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File Ref: C-ECTF-23/1547

Queensland Health

Ms Robyn Kruk AO
Independent Reviewer
Health practitioner regulatory settings

Email: HealthRegReview@finance.gov.au

Dear Ms Kruk

Thank you for letter to the Director-General inviting Queensland Health to provide a written submission on the review of regulatory settings relating to health practitioner registration and qualification recognition for overseas health professionals and international health students. The Director-General has asked that I respond to you directly.

As is the case across the country, Queensland Health has a continued reliance on the international health practitioner workforce to supplement domestic supply, particularly in regional and rural Queensland.

Queensland Health is supportive of the review and the scope of considerations identified within the consultation paper. Prior to the meeting between yourself and the Assistant Deputy Director-General, Workforce Strategy and Acting Senior Director, Workforce Strategy on 19 December 2022, we undertook consultation with our internal stakeholders which identified the following priorities for Queensland Health:

- Reopening of the Public Sector Dentist Workforce Scheme (PSDWS) which was closed on 1 January 2020. Under the PSDWS, graduates from an undergraduate dental program in Canada, Hong Kong, Ireland, Malaysia, Singapore, South Africa, United Kingdom, and the United States that was listed on the Australian Dental College's (ADC) approved list were eligible to participate. Eligible participants were granted an exemption from the ADC Preliminary Examination but still required to complete the ADC Final Examination within three years of first becoming registered by the Board. This process allowed faster integration of the overseas-trained dentists into the Australian workforce.
- Review of the English language requirement standard for overseas born but Australian trained graduates. Our view is that where students undertaking training within Australia are required to meet English-language skill Band 7 prior to commencing their course of study they should be provided with some concessions when applying for registration upon satisfactory completion of the course of study.
- Removal of unnecessary labour market testing requirements for the approval of working visas.
- Faster processing timeframes across the various components that make up the registration and migration process such as college comparability assessments which are a key driver for delays with Ahpra registration application timeframe blowouts for specialist medical practitioners.
- Supportive of a nationally facilitated model where key documents could be housed and accessed by approved vendors. This would reduce duplication in document provision and the need for multiple certifications of the same document.

Queensland Health's responses to the discussion questions set out the consultation paper are detailed below.

Current and/or projected skills shortages

Queensland Health modelling indicates significant workforce shortages, with an additional 37,000 staff required over the next 10 years. Of note, Queensland Health has modelled the future supply and demand for particular medical practitioner specialists indicating that there is forecasted deficit in some specialities and oversupply in others (Attachment 1). The greatest volume of vacant specialist and non-specialist medical workforce roles are in the regional, rural and remote parts of Queensland; hence Queensland Health's dependency to recruit international medical graduates.

For the allied health profession, an assessment of workforce shortages in Queensland was submitted to the Commonwealth government in November 2022. A copy of this submission is attached (Attachment 2).

Key strengths and weaknesses of the current regulatory settings

The greatest strength of the current regulatory settings is that it ensures those international health practitioners registered to work in Australia are registered against consistent, high-quality, national professional standards. The system however is fragmented with very little opportunity for processes to run concurrently with unnecessary duplication particularly around the provision of documents to multiple different agencies. For example, different vendors are used for international criminal history checks by Ahpra and the Department of Home Affairs resulting in practitioners providing the same documentation and outlaying money to multiple vendors for essentially the same outcome.

The variation in processes and costs associated with profession assessment creates complexity. For example, the Australian Physiotherapy Council fee estimate is \$7,475 for the Standard Assessment Pathway and \$1,752 for the Equivalence of Qualification Pathway. The Assessment for Skilled Migration Visas (\$1,450 - \$1,650) is additional to this. This also does not account for the costs associated with attending the Clinical Assessment, which are generally only held in Australian capital cities and a limited number of overseas locations. In comparison, the Australian Pharmacy Council initial skills assessment eligibility request cost is \$1,310 plus either Competency Assessment of Overseas Pharmacists (CAOP) exam \$1,950 or Knowledge Assessment of Pharmaceutical Sciences (KAPS) exam \$2,230.

Opportunities and challenges associated with the temporary waiver, relaxation and greater flexibility of regulatory settings and processes during the pandemic

Whilst border closures resulted in minimal movement of health professionals into Australia and between states and territories during the height of the pandemic, the pandemic response sub-register offered the benefit of ready access to an alternate workforce at times when the existing workforce was significantly depleted. There were concerns regarding recency of practice for some sub-registrants and potential risk to patient safety resulted in caution in engaging practitioners from the sub-register, however it served an important purpose and was appropriately time-limited

Examples of temporary flexibilities which may benefit from exploration of an ongoing retention include streamlining change in circumstances processes for registered practitioners, flexibilities in supervision models (utilising telehealth to enable more remote supervision options) and in-person presentation to employer as opposed to Ahpra.

Practical changes to complex, time-consuming and costly end-to-end processes for overseas health practitioners seeking to work in Australia

Navigating the requirements of multiple processes and agencies introduces complexity, administrative burden and expense that acts as a barrier for some health practitioners seeking to work in Australia. Each step of the process is often completed sequentially rather than concurrently, with the cost of relocating, obtaining registration and appropriate migration clearances quickly adding up to, in some cases, over \$100 000. For a mid-senior level clinician with an established practice and settled family in their country of origin it takes a great deal of commitment from both the employing facility and the applicant to relocate to Australia.

Over the next 12 months, Queensland Health proposes the following changes to improve end-to-end processes:

- Establishing concurrent processes and shared repositories of key documents across Ahpra, Department of Home Affairs, Medical Colleges, Accreditation Authorities, Medicare and Employers. This would reduce duplication in document provision and the need for multiple certifications of the same document.
- Streamlining the international criminal history check processes between Ahpra and the Department of Home Affairs.
- Resourcing to support improved candidate care to better enable international medical graduates to navigate complexities of regulatory process and reduce potential for incomplete applications protracting timeline to onboarding.

Queensland Health's proposed longer-term options for consideration include:

- Financial and/or education support for overseas trained health professionals undertaking required recognition processes – particularly for specialties in demand or practitioners in rural and remote locations.
- Implementation of a 'single portal' approach that better integrates skills assessment, profession-specific requirements to enable registration, insurance and visa processes, and for relevant professions, Medicare and National Disability Insurance Scheme provider application processes.
- Changes to the *Migration Act 1958* to repeal certain requirements which were put in place with the right intentions of protecting jobs for Australians but have ultimately impacted Australia's skilled health and care workforce international competitiveness. Two examples of these changes and their impacts are:
 - increases to sponsorship and visa application costs which impacted both the employer and applicant due to the implementation of the Skilling Australia Fund Levy on all temporary 482 visas.
 - requirement for employers to prove Labour Market Testing for the specific vacancy within four months of a 482-visa sponsorship application being lodged by the employer.
- A subsidised service where mid-senior level clinicians who are committed to relocating to Australia can access a targeted case management advice and support would be beneficial.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Cjen', written in a cursive style.

Colleen Jen
Deputy Director-General
Clinical Planning and Service Strategy
24 / 02 / 2023

Enc.
Attachment 1 - Queensland Health medical practitioner specialist projections
Attachment 2 – Queensland Health assessment of allied health workforce shortages in Queensland
(November 2022)