

Australian Health Practitioner Regulation Agency Community Advisory Council  
Via Community Advisory Council Secretariat

Via email: [CACsecretariat@ahpra.gov.au](mailto:CACsecretariat@ahpra.gov.au)

Ms Robyn Kruk AO  
Independent Reviewer  
Health practitioner regulatory settings

Via email: [HealthRegReview@finance.gov.au](mailto:HealthRegReview@finance.gov.au)

Dear Ms Kruk,

Thank you for the invitation to comment on the review of regulatory settings relating to international health practitioners. We appreciate our inclusion, particularly given the limited ability for consumer and community voices to participate in this process.

Our combined experience and knowledge as Members of Ahpra's Community Advisory Council focus our submission commentary on recent consumer and community experiences of reduced access to health care, and sentiments towards solutions.

We note that some of our comments may not sit neatly into the terms of reference for this review, but felt they were important to share so as to provide context around the community's understanding of this topic, and how it sits against other relevant factors affecting safe and quality access to health care in Australia.

As such, please find below our responses to the Consultation Paper's five specific questions, and some further comments.

1. The Review is considering recommendations to ease skills shortages in registered health professions including medicine, nursing, midwifery, psychology, pharmacy, occupational therapy and paramedicine on the basis of 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?

The Community Advisory Council agrees that the listed professions are experiencing a shortage and this is likely to continue.

Through this review however we urge you to consider not just which professions are experiencing a shortage, but who in our community is most impacted. Our greatest concern as the Community Advisory Council is the impact these shortages are having on patients and clients who have the least resources to cope and are most likely to suffer poorer health outcomes for it.

We also encourage you to consider not just the statistical data that is presented, but also the daily struggles for survival that some members of our communities are facing. When considering what actions to take, we hope policy makers will prioritise those that assist those people \*-who are most in need.

For example, the ability for Aboriginal Community Controlled Health Organisations to engage General Practitioners for their people, at an affordable rate, on a semi-regular basis, or indeed at all, has diminished. This experience is common also to some Community Controlled Health Organisations providing services to culturally and linguistically diverse and rural and regional populations. Indeed, there is anecdotal evidence that in some regions whichever Community Controlled Health Organisations has the most “cash to spend” can buy access for their population to a locum, with other communities missing out because they have been outbid.

There is a sense among many rural and regional communities also that access to health care practitioners has always been difficult, and solutions from government have generally been short term, an example being the provision of more fly in fly out locums that are highly expensive. This problem is unlikely to be remedied by an increase in overseas health practitioners to Australia, as they will quickly move on from country placements to more populated regions providing greater opportunity. Rural and regional communities don't just need “access” to health care, they also need “continuity of care”, a vital ingredient to patient safety. The only real way to increase the number of health care practitioners in regional and rural areas to is provide greater training opportunities to people who come from those regions, as they are statistically more likely to continue living there once practicing.

The Community Advisory Council also notes the impact Covid-19 has had on children and young people and their mental health. We are concerned about their and their caregivers ability to access mental health and behavioral specialists and therapists quickly when symptoms present. Many families comment on the difficulty in accessing allied health, psychologists, psychiatrists and paediatricians. For example, all private paediatricians in Tasmania have closed their books (ie no waiting lists available). The wait for assessment by public health is years. This shortage is preventing a low socio-economic population from accessing both therapy and diagnosis for some NDIS related disabilities.

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 Community Advisory Council current understanding of the regulatory settings are that they are robust and set a high threshold for ensuring patient safety.

Some members of our Community Advisory Council have had increased exposure in recent years to discussions involving overseas practitioners coming to Australia as we have joined relevant committees as consumer representatives. We have generally been impressed and reassured by the steps taken to maintain patient safety, an example being the process for international medical graduates' work-based assessments.

We are aware that some patients and clients can express concern for English Standards as they may have experienced trouble understanding their health practitioner's speech, however we also often witness the gratitude that many communities have for their international health practitioner despite some language difficulties, particularly in rural and regional areas, as they appreciate the significant service they provide to the community and how difficult it must be to come to a new country and take on such a difficult job.

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?

The Community Advisory Council has limited knowledge of the settings and processes that were relaxed with relation to international health practitioners and is unable to provide comment.

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 most significantly improve the end-to-end process:
  - i. over the next 12 months
  - ii. in the medium- to longer-term?

The Community Advisory Council is aware of the significant financial costs for overseas health practitioners, and the difficulty some have attending face to face exams at specific sites across Australia. We welcome steps to alleviate these concerns, specifically where it addresses priority areas and assists in providing health care to those members of our communities who are most in need.

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?

No comment

Other comments:

Further to the specific questions outlined in the consultation paper, the Community Advisory Council wishes to provide the following points.

#### Patient Safety

The Community Advisory Council notes and appreciates assurance from Ms Kruk during our meeting on 16 January 2023 that the review will not recommend any measures that are likely to result in a reduction in patient safety.

#### Workforce sourcing from developing nations

The Community Advisory Council supports efforts to attract an international health workforce from those countries experiencing similar health outcomes to Australia. We are however concerned about those situations in which Australian employers advertise to practitioners from developing nations where their populations are experiencing much greater need, and indeed Australia has a role to play in supporting their health workforce development and outcomes.

### Covid-19 Workforce Register

The Community Advisory Council notes that in 2021 when Ahpra and the Boards' Covid-19 Workforce Register became opt-in, around 28 000 health practitioners placed their name on the register. Employers however have made little use of this workforce, some of whom could successfully be working again if health and hospital services were more flexible in their employment conditions.

### Scope of Practice

The Community Advisory Council supports reforms that seek to allow non-medical health practitioners make full use of their scope of practice. We note that some health practitioners can be prevented by others from working to their full scope in the name of "patient safety", however as consumer representatives we contend that denying patient access to a health practitioner that is trained, qualified and registered to treat them in that aspect is a greater impediment to patient safety.

We thank you again for the opportunity to submit comment to your review. We understand you are currently developing an interim report, and we would welcome the chance to meet with you again to discuss your draft recommendations prior to finalisation.

Yours sincerely,

The Community Advisory Council

6 March 2023