



Invitation to make a submission to the review of regulatory settings for overseas health practitioners

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?**
 - While WA has an excess of graduate nurses each year there is a current and projected shortages of experienced nurses across all speciality areas.
 - WA further has a current and projected shortages of midwifery graduates and experienced midwives.
 - This is based on anecdotal feedback from Health Service Providers.
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?**

Strengths

Engagement of Medical Colleges and the Australian Medical Council

- Engagement of both the specialist medical colleges and the Australian Medical Council (AMC) in recognition of qualifications that support registration in Australia is a key strength of the current process.
 - There is ample evidence that work-place based assessments are a better modality for assessment of competency as compared to a single assessment at a point in time. Further expansion and promotion of work-place based assessment programs will assist with preferentially attracting aspiring and well-qualified medical practitioners to Australia.
 - Moving forward, facilitating undertaking of the AMC Clinical Examination virtually from overseas locations for candidates intending to seek registration through the standard pathway may assist with streamlining applications for both visas and registration.

Confidence in Assessment Processes

- In the WA health system, there is confidence and trust in the assessment of the capability of the international workforce employed in Australia, including the rigor of assessment process (literacy of English language, standards of training, OSCE, criminal screening).

Weaknesses

Data

Access to timely, quality data readily available to governments and decision-makers about health workforce forecasting (skills available, community needs, opportunities for adaptation, standard demographics etc.) is an issue. There needs to be a concerted effort to find ways to support decision-makers with better data and information to guide workforce pipelines and planning. For example:

- Medical Colleges have a vested interest in controlling the number of specialist practitioners practising in Australia. There needs to be credible, open and transparent information about health workforce needs that can challenge or support how these organisations are responding to the need for workforce.
- The National Registration and Accreditation Scheme operates independently from government. However, a key objective of the National Law is to “enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners”. A major impediment to achieving this objective is information sharing.

Complexity of Processes

- The process for overseas trained practitioner is fragmented and relies on the collaboration between multiple agencies. There is a current lack of integration with visa and regulatory processes -occurs in isolation instead of parallel – increasing delays in finalising processes to enable employment in WA.
 - A single point of contact with a name and “case manager” to be fully informed of every step of the process and ensure all the documentation and information is provided in a timely manner would address this issue.
- In some cases, there is a lack of clarity and transparency around the assessment process and the criteria for recognition of part or all of the training undertaken/qualification obtained overseas.

Cost of Processes

- There is a significant financial cost and time burden associated with visas, registration, and college assessment for overseas practitioners. This cost is compounded in WA by a number of factors:
- The requirement to travel interstate for assessments such as the OSCE and AMC examinations.
- Poor pass rates requiring applicants to repeat the process – this could be mitigated by:
 - The development of a “registration preparation package” that applicants could complete online (i.e. mock exam and practical assessments that familiarise the applicants with the likely format and contents of the process).
 - A “roaming” assessor model. Utilising simulation centres within the universities where assessors come to WA to deliver the assessment process in state.

Process Delays

- The efficiency of regulation process is an issue for WA, including:
 - Lack of timely communication and feedback to applicants (noting no WA office open to the public also is a contributing factor).
- Lengthy delays associated with incorrect information or additional information required (this is applicable to both parties – Ahpra and the applicant).

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?

- Of benefit, most National Boards and accreditation authorities were flexible in their response especially to final year students and/or interns who experienced significant disruption to their mandatory clinical placements or rotations.
- A key challenge was the inability to travel across borders during the pandemic, complicating the process to gain approval to attend interstate assessment centres.

b) Do you believe any of these temporary changes were beneficial or potentially detrimental to patient safety?

- Whilst an innovative strategy, WA may not have experienced the full benefits of the “sub register” with many registrants in WA choosing not to accept employment (or limited hours); or working in low risk areas such as contact tracing, COVID vaccination and screening). Minimal numbers were employed within health services to deliver bedside care.
- Anecdotal reluctance for health services to employ due to lack of relevant information when reviewing the sub register (i.e. recency of practice, area of speciality etc.) and capacity to provide additional support to staff who required it due to relevant experience.

c) What opportunities/challenges may arise if these settings and/or processes are retained permanently?

Potential amendments to the sub register include:

- Appointment by application process (relevant information including recency of practice, area of speciality included in application allowing assessment of individual in a timely manner).
- Addition of a limited registration category – ability to work within mentor, coaching, staff development of clinical facilitation roles.

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?

The WA health system agrees with this premise. The sequential nature of visa application, professional registration and college assessment (when specialist recognition is required) significantly prolongs the process. For example, for medical practitioners, visa nominations are only progressed when the doctors receive in-principle approval from Ahpra.

The limited opportunities and inflexibility to adjust the timing of some steps can cause bottlenecks.

- One example was doctor “John” who passed his English Language test (ELT) in 2014.
- John then had a 13-month break before travelling to the UK to commence his 5 year MBBS and completing his Foundation year 1 in 2020.
- Ahpra deemed that the ELT results from 2014 cannot be used because John did not immediately commence employment until 2020.
- Dr John must wait 4-5 months until the next available ELT date.

b) What practical changes could be made to current regulatory settings to most significantly improve the end-to-end process:

A review of the end-to-end process to ensure that the requirements are reasonable and in keeping with contemporary requirements and practices may be of assistance with identifying and potentially eliminating unwarranted delays. Review considerations should include a number of key areas outlined below.

Certificates of Good Standing

An example of a commonly cited cause of delay for registration with the Medical Board of Australia is the availability in a timely manner of certificates of good standing from the regulatory authorities in the previous countries of practice. It is currently a requirement for the certificate of good standing to be dispatched directly by the regulatory authority of the countries where the applicant may have previously practised.

- While certificates of good standing are an essential component of the registration process, the requirement for it to be dispatched directly leads to undue delays if the applicant no longer holds a current registration in that country.
- It is also easier to source documents when the candidate is still overseas than after they have already arrived in Australia.
- With the current process, the applicant has no visibility over whether their application has been accepted, dispatched or received. It may be helpful to align this with the current process in comparable countries (such as the GMC, UK) where the applicants can attach copies of certificates of good standing duly issued by the regulatory authorities of their countries.

Facilitating Online Engagement

- The information on the Ahpra website is extensive but often dispersed across several webpages and is often overwhelming and difficult to navigate for international doctors with no experience of the Australian healthcare system.
 - Often, overseas practitioners have no idea where to commence the process as a result of the number of dependencies on different web pages.

- Opportunity to develop a consolidated and easy to access “one-shop stop” information hub for those seeking registration and work in Australia.
- Replacing the current paper-based application with an online application process may assist with minimising errors in applications that cause delays.

Access to Assessment

- Exploration of opportunities for virtual assessment or medical assessments that can take place internationally.
 - With the rapid advances in technology is it possible to reduce some of the face to face training needs?
- Increased access to testing facilities for WA applicants, including:
 - Location
 - Timeliness
 - Cost support
 - Roaming assessment model (as described above)
 - Support for applicants to successfully pass the assessment process.

Benchmarking

- Benchmarking with other regulatory agencies internationally that may have more streamlined and contemporary processes for registration.

Overseas Regulatory Agencies as Competent Authorities

- Identifying additional overseas regulatory agencies to be recognised as competent authorities and/or collaboration with such agencies to attract overseas trained health professionals.
 - An approach similar to the Trans Tasman Agreement may be useful.
 - What procedures are in place for deeming countries not previously identified as competent authorities to change that status. Has this ever been reviewed and updated?

Streamlining Applications for Priority Areas

- There is an opportunity for standardisation of application of requirements and timeframes for registration.
 - Potential to review current processes across all the various regulatory bodies that will enable processing of large volume of applications during busy periods of the year.
 - Further potential to integrate visa processes – coordination model that supports the applicant to navigate and apply through a parallel process.
- Closer collaboration between the regulatory body and the specialist medical colleges to enable consistency and streamlining of applications for specialist medical practitioners.
- With the known workforce challenges in rural and regional areas across Australia, processes that may streamline, facilitate and fast-track registration of health professionals to work in these areas will be of significant value for patients and communities in regional Australia.

Managing Performance

- Lack of a functional escalation pathway to AHPRA from hospital administration for registration or performance issues that may be complex or out of the ordinary.
- Visibility of doctors with conditions on registration which may not been in the public register – such as doctors with limited registration who may have remediation plans as an ongoing requirement for registration across jurisdictions. A portal for a national database with limited access to employing authorities is suggested as a mechanism to identify doctors with ongoing performance related concerns.

Supervision

- Increasing the number of candidates that Heads of Departments can supervise or co-supervise (currently limited to 4) will allow better supervision structures and processes to be incorporated to the clinical areas where the candidates are employed.

- Currently only Director of Medical Services and/or Directors of Training are authorised unlimited number of International Medical Graduate (IMG) candidates that they can supervise or co-supervise.

Other Considerations

- Consideration of a “temporary work permit/registration” if Ahpra is awaiting only non-critical documents to complete the registration.
 - This may function similarly to the approach to the Working with Children (WWC) permit. Applicants can commence work as soon as they provide evidence of lodgement of the application and do not need to await the receipt of the WWC confirmation
 - Entering a training program for IMGs to meet the Australian standard is costly, especially when they are supposed to be training in something they have already completed. Is there potential to explore a bespoke assessment model i.e. they only need to complete those training units that are not provided or completed overseas.
- 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?**

N/A