



Health

Ms Robyn Kruk AO
Independent Reviewer
Health Practitioner Regulatory Settings Review
Email: HealthRegReview@finance.gov.au

Our ref S23/41

Dear Ms Kruk

Thank you for writing about the Health Practitioner Regulatory Settings Review.

I acknowledge your efforts in the work to date including the time taken to meet with me and the NSW Health team. Your recent participation in the February meeting of the Health Workforce Taskforce was also appreciated.

I am pleased to provide the attached NSW Health feedback as requested for the review.

Thank you again for inviting comment on the Review.

Yours sincerely

Susan Pearce AM
Secretary, NSW Health

Encl.

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Discussion questions

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?

Medical workforce supply/demand issues

- Agree there are current shortages in medicine. Overseas recruitment is key to supplementing local workforce requirements at all levels of the medical workforce including junior and senior medical practitioners.
- NSW did not fill all 2023 medical intern positions. NSW has 1120 available intern positions but started 2023 with 1089 positions filled and has exhausted all eligible applicants.
- Under the 2006 Council of Australian Governments Agreement (COAG) all states, and territories have guaranteed intern positions for all Commonwealth Supported Places (CSP) medical graduates. NSW has extended this to guarantee to all domestic medical graduates of NSW universities. In 2013 stakeholders, including universities and Australian Medical students Association (AMSA) expressed concerns that with the increasing number of domestic graduates entering the system there may not be intern positions available for international full fee-paying graduates of Australian universities to obtain an internship. As an example, in 2013 there were 43 interns in NSW who were international full fee-paying medical graduates from NSW universities. The pool of graduating international students in NSW was approximately 130. Ten years later in 2023 there are 144 interns working in NSW who are international full fee-paying medical graduates of NSW universities. A total of 196 applied for a position.
- NSW workforce modelling to 2040 shows that under all scenarios there is a need to increase the number of doctors coming to NSW, in addition to current medical students graduating from NSW universities. Required growth can be achieved by increasing medical student numbers and/or overseas recruitment.
- As an example of the importance of overseas recruitment in the Central Coast Local Health District 14% of junior doctor positions are filled by overseas trained doctors, with many of these from the UK coming to work for one or two years before returning home to continue their training.
- Overseas doctors are needed to fill emergency department and intensive care rosters – particularly mid-grade level doctors in both metro, rural and regional areas.
- Medical workforce shortages include:
 - GPs in rural and regional areas
 - Psychiatrists – metro, rural and regional areas.
 - Emergency medicine in rural and regional areas
 - Anaesthetists – metro, rural and regional areas-(with shortages impacting the ability to address surgical waiting lists)
 - Obstetricians in rural areas (e.g. Grafton despite repeated advertising has not been able to fill positions)
 - Diagnostic radiology

Allied health

- NSW Health, allied health modelling identifies significant career opportunities and vacancies in the following allied health professions:
 - Radiation Therapists **
 - Psychology **
 - Social Work
 - Occupational Therapy **
 - Speech Pathology
 - Podiatry **
 - Pharmacy **
 - Nuclear Medicine
 - Sonography
- ** Indicates professions registered under the National Registration and Accreditation Scheme (NRAS).
- It is also important to note significant and growing demand for the non-NRAS regulated allied health professions identified above, driven by government funded programs such as the NDIS and aged care, as well as the increasing use of new technologies. While this review is focused on NRAS-process there is also value in noting that non-NRAS regulated allied health professions may also require application of the same overseas assessment processes such as skills and qualifications recognition and English language proficiency.

Nursing workforce

Shortages in rural and regional areas for experienced registered nurses , clinical nurse specialists and midwives.

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

- The National Registration and Accreditation Scheme is a national system with national standards and processes (e.g. English language proficiency and qualification and skills benchmarks) rather than state/territory-based processes (however the system also incorporates co-regulatory settings with NSW and Queensland)
- It is a robust regulatory system that produces practitioners who are safe to work in Australia, including overseas health practitioners

Note on the nursing workforce

- Nurses are able to obtain registration before they have secured a position in Australia. This is unlike medical practitioners who must obtain a position before applying for registration as the registration is linked to the position. Therefore, NSW Health as the employer has less direct involvement in overseas nurses applying for registration. The main issue regarding onboarding of overseas trained nurses is the visa application process.

Weaknesses

Sequential registration and visa processes

- Evidence of registration is required as part of the visa application process and any delays in registration result in delays to the visa application process. Therefore, registration delays create bottlenecks for getting health practitioners into the country and working.

Sequential qualifications assessment and registration processes

- Some health professions require assessment of qualifications before applying for registration, whereas others include assessment of qualifications as part of registration.
- Those that have qualifications assessed before the registration process add to complexity and the overall time it takes for an applicant to achieve registration. For example, overseas specialists seeking recognition of their specialist qualifications must apply to the relevant medical college for assessment. However, they also need to have primary source verification of their qualifications, which is coordinated by the Australian Medical Council for medical practitioners. Commencement of the registration application process must wait for conclusion of the specialist qualification assessment.

Timeliness and effectiveness of application process and case management

- The time it takes for Ahpra to process a complete application for registration is an ongoing issue. Ahpra currently requires six to eight weeks for a complete application to be processed. This time has not changed since Ahpra was established and is problematic when trying to get overseas practitioners onboarded ASAP.
- A significant issue compounding the delays in Ahpra processing has been the time to initially review an application and advise of any missing documents or problems with the application. This was taking sometimes in excess of four weeks.
- Ahpra has now adjusted the process and have senior staff undertaking an initial review of the application and advising applicants about missing documents. This has improved the process but is still not ideal, for example:
 - a recent medical practitioner's application was triaged with resulting advice from Ahpra to the practitioner saying they had missing or incorrect information. In this case the doctor had not submitted correctly certified documents for their passport and evidence of primary medical degree. However, when they then sought further clarifying information a case manager had not been assigned, as the application was considered incomplete, and their e-mail was left unanswered. Unfortunately, because of the delays in registration the applicant withdrew from the position they had accepted and instead has gone to New Zealand where they advised that "the whole process is a bit smoother and their board a bit more responsive."

Website effectiveness (pending current upgrade)

- To date the website has not been user friendly and at times applicants have used the incorrect form and even contacted the NSW Ministry of Health to clarify which application form they need to use to apply. It is acknowledged that Ahpra has started work to improve the website and associated technology including development of a smart form.

Obtaining Certificate of Good Standing (CoGS) from overseas jurisdictions' regulators

- As part of the application process applicants need to provide a Certificate of Good Standing (CoGS) or Certificate of Registration Status from the registration authority of every jurisdiction in which they have practised or have previously been registered as a health practitioner. The CoGS must be dated within 3 months of the application received by Ahpra. There have been circumstances when registration processing delays mean applicants have needed to get another Certificate because the delay exceeded the 3-month requirement. Currently, the applicant-practitioner must apply to each registration authority to get a CoGS. For an applicant who has worked in more than one jurisdiction this can be onerous and challenging to meet the three-month deadline. Further, the CoGS are sent directly to Ahpra, making it harder for the practitioner to track.
- A suggested option for consideration is that that Ahpra facilitates and co-ordinates the process to obtain the CoGS once the practitioner has submitted their application for registration. This would be similar to the process the Australian Medical Council (AMC) manages for medical applicants seeking primary source verification of their qualifications.

Medical colleges performance and reporting – strengths/weaknesses and some solutions

Lack of timely data and detailed data about medical college performance

- The Medical Board publishes an annual report with data on the specialist pathway for each medical college. The most recently published report is for 2021 (1 January to December 2021). There is still no data for 2022. The data is provided by the Colleges to the Medical Board. Report data is collated and doesn't include results for individual doctors.
- Results of the doctor's assessment would be useful information for employer/facility recruitment i.e. whether the doctor was found to be substantially/partially /not comparable, however this is not available in the report.

Lack of data about variation in college timeframe between application and interview

- The annual report does show the degree of variability in the performance of colleges on a number of different metrics. For example, 78% of IMGs were offered an interview within the benchmark timeframe (three months from submission of a complete application) however, at the individual college-level, for example, the Royal Australian and New Zealand College of Radiologists (RANZCR) offered 100% of applicants an interview within three months of application, compared to the Royal Australasian College of Surgeons (RACS) with only 39% offered an interview in three months. Further, it is unclear how the benchmark was determined and if in fact three months is a reasonable benchmark for the applicant to be interviewed in all cases.

Competent authority pathways and specialist IMGs

- One of the strengths but also challenges for specialist IMGs and employers is that there is no competent authority pathway and that each IMG application is assessed on its merits, taking into account a number of different factors, including where they did their specialist training and then practised. However, this approach is also challenging as it means the outcome of the assessment is unpredictable from an applicant and employer perspective. It means that specialists who have been recruited may not be able to take up the position because they have not been found substantially comparable and need to undertake further training and/or exams. Doctors are taking a big step to relocate to another country and spend a lot of money to complete the assessments and organise visas however, they sometimes find they can't work because of the assessment of their qualifications.
- NSW supports establishing a competent authority pathway for specialist IMGs - as long as it is recognised and allowed that applicants who do not meet the competent authority pathway requirements may still be assessed as comparable via an alternative pathway. Based on the 2021 data published by the Medical Board 84% of IMGs from the UK across all colleges were found to be substantially comparable, therefore the UK could be considered as a pilot for a competent authority pathway for UK-qualified specialist IMGs.

Publishing comparability assessment outcomes by country

- Because specialist IMG assessment outcomes are not published by doctor or country, employers lack understanding of the chances of a doctor they have recruited being assessed as substantially/partially comparable.
 - A useful/helpful solution to this issue would be a mapping of qualifications and advice about training programs in different countries against comparability assessment outcomes. This would provide some guidance and advice to both applicants and employers before they start the comparability process.

Unknown reasons for varied assessment outcomes within the same country

- Employers have also reported variability of assessments of applicants from the same country and with the same

Allied health specific issues

- Some key allied health professions are not regulated under the NRAS such as speech pathologist, social worker and dietitian. This can create some confusion for overseas practitioners where these professions are

- regulated in NRAS-like statutory licensing systems such as those in the UK, Ireland and Canada
- Despite this difference most self-regulated allied health professional peak associations follow the same requirements for overseas trained clinicians as the allied health AHPRA Boards in recognising qualifications and skills. Depending on the profession and the country where they trained, this may require a skills assessment and English-language proficiency.
- There is some evidence from peak professional associations with responsibility for assessment and from NSW Health employers that there is pressure from non-NRAS regulated overseas practitioners to short-cut assessment and recognition processes given the lighter-toucher regulatory regime.
- Notwithstanding issues above, overseas assessment for non-NRAS regulated allied health practitioners may be subject to lesser administrative burden also given the lighter-toucher regulatory context.

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?**

Presenting in person identity verification

The Medical Board of Australia requires all international medical graduates to present in person at an Ahpra office to have their identity verified if they have not previously been registered as a medical practitioner with limited or provisional registration under the National Registration and Accreditation Scheme before their limited, provisional or specialist registration can be granted.

A change in response to the COVID pandemic was to allow applicants who hold current in-principle approval of registration and are in Australia to have their identity verified as follows: with their intended employer, either in person at their intended place of employment or via audio-visual link; or with Ahpra via audio-visual link, if they do not have an intended employer, to enable their registration to be finalised prior to securing employment.

These changes were of benefit to the onboarding of overseas trained doctors and so benefited the doctor and the employer. This also was of benefit to delivery of patient care as it supported having a doctor in place providing clinical care. Support it continuing and being retained permanently.

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?**

Agree with this premise. The process is complex, time consuming and costly. Obtaining registration and obtaining a visa are equally important to bring an overseas health practitioner to Australia but there is no integration of the processes and no sharing of documents.

Over the next 12 months :

- identify common requirements for registration and assessment and migration applications
- Identify opportunities for harmonisation or a process to accept certification processes by other organisations (AMC, Home Affairs)
- Consider opportunities to streamline college assessment process, for example have one body undertake initial assessment of applications

Medium to longer term

- Look at the role of and sustainability of medical colleges in undertaking assessment of medical specialists
- Expansion of competent authority models

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?