1. **The Review is considering recommendations to ease skills shortages in registered health professions including medicine, nursing, midwifery, psychology, pharmacy, occupational therapy, and paramedicine based on current and projected labour market shortages.**
   a. **Do you agree there are current and/or projected skills shortages in these professions?**
   b. **If yes, is there any data or evidence you can provide to demonstrate these shortages?**

a. There are significant skill shortages in the ACT, particularly junior medical officers (JMOs). Canberra Health Services (CHS) also experiences challenges recruiting and retaining senior medical officers across the organisation.

b. In the area of JMO (intern through to post graduate fellow), approximately 20 per cent of these staff are international medical graduates (IMG).

It is agreed that there are current and/or projected skills shortages in the 'in scope' professions as evidenced by the 2022 National Skills Priority List (NSPL), with the exception of paramedicine (not in shortage in 2021 nor 2022).

The current skills shortage in General Practice (both in terms of General Practitioners (GPs) and Registered Nurses (RNs) working as GP Practice Nurses), nursing, midwifery, and allied health is critical in the ACT. Other registered professions in shortage in 2022 in the ACT included radiographers, radiation therapists, podiatrists, physiotherapists, dental practitioners (therapists, oral health therapists, technicians, and prosthetists) and optometrists.

Regarding allied health professions, it is recommended that the review acknowledges that there are ma90ny allied health workforces outside the review's scope that are also in shortage and undersupply. Many allied health professions are self-regulated, rather than nationally registered. Self-regulated allied health workforces in shortage in the ACT in 2022 included speech pathologists, sonographers, social workers, sleep, and respiratory scientists, pedorthists, orthotist/prosthetists, medical physicists, genetic counsellors, and cardiac scientists.

The NSPL indicates workforce shortages nationally in 19 allied health professions and 23 allied health professions in the ACT. A survey conducted by the Office of the Chief Allied Health Officer (OCAHO) within the ACT Health Directorate (ACTHD) in December 2022 with ACT Allied Health leaders in the public sector also found shortages in several allied health professions (20 professions indicated shortage and 19 reported an undersupply).

With regards to facts and figures around GPs;

- ACT has Australia's lowest number of GPs per capita per jurisdiction. The ACT has 396 Full-time Equivalent (FTE) GPs, or 92.7 FTE GPs per 100,000 population. This is substantially lower than the Australian average of 117 FTE GPs per 100,000 population, which aligns more closely with 'very remote NSW' (95.1) or 'remote VIC' (92.7) rather than major city figures.

- The ACT has an ageing GP workforce – similar to rural and remote areas. Fewer new general practice recruits are coming into the ACT system. Only 6.6 per cent of the ACT FTE GP cohort is aged under 35 years, the lowest in Australia, with the national average being 9.4 per cent of the FTE GP cohort under 35 years.

2. What, in your view, are the key strengths and weaknesses of the current regulatory settings relating to health practitioner registration and qualification recognition for overseas-trained health practitioners?

The most significant issue with the employment of the IMG cohort is the timeframes and communications involved from the Australian Health Practitioner Regulation Agency (Ahpra). The current key performance indicator (KPI) is related to the date all documentation is received (i.e., 90 days). This appears to rarely be met. The allocation of case officers is unpredictable and communications from Ahpra on the progress of applications is reliant on the individual case officer. These Ahpra delays cause flow-on delays with visa issues from the Department of Home Affairs.

For senior international doctors, Ahpra recognition and registration is underpinned by the relevant Australian specialist college the senior doctor would be considered/granted Australian Fellowship equivalency. This College must set an outcome before Ahpra will validate. This is a timely process as some specialist college boards only review international senior doctors in cohorts throughout the year. The overall pathway is not well understood and often bureaucratic. Only on successful approval from the college would they be given in-principle registration (pending terms and conditions), prior to full specialist recognition.

This affects CHS recruitment and credentialling timeframes with some teams needing to project 12-18 months in advance for a specialist who may be deemed suitable to work in the organisation. If a senior doctor is deemed unsuccessful by their specialty's Australian College, this has implications for registration and intended work. Establishing "Area of Need" requirements are also not well understood and receiving clear advice about this has been difficult.

Strengths may include mutual recognition processes that may exist for some professions with some countries. This information could be sought from National Boards. Mutual recognition would likely speed up processing for overseas trained health practitioners.

It is considered to be more beneficial for Ahpra to require students studying health degrees to gain student registration and therefore data about the students could be collected, rather than just their enrolment names with no additional information (this is the current practice). This would be useful for surveying students (future health practitioners) about barriers and enablers to completing studies and joining the workforce, as well as obtaining demographics about where students plan to apply for work in the future and whether they drop out of courses and why. Also, students who display misconduct or breach of codes could be investigated and barred from pursuing health care courses if the above approach is pursued.

3. **During the pandemic, a range of regulatory settings and processes relating to registration and qualification recognition of overseas-trained health practitioners were temporarily waived, relaxed, or had greater flexibility.**
   a. **Are there settings or processes that were particularly beneficial or challenging from a professional or employer perspective?**
   b. **Do you believe any of these temporary changes were beneficial or potentially detrimental to patient safety?**
   c. **What opportunities/challenges may arise if these settings and/or processes are retained permanently?**

a. The ACT saw no change to the "normal" or non-pandemic processes regarding medicine.

b. The temporary changes relating to regulatory settings and processes to registration and qualification recognition of overseas-trained health practitioners were beneficial. The changes highlighted unnecessary restrictions around practitioners who wish to re-enter the workforce after a hiatus. Removing such restrictions where possible, whilst continuing to promote client and public safety, may help to improve the health practitioner workforce,.

   If these settings and/or processes were waived or had greater flexibility, it would provide opportunities to embrace students in the workforce and make it easier for health practitioners who have left the profession to re-enter in a supportive, rather than punitive, manner.

4. **The end-to-end process for overseas health practitioners seeking to work in Australia can be complex, time-consuming, and costly. Current regulatory requirements may set unduly restrictive barriers, which in turn may deter potential practitioners from seeking to work in Australia.**
   a. **Do you agree with this premise? If so, why?**
   b. **What practical changes could be made to current regulatory settings to significantly improve the end-to-end process:**
      i. **over the next 12 months –**
      ii. **in the medium- to longer-term?**

a. Yes, while acknowledging the need for a robust governance process, it does not currently encourage IMGs to take roles in Australia. The additional layer of review with the equivalent Australian specialist college for acceptance or non-acceptance as a specialist has a flow-on effect. The total cost implications for a full pathway application are not widely understood or accessible.

b. Practical changes could include the following.
   i. Streamlined process, with clearer documentation, communications and robust KPIs for all parts of the process.
      Improved communication of pathways for senior doctors, and linkages between AHPRA and specialist colleges.
   ii. A timeframe KPI of the specialist pathway would be helpful, from application to outcome and then potentially working in Australia. In our experience, observing

the process taking six to nine months or longer is difficult when CHS service needs are within two to four months.

It is agreed that it is complex, time-consuming, costly, and unnecessarily difficult for overseas practitioners to gain recognition and qualification in Australia. The costs of exams for overseas trained practitioners could be gathered from national boards as could the time taken for applicants.

Furthermore, it is agreed that there are tensions to be balanced between reasonable numbers of health professionals in the ACT/Australia, maintaining high standards and not draining other countries in need.

- In relation to high standards, General Practice is becoming more difficult as people's conditions are more complex, the burden of mental health conditions continues to increase, and people have higher rates of comorbidity. It is important that we have high-quality generalist doctors.
- In relation to numbers, overseas-trained practitioners are relied upon in the ACT and in Australia, especially in General Practice. Some GPs from the workforce taskforce set up in 2009 are now leaders in terms of practice ownership and training medical students and registrars. The workforce led to the recruitment of 50 GPs to the ACT over four years.
- One of the ways that the ACT was able to facilitate more transfer of overseas doctors in the past was through the Live in Canberra campaign, but more importantly the role of a GP support and marketing officer. This officer helped overseas GPs through the process of meeting the regulatory requirements and was a way to both keep high standards but also reduce the burden of the end-to-end process.

5. **If you are an overseas health practitioner or employer – are there any thoughts you would like to share in terms of your experience of the end-to-end process for working in Australia or employing an overseas-trained health practitioner?**

The December 2022 survey conducted by the OCAHO indicated employer sponsored visa programs have rarely been used. This avenue is useful and beneficial as pharmacists and social workers have been recruited to their respective ACT Directorates using employer sponsored visa programs.

Another aspect to explore is to provide temporary employment until an overseas student at one of Canberra's leading tertiary institutions can obtain their permanent residency (which is required for full time employment).

Additional Feedback and Information

Regulation of health professionals is essential to maintaining a competent and safe workforce, across all health professions. While the demand for international health professional recruitment is recognised, it is critical that any alterations to requirements continue to ensure appropriate standards are maintained and do not compromise safe care provision. However, unnecessary barriers should be removed as this in-turn will increase the amount of health practitioner registrations, and thus practising health

professionals, within Australia. It is also essential to continue to focus on the training and recruitment of domestic health professionals to meet current and future demand, with international recruitment a supplement to this.

This document focuses on international health professionals. Reference is made to students, but this is not addressed within the consultation paper and its questions. It is important to recognise that the requirements for students may/should be different to that for qualified health professionals, as in some cases individuals may come to Australia to undertake placement (therefore will need to be supervised, and not practicing as an independent practitioner).

Migration intake of each type of overseas health professional to the ACT

The following information is for allied health professions only
Employer sponsored visa programs have not been used by most ACT public sector recruiters in the last 12 months, except for social workers and industrial pharmacists. This is being actively considered by CHS for several allied health professions in 2023.

The ACT Government has the flexibility to address skills shortages and labour market needs in the Territory through the state/territory nominated stream of the Australian Migration Program. The Australian Government allocates the ACT a fixed number of nominations each financial year. ACT nomination triggers the visa invitation from the Department of Home Affairs. ACT nomination does not guarantee a migration outcome as nominees must still meet the Department of Home Affairs visa criteria. Further information on the ACT nomination process can be found at
https://www.act.gov.au/migration/skilled-migrants/act-government-process

Below are tables with the number of ACT nominations per allied health occupation by financial year for the last four years. A column is also included to show whether the occupation is on the ACT Critical Skills List.

For 2022, there were a total of 38 ACT nominations in allied health professions, down from 89 in 2021, 45 in 2020 and 41 in 2019. Social work and retail pharmacy were the professions with the largest numbers of nominations.

Please note that this does not represent the outcome of the nomination (i.e., whether the visa is approved or not). Additionally, this is not a full picture of skilled migration in the ACT. State and territory nominated migration is only one element of the full Australian Migration Program, which includes several other visa categories. Further information can be accessed from the Department of Home Affairs.

ACT Nominations for Allied Health Occupations per Financial Year from 2019-20 to 2022-23					
	Financial Year:	2019/20	2020/21	2021/22	2022/23
Occupation	**ANZSCO 6-Digit**				
Health and Welfare Services Manager nec	134299	0	0	0	1
Epidemiologist	224116	0	0	0	0
Aboriginal and Torres Strait Islander Liaison Officer	224912	0	0	3	3
Biomedical Engineer	233913	2	5	6	2
Chemist	234211	2	0	0	0
Environmental Chemist	234211	2	0	0	0
Forensic Chemist	234211	2	0	0	0
Forensic Toxicologist	234211	2	0	0	0
Microbiologist	234517	1	1	1	0
Clinical Neurophysiology Scientist	234599	1	0	0	0
Medical Laboratory Scientist	234611	1	0	0	0
Respiratory Scientist	234612	0	0	0	0
Sleep Scientist	234612	0	0	0	0
Medical Physicist	234914	1	4	0	0
Exercise Physiologist	234915	0	0	0	0
Dietitian	251111	1	0	1	1
Radiographer	251211	1	0	0	0
Radiation Therapist	251212	0	0	0	0
Nuclear Medicine Technologist	251213	0	0	0	0
Sonographer	251214	0	0	0	0
Environmental Health Officer	251311	0	0	1	1
Optometrist	251411	0	0	0	0
Orthoptist	251412	0	0	0	0
Pharmacist – Hospital	251511	1	0	0	0
Pharmacist - Industrial	251512	0	0	0	4
Pharmacist - Retail	251513	12	0	26	5
Pedorthist	251912	0	0	0	0
Prosthetist and Orthotist	251912	0	0	0	0
Genetic Counsellor	251999	0	0	0	0
Music Therapist	252299	0	0	0	0
Occupational Therapist	252411	2	5	6	0
Physiotherapist	252511	2	3	3	2
Podiatrist	252611	0	0	0	0
Audiologist	252711	0	0	3	0
Speech Pathologist	252712	0	0	2	1

Counsellor - Careers	272111	0	1	0	0
Counsellor – Drug and Alcohol	272112	0	0	1	1
Counsellor – Family and Marriage	272113	0	1	1	0
Counsellor – Rehabilitation	272114	0	0	1	3
Counsellor - Students	272115	0	3	4	2
Counsellor – Not elsewhere classified	272199	1	3	6	0
Psychologist – Clinical	272311	0	0	1	0
Psychologist – Educational	272312	0	0	0	0
Psychologist – Organisational	272313	0	0	0	0
Creative Art Therapist	272314	0	1	1	0
Psychologist – Psychotherapist	272314	0	1	1	0
Psychologist – Not elsewhere classified	272399	3	2	2	2
Social Worker	272511	2	12	15	7
Cardiac Scientist	311212	0	0	0	0
Cardiac Perfusionist	311299	0	0	0	0
Biomedical Technician	312999	0	0	0	0
Paramedic – Ambulance Officer	411111	0	0	0	0
Paramedic - Intensive Care Ambulance	411112	0	0	0	0
Dental Prosthetist	411212	0	0	0	0
Dental Technician	411213	0	0	0	0
Dental Therapist or Oral Health Therapist	411214	0	0	0	0
Peer Recovery Worker – Community	411711	1	3	2	3
Peer Recovery Worker – Disabilities Services	411712	0	0	0	0
Peer Recovery Worker – Family Support	411713	0	0	0	0
Peer Recovery Worker – Parole or Probation	411714	0	0	0	0
Peer Recovery Worker – Residential Care	411715	1	0	0	0
Peer Recovery Worker - Youth	411716	0	0	2	0
Dental Assistant	423211	0	0	0	0
Allied Health Assistant	423314	0	0	0	0

Safety controls in hospitals and clinics

Controls in place at CHS and Calvary Public Hospital Bruce (Calvary) include clinical supervision, line management and regular performance management including monitoring of scope of practice.

CHS also undertakes an allied health credentialing process at commencement and regularly (three yearly) to meet the Australian Commission on Quality and Safety in Health Care accreditation standards. Calvary does not have a credentialing process for allied health professionals.

Another control is the requirements for registration (where applicable) within the Health Professionals Enterprise Agreement – Clause B14. This enables the organisation to require registration, where applicable, on duty statements and in the recruitment of new staff. In the absence of a credentialing process, Calvary relies on this as the main controls.

CHS has incident reporting to monitor and manage system level responses to incidents regarding safety and quality of care by health professionals. CHS also provides the 'Speaking Up For Safety' training which provides a framework for consistent language and processes for staff when they see practice that does not look right. However, this program does not include enforcement of individual health professional practice.