RESPONSE TO THE INDEPENDENT REVIEW OF OVERSEAS HEALTH PRACTITIONER REGULATORY SETTINGS: INTERIM REPORT

June 2023

RECOMMENDATIONS

- That the importance of developing a “grow-our-own” health workforce plan is further underlined in the report with a goal of reducing our reliance on Overseas Trained Health Professionals (OTPs) while recognising their contribution to Australia’s workforce.
- That the report recognises the importance of including the tertiary education voice from the outset in all health workforce planning to ensure that:
    - a comprehensive career lifespan view is provided, including pathways to grow the academic health professional workforce; and
    - inadvertent outcomes of importing health workforce do not derail or delay investing in the growth, sustainability and distribution of our domestically educated workforce.
- That health workforce planning, including work around OTPs, includes multi-stakeholder forums tasked with determining a plan to ensure sufficient clinical supervision and placement capacity to support OTPs and growth of domestically trained workforce.
- Accelerate pathways to permanent residency for Australian trained international health graduates who take up and remain in health service positions in regional Australia and areas of primary care shortages.
- Consider further increasing the post-study work rights of all international health professional graduates - subject to monitoring and evaluation of the impact of the current increases on health workforce expansion.
- Enable international health students to be eligible to participate in the Rural Health Multidisciplinary Training (RHMT) program.
- Consistent minimum English language requirements between OTPs and Australian trained graduates, at least within the same discipline, is considered as an important principle.

INTRODUCTION

Thank you for the opportunity to comment on the Interim Report of the Independent Review of Overseas Health Practitioner Regulatory Settings.

Universities Australia (UA) is the peak national body representing Australia's 39 comprehensive universities. Our universities educate and train virtually all of Australia's new-entry domestic health professional workforce[1], ensuring Australia has the pipeline of health workers it needs to remain healthy and well. Without universities, there would be a significant shortfall – greater than there already is – of these vital professionals. They also provide ongoing education, upskilling and reskilling opportunities for existing health professionals - both domestic and international - as well as undertaking health research. We have a strong interest in health professions education, workforce policy and related regulation. UA is assisted in this work through regular consultation with our Health Professions Education Standing Group (HPESG). HPESG comprises senior university leaders across all health disciplines and jurisdictions.

BACKGROUND AND RESPONSE

The interim report is about ways Australia can enhance the entry and employment of already qualified overseas trained practitioners (OTPs) to help fill identified health workforce gaps. The focus of the recommendations and report are about how to safely accelerate, streamline and provide greater flexibility in OTP migration and registration processes.

While universities play a role in the ongoing education of already qualified health professionals[2], their direct involvement in the regulations and processes relevant to employment of OTPs is limited. However, dynamics of the overall health workforce – its composition, size and distribution – does have direct relevance to universities and how they can best support its growth and development. Our submission focuses on this perspective and highlights the potential impacts of importing OTPs on universities' roles in developing a sustainable, domestically trained health workforce.

1. The importance of domestic workforce sustainability and workforce planning

The scope of the report is on finding ways to optimise the migration of OTPs to help address some of Australia's more immediate health workforce needs. OTPs make a valuable contribution to Australia's health workforce and we recognise that OTPs will continue to be part of our future workforce response. As such, we generally support the report's recommendations regarding safe and efficient pathways for OTPs to work in Australia. However, we see dependence on OTPs to fulfil our unmet health workforce needs as an area we should actively be aiming to reduce[3] - especially as health workforce demand becomes an increasingly global phenomenon.

The report states that *"…domestically trained practitioners must remain the bedrock of our health workforce"* - a view we strongly endorse. We are concerned that, despite best intentions, an overreliance on OTPs will undermine, delay, or distract from the need to grow, sustain and better distribute our domestically educated and trained workforce.

The need for a "grow-our-own" health workforce plan

Addressing our long-term health workforce needs must include a grow-our-own, holistic[4] workforce plan with a goal of reducing reliance on OTPs. Without this, we will continue to be vulnerable in

[1] This includes domestic and international students who have studied health professional entry qualifications in Australian universities.
[2] For example, through the provision of bridging courses to prepare re-entering domestic or overseas trained practitioners for Australian practice and/or qualifications for further professional development and career progression.
[3] Between 2015 and 2019, 32 percent of doctors and 18 percent of nurses in Australia were trained overseas. Australian Institute of Health and Welfare (AIHW) Last updated July 2022: https://www.aihw.gov.au/reports/workforce/health-workforce
[4] Holistic as in assessing whole of health workforce knowledge and skills needs and determining who is best placed to undertake these – including technological contributions - rather than just looking only in disciplinary silos.

situations of global workforce shortage and/or where travel/importing professionals is hindered (such as the international border closures of COVID). To do this, we must address the challenges of, change some of our approaches to, and invest in, growing our training and workforce capacity.

Service delivery vs developing our future workforce: issues with clinical placements and supervision

Health professions education in Australia includes compulsory work placements for all entry level - and many higher level - clinical qualifications. The importance of this work integrated learning model to the quality learning of our future health professionals cannot be overvalued. It enables students to contribute to patient care and to fostering a culture and environment of continuous learning and improvement within the clinical setting[5].

A number of OTPs need to undertake bridging courses or additional training to be registrable in Australia. These usually also include a component of supervised clinical practice and so create further competition for placements. Building sufficient, quality, sustainable and diverse placement and supervision capacity is an area that needs urgent attention. While it remains insufficient, it limits the ability to effectively grow, and to some extent distribute[6], our own health workforce. The challenge lies in placement responsibility resting with the university but control of placement capacity resting primarily with health services. Ideally, a shared effort and commitment between educators and health services as well as governments and professions is needed.

We are concerned that a continued focus on OTPs primarily as a workforce buffer will:

- delay, or even prevent, work on building the necessary placement and supervision capacity for the system overall – including for OTPs; and/or
- displace Australian trained health professional students from available placements.

We recognise that service delivery is important. However, we are concerned that if the focus of OTP employment is primarily on workforce and patient care, their contribution to supervising and developing our future workforce in addition to service delivery may be constrained at a time that this capacity needs to be expanded.

Including the tertiary education voice in workforce planning

The report recommends that: *"The Commonwealth Department of Health and Aged Care (DoHAC) continues workforce supply and demand modelling for medicine … 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."*

We strongly support work to improve the quality and relevance of data collection, especially where there are important gaps[7], and are committed to continuing to contribute to this. However, we caution against the search for unnecessary and unachievable precision. Seeking false precision must not delay action that is needed now to invest in growing our own health workforce.

Such workforce modelling must be undertaken across all disciplines holistically and, as outlined in the report, across sectors. It also needs to consider the health professional academic workforce and data collections relevant to this, as well as distribution of workforce to different settings (for example, access to dentists and other necessary health workforce in public health services.) We emphasise that

[5] https://medicaldeans.org.au/md/2021/09/MDANZ_Clin-placements-as-sites-of-learning-and-contribution_Feb-2018.pdf
[6] Clinical placement experiences are known to influence which settings and locations health students work in once qualified.
[7] For example, gaps in in allied health and dentistry data, especially in public health settings and/or data showing academic workforce need. In some other disciplines, reasonable data already exists. For example, medical and nursing workforce data showing current and projected workforce shortages in rural areas, primary care and aged care etc.

this work must include a focus on growing our own. We further recommend that health workforce planning:

- systematically includes the tertiary/higher education voice;
- spans the whole workforce lifecycle from entry level education[8] to retirement;
- looks across the whole health system as well as those parts of the social care system that draw on health workforce (such as the NDIS); and
- takes a forward-looking approach taking into account models of team-based care as well as new and emerging technologies.

Such planning will need to take a longer-term view and will involve multiple stakeholders. While universities and tertiary education providers are sometimes included in health workforce planning discussions, their inclusion is not yet systematic or comprehensive. Without tertiary education representation, such planning misses out on the opportunities and ideas that education providers bring such as:

- offering ways to build quality, sustainable and diverse supervision and placement capacity – in partnership with health service providers and others;
- supporting improved workforce retention through:
    - career and qualification pathways development, and/or
    - maximising existing health workforce through education to support full or advanced practice scopes;
- opportunities that combine quality education experiences with workforce innovation such as "earn while you learn" type models and/or fast-track qualifications.
- addressing other issues that can inhibit workforce growth and development such as professional standards or accreditation issues.

These aspects of workforce formation, retention and amplification are complex. They are best addressed through the involvement of all necessary stakeholders from the outset of planning activities. Tertiary education is a critical stakeholder and needs to be included.

We recommend that:

- **the importance of developing a "grow-our-own" workforce plan is further underlined in the report with a goal of reducing reliance on OTPs while recognising their contribution to Australia's workforce;**
- **the report recognises the importance of the tertiary education voice being included from the outset in all workforce planning to ensure that:**
    - **a comprehensive career lifespan view is provided, including pathways to grow the academic health professional workforce; and**
    - **inadvertent outcomes of importing health workforce do not derail or delay investing in the growth, sustainability and distribution of our domestically educated workforce; and**
- **health workforce planning, including work around OTPs, includes multistakeholder forums tasked with determining a plan to ensure sufficient clinical supervision and placement capacity to support OTPs and growth of domestically trained workforce.**

[8] Such as a university or vocational education institute

2. Enhancing opportunities for Australian-educated international health students and graduates, including support for rural workforce growth

Contribution of Australian trained, international health students to the health workforce

In 2021, 36,288 international students were enrolled in health professional education courses in Australian universities[9,10]. Work by the Australian Government shows that over time, roughly 16 per cent of international students remain in Australia and gain permanent residency[11].

International students who successfully complete this education graduate with a recognised, accredited Australian qualification that equips them with the knowledge, skills and capabilities to practice in their chosen clinical field. Like their domestic student counterparts - and unlike OTPs - this education also provides them with an understanding of the complexities, culture and idiosyncrasies of the Australian health care system, and how it links with other related areas, like social care. This knowledge is gained through direct experience in onshore health services. Registration for international health graduates is also more straightforward, following a similar process as that for domestic graduates. Better harnessing the contribution of international health graduates would assist in building our workforce.

Post-study work rights for international students

Post-study work rights for international students have recently been increased. The indicative list of occupations and qualifications eligible for the extension of post-study work rights includes virtually all health professions[12]. This means that international students who have successfully completed an Australian health professional bachelors level degree or above can now stay to work in Australia for four to six years[13]. Further extensions are available for graduates who elect to work in regional areas. Although it is early days (the measure comes into effect on 1 July 2023), these are helpful steps to increasing our domestically trained health workforce, especially in the regions.

The report acknowledges the role international health students and graduates play and we support the report's various suggestions here. This includes consideration of granting automatic permanent residency to international students who are currently in Australia studying, or recently graduated with, a priority health qualification, where evidence of employment is provided.

We further recommend:

- **accelerating pathways to permanent residency for Australian trained international health graduates who take up and remain in health service positions in regional Australia and areas of primary care shortages.**
- **consideration of further increasing the post-study work rights of all international health professional graduates - subject to monitoring and evaluation of the impact of the current increases on health workforce expansion.**

Enhancing international students' contribution to rural health workforce

DOHAC currently funds universities to implement the Rural Health Multidisciplinary Training (RHMT) program. The RHMT program supports rural health workforce, clinical supervision and research outcomes. Forty-one percent of RHMT program participants spend over 12 months in rural areas[14].

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[9] Source: Unpublished Higher Education Information Management System (HEIMS) dataset provided by the Commonwealth Department of Education – based on broad field of education codes.

[10] International student enrolments in health professional courses have steadily increased over the last decade – as have domestic enrolments, although the proportion of domestic to international enrolments remain steady: about 86% and 14% respectively.

[11] Source: Shaping a Nation: Population growth and immigration over time. *The Australian Government the Treasury and the Department of Home Affairs*. 2018

[12] Source: https://www.education.gov.au/extended-poststudy-work-rights-international-graduates/resources/list-occupations-and-qualifications-eligible-poststudy-work-rights-extension A full list is due for publication by 1 July 2023.

[13] Extended length of stay depends on level of study. Further extensions are available for graduates electing to work in regional areas.

[14] Verbal communication - DOHAC

Despite the increased post-study work rights incentives for Australian trained, international health graduates to work in the regions, international health students are currently ineligible to participate in the RHMT program. This means they miss out on experiences that support rural health knowledge and skills development – and on building the personal and professional networks in rural Australia that can be so valuable if they choose to work there after they graduate. It would make sense to Australia's health workforce goals for this policy misalignment to be rectified.

We recommend enabling international health professional students to be eligible to participate in the RHMT program.

Other

English language requirements

The report recommends: *"Providing [OTP] applicants greater flexibility in demonstrating their English language proficiency competency by … reducing the required writing 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 and listening)".*

The report has also recommended a recognition agreement whereby OTPs already registered in an English-speaking country are accepted as having gained English language proficiency. Ultimately, we see the determination of practitioners' English language requirements for safe practice as a matter for the professions. However, it is worth noting that entry-to-study requirements for pre-registration students in certain disciplines already require an IELTS (or equivalent) that is higher than this. For example, nursing and midwifery students must have a minimum IELTS of 7 across all four domains to enrol in a Bachelor of Nursing degree with an Australian higher education provider.

We suggest consideration of consistency in minimum English language requirements between OTPs and Australian trained graduates, at least within the same discipline, as an important principle.

Review of the Migration System Final Report 2023

The Final Report on the Review of the Migration System was delivered in March 2023[15]. The Government's response to the review is anticipated later this year. Alignment between the reviews is encouraged.

[15] Review of the Migration System Final Report 2023. Martin Parkinson, Joanna Howe, John Azarias: https://www.homeaffairs.gov.au/reports-and-pubs/files/review-migration-system-final-report.pdf