Australian supervisors are adequately compensated for providing mandatory supervision to IMGs.

Item # 2: Fellowed GPs from substantially comparable counties should not require on-site supervision

Further Context: Currently doctors from substantially comparable countries such as UK/Scotland/Ireland require 12-month on site supervision in practice, typically assessed as level 3. As a result, the ability for a suitably qualified and experienced GP to be in a small practice and participate in a 'normal' way is compromised and is a significant impediment to placing well credentialed GPs in rural and remote locations in particular.

Activity F8: Ochre is supportive of online modules in general to ensure overseas trained health professionals are better prepared for working in Australia, especially in rural and remote areas with increased cultural sensitivities.

Recommendation Summary

Activity F8: For Specialist GPs from substantially comparable health systems/countries, the online modules should replace face to face supervision requirements entirely. Activity F8 falls short of specific recommendations based on qualifications and assessed skill of the health practitioner, in line with Activity F12 We would seek that fellowed GPs from substantially comparable countries be awarded level 4 supervision (remote) and be assessed after 3 months including orientation to the Australian healthcare system and once passed, can practice without further supervision.

Activity F15: The national boards should implement level 4 remote supervision as standard for all substantially comparable specialist GPs with priority review of rural and remote areas (MMM5-7) as a fast-track, with a comprehensive full review of all MMM areas following.

Item # 3: Fellowed GPs from substantially comparable counties should be able to supervise doctors in training

Further Context: As per Item # 2, currently doctors from substantially comparable countries such as UK/Scotland/Ireland require 12-month on site supervision in practice (typically assessed as Level 3. During this time, these suitably qualified and experienced GPs <u>cannot provide supervision to other registrars/ doctors in training</u> in a practice. This creates a significant impediment to placing well credentialed GPs in rural and remote locations in particular and having that doctor being able to supervise more junior doctors – resulting in a practice being unable to grow or utilise a good mix of a supervisor and registrar practitioners.

Recommendation Summary

Ochre Health seek that fellowed GPs from substantially comparable countries be assessed after 3 months including orientation to the Australian healthcare system and once passed, can practice without further supervision AND can supervise other junior doctors on a training pathway.

Item # 4: Increase attraction to rural locations by further reducing moratorium periods

Further Context: There is in place a moratorium scaling framework in place to attract IMGs to work in rural and remote communities. The current reduction is 50% for MMM 6 &7 from 10-years to 5 years. *Ochre Health believe there should be a comprehensive review the moratorium framework effectiveness to attract IMGs to rural and remote communities as a key component to national health practitioner workforce strategy.*

Recommendation Summary

Ochre Health believes further support and focus to rural and remote areas (MMM 5-7) is required. A further review and moratorium time would incentivise IMGs to rural and remote communities. The current reduction is 50% for MMM 6 &7, to 5 years. A consideration to 3 years should be considered and would incentivise GPs to go rural as opposed to go to MMM2-5 locations. While there is a risk that after 3-years they may leave, we believe this risk can be mitigated and offset by making rural more attractive.

Item # 4: Increase attraction to rural locations by further reducing moratorium periods

Further Context: The previous coalition government extended to outer metro areas the ability for IMG to train (by inclusion of District Priority Area #MMM2). As a result, IMG that would have previously been required to attend a remote location can now train in places such as Newcastle, Wollongong and outer Sydney/Melbourne metro areas. This policy change is draining IMGs from rural locations and while it is recognised that other-metro areas have GP supply challenges as well, the policy change without further incentives to attend rural locations has creating a significantly great supply constraint to rural locations.

Recommendation Summary

Option 1 – reverse the DPA classification expansion excluding MMM1 locations
Option 2 – provide further incentives to for GPs who attend MMM3-7

- Additional Medicare rebate uplift
- Annual grants – for normal GPs and larger grants for GPs who practice in a medical centre PLUS attend the local rural hospital - $50,000 and $100,000 per annum respectively

References

Supervised practice framework (2022) Australian Health Practitioner Regulation Agency. Available at: https://www.ahpra.gov.au/Resources/Supervised-practice/Supervised-practice-framework.aspx (Accessed: 24 May 2023).

Australian Government Department of Health and Aged Care (2022) National Consistent Payments Framework, Australian Government Department of Health and Aged Care. Available at: https://www.health.gov.au/resources/publications/national-consistent-payments-framework?language=en (Accessed: 24 May 2023).