

Ms Robyn Kruk AO, Independent Reviewer

***Review of regulatory settings for
overseas health practitioners***

Occupational Therapy Australia submission

8 March 2023

Introduction

Occupational Therapy Australia (OTA) welcomes the opportunity to lodge a submission to the Independent Review of regulatory settings relating to health practitioner registration and qualification recognition for overseas health professionals and international health students.

OTA is the professional association and peak representative body for occupational therapists in Australia. Occupational therapists are allied health professionals whose role is to enable their clients to engage in meaningful and productive activities. There are more than 27,000 registered occupational therapists working across the government, non-government, private and community sectors in Australia.

What is occupational therapy?

Occupational therapists provide services such as physical and mental health therapy, vocational rehabilitation, chronic disease management, assessments for assistive technology and home modifications, and key disability supports and services.

Occupational therapists have a critical role in providing services across the health system, supporting people affected by physical, intellectual, acute and chronic conditions, and mental health issues. Occupational therapists work in a diverse range of practice settings including acute hospitals, rehabilitation settings, private practice, aged care facilities, community, primary health and in the home.

Occupational therapists practising in Australia must be registered with the Occupational Therapy Board of Australia, via the Australian Health Practitioner Regulation Agency (AHPRA) and meet the Board's registration standards.

Internationally qualified occupational therapists wanting to practise in Australia are currently required to undertake an initial assessment in compliance with the requirements specified by the Occupational Therapy Council (OTC). This assessment comprises:

- Stage 1 - Desktop audit
- Stage 2 - Supervised practice audit.

In this submission OTA has made some comments about the AHPRA registration process, and the role of the Occupational Therapy Board (OTB) and OTC.

OTA response to review consultation questions

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?

OTA supports this assertion, which is backed up by Australian Government statistics, and anecdotal reports received from occupational therapists working in metropolitan and regional and remote areas across Australia.

The Department of Health and Aged Care has identified occupational therapy as one of the fastest growing registered health professions in Australia¹. Between 2015 and 2019, the occupational therapy workforce experienced an annual growth rate of seven per cent, with an additional 3,700 practitioners entering the workforce.

During this time, there has been an increase in both the number of undergraduate and postgraduate occupational therapy university courses available, as well as the number of students enrolled in these programs.

Despite this growth in the workforce, demand for graduates continues to outstrip supply due to factors including the roll out of the National Disability Insurance Scheme (NDIS), recommendations arising from the Royal Commission into Aged Care Quality and Safety, and the recommendations of several recent inquiries into mental health care, which have increased demand for OT services, and demands for OT skill sets in a range of healthcare settings.

This has placed increasing pressure on the existing workforce in terms of general demand for services, and also the number of high-quality placements and fieldwork opportunities it can support, for those seeking OT qualifications through university.

Many organisations continue to carry vacancies and report increasing difficulty in recruiting to OT roles, especially in remote and rural areas.

This workforce shortage is likely to become more pronounced as the NDIS continues to support more Australians with disability. In addition, demand for OTs will increase across the health sector, including in aged care and mental health treatment, in line with Australia's ageing population, and the increasing burden of mental illness and chronic disease.

This is compounded due to the risk of OTs exiting service provision in certain Federal Government schemes, including the NDIS and Department of Veterans Affairs scheme, due to fee structures that do not adequately remunerate therapists, burnout due to significant demand for services, and challenges working within bureaucratic systems.

OTs are a predominantly female identifying workforce (90.4%)², and the impacts of personal caretaker responsibilities has led to increased preference for part time roles, further impacting the available workforce.

OTA is pleased that the Australian Government has recently listed Occupational Therapy as a Priority Profession for the purposes of considering long-term skilled visa applications. However, this is unlikely to address short- and medium-term shortages.

b. If yes, is there any data or evidence you can provide to demonstrate these shortages?

The 2022 Skills Priority List prepared by the National Skills Commission shows a shortage of occupational therapists in every state and territory across Australia³. A search on Seek.com, a national recruitment website, shows over 1,500 vacancies for occupational therapist roles as of 21 February 2023⁴.

¹ Commonwealth of Australia, Department of Health and Aged Care, 2023, <https://www.health.gov.au/topics/allied-health/about>

² Australian Health Practitioner Regulation Agency (2021), AHPRA and National Report Annual Report 2020-21, <https://www.adohta.net.au/resources/Documents/Resource%20Documents/Ahpra-Annual-report-2020-21.PDF> Occupational Therapy Snapshot

³ Commonwealth of Australia, National Skills Commission 2022 Skills Priority List, <https://www.nationalskillscommission.gov.au/topics/skills-priority-list>

⁴ Seek.Com, 2023

Anecdotally OTA understands that OT supply shortages are occurring across the allied health sector, but particularly in remote and regional areas across Australia, and also specifically in the NDIS and Public Health sectors. Experienced clinicians are also significantly in demand across the OT profession.

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?

Based on feedback from OTA Members, (which includes some operators of small and large businesses that deliver OT services), OTA has identified that OT practitioners value the integrity that the AHRPA regulatory scheme provides for the Australian OT profession.

The existence of robust standards and regulations gives business reassurance that they are employing suitably experienced and qualified OTs and protects the quality of services that are accessed by Australian consumers, and the overall integrity of the Australian OT profession.

However, there are a number of shortcomings which are affecting the perception of the Australian regulatory scheme, and the practical recruitment of candidates from international settings which are discussed below.

This feedback from an OTA member sums up the challenges:

“We’ve recruited some highly trained, and exceptional OTs with training in areas such as Psychosocial Disability and Paediatrics whose clinical knowledge and experience is invaluable to our participants and our broader team, and whose addition to the workforce in Australia is of exceptionally high value. However; the complexity of the process, the multitude of different forms required, and the cost of the supervision that is mandated make the process one that is not feasible for all companies, and one that (our company) continues to try and find the most effective and suitable way to provide these requirements whilst also being a viable option.”

International reputation

OTA has been advised that some practitioners have reported that internationally based OTs and recruitment agencies have reported that Australia has a poor reputation as a place to seek international registration due to significant administrative and supervisory requirements that are outlined below. This reputation is acting as a deterrent and is seeing some international candidates seek registration in New Zealand as a first point before transferring to Australia to seek permanent ongoing work as an OT. OTA has been advised that registration under the equivalent New Zealand scheme takes 6-8 weeks and transition to Australia takes approximately 2 weeks. This 8 to 10-week process is still significantly shorter than the wait for OTC/AHPRA to provide Stage 1 (restricted registration) from their home country.

Costs

The standard cost of AHPRA registration was not a highlighted issue from discussion with members, however in one case, there were significant costs incurred by a registration candidate who had to seek registered copies of documents regarding their qualifications from an international institution which had significant costs attached.

However, the time required for recruiting businesses to support the registration process, in sourcing and providing documents, and planning and supporting supervision requirements, and reporting to OTC, all have a significant cost for employers.

Timeframes

OTA members have reported that the extended timeframe to complete the registration process is a significant deterrent to recruiting from overseas, and also acts as a deterrent to therapists considering migrating to Australia for work. Members have reported a lengthy process to receive limited (Stage 1) registration, taking three months or more. This has impacted businesses seeking to confirm recruitment arrangements and organise start dates, supervision requirements and plan client caseloads. There is also the risk of a candidate withdrawing from recruitment process due to uncertainty.

While not directly related to the AHPRA registration process, delays in securing visa arrangements also impact recruitment. OTA understands a significant backlog in visa assessments has impacted some businesses recruitment from overseas. OTA understands overseas-trained therapists require AHPRA registration to shift from some temporary visas to employer sponsored visa. This has put strain on sponsored employees, as they are not eligible for some public services (e.g. Medicare, hospital care) while on temporary visas for a significant period of time, which may also act as a deterrent.

For some businesses, the prospect of a lengthy delay between making an offer of employment and having their AHPRA registration and/or visa sponsorship approved is a significant deterrent and had led to them choosing to not pursue international candidates. These timeframes also impact candidates who face uncertainty in planning their relocation to Australia.

Supervision requirements

Some OTA members have advised that while supervision is an important and integral aspect of the AHPRA registration process, there are shortcomings that affect perceptions of the process and require significant investment of time and resources which impact business operations deter employers from pursuing overseas recruitment.

In particular these include:

- Difficulty for some employers to support or source appropriately qualified supervisors due to limited availability of clinicians who meet the 2 years' experience and have the required skills.
- Complexity of the supervised practice plans, with some members reporting plans that can be up to 42 pages, and OTC requiring multiple adjustments to proposed plans for minor aspects. This places additional strains on recruiting businesses when developing and implementing supervision plans, including time, resourcing and financial pressures (as this impacts billable hours).
- Difficulty in transferring plans if a candidate moves roles during the process. An OTA member reported a 4-month delay in transferring a supervised practice plan from one organisation to another, significantly delaying work start date for the practitioner.
- Reporting requirements that require updates at multiple points during the period of supervision.
- Rigidity of supervision plan requirements, that require the plan to cover all Australian Competency Standards, when some experienced clinicians meet some or all of the competencies from the outset due to their extensive experience in their home country, and the mandatory 6-week supervision period being perceived as excessive by some highly experienced OTs.
- Supervision requirements also presented difficulty for some employers where the candidate was being recruited to a non-clinical role, and their supervision plan required review of clinical based work.
- Lack of clarity of what is expected by OTC at the beginning of the process. Some members reported that it is only through supporting multiple candidates to complete supervision requirements that they became aware of OTC's expectations and were

able to accommodate specific required tasks into their supervision planning from the outset rather than making adjustments along the way due to ongoing feedback from OTC.

- Lack of consistency provided by OTC with feedback, and recommended modifications varying between individual supervision plans.
- Candidates' initial perception of the process being too complex or onerous, resulting in them withdrawing from recruitment processes. OTA members have provided the following examples to highlight this point:
 - Canadian candidate with 12 years' experience - withdrew as they felt they were going to be treated like a graduate again.
 - Filipino candidate with 4 years' experience - chose to move to UK as it was an easier registration process.
 - Filipino candidate with 3 years' experience – withdrew due to the costs involved.
 - UK candidate with 9 years' experience – withdrew as they felt they should be automatically exempt from supervision based on the country where they obtained their qualification.
- Candidates who are completing registration have experienced the process as overwhelming and stressful, especially when compounded by the additional strains that arise from settlement in Australia.

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?

OTA understands that there were limited changes to the recognition scheme for OTs during the pandemic. OTA understands that OTC amended its policy to enable OTs to complete supervision via videoconferencing which enabled candidates to continue to meet their supervision requirements.

The provision for video conferencing is welcomed and should continue due to the shift to remote working arrangements for some practitioners.

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

Appropriate arrangements can be put in place to ensure that videoconferencing captures the required elements of supervision including observing interactions with clients.

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

No 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?

Yes, as discussed in the response to Question 2 above, OTA is aware of significant barriers that have actively deterred candidates from seeking registration in Australia, and also prevented some businesses from recruiting from overseas.

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

Fast track Stage 1 registration so this takes less than 3 months, to enable faster confirmation for businesses who can then commence onboarding of employees.

Consider a provisional approval tool that can offer some certainty for recruiting businesses, in establishing whether a candidate can achieve certification (subject to provision of suitable documents).

ii. in the medium- to longer-term?

Develop a fast-track pathway for highly experienced clinicians who are deemed to meet Australian competency requirements due to the institution they achieved competency through, years of experience in their proposed field of work, and experience in equivalent healthcare settings. A streamlined pathway would enable businesses to have certainty in their recruitment and workforce planning, and provide an appealing option for experienced candidates. Experienced clinicians are the most needed category within the OT profession to alleviate current workforce shortages, due to their skillset and ability to support early career therapists.

Consider allowing flexibility in the frequency and delivery of supervision requirements during the supervised practice period. This could allow adjustment to the frequency of the supervision after the initial 6-week intensive period, allowing monthly rather than fortnightly supervision, dependent on the skill level and healthcare setting of the clinician. AHPRA could also consider group supervision for supervisees who are of a similar experience level/at similar stages of their transition to Australia.

An OTA member summed up their experiences of the rigidity of the current process:

“Whilst the first 6 weeks being intensive support to ensure appropriate onboarding and understanding of the Australian system is appropriate, the fortnightly sessions after those 6 weeks are above the clinical requirements of many of the experienced OTs that we are hiring, and having to continue this for 6 months or more (if the time added on to receive appropriate paperwork and registration after the 6 month review is added) can make this difficult to commit to, which limits our ability to support other international OTs whose skills would be an asset to Australia”

AHPRA could also streamline arrangements for supervisors. Currently supervisors must apply to OTC for assessment for each new supervision arrangement, and supply information including a CV. Supervisors that are deemed suitable could apply once to OTC to receive a Certificate of Compliance or suitability, reducing the need for individual applications each time.

AHPRA could also consider allowing flexibility in enabling employers and practitioners to identify areas of specific focus for supervision plans, rather than covering all areas of the Australian Competency Standards (it is noted that overseas trained OTs will not meet the requirements for the Cultural Competency Standard and this requirement should remain as part of Supervision requirements). Some employers have identified that their induction training and on the job training offerings cover off the requirements of supervision practice plans and specific setting requirements, minimising the need for supervision. Others have reported that their recruitment and selection process identified where a practitioner required appropriate upskilling in clinical practice skills or in generalist skills to enable them to work competently in a specific healthcare setting, and in these cases the employer undertook additional supervision and upskilling above the requirements of the AHPRA supervisory practice plan to build the candidate’s skillset.

This demonstrates that employers are seeking more flexibility in supervision requirements to accommodate candidates depending on their skill level. A more flexible approach would reduce the employer's administrative burden in planning and reporting against competencies that are already achieved and enable employers and candidates to identify required areas based on specific setting and need.

While it is acknowledged that OTC enables flexibility in the setting of individual goals in supervision plans, some members have reported that they have found it onerous to develop documents and plans around individual goals that meet the OTC criteria. There is an opportunity for OTC to supply some standardised examples of goals and standard learning plans and/or other resources to reduce administrative burden in the planning and reporting process.

AHPRA could also investigate a standard framework to assess applications based on the type of qualification, source institution, level of clinical experience and type of healthcare setting the practitioner has been working in overseas. There may be an opportunity for collaboration between specific countries' registration bodies to agree on shared standards to streamline the process or establish shared parameters to guide registration processes. This could allow AHPRA to identify qualifications and industry experience that meets Australian requirements and healthcare settings.

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?

Not applicable.

Conclusion

OTA thanks the Review for the opportunity to comment. Please note that representatives of OTA would gladly meet with members of the Review panel or Secretariat to expand on any of the matters raised in this submission at any stage.