

9 June 2023

Department of Finance  
Attention: Ms Robyn Kruk AO  
One Canberra Avenue  
Forrest ACT 2603  
Australia

By email: [HealthRegReview@finance.gov.au](mailto:HealthRegReview@finance.gov.au)

Dear Ms Kruk,

Ramsay Health Care Australia (RHC) appreciates the opportunity to provide comment on the *Independent Review of Overseas Health Practitioner Regulatory Settings – Interim Report*.

First and foremost, RHC congratulates the team on completing this extensive and action-orientated Interim Report in such a short time to address the current healthcare workforce challenges.

RHC **reemphasises** there is a convergence of issues contributing to workforce challenges that the Australian Government must consider more broadly and cannot focus on the migration system and recognition of registration and qualifications in isolation (i.e., housing, childcare, cost of living). Refer to the recent media article where healthcare workers continue to struggle to find appropriate childcare arrangements (Neal, M. *Portland GP clinic seeks childcare worker in bid to end crippling shortages* ABC 6 June 2023 < <https://www.abc.net.au/news/2023-06-06/portland-gp-clinic-seeks-childcare-worker/102443300>>).

RHC **strongly recommends** the complementary and related work being undertaken by other stakeholders, including the Department of Home Affairs and the Australian Health Practitioner Regulation Agency (AHPRA) must be done hand in hand and align with Government priorities to ensure the improvement of systems and processes. It is evident government departments and relevant Ministers continue to work in siloed approaches to tackle the ongoing workforce shortages, with the recent Draft National Care and Support Economy Strategy 2023 also addressing workforce shortages with no reference to the Migration Review or Kruk Review.

RHC **emphasises** it supports the streamlining of regulations to be a competitive recruiter to other like-minded countries. However, RHC **notes** patient safety should not and must not be compromised. There must be clear and supportive clinical evidence, with any proposed changes, such as reducing regulatory requirements, including the International English Language Testing System.

Which reform options do you think should be prioritised?

RHC **believes** there are two key priorities (of the five) which should be prioritised to address and overcome the ongoing healthcare workforce challenges; workforce planning and applicant experience.

1. Better workforce planning

RHC **strongly recommends** prioritising better workforce planning, including data. The Australian Government must commission a publicly available national health workforce database to provide accurate and insightful data to inform planning, policy, and associated evaluation. It is clear there is currently no accurate source of data, with

governments and stakeholders relying on different sources. RHC appreciates information can currently be accessed for health practitioners registered with AHPRA but notes this information is limited for other workers.

RHC engaged with the Mid-Term Review of the National Health Reform Agreement (NHRA) and **recommends** there is an opportunity to plan and coordinate training, recruitment and clinical care delivery collectively, across both the private and public healthcare systems. It is also important to understand which sectors individuals work, to provide a more comprehensive view as to the current structure of Australia's healthcare workforce. Current and future National Workforce Strategies cannot be developed without accurate data, which the private sector must also be consulted to ensure strategies provide a true representation of the overall healthcare workforce.

RHC **supports** the areas for development, that is, exploring the scope for rotating new overseas health practitioners between metropolitan, regional and rural locations, but emphasises visa and Medicare benefit limitations must be amended to support these rotations. Many state and territory governments continue to offer incentives which are only applicable to public healthcare workers, such as paying for students nursing or midwifery undergraduate studies. For example, Victoria has offered to cover the cost of these studies, with students to receive \$9,000 while they study and the remaining \$7,500 if they work in the Victorian public health service for two years (i.e. not applicable to private healthcare workers). Such preferential employment terms cannot exclude privately employed health practitioners (such as scholarships and subsidies) as it drains workforce from the private system (hospitals and aged care), which will inevitably increase the unmet demand on public hospitals.

## 2. Improve applicant experience

RHC **strongly recommends** the Australian Government task relevant stakeholders to improve the applicant experience by improving the end-to-end process, including automation and streamlining. Applicants will consider Australia as a future employment opportunity should their experience be seamless and easy to navigate. Should a single portal be established, it is important all relevant parties can access the information – the applicant, the employer, government agencies and health boards and colleges. Again, it is important Government consultation is not undertaken in siloed approaches, and as such, the recent *Review of the Privacy Act 1988* (Cth) and the *Healthcare Identifiers Framework* should be considered.

Furthermore, RHC **supports** the removal of migration barriers, including pausing labour market testing and increasing age exemptions for permanent skilled visas. Despite these incredible efforts, RHC **notes** the recent Budget 2023-2024 included an increase in visa costs which applies to many visas relied upon in the healthcare system. This defies and goes against the current efforts to make Australia a competitive recruiter relative to other countries.

RHC also **supports** the areas for development, including the removal of migration barriers, such as broadening visa categories to allow health professionals to work to their full scope and granting automatic permanent residency to international students who are in Australia studying, or recently graduated with a priority health qualification, where evidence of employment is provided. In addition, RHC already significantly invests in employee training and development, and believes the removal of the Skilling Australia Fund Levy, will provide further investment opportunities.

RHC **encourages** the Government to consider creating a single point of contact (at AHPRA), such as case managers for larger healthcare employers. This concierge style service will support employers and applicants understand the process and associated steps. This service offering will make it easier for businesses to recruit overseas healthcare workers and progress applications in a timely manner.

What, if any, reform options are missing?

In addition to better workforce planning, RHC **strongly recommends** there are further opportunities to support training and education partnerships, including post graduate specialist training and nurse practitioners (i.e. to support mental health and general practitioners). Both the private and public healthcare system could embark on reforms related to co-credentialling, joint recruitment as well as partnering with difference sectors such as Aged Care to address workforce shortages. RHC believes there is opportunity for the private sector to undertake training of staff for aged care to support current workforce shortages. This will allow healthcare workers to work across sectors, whilst also providing workers on the ground to provide care. RHC has also partnered with TAFE NSW to help continue to build the nursing workforce, by launching the Cadetship Program. Australia will have a sufficient healthcare workforce should it invest now by developing our domestic pipeline.

Lastly and importantly, RHC **believes** the review has missed the opportunity to improve access to Medicare Provider Numbers (MPNs), which is a pre-requisite to this workforce working in the private sector (primary care or hospital based). Improving the timeliness of processing applications and expanding and simplifying the exemption criteria will improve the attractiveness of Australia as a destination and ensure patients have access to funded care.

Again, RHC truly appreciates the Australian Government Department of Finance's interest to engage and understand RHC's unique perspectives, and in particular the important role the private health sector plays in the delivery of health care services in Australia.

Thank you for the opportunity to provide a submission.

Kind Regards,



Dean Breckenridge  
Chief Policy Officer  
9 June 2023