

Submission

Independent review of overseas health practitioner regulatory settings: Interim report April 2023

Thank you for the opportunity to provide feedback on the Interim Report of the Review of regulatory settings for overseas trained health practitioners (Kruk Review). We appreciate your understanding in accepting our feedback at this time.

This submission includes consideration to the views of Queensland Health's Medical Advisory and Prevocational Accreditation Unit, Executive Directors of Medical Services, Office of Rural and Remote Health, and the Office of the Chief Allied Health Officer. Please note that Queensland's Office of the Chief Nursing and Midwifery Officer has made a separate submission.

Queensland Health offers the following input in relation to the two discussion questions posed by Mr Jason McDonald on behalf of Ms Kruk.

1. Which reform options do you think should be prioritised

Queensland Health considers that the following reform areas should be prioritised and provides some additional comments.

- **Expand fast tracked pathways** (as per Interim Report recommendation F)
 - Enable more cohorts from trusted countries to be 'fast-tracked' through competent authority pathways (CAPs) (as per recommendation F2)
 - Comments:
 - Queensland suggests that a broader approach to recognising overseas health practitioners' experience and skills may be required to support an adequately skilled and sufficient workforce to meet demands.
 - For instance, a significant barrier for overseas trained medical practitioners is the requirement for Foreign Graduates of an Accredited Medical School (FGAMs) to obtain Permanent Residency to be eligible for the Australian General Practice Trainee pathway.
- **Improve the applicant experience** (as per recommendation I)
 - Removing migration barriers - Broadening the age exemptions for permanent skilled visas to encompass key health practitioners (as per recommendation I6)
 - Submit all documentation for registration and migration through a single portal – all streamlining work for migration and registration (as per recommendation I1-2).
 - Comments –
 - Queensland supports the removal of migration barriers and suggests further exploration of issues such as age exemptions for visa applications and barriers to practitioners working to their full scope of practice.

2. What if any reform options are missing?

Queensland Health suggests that further attention is given to models of care aimed at improving the recruitment and retention of the General Practitioner (GP) workforce, such as the Single Employer Model

(SEM). The SEM offers a strategy that could attract overseas trained medical practitioners to work in GP settings and improve the distribution of GPs across regional, rural, and remote areas of Australia.

Details of the SEM are provided below for further consideration:

- In the 2022-23 Budget, the Australian Government committed \$800,000 over 4 years from 2022–2023 to progress the SEM for Rural General Practice Trainees. The purpose of the SEMs is to enable more GP and rural generalist registrars training in rural, remote and regional communities to maintain the benefits of being employed by one employer throughout their training, including accrual of leave.
- GP registrars are currently required to undertake multiple training rotations and may be engaged by multiple employers (for example, both hospitals and practices) throughout the course of their training.
 - The requirement for GP registrars to undertake private employment means they do not have continuity of Queensland Health employment. This means they face the potential loss of long service leave and sick leave accruals as well as restarting the eligibility period for parental leave.
 - Conversely, non-GP specialist training registrars usually continue the relevant Queensland Health industrial arrangements and can preserve their entitlements.
 - The number of applicants to the Australian General Practice Training Program has declined in recent years resulting in the program being undersubscribed and reducing the number of GP trainees in rural and remote communities in Queensland.
 - The absence of single employment is anecdotally referred to as being a major contributor to the decreasing interest in GP training.
- The Federal Budget 2023-24 provides for \$4.5 million over 5 years from 2022–23 (\$5.4 million over 6 years) to increase rural generalist trainees by expanding the single employer model trials by a further 10 trial sites (across Australia) from 1 July 2023.
 - Initial indications are that jurisdictions will not be directly funded by the Commonwealth outside of the COAG 19/2 exemptions.
 - Queensland has been invited to submit a proposal for up to two SEM pilots across regional, rural, and remote locations, with Minister for Health and Ambulance Services notifying the Commonwealth of Queensland's intent to submit a proposal to establish two SEM pilots.
- The Queensland Future Proofing Our Rural Workforce Collaborative (FORCe) has strongly recommended the following objectives guide the development and implementation of the SEM pilots:
 - Provide GP registrars with certainty both in terms of employment and training post allocations during their pre-Fellowship years
 - Improve attractiveness of rural general practice training including preservation of entitlements including parental leave and long service leave
 - Ensure that the development needs of the GP registrar in training aligns to the rural, remote and regional community needs within the pilot site
 - Ensure that Aboriginal and Torres Strait Islander communities are considered with a view to improve health outcomes and contribute to Closing the Gap

- Be flexible and innovative to meet community need and respond to the diversity of interest and experience of the rural GP registrar
- Provide a positive experience for GP registrars training in rural, remote and regional communities in Queensland.
- The Department of Health's Office of Rural and Remote Health (ORRH) will be engaging with Hospital and Health Services with regards to potential SEM pilot design concepts.

Further consideration required

Queensland Health notes that the report has addressed many key barriers and issues in relation to regulatory settings for overseas trained health practitioners but suggests that further consideration of some aspects is required, as outlined below.

- Reducing the complexity and duplication of the application process is key reform that would likely improve applicant experience for overseas trained practitioners. It is noted that the variability of costs associated with this application and registration process has not yet been reflected as a key area of reform and could be further considered in light of the complexity this creates for organisations engaging in international recruitment strategies. This is particularly important for allied health practitioners for which there is significant variability in expenses between professions.
- Recognition of the need to address gaps in allied health workforce data to facilitate supply and demand modelling is promising and critical to support informed workforce planning for current and future needs. It is noted that there are no timeframes provided for the delivery of workforce data initiatives for allied health, more clarity and specific actions for allied health should be articulated regarding this objective in the Final Report.
- The complexity of the applicant journey for allied health professionals is not well reflected in the interim report where significant detail is provided for nursing and medical professionals. A similar level of detail should be included for allied health in the Final Report. Understanding the similarities and differences both between allied health pathways and nursing/medical and differences within allied health pathways will be important for addressing critical allied health workforce shortages at a national level.