



The Pharmacy  
Guild of Australia

## **SUBMISSION**

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# **Review of regulatory settings relating to registration and qualification recognition for overseas health practitioners**

## **Guild's Response to the review of regulatory settings relating to registration and qualification recognition for internationally-trained pharmacists**

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## Introduction

The Pharmacy Guild of Australia (The **Guild**) is the national peak organisation representing community pharmacy. It supports community pharmacy in its role of delivering quality health outcomes for all Australians. It strives to promote, maintain, and support community pharmacies as the appropriate providers of primary healthcare to the community through optimum therapeutic use of medicines, medicines management and related services. Owned by pharmacists, community pharmacies exist in well-distributed and accessible locations, and often operate over extended hours, seven days a week in urban, rural, and remote areas. The Guild welcomes the opportunity to provide a response to this consultation as a sustainable pharmacist workforce is vital to the operation of community pharmacies.

## Response to Consultation Questions

*Note, the Guild prefers the use of the term internationally-trained pharmacists, rather than “overseas-trained”.*

### 1. Do you agree there are current and/or projected skills shortages in these professions? If yes, is there any data or evidence you can provide to demonstrate these shortages?

The Guild agrees that there is a current shortage of registered pharmacists which is expected to continue in the future. The Guild is actively working with educators, regulators and agencies to address these shortages. The Jobs and Skills Australia Skills Priority Key Findings Report 2022 indicated a shortage of pharmacists in both 2021 and 2022<sup>1</sup>. It also indicated a strong demand will remain over the next 5 years. The Guild's supply and demand modelling of the pharmacist workforce indicated an undersupply and forecasted a workforce shortage of 2,869 by the year 2026 (*Appendix A: Table 1 Supply and Demand Modelling and Forecast*)<sup>2</sup>. Raven's Recruitment Pharmacy Market Report 2022<sup>3</sup> states that the number of vacant roles in pharmacies have increased considerably across both metropolitan and regional pharmacies in 2022 and the current unemployment rates are at historically low levels with a marked shortage in the pharmacy workforce talent pool. It also stated that even though Hospital, Retail and Industrial Pharmacists were included on the Priority Migration Skilled Occupation List (PMSOL) in 2021, skilled migration has all but stopped due to international border closures and has done little to ease the current shortages in the pharmacy workforce.

A study led by Monash University's Project Pharmacist team<sup>4</sup> found that the number of registered, working pharmacists in Australia is growing at a substantially lower rate than the total of all other registered health professions. It also found that there has been a fall in pharmacy student numbers across the country and changes to the immigration policy have contributed to an ageing of the pharmacist workforce. A study on the workforce distribution of pharmacists by the Modified Monash Model (MMM) found that most pharmacists across the states and territories practised in MMM1 locations (86%) with the least in MMM6 and 7 locations<sup>5</sup> (*Appendix A: Table 2 Geographical distribution of Australian pharmacists by MMM and states and territories*). Additionally, there were more pharmacists per 100,000 population in MMM1 and 2 locations, and fewer in MMM6 and 7. These data also align with the pharmacist distribution by MMM data from the Department of Health (*Appendix A: Table 3 Pharmacists by MMM 2013-2020; Department of Health*).

### 2. What in your view, are they key strengths and weakness of the current regulatory settings relating to health practitioner registration and qualification recognition for overseas-trained health practitioners?

The Guild believes that the regulatory process that assesses internationally-trained pharmacists' competency to practice as a pharmacist in Australia is a strong and robust framework. The Australian Pharmacy Council (APC) has two pathways for the recognition of international qualification based on equivalency of education and practice standards. This works well to ensure that pharmacists are competent and can deliver effective healthcare.

<sup>1</sup> [2022 Skills Priority List \(nationalskillscommission.gov.au\)](https://nationalskillscommission.gov.au)

<sup>2</sup> Pharmacy Workforce Research Model, The Pharmacy Guild of Australia

<sup>3</sup> [Pharmacy Market Report | Raven's Recruitment \(ravensrecruitment.com.au\)](https://ravensrecruitment.com.au)

<sup>4</sup> [Analysis of the demographics and characteristics of the Australian pharmacist workforce 2013–2018: decreasing supply points to the need for a workforce strategy | International Journal of Pharmacy Practice | Oxford Academic \(oup.com\)](#)

<sup>5</sup> [Australian pharmacist workforce: distribution and predictors of practising outside of metropolitan and regional areas in 2019 | International Journal of Pharmacy Practice | Oxford Academic \(oup.com\)](#)

However, the Guild believes that there are numerous processes in the regulatory framework that are duplicated across the registration and immigration pathway. These processes could be streamlined and integrated which would save time and resources for the regulatory bodies and reduce costs incurred by the applicant. For example, an internationally-trained pharmacist has 3 processes to complete before entering Australia: APC eligibility check and KAPS exam registration; provisional registration through Ahpra; and visa application through the Department of Home Affairs (DOHA). Their international qualification, English language requirements, and identification documents are being validated thrice through this entire process, which the Guild views as unnecessary duplication.

The Guild notes that there is an absence of transparency and information on the registration pathways for Australian-trained pharmacists who wish to return to Australia, where they are not currently on the Australian register, but have recency of practise experience in New Zealand, the UK, Canada, or the USA. Australian-trained pharmacists should have an easier path should they wish to return to Australia for practice.

Ahpra and APC accepts only 4 countries, Canada, Ireland, UK, and USA, through the Competency Stream<sup>6</sup>. The Guild asks that other countries, such as Belgium, Denmark, France, Germany, Netherlands, and Switzerland, be considered for inclusion in the Stream for mutual recognition of their pharmacy qualifications as their education programs and standards of primary care are of similar standards to Australia.

### **3. Are there settings or processes that were particularly beneficial or challenging from a professional or employer perspective?**

There is a pathway for employers to sponsor internationally-trained pharmacists to address the workforce shortage. The Guild has several reports that employers find the sponsorship process long, expensive, and confusing. Employers report numerous cases of applicants having visa applications for permanent residency approved quicker in other countries such as Canada and New Zealand. The employer also faces a risk of hiring an applicant who may not fit their work culture but be unable to terminate the employment arrangement early due to visa sponsorship obligations.

The information of registration and immigration processes on the regulatory body websites should be clear and easy to navigate. This would assist sponsoring pharmacy employers to directly recruit and sponsor internationally-trained pharmacists, instead of depending on immigration agents.

Incentive programs exist to support pharmacies<sup>7</sup> and pharmacy interns<sup>8</sup> located in rural and remote locations with expenses incurred undertaking training to meet registration requirements; however, these incentives only apply if the pharmacy hosts a domestic intern pharmacist. Because of the acute shortage of pharmacists in rural and remote Australia, the same financial incentives should be provided for pharmacies that host internationally-trained pharmacists during their intern period, and for international intern pharmacists to travel to access compulsory training activities.

### **4. Do you believe any of these temporary regulatory changes made during the pandemic were beneficial or potentially detrimental to patient safety? What opportunities/challenges may arise if these settings and/or processes are retained permanently?**

During the pandemic, the validity for the KAPS skills assessment letters were extended by 12 months for candidates who were issued with one in between 2017 and 2020 for registration purposes<sup>9</sup>. The Guild believes that this should have been extended for visa purposes as well. As APC offers a service to update the skills assessment letter if any circumstances have changed for the applicant, the skills assessment validity can easily be extended to 5 years. This will also fall in line with the visa processing times, and in case of a delay, the applicant will not be required to re-sit the exam.

The number of supervised practice hours required for general registration was reduced by the Pharmacy Board from 1824 hours to 1575 hours in April 2020 in response to the pandemic<sup>10</sup>. The Guild believes that the supervised intern hours should revert to 1824 hours to maximise the opportunity for pre-registration pharmacists to achieve competency to practice during the internship period.

<sup>6</sup> [Skills assessment and exams for pharmacists in Australia | Australian Pharmacy Council](#)

<sup>7</sup> Intern incentive allowance for rural pharmacies - <https://www.ppaonline.com.au/programs/rural-support-programs/intern-incentive-allowance-for-rural-pharmacies>

<sup>8</sup> Rural intern training allowance - <https://www.ppaonline.com.au/programs/rural-support-programs/rural-intern-training-allowance>

<sup>9</sup> [APC's responses to the COVID 19 pandemic | Australian Pharmacy Council](#)

<sup>10</sup> [Pharmacy Board of Australia - Internships](#)

## **5. Do you agree to the premises of process of overseas health practitioners seeking to work in Australia can be complex, time-consuming, and costly? If so, why?**

Yes, the Guild agrees that the process of an internationally-trained pharmacist seeking to work in Australia is complex, time-consuming and costly. For example, for an offshore applicant to apply for a state sponsored visa, the current wait times are 15 months or more<sup>11</sup>. The validity of the APC skill assessment lasts for 3 years and the validity for English language tests lasts for 2 years<sup>12</sup>. If the visa wait exceeds the expiry of these assessments the applicant is required to repeat the exams and pay the fees twice. The cost for sitting an IELTS exam is \$395<sup>13</sup> and the cost for an entire KAPS assessment is \$3,500<sup>14</sup>. The visa processing cost for a single applicant is approximately \$4,000<sup>15</sup>, and with migration agent fees, the cost can be up to \$10,000. Streamlining these processes as mentioned earlier with the DOHA, Ahpra, and APC could decrease costs and time for the applicant and employer. It can also be difficult for an internationally-trained pharmacists to find a pharmacy employer willing to sponsor them if they are not on-shore.

## **6. What practical changes could be made to current regulatory settings to improve the end-to-end process over the next 12 months and in the medium-to-longer-term?**

To summarise from the comments made to the questions above:

- Coordinate and streamline the processes of Ahpra, APC and DOHA to reduce processing times and the cost of migrating to Australia. Increase the duration of validity of skill assessment certification of pharmacists to accommodate Ahpra, APC and DOHA processes.
- Make processes easier for Australian-trained pharmacists to re-register and return to country.
- Review the process involved in employer sponsored migration.
- Improve market analysis to better identify the shortage of pharmacists, especially in regional, rural, and remote areas.
- Increase the focus of the migration system towards the relief of workforce shortages in rural and remote areas.
- Review reimbursement of expenses incurred by pharmacy employers in rural and remote locations when hiring and training an internationally-trained pharmacist.
- Consider recognising the pharmacy qualification and registration of additional countries for mutual recognition.

## **7. If you are an overseas health practitioner or employer- are there any thoughts you would like to share?**

Comments from a pharmacist, who studied and was previously registered in Australia before moving to the UK for 20 years and has recently moved back:

- Recency of practice (as the pharmacist was practicing in the UK) was not recognised in Australia.
- The pharmacist is an independent prescriber in the UK, which was not recognised in Australia.
- Ahpra denied access to an online portal to apply for registration, the pharmacist had to send the documents by post, which was then lost by Ahpra. (A frustrating and archaic process).
- The pharmacist was not told about the supervised practice hours requirement before moving to Australia. Ahpra website mentions "limited registration for supervised practice", however, greater transparency of the supervised hours is required for pharmacists coming from recognised countries (UK, USA, Canada, Ireland).
- Specific "tasks" to perform during the supervised practiced hours are not defined.
- Duplication of processes by Australian Pharmacy Council, Ahpra, and Department of Home Affairs which is confusing and time and resources consuming.
- Requirements for the entire process should be made clearer and more transparent on the website to make it easier for applicants to understand and navigate.

<sup>11</sup> [Subclass 190 Skilled Nominated visa \(homeaffairs.gov.au\)](https://www.homeaffairs.gov.au/visas/subclass-190-skilled-nominated-visa)

<sup>12</sup> [IELTS Validity - How long is IELTS score valid? \(ieltsmaterial.com\)](https://ieltsmaterial.com/ielts-validity-how-long-is-ielts-score-valid/)

<sup>13</sup> [How Much Does IELTS Cost? | Official Test Fee | IELTS Australia](https://ieltsmaterial.com/how-much-does-ielts-cost-official-test-fee-ielts-australia/)

<sup>14</sup> [Knowledge Stream \(KAPS\) skills assessment outcome | Australian Pharmacy Council](https://www.apc.gov.au/knowledge-stream/kaps-skills-assessment-outcome)

<sup>15</sup> [Work \(homeaffairs.gov.au\)](https://www.homeaffairs.gov.au/visas/work)

## Appendix A

**Table 1: Supply and Demand Modelling and Forecast (The Pharmacy Guild of Australia)<sup>16</sup>**

Year	Supply (FTE)	Demand (FTE)**	Demand-Supply
2018	24,948	27,240	2,292
2019	25,555	27,690	2,135
2020	26,065	28,434	2,369
2021*	26,786	28,595	1,809
2022	27,271	29,428	2,157
2023	27,831	30,279	2,448
2024	28,390	31,029	2,640
2025	28,946	31,671	2,725
2026	29,500	32,369	2,869

\*2021 likely represents an anomaly driven by the temporary use of the pandemic sub-register, with a return to the previous trend by 2022. A comprehensive update of the workforce model is currently being conducted.

**Table 2: Geographical distribution of Australian pharmacists by MMM and states and territories<sup>17</sup>**

	MMM1	MMM2	MMM3	MMM4	MMM5	MMM6	MMM7	Total (Jurisdiction)
NSW	6203	137	756	312	332	12	4	7756
VIC	5619	377	326	243	236	3	0	6804
QLD	3783	867	98	189	181	47	34	5199
SA	1535	19	107	53	105	30	7	1856
WA	2434	96	117	23	89	67	35	2861
TAS	0	496	76	4	61	9	0	646
NT	0	152	0	0	0	49	12	213
ACT <sup>1</sup>	490	0	0	0	0	0	0	490
Number per 100 000 across MMM levels	109.5	95.5	93.2	85.1	57.4	77.0	43.3	101.8
Total (MMM)	20 064	2144	1480	824	1004	217	92	25 825

<sup>1</sup>All locations in the ACT are classified as MMM1.

**Table 3: Pharmacists by MMM; Department of Health<sup>18</sup>**

Year	MMM 1	MMM 2	MMM 3	MMM 4	MMM 5	MMM 6	MMM 7
2013	21,336	2,194	1,580	903	1,056	220	111
2014	21,992	2,270	1,586	937	1,080	219	106
2015	22,576	2,293	1,635	927	1,104	220	105
2016	23,056	2,349	1,667	941	1,102	245	105
2017	23,597	2,432	1,684	937	1,094	232	117
2018	23,951	2,526	1,719	954	1,116	243	116
2019	24,879	2,612	1,760	966	1,152	248	115
2020	25,390	2,739	1,821	949	1,137	253	110

<sup>16</sup> Pharmacy Workforce Research Model, The Pharmacy Guild of Australia

<sup>17</sup> [Australian pharmacist workforce: distribution and predictors of practising outside of metropolitan and regional areas in 2019 | International Journal of Pharmacy Practice | Oxford Academic \(oup.com\)](#)

<sup>18</sup> Pharmacists by MMM (2013-2020; Department of Health)