



**RURAL DOCTORS
ASSOCIATION
OF AUSTRALIA**

**RESPONSE TO THE
INDEPENDENT REVIEW OF
OVERSEAS HEALTH
PRACTITIONER REGULATORY
SETTINGS**

About RDAA

The Rural Doctors Association of Australia (RDAA) is the peak national body representing the interests of doctors working in rural and remote areas and the patients and communities they serve.

RDAA's vision for rural¹ and remote communities is simple – excellent medical care. This means high quality health services that are: patient-centred; continuous; comprehensive; collaborative; coordinated; cohesive; and accessible, and are provided by doctors and other health professionals who have the necessary training and skills to meet the needs of their communities.

Introduction

Rural and remote communities for an extended period have relied on the recruitment of overseas trained health professionals, in particular medical practitioners to provide services. With recent changes to the District Priority Area (DPA) automatic classification being extended into large regional locations (Modified Monash 2), our members report decreasing receipt of applications for vacant positions, particularly from overseas trained doctors. The workforce distribution challenge is real, and RDAA recognises that a key part of the short and medium term solution is recruitment and retention of overseas trained doctors.

Recommendation feedback

RDAA is supportive of Recommendation:

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.

RDAA believes this recommendation is a key step to supporting the overseas health professional recruitment but once established could be expanded to significantly enhance the mobilisation of the workforce and increase access to health services for people living in rural and remote Australia. A significant barrier to medical practitioners (GPs and consultant specialists undertaking short term locums or outreach clinics) is the administration burden of individual state and health district credentialing processes, and continued submission of the same documentation to multiple hospital credentialing committees.

¹ Within this document the term 'rural' is used to encompass locations described by Modified Monash Model (MMM) levels 3-7. Rural doctors are rural GPs, Rural Generalists and consultant specialists (resident and visiting) who provide ongoing medical services in these areas.

RDAA is strongly supportive of this recommendation being progressed as a priority, and requests State Health Ministers consider the expansion of the single portal to be accessible for credentialing purposes.

RDAA supports recommendation:

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

However in amending the age limit Department of Immigration must also ensure there are pathways to Permanent Residency for these health care professionals. It is unfair to recruit from overseas and have health professionals serve our communities and provide high quality and much needed health services but not provide permanent residency beyond their employment.

Key reform priority area considerations:

In relation to assessment of Fellowship of specialty colleges to Australian medical college standards, RDAA recognises a need for a level of independence in this process. However these assessment processes should be developed in consultation with the individual colleges, and the organisations allocated responsibility, for example the Australian Medical Council, must be provided with the resources to ensure the assessments are undertaken in a timely manner, and with transparency.

Providing greater support for applicants:

RDAA fully supports additional support for applicants in navigating the system, however RDAA also believes that the system needs to better support small business general practice in overseas recruitment efforts. As outlined in the report, overseas recruitment is expensive for both the individual doctor as well as the employer. Rural Workforce Agencies need to provide increased support and coordination to applicants, as well as rural general practices, in recruitment processes, including immigration and registration and the onboarding and orientation to the Australian health care system. For the most part, rural general practice remains a small business, many family-owned, and these businesses do not have the expertise or resources to undertake overseas recruitment.