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AMA submission on the Interim Report of the Independent Review of Overseas Health Practitioner Regulatory Settings

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The AMA is generally supportive of efforts to streamline migration and registration processes for health professionals that wish to come and work in Australia. Australia is experiencing serious workforce shortages across a range of health professions. Lack of staff in public and private hospitals and in primary care are forcing patients to wait longer for care. However, streamlining processes should not come at the expense of quality. Australian trained health professionals are among the best in the world, and it is important that medical practitioners and other health professional coming to work here are of a comparable standard.

Increasing our intake of overseas trained health professionals is not a sustainable solution and nor is it fair on many other countries, particularly developing nations. While it may help address current workforce shortages, the real solution lies with more effective workforce planning, backed by policies that encourage health professionals to work in the locations and areas of practice where they are most needed.

Much work has been done over the last 15 to 20 years to streamline arrangements for international medical graduates to live and work in Australia. While these have significantly improved assessment processes and made them more consistent and transparent, we acknowledge that the system is still complex and can lead to duplication and delays. This is particularly the case with respect to visa arrangements.

While this review is overdue and the Interim Report makes some sensible recommendations, we note that the Department of Home Affairs is simultaneously conducting a Review of the Migration System and we are aware of work being conducted within the Department of Health and Aged Care and the Australian Medical Council to improve the processes and pathways for international medical graduates (IMGs). It is important that all of these pieces of work are aligned.

The Independent Review of Overseas Health Practitioner Regulatory Settings is also too narrowly focused on how to speed up processes to support health professionals to work in Australia. It pays far too little attention to the necessary supports needed for them to function effectively, noting that many are placed in some of the most challenging working environments including rural and remote Australia.

The AMA's submission will address each of the recommendations provided in the Interim Report of the Independent Review of Overseas Health Practitioner Regulatory Settings (the Interim Report) and will also make further suggestions about how the system can be improved beyond these recommendations. While the submission is relevant to all health professions, our focus is on medical practitioners.

Recommendation 1: Remove duplication and align evidentiary requirements so applicants only need to 'tell us once', with information shared across regulators and agencies. Move to a single portal over time where applicants can submit all documentation in one place.

The AMA agrees with this recommendation and supports the work to achieve this commencing immediately.

Recommendation 2: Enable more cohorts from trusted countries to be 'fast-tracked' through competent authority pathways (CAPs) and transition equivalence assessments for specialist medical graduates from the specialist medical colleges to the Australian Medical Council.

The AMA agrees that the pathways for medical specialists can appear slow, although it should be acknowledged that the Medical Colleges now work to a consistent set of standards in relation to the assessment of IMGs. To the extent that it is possible, the AMA is supportive of Colleges having appropriate regard to overseas qualifications including, where appropriate, mutual or unilateral recognition.

We do not support the proposal to transfer the assessments from the Colleges to the AMC. This undermines the roll of Colleges in setting standards for medical practice and fails to understand that significant role College Fellows play in the assessment and supervision of international medical graduates, often undertaken on a pro bono basis.

Clinical equivalence assessments can be highly complex and technical. Were the AMC to take on the assessment role, the clinical and technical components of the assessment would still require the relevant College to identify and provide assessors. The report states that the Colleges would have an advisory role, but the AMC would have final say. It is unclear how this would work in practice, and it would have the potential to create a schism between the AMC and the College should the College's advice be ignored. We would be more supportive of the AMC taking on more of the administration and supporting Colleges to improve their processes.

The AMC could perform all of the application up to the assessment process, and once it was complete manage the appeals process. As the size and financial resources available to Colleges is highly variable, the AMA also supports increasing support to smaller colleges to assist increasing the speed of processing applications.

Recommendation 3: Better recognition of overseas health practitioners' experience and skills.

The AMA supports this recommendation. We note that the recommendation identifies potential amendments to the Health Practitioner National Law (the National Law). The AMA is supportive of amendments to the National Law that would clarify the extent that relevant

comparable experience can be recognised by the specialist Colleges in the assessment process. The amendments must be worked with collaboratively with the AMA and specialist medical colleges. The key sections are 57-59.

Recommendation 4: Provide applicants with greater flexibility in demonstrating their English language competency, by aligning our requirements with the UK and NZ, reducing the required score for the writing component to 6.5, but requiring an average International English Language Testing System (IELTS) score of 7 overall and 7 in each of the other three components (reading, speaking, listening).

We understand that the current EILTS score for medical practitioners essentially operates at a standard where they are assessed as having operational command of the language, though with occasional inaccuracies, inappropriate usage, and misunderstandings in some situations. They generally handle complex language well and understand detailed reasoning. For medical practitioners to function effectively in the Australian context, this should not be considered a high bar to pass.

We understand this change is largely targeted at the nursing workforce and query its relevance to medical practitioners whose practice is necessarily more complex in nature. The key issue to address is the ease with which IMGs are able to transition into and understand the Australian healthcare system and colloquialisms. Some AMA members who are IMGs report significant challenges communicating with patients across Australia's multicultural society. This has nothing to do with English competency. The AMA suggests that, for medical practitioners, final recommendations address the need to improve support and guidance for newly arrived IMGs to help them understand the Australian healthcare system and environment to support their patients.

Recommendation 5: Department of Health and Aged Care (DoHAC) to continue workforce supply and demand modelling for medicine (generally and by specialty) and nursing, and commence work with states and territories and relevant stakeholders to address gaps in allied health workforce data to facilitate supply and demand modelling in the future.

The AMA has been disappointed with the lack of health workforce information and policy development demonstrated by the Australian Government over the last decade. A lack of health workforce planning is impacting on service provision and access to care in the both the public and private sector across Australia. The AMA supports the call in the Interim Report to improve the ability of governments, employers, regulators and others to plan for current and anticipated workforce needs. However, we do not think the following statement in the Interim Report goes far enough:

Department of Health and Aged Care (DoHAC) to continue workforce supply and demand modelling for medicine (generally and by specialty) and nursing, and commence work with states and territories and relevant stakeholders to address gaps in allied health workforce data to facilitate supply and demand modelling in the future. (Page 5)

Additionally, the proposed timeframes outlined are not acceptable:

GP workforce planning expected in the third quarter of 2023. Psychiatry likely to be completed in late 2024. Other specialties as resourcing allows. Nursing likely to be completed by end-2023. (Page 5)

The AMA is extremely concerned that this work is not being done already. The fact that psychiatry is likely to be completed in late 2024 (18 months away) when we have patients unable to see psychiatrists (or psychologists) or be admitted to private hospitals because of this shortfall right now is unacceptable.

The AMA warned the government about the risks of losing momentum and expertise when the former government abolished Health Workforce Australia.[1] We highlighted that a lack of monitoring and informed workforce planning would lead to workforce imbalances in the years to come. The AMA is calling for the reinstatement of an independent, credible health workforce planning agency funded to conduct adequate workforce research, modelling, and monitoring to determine current and future health work needs and match this to training, recruitment and retention initiatives. This lack of funding and expertise for the last decade is being felt today by governments, health service providers, health practitioners and patients across the country.

Recommendation 6: Remove or suspend labour market testing requirement for employers sponsoring priority health practitioners on certain visas and broaden the age exemptions for permanent skilled visas to encompass key health practitioners.

The AMA does not support the recommendation to remove labour market testing. It simply encourages employers to focus on the recruitment of international medical graduates without necessarily offering appropriate employment conditions for locally trained graduates. This will only exacerbate the challenges already faced in encouraging locally trained doctors to live and work in locations and specialties where they are needed.

Additional AMA recommendations

Increase government funding for the bodies involved across the regulatory processes

Doctors and other health practitioners should not be required to pay for improved processes as many of these have occurred due to a lack of investment or deliberate decisions to withdraw health workforce infrastructure. The funding of many of the regulators and accreditation authorities comes from fees and charges imposed on health practitioners. With growing costs of living, increased costs of equipment, inadequate indexation of the MBS, insurance rebates and salaries – it is palpably unfair to pass on the costs of augmenting the workforce processing infrastructure needed onto the profession to compensate for previous government inactivity.

Many of the recommendations outlined in this report will require extra resources to implement. Increasing the numbers of overseas health practitioners available to work in Australia will result in a major population health benefit. Accordingly, governments need to supplement the

[1] AMA (2014) "Axing health workforce agency must not come at expense of planning".

resources of the regulators and authorities involved in the processing of overseas health practitioner applications to reduce the burden on those organisations without increasing payments for health practitioners unfairly.

Transparency in the system

Decisions covering the regulation of overseas health practitioners largely rest with Health Ministers. Since the move from the Council of Australian Governments to National Cabinet the AMA has observed a significant and troubling reduction in transparency of process, actions and decisions made by Health Ministers. This extends to the removal of the previous Health Ministers' Council website so that copies of reviews and decisions taken prior to the creation of National Cabinet are no longer in the public domain. The AMA finds this lack of transparency at the top tier of Commonwealth and state/territory governmental decision making unethical and undemocratic.

Increased support for overseas health practitioners who have arrived in Australia

In order to attract and retain overseas health practitioners the AMA believes we need to look beyond just the regulatory settings. Through our state branches the AMA surveys IMGs working in Australia. They tell us about many of the regulatory shortcomings addressed in the Interim Report, but they also tell us about the inadequacy of other supports offered to them when they arrive. They highlight key negatives to their adjustment to working in Australia, but also staying employed here and recommending it to their colleagues overseas. These issues include:

- Lack of adequate cultural orientation despite existing requirement for employers to provide this
- Little understanding or explanation about how the Australian health system works (i.e., how Medicare works, how to bill correctly, their role in the hospital, the difference between the public and private sectors)
- Inadequate knowledge about training pathways (especially for non-general practitioner specialists)
- Insufficient information about employment conditions.

The AMC International Medical Graduate Assessment Experiences and Performance project is exploring trends, gaps and good practice in IMG assessment pathways which will inform a review of IMG assessment and support to improve retention and progression. This will help to support assessment and registration pathways for IMGs in Australia.

Distressingly these IMGs also report high levels of racism, discrimination and prejudice. Reporting or dealing with such issues is made harder for practitioners on short term visas or requiring ongoing employer support to stay in the country.

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