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AMA submission: Review of regulatory settings relating to registration and qualification recognition for overseas health practitioners

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The contribution of overseas health professionals to the health care of Australians has long been an important feature of the Australian health system – particularly for rural and remote communities – and will continue to be the case well into the future.

Pressures on Australia's health workforce existed prior to the Covid-19 pandemic, but the challenges it created have undoubtedly exacerbated these issues. Similar workforce pressures have been experienced in many other countries and have reinforced the need to ensure that health practitioners who wish to come to Australia to practise their profession can encounter a streamlined passage through the necessary regulatory steps. There are many aspects of the process that can be streamlined or conducted in parallel to expedite the process without undermining standards.

Paramount to any discussion is the need to ensure that overseas trained practitioners are sufficiently equipped to practice, maintain standards and patient safety, manage issues around capacity for testing and assessment arrangements, and to provide sufficient supervision and support.

The AMA strongly supports internationally trained medical graduates (IMGs) working in Australia; we would like to see stronger employment protections to prevent exploitation and coordinated support to help navigate a complex system.

Workforce shortages

The abolition of Health Workforce Australia (HWA) in 2014 left a significant gap in workforce data collection, analysis and modelling. The lack of a dedicated body responsible for health workforce planning means that it is difficult to determine the scale of workforce shortages, and the AMA would like to see HWA or a similar agency return with responsibility for this work. Nevertheless, the AMA recognises that there are imbalances in relation to both distribution and numbers of certain specialty groups.

Prior to the pandemic, there was a broad acceptance that Australia was not in a state of medical workforce shortage, but of workforce maldistribution. This was recognised in the National Medical Workforce Strategy, which the AMA contributed to the development of.[1] While it is difficult to determine whether this is still the case, it is clear that there are severe shortages experienced in parts of the country that require immediate attention.

[1] Department of Health (2021) *National Medical Workforce Strategy 2021–2031*.

For example, the General Practice workforce is experiencing shortages in many parts of the country. Into the future, general practice remains an area of great concern with AMA modelling showing a shortfall of more than 10,600 GPs by 2031–32.[2]

Current regulatory settings

The AMA cannot support any reforms to the process that lower the current regulatory settings and standards. They set out a framework that ensures that overseas trained practitioners who come to practise in Australia have recognised qualifications or are able to have their skills assessed to ensure that they are of a comparable standard to practitioners trained and registered in Australia.

The AMA considers that, while the standards and regulatory tests that must be satisfied are appropriate, more can be done to streamline the processing of applications through the system. In particular the AMA would support greater concurrent processing of visa applications by the Department of Home Affairs and Ahpra in managing the registration processes. Ahpra must improve transparency through the process so that applicants are clear where they are in the process.

Medical Colleges can also vary in the length of time they take to assess overseas qualifications (where the College is the assessing body – noting this is not the case for GPs) and there may be opportunities for some Colleges to speed up their assessment processes.

The AMA has also been advocating for streamlined pathways into practice for the large pool of IMGs who have passed Australian Medical Council (AMC) exams but have been unable to secure an offer of employment from a health service, which is a prerequisite for medical registration (reports in 2021 suggested there were over 300 IMGs who had passed the AMC examinations and were in this category).

In addition, reports also suggest a significant number of IMGs who had been through the AMC exams were failing the Pre-Employment Structured Clinical Interview (PESCI) assessment required to work as a GP on limited registration.

Initial data suggests that it can take IMGs who pass the exam up to two years to secure employment. This has flow on impacts for the rural medical workforce and access to health care for rural communities.

While the reasons for this are unclear, possible systems barriers include lack of recency of practice and relevant practice that makes registration difficult; design of the PESCI and assessor availability limiting the number of assessments available, and availability of supervisors in Modified Monash 3-7.

Discussions with the AMC suggest that IMGs do not know how the system applies to them or how to navigate it. The AMC reports that their capacity to run exams has improved since the onset of Covid-19 with more candidates choosing online exams as opposed to the National Test Centre (NTC). Despite the NTC being faster and more efficient, the AMC advised that places are often unfilled.

Prospective recruits sponsored by the public sector are often well supported by their future employers in navigating the regulatory system. Practitioners intending to work in private practice are less supported and consideration should be given to providing some form of concierge system to guide overseas practitioners navigation through the system, including through to being able to access a Medicare provider number.

[2] The Australian Medical Association (2022) *The general practitioner workforce: why the neglect must end*.

The AMA recommends further exploration of employment models for IMGs, particularly in their first year of employment as these are often reported as exploitative. All IMGs should have support through Fair Work which is not always the case when employed through independent contracts.

The AMA has also proposed a number of other initiatives aimed at streamlining the pathway into practice in Australia. These include:

- Reviewing the standard pathway to identify areas for improvements:
    - identifying areas of challenge for IMGs such as obtaining a job and discontinuing from pathway,
    - developing a journey map for those who have trouble but equally for those that do not.
- Making sure information about the process is clear and easily accessible so that IMGs can understand how the process applies to them and how to navigate through the system e.g., development of a portal.
- Developing bridging courses to support IMGs from countries whose training programs are not aligned with the Australian system:
    - to improve IMG knowledge before attempting clinical exams
    - to improve IMG knowledge, skills, attributes before attempting the PESCI
    - investigating the quality and success of existing bridging courses and the markers of what makes a good quality bridging course is also important, as is ensuring appropriate funding is provided.
- Developing clear and accessible return-to-practice pathways and programs for IMGs that provide contemporary experience in the Australian health system, with consideration of how a pre-internship model could be applied. The NHS Returning to medicine program where medical graduates have access to foundation year 1 regardless of where they obtained their medical degree is a potential model.
- Increasing the number of jobs under supervision such as Workplace Based Assessment, which is currently offered in very few hospitals across Australia. Incentives could be created for consultants to accept IMGs with supervision requirements and to help develop a clear professional development plan. Similar incentives could be offered to hospitals to hire IMGs.
- Addressing the dilemma of lack of supervised positions in rural areas, where the need for general practitioners is high. In contrast, supervised positions are available in the cities, but trigger a 10 year moratorium during which IMG GPs cannot practice independently unless they relocate to rural areas. One suggestion has been for the moratorium to be postponed until after the supervised practice period, but this requires further exploration.

In summation, the AMA considers that, in addition to streamlining processes for overseas based practitioners, particular attention should be given to the already existing pool of practitioners who are currently in Australia but are not yet able to practise.

MARCH 2023