

13 June 2023

Mr Jason McDonald  
First Assistant Secretary, Regulatory Reform Division  
Australian Government Department of Finance

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

Dear Mr McDonald

**Re: Invitation to make a submission to the review of regulatory settings for overseas health practitioners**

Thank you for the opportunity to provide comment on Ms Robyn Kruk AO's Independent Review of Overseas Health Practitioner Regulatory Settings interim report.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is keenly aware of the severe workforce shortages affecting many regions of Australia, and the direct impact these shortages have on patient outcomes in communities in need of health care.

Acknowledging the role overseas trained health care practitioners have in addressing workforce issues, the College is supportive of a balanced review of current processes involved in international recruitment that takes into account workforce management, patient care, and a range of ethical considerations that have been outlined in the World Health Organisation's [Global Code of Practice on the International Recruitment of Health Personnel](#) (the Code), which is referenced in Ms Kruk's report. The College also considers it important to view this report in line with the principles outlined in the National Medical Workforce Strategy (2021-2031).

In line with our vision of *excellence and equity in the provision of mental healthcare*, the RANZCP prioritises patient care.

While the priorities identified in Ms Kruk's interim report may work to address workforce shortages, the College is concerned that some recommendations may need to be revisited in relation to some of the impact the recommendations may have on patient care, potentially causing risk to patient and public safety.

We agree there is scope to improve the applicant and employer experience in the end-to-end process of international recruitment. Streamlining the administration of application steps imposed by regulatory bodies will be a welcome change. These steps cause delays which

affect all stakeholders, including specialist colleges undertaking comparability assessments of overseas trained health practitioners. Care should be taken when automating or streamlining criminal history checks to avoid any possibility of risk to public safety and deception.

Understanding that this review specifically addresses overseas trained health practitioners, Ms Kruk's recommendations for better workforce planning lack a holistic perspective that considers broader issues impacting the growth of a local workforce. The Code referenced by Ms Kruk is clear on the responsibility of Member States to 'strive to meet their health personnel needs with their own human resources for health, as far as possible'. Any immediate, reactionary response to current problems must be made in a way that supports long term, sustainable improvements to Australia's healthcare system.

There is merit in greater flexibility, while supporting safety. However, Ms Kruk's recommendations in this area appear to focus only on the flexibility, and it is unclear how this would be balanced with safety and credentialing under the proposed changes. The College is concerned about the recommendation for flexibility with regards to recency of practice, which is recognised as a core standard of medical practice in developed health systems globally.

The College's concerns are with the recommendations to expand 'fast track' pathways. We see no merit in transitioning equivalence assessment from specialist colleges to the Australian Medical Council (AMC).

It is crucial that every overseas trained healthcare practitioner that is permitted to work in Australia must be comparable to their Australian trained equivalent. Assessing the essential competencies required to practice in a medical specialty is a complex process. It requires an absolute understanding of every nuance of those competencies, and how they are put into practice. A qualified psychiatrist has undertaken a minimum of five years study to acquire this knowledge. An experienced psychiatrist, capable of assessing the overall competency of others, has built on that knowledge with several years of specialist practice. The expectation that an accurate comparability assessment will be made by a non-specialist may be unrealistic.

Ms Kruk comments that comparability assessments 'are often slow'. To a considerable extent, timeframes for assessment are impacted by delays caused by the administrative requirements of regulatory bodies. The recommendations for improving the applicant experience will address these delays, resolving this concern.

It should also be noted that a number of specialist colleges, including the RANZCP, are bi-national, supporting specialists in both Australia in New Zealand. The interim report speaks of deduplication, and yet the recommendation would result in two bodies conducting comparability assessments. This also impacts the consistency of outcomes, contrary to the purpose of the recommendation.

The RANZCP recognises the importance of addressing workforce shortages and congratulates you on the initiative to address this issue. A broad review of all factors that have contributed to the problem, with appropriate long-term planning, will greatly improve healthcare across all communities in all regions of Australia.

Yours sincerely



Dr Elizabeth Moore  
**President**

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