8 March 2023

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

Dear Ms Kruk AO

Thank you for your invitation to make a submission to the independent review of regulatory settings relating to health practitioner registration and qualification recognition for overseas health professionals and international students.

The National Rural Health Alliance (the Alliance) is pleased to provide a response for consideration. The Alliance is the peak body for rural and remote health in Australia. We represent 45 national Members (see www.ruralhealth.org.au/about/memberbodies) and our vision is for healthy and sustainable rural, regional and remote (rural) communities across Australia.

Rural, remote and regional Australian people make up almost 30 % of the Australian population. They have considerable economic impact which the remainder of Australia enjoys. Rural, remote and regional Australia (30% of the population) delivers the following for all of Australia to enjoy:

- 50% tourism income
- Over two thirds export income via primary industries, mining, tourism, services
- 98% of Australia's food

Indeed, rural Australians deserves the same health services and support per capita, that their urban counterparts do.

Rural Australia relies heavily on, and benefits greatly from, the services and care provided by health professionals who have studied and trained in other countries. In many cases, if it were not for overseas trained and qualified health professionals, these communities would not have access to essential care at all.

International medical and health graduates whether generalists or specialists were never meant, however, to fill the gap to the scale they are currently filling in rural Australia. Nor are they the long term solution to "growing our own" from rural Australia. Indeed, it often adds a complexity which is often overlooked, indeed ignored because of the dire maldistribution of doctors and other health professionals in Australia. Can we ethically continue to "poach" overseas trained doctors which come from the very countries we support in funding and development?

As a case in point, in 2021-22, International Medical Graduates accounted for 53% of Australia's GPs. There are more International Medical Graduates than domestically trained GPs (from Australia/NZ) in each Monash Modified Model (MMM) 1-5 region. Small rural towns (MM5), remote (MM6) and very remote (MM7) areas have the most limited primary care GP workforce - reducing from 84.8 FTE

per 100,000 population in MM5, to 77.6 in MM6 and 69.1 in MM7, compared with 124.8 FTE per 100,000 population in major cities (MM1).[1]

The number of non-GP medical specialists decreases from 178.9 FTE per 100,000 people in major cities to its lowest points in small rural towns (9.7) and very remote communities (26.3). Rural communities have fewer registered nurses, midwives, pharmacists, dentists, optometrists, psychologists, physiotherapists, podiatrists, occupational therapists and other allied health workers. Rural areas need an additional 21,357 FTE of personal in these professions to match major cities on a per-population basis.[2]

These figures demonstrate that rural Australia needs more health practitioners. While the Alliance wishes to see more 'home grown' health practitioners and study and training pipelines that support rural students and rural training places for Australian students, the reality is that our country also needs, and must nurture those existing doctors who work and commit their time within the rural and remote communities currently. They require considerable and significant support, as market has failed rural and remote medical and health service delivery in many regions around Australia. Health practitioners who wish to practise in Australia and who can bring such value to our rural communities should not be seen as a short term "revolving door," as the continuation of care is paramount.

There are different pathways to come to Australia for the different health professions. While we will not make comment in detail on all these individual pathways, I can confirm that the Alliance receives feedback from many people in rural communities, members and from overseas trained health professionals, with feedback is consistent. This includes:

- The commitment of some International Medical Graduates is not to the community, rather a step in the process to being in an urban centre, where the workforce is not needed, and is more lucrative than rural and remote practice.
- The end-to-end processing of health professionals from offshore and onshore immigration processing to full professional registration is currently designed to frustrate and thwart the efforts and determination of health professionals wanting to relocate and practice in Australia.
- The processes for migration together with the health professional assessment and registration processes need to be streamlined and made more affordable.
- There are not enough supervisors nor oversight spaces available to support the international medical and other health professional graduates when they first arrive and do not meet all the skills required, before they join a state health service.
- In the case of International Medical Graduates, Australia relies heavily on Australian registered and Fellow doctors as well as community members who are not paid additional fees to set standards, interview and support International Medical Graduates who may or may not meet the standards. These same Fellows, a limited number of doctors, are also expected to set the standards, train and supervise Australia's medical students and medical

[1] Department of Health and Aged Care, General Practice Workforce Providing Primary Care Services in Australia [cited 2023 Mar 7]. (General Practice Workforce providing Primary Care services in Australia (health.gov.au))

[2] National Rural Health Alliance, *Rural Health in Australia* SNAPSHOT 2021. See Rural_health_in_Australia_snapshot_111121-ref - NRHA_Rural_health_in_Australia_snapshot.pdf (ruralhealth.org.au)

trainees. Australia through its doctors and community volunteers, also has every right to celebrate their contribution in support of International Medical Graduates.

- The processes do not respect family considerations including assessing whether spouses are also health professionals seeking registration (and who would benefit from being assessed within similar timeframes and for placement in the same location or general region).
- Local doctors and health professionals who have committed to rural communities are not supported, and it does not help to see "fly-in-fly-out professionals" and a reliance on international graduates to fill a gap.
- The model for rural generalists and recruiting rural and remote students in the first place needs to be addressed and "flipped" so that they train locally and only go to the metropolitan centres for additional skills training.
- There is a widespread perception that the Australian Health Practitioner Regulation Agency (AHPRA) places unnecessary hurdles and time delays in their processes. It can also be difficult to contact the right people in this agency making communication and information exchange very difficult for overseas trained and local health professionals. We do recognise the very important role of AHRPA and other regulatory agencies which prioritise safety and legitimacy of health practitioners and their ability to provide quality health care.
- The language about International Medical Graduates and other health professionals can sometimes be used in a way that is diminishing rather than recognising that Australia needs and welcomes their qualifications and experience and ability to meet care needs where our home-grown workforce cannot meet needs.
- Private medical and other health practices cannot afford the costs and risks associated with sponsoring health professionals when there can be a high likelihood that a person will not meet the overly rigorous and lengthy immigration and qualification and skills recognition requirements. Practices cannot afford this out-of-pocket expense when there is no guarantee that the health professional will make it through all the required meeting of standards, nor manage the risk of having someone who does not the cultural differences.
- Health professionals deskill when they are going through the application process. The current system does not recognise this, nor does it put supports and measures in place to mitigate the risks of this deskilling.
- Rural Workforce agencies can be a great support to health professionals navigating the process of immigration and professional registration, but often health professionals do not know where to seek information or guidance and do not have access to navigators to assist them through the Australian system.

Australia is part of a global market for overseas trained health professionals. It is not the only OECD country that relies on overseas trained health professionals to maintain the medical workforce and is therefore one of many destinations in the highly competitive medical workforce market. This means that every effort should be made to ensure that Australia is portrayed as a nation that looks after and respects overseas trained health professionals. In addition, considering our international commitment to assist development of less resourced nations, we cannot continue to also, to recruit the very people who are trained to support their country.

The administrative systems relating to overseas trained health professionals should be designed to filter for quality and safety – rather than to test for perseverance and persistence.

There should also be the same standard across Australia, as some jurisdictions place considerable pressure on supervisors, international medical graduates and other health professionals and

jurisdictions purely because they have a workforce shortage. This sometimes results in stretched, underskilled or unsupported individuals serving a community.

Distribution Priority Areas (DPAs)

I would like to take this opportunity to raise an important issue which may be beyond the remit of your review, however, it is an important issue about where international medical graduates can practise when they come to Australia. In July 2022, the Australian Government made changes to the Distribution Priority Areas. Under the changes, all GP catchments in the Monash Modified Model (MMM) 2 areas, along with some outer metropolitan areas (MMM1) as identified by government have DPA status. This means GP practices in regional cities and outer metropolitan areas are now able to recruit from the same pool of doctors as rural and remote practices.

At the time of the impending changes, the National Rural Health Alliance (and others) prosecuted the case which is being born out in reality - that the changes to the DPA classification system designed to increase GP numbers in regional and some outer metropolitan areas would result in GPs electing not to work in rural and remote communities or indeed leaving rural and remote communities, in favour of regional or outer metropolitan areas. The policy change is having a negative effect on the already desperate shortage of GPs in rural and remote Australia. The sustainability of existing rural practices or the establishment of new practices is becoming increasingly unviable in many situations.

Rural, remote and regional practices already find it extremely difficult in running their practice and healthcare teams to serve their communities. There is considerable pressure on the community and from the community to seek bulkbilling. These clinics are often underfunded, cannot be financially viable, nor can afford to pay their staff, and health professionals what their local area health service can pay. This adds to the complexity of recruitment, retention, even before the legislative changes with the DPA occurred.

Conclusion

The international trained medical and health practitioner has played an important part of Australia's rural and remote health workforce, especially when markets have often failed, and current training programs, legislation and funding have not been effective in ensuring a future medical and health workforce. The recruitment of international graduates has brought its own challenges demonstrating that systemic changes are necessary. Ethical implications of "poaching" of graduates who could serve their communities is a matter, which is often forgotten or "swept under the carpet."

Support must be given, where practitioners currently work and serve communities, whether they are internationally or Australian trained. The question must remain on how can we support rural and remote communities with the best medical and health workforce, and how can we best train these in rural and remote communities. We have a social contract to do so, considering their economic and social contribution, which the rest of Australia enjoys.

Yours sincerely

Susanne Tegen
Chief Executive

T 02 6285 4660 E nrha@ruralhealth.org.au W ruralhealth.org.au NRHAlliance
PO Box 280 Deakin West ACT 2600 10 Campion Street Deakin ACT 2600
ABN 68 480 848 412 ACN 620 779 606 ARBN 620 779 606