10 March 2023

Department of Finance
Attention: Ms Robyn Kruk AO
One Canberra Avenue
Forrest ACT 2603
Australia

By email: HealthRegReview@finance.gov.au

Dear Ms Kruk,

Ramsay Health Care Australia (RHC) appreciates the opportunity to provide comment on the *Independent review of health practitioner regulatory settings (the **review**)*.

First and foremost, RHC thanks the Secretariat and you for attending RHC's Head Office at St. Leonards on Monday 27 February 2023 to meet with Dr Robert Herkes and Dr Bernadette Eather. RHC truly appreciates the Australian Government Department of Finance's interest to engage and understand RHC's unique perspectives, and in particular the important role the private health sector plays in the delivery of health care services in Australia.

RHC **emphasises** there is a convergence of issues contributing to workforce challenges that the Australian Government must consider more broadly and cannot focus on the migration system and recognition of registration and qualifications in isolation. RHC understands this review is focused on the recognition of registration and qualifications and is complementary to the work being undertaken by the Australian Health Practitioner Regulation Agency (AHPRA), the Health Workforce Taskforce, Improving Care Pathways, and the objectives and outcomes from the National Jobs and Skills Summit.

RHC **strongly recommends** any reforms align with the Government's broader policy platform, including housing, childcare, and cost of living, particularly in regional and rural Australia. The Government must ensure its policies align to safeguard a sustainable workforce that is available to support all healthcare organisations throughout Australia (metropolitan, regional and rural) and to provide the appropriate healthcare services to Australians.

RHC **recommends** the Government consider the $10 billion Housing Australia Future Fund which will see 30,000 social and affordable homes built in the first five years include housing dedicated for healthcare workers, particularly in regional and rural Australia. Even if there was an available workforce, many facilities in regional and rural Australia will struggle to attract and retain a workforce. For example, RHC staff in Cairns (far North Queensland) have been unable to secure, or have experienced significant delays in securing rental properties, and RHC staff in Noosa (Sunshine Coast) struggle to deal with cost of living, with rental property prices being as expensive as capital cities. This not only impacts existing staff but limits the ability to attract new and undergraduate staff, who are on a lower starting salary.

1. The Review is considering recommendations to ease skills shortages in registered health professions including medicine, nursing, midwifery, psychology, pharmacy, occupational therapy and paramedicine on the basis of current and projected labour market shortages.

Ramsay Health Care Australia Pty Ltd
ABN 36 003 184 889
Level 7, Tower B
7 Westbourne Street
St Leonards NSW 2065
Telephone: +61 2 9433 3444
Facsimile: +61 2 9433 3460
Email: enquiry@ramsayhealth.com.au
ramsayhealth.com.au

a. Do you agree there are current and/or projected skills shortages in these professions?

RHC **agrees** there are current and/or projected skills shortages in medicine, nursing, midwifery, psychology, pharmacy, occupational therapy, and paramedicine. Specifically, RHC notes there are subspeciality nursing shortages in perioperative, mental health, critical care, and oncology, as well as midwifery.

For context, RHC does not employ medical consultants or specialists, only Junior Medical Officers and Resident Doctors. Despite this, RHC relies on medical consultants and specialists for the treatment of patients and has experienced medical shortages in mental health and in regional areas.

b. If yes, is there any data or evidence you can provide to demonstrate these shortages?

The hospital industry (public and private) continues to face workforce challenges to address the backlog of patients resulting from treatment delays throughout COVID-19 (as evidenced by elective surgery waitlists and the deferred claims liability held by private health insurers).

RHC is currently recruiting offshore in New Zealand, India, United Kingdom and Ireland to boost the pool of candidates whilst RHC continues to significantly increase the graduate intake year on year to reinforce and build a future pipeline.

c. Specifically, what is the nature of workforce shortages in the private health system?

The Australian Private Hospitals Association Workforce Survey (August 2022) estimates the following shortfalls within the private health system:

- 4,600 full-time equivalent nursing (or 7,000-8,000 people)
- 300 full-time equivalent midwives
- 184-199 full-time equivalent medical professionals
- 347-384 full-time equivalent allied health workers

d. What professions are most impacted?

RHC **notes** the professions most impacted and with subspecialty nursing shortages include perioperative (1,049 full-time equivalent positions), mental health (306 full-time equivalent positions), critical care (520 full-time equivalent positions), and oncology, as well as midwifery. RHC also notes there are shortages in mental health medical consultants and specialists.

e. How do these shortages compare between rural and urban areas?

RHC **emphasises** regional and rural healthcare facilities are struggling to not only attract a workforce but also retain a workforce due to limited rental availability, appropriate childcare options and cost of living.

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

RHC **believes** the key strength of the current regulatory setting relating to health practitioner registration and qualification recognition for overseas-trained health practitioners ensures reciprocal

arrangements are in place with countries that have similar curriculum requirements for graduation into a health profession. This ensures English language proficiency, along with maintaining a standard of undergraduate education commensurate with the Australian healthcare standards for health practitioner regulation.

RHC **notes** several weaknesses have been identified, including the requirement for overseas trained medical specialists to undertake additional years of study, or of supervised practice, prior to their specialist qualifications being recognised in Australia. This impacts the ability to attract overseas specialists in many areas.

Comparatively to other foreign jurisdiction (particularly in North American countries) Australia's requirement for additional localised training prior to recognition of qualifications puts us at a competitive disadvantage when a health professional is evaluating immigration options.

a. When you employ doctors from overseas, is there additional screening for their safety and competency practices? If not, are there any safeguards in place such as a period of supervision or are overseas professionals generally employed without restriction?

RHC **notes** the Government has the relevant policy levers regarding the migration and visa system.

However, RHC is of the view the Government **does not** have the levers as to recognise a health practitioner's registration or qualification. This approval is typically undertaken by the applicable Colleges, Industry Bodies or Associations, and in many instances, these Colleges, Bodies and Associations require individuals to undertake further training or exams. These extra parameters may at times, apply to senior clinicians with extensive experience, thus losing interest to practice in Australia.

3. During the pandemic, a range of regulatory settings and processes relating to registration and qualification recognition of overseas-trained health practitioners were temporarily waived, relaxed or had greater flexibility.

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

RHC **emphasises** the recognition of prior registration for retired health practitioners increased the availability of both nurses and doctors to support the vaccination roll out, of which RHC was heavily involved in both New South Wales and Victoria.

b. Do you believe any of these temporary changes were beneficial or potentially detrimental to patient safety?

Overall, RHC **believes** the recognition of prior registration for retired health practitioners benefited the system without any detriment to patient safety. There were some reported issues regarding health practitioners and the provision of medical exemptions for vaccination, however, this appeared to be limited to a small number of individuals.

c. What opportunities/challenges may arise if these settings and/or processes are retained permanently?

RHC **notes** the undertaking of comprehensive reference checks with prior employers did not uniformly apply to the private healthcare sector because former registrants are not employed, nor are they contracted under a Visiting Medical Officer arrangement as would be in place in the public health system. Rather, individuals work as independent practitioners, managed under a set of facility rules or bylaws. This may result in previous practitioners with performance issues being reregistered without comprehensive reference checks being undertaken.

4. The end-to-end process for overseas health practitioners seeking to work in Australia can be complex, time-consuming and costly. Current regulatory requirements may set unduly restrictive barriers, which in turn may deter potential practitioners from seeking to work in Australia.

a. Do you agree with this premise? If so, why?

RHC **agrees** with this premise, the end-to-end process for overseas health practitioners seeking to work in Australia can be complex, time-consuming, and costly. There remains to be a significant shortage in a healthcare workforce in Australia, with many applicants withdrawing or seeking employment in another country.

AHPRA

RHC **notes** the AHPRA stage of the process can take 3 to 6 months, with the main reasons for delays related to incorrect, incomplete, or missing information. AHPRA will also assess other required information and documentation provided for other elements of the application. However, if some documents have expired, applicants are required to source these again which can cause further delays. AHPRA also assumes the applicant has withdrawn their application and closes it if the outstanding information has not been provided within 30 days.

Furthermore, AHPRA requires applicants to present in person within 90-days of AHPRA in-principle. But processing of sponsored visas and relocation can take greater than 90 days (usually 4-5 months) in which applicants must have AHPRA prior to applying for a sponsored visa. Sponsored visas can take several months to process if an applicant misses this deadline. An extension must be requested in writing to AHPRA. RHC can have approximately 20 nurses at any one time in various stages of the AHPRA process. RHC is unable to proceed with sponsorship or issue a contract until AHPRA in-principle has been granted.

Interestingly, trends have been noticed whereby, UK registered nurses apply for a NZ registration and use the Trans-Tasman Travel Arrangement to apply for AHPRA. Individuals have stated this process is faster and easier than AHPRA, less risk of missing the 90-day deadline and the NZ registration does not require nurses to present in person.

Nursing and Midwifery Board of Australia

RHC **notes** the Nursing and Midwifery Board of Australia transitioned to an outcomes-based assessment (OBA) (Stream B applicants only) in March 2020 for internationally qualified nurses and midwives (IQNMs) who hold a qualification that is relevant but is not substantially equivalent or based on similar competencies to an Australian approved qualification. This process can take up to 6 months to complete. (Note: There are a limited number of countries that meet Stream A qualification standards).

As part of this process, there are three stages: self-check, multiple-choice questions assessment (NCLEX) and an objective structured clinical examination (OSCE). Individuals have advised the self-check and portfolio can take up to 3 months to review documents and provide the required additional personal and contact information, including identification and qualification documentation.

RHC highlights the OSCE can only be completed and be undertaken in one location in Australia, Adelaide. The OSCE is only available 5 times a year (September, November, February, April, June) and can take between 4 weeks – 6 months to sit the examination dependent on the date selected. There is a perception completing a course is easier than to pass an exam (which is pass or fail). Anecdotal feedback has been there is a high failure rate for OSCE, with a $4,000 fee per sitting and results can take up to 8 weeks. Offshore candidates are required to travel to Australia to complete the OSCE, and depending on their location, many candidates are unable to stay or work due to visa restrictions. Offshore candidates are also required to email a copy of their visa to the IQNM exam team at least 3 months before the scheduled OSCE date, which may further extend timeframes.

RHC **notes** it is unclear if an OSCE can be completed in another country such as the UK and whether nurses who are registered in a similar healthcare system (such as the UK) and hold a qualification that is relevant to the profession from a university in their home country are required to complete the OSCE in Australia.

RHC has seen an increase in South African nurses seeking to work in Australia. Though, there is no public information as to the number of offshore applicants who are physically travelling to Australia to complete the OSCE, given the high cost and effort for individuals.

<u>b. What practical changes could be made to current regulatory settings to most significantly improve the end-to-end process:</u>

<u>i. over the next 12 months</u>

RHC **strongly recommends** the Department of Home Affairs and AHPRA work together in conversation with key stakeholders, such as RHC, to streamline processes and understand how organisations process visa applications. For example, RHC process nomination and visa applications at the same time for both doctors and nurses.

RHC **requests** AHPRA publish its meeting dates so organisations, including RHC can plan recruitment, visa processing timing and onboarding of healthcare practitioners. Furthermore, a dedicated AHPRA Account Manager for RHC may assist to support streamline processes and support candidates with submissions.

RHC also **recommends** the Government:

- Increase the number of skilled migrants admitted to Australia including nursing and other clinical professions
- Immediately reverse its decision to impose a de facto regional processing penalty on skilled workers in priority sectors and recognise the *Skilled – Regional visa (subclass 887)* in its prioritisation
- Reduce the complexity and cost of sponsoring skilled migrants including the time taken to process visa applications
- Introduce a 12-month moratorium on charges to employers for healthcare related migration

- Introduce a 12-month moratorium on Labour Market Testing for clinical professions in acute shortage
- Refund employer costs when a candidate withdraws prior to lodging a visa application
- Improve flexibility by allowing employers to move skilled migrant clinicians between sites and between jobs within their scope of professional practice
- Establish a campaign for Australia as a destination of choice for work
- Provide incentives to support relocation costs, visa costs and tax concessions

ii. in the medium- to longer-term?

RHC recommends the Government:

- Remove the age limits for permanent residency and working holiday visas for nurses and other health professionals
- Restore pathways to permanent residency for highly skilled migrants
- Reduce costs for skilled migrants and their families including the AHPRA registration process
- Review the registration requirements and barriers for applicants from countries, and where appropriate, put in place efficient and affordable qualification pathways

c. As an employer, what is it like navigating the recruitment process for overseas workers within the current regulatory system?

RHC **emphasises** the current immigration system is very complex for both companies and individuals and supports the ongoing simplification of the system.

i. Are there any particular areas where you see scope for improvement?

As mentioned, RHC **emphasises** regional and rural healthcare facilities are struggling to not only attract a workforce but also retain a workforce due to limited rental availability, appropriate childcare options and cost of living.

Furthermore, RHC believes there is scope for improvement in the cost for visa sponsorship.

ii. How does Australia's system compare to other countries Ramsay Health Care operates in? For example, in the United Kingdom?

No comment.

iii. What do you consider when looking for recruits? Are there particular attributes of workers that indicate lower comparative risk for you as an employer?

RHC focuses on culture fit with '*The Ramsay Way'* as well as technical competence when recruiting candidates.

iv. Can you explain Ramsay Health Care's credentialing process?

RHC operates a network of over 70 facilities, 100 pharmacies, psychology, hospital-in-the-home and virtual hospital services. As part of the recruitment process, RHC request candidates provide the

relevant Australian registration. As mentioned, RHC does not employ medical specialists or consultants.

RHC has a comprehensive credentialing system in place, commencing at a local facility with approval by the Medical Advisory Council which includes checking registration, insurance, referee reports and outlining a comprehensive scope of practise aligned commensurate with the skills of the individual practitioner.

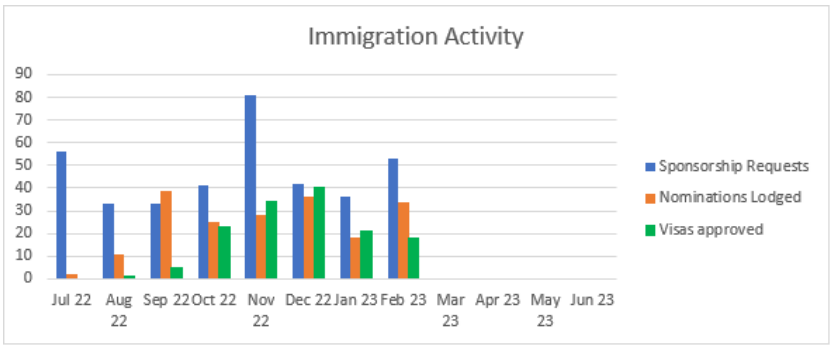
RHC has an online credentialing system that operates at a national level. Once approved at a local facility, all applicants are forwarded through to the National Central Credentialing Committee which oversees credentialing processes and provides final approval, prior to the practitioner commencing. A process for the provision of temporary credentialing privileges is also in place at a local facility to ensure there is no delay in appropriately skilled and qualified practitioners commencing to provide patient services where they are required. Overall, each facility will undertake its own credentialing process, prior to enabling a practitioner to practise.

5. If you are an overseas health practitioner or employer – are there any thoughts you would like to share in terms of your experience of the end-to-end process for working in Australia or employing an overseas-trained health practitioner?

No comment.

6. To what degree does Ramsay Health Care rely on overseas workers?

Over the last 8 months, RHC has lodged approximately 360 sponsorship requests and 180 nominations, with approximately 135 visas approved. This highlights there is a significant lag in the current migration process.



7. Can you tell us about the programs you have developed to recruit and retain staff and clinicians to meet forecast increases in demand?

RHC continues to focus on both domestic and international recruitment, and in recent months have doubled down on recruitment, with a particular interest in subspecialty nursing roles including critical care, mental health, and operating theatres. RHC will be represented at the Health Care Job Fair in Melbourne and nine additional Health Care Job Fairs across Canada, New Zealand, and the UK. Targeted recruitment campaigns are also being launched for identified critical vacancies in the RHC network, such as theatres for NSW.

Nursing

RHC continues to invest in its workforce to recruit and retain staff to meet forecast increases in demand by building a domestic pipeline. RHC has launched a refreshed and updated Clinical Graduate Program which is designed to help registered nurses, enrolled nurses, registered midwives, allied health graduates and pharmacy interns to make the move from study to work in a way that empowers them to do their best. This is now a 2-year Program (originally 1-year) providing graduates the opportunity to learn a broad range of skills with experience in a world-class clinical setting, with more flexibility, choices, and opportunities. The second year enables graduates to choose their development of focus. The February intake had over 470 graduates, with a further intake in August.

RHC has also partnered with several educational institutions across the country, including TAFE NSW, to help continue to build the nursing workforce, launching the Cadetship Program. Students studying a Diploma of Nursing, or Bachelor of Nursing will be guaranteed clinical placement, with the opportunity for employment while studying and a guaranteed interview for a position at their local RHC facility after graduating. RHC initially estimated 100 cadets but has now signed over 600 cadets in six months.

RHC is also supporting Aboriginal and Torres Strait Islander student nurses in Western Australia (currently 25) and New South Wales (currently 7) through their Diploma of Nursing studies which includes providing them with all their clinical nursing placement requirements at RHC facilities.

RHC has developed the Ramsay Leadership Academy, with the first called 'Executive Leadership – The Ramsay Way' which is designed to develop global collaboration and will equip executive leaders with additional skills to leverage the potential of the group and accelerate the development of key attributes and mindsets of leaders to deliver on RHC's strategy.

Medical

RHC supports medical students clinical training and practice placements in the hospital via agreements with 17 universities, providing students real life experience with direct and in-direct supervision of students by Visiting Medical Staff and employed clinical directors of medicine.

RHC currently provides medical intern placements to 59 interns at 3 private hospitals, Joondalup Health Campus, Hollywood Private Hospital and Greenslopes Private Hospital. RHC also provides education and training to a further 62 junior doctors (PGY2 & PGY3) at these hospitals. RHC does not employ medical consultants or specialists. RHC only employees Junior Medical Officers and Resident Doctors.

8. Are there any particular issues private hospitals face as compared to the public system?

RHC **reminds** the Government the public healthcare system would not effectively function without the private healthcare system. Throughout the COVID-19 pandemic, the private system provided support to the public system and continues to do so, including to address the increasing elective surgery waitlists. In 2022 alone, RHC provided care to over 130,000 public admissions.

RHC understands the following issues are state and territory matters but urges the Australian Government to address these matters with states and territory governments in National Cabinet to form a collective position. To not do so, would undermine the Australian Government's policy commitment to build a national healthcare workforce as well as the recent requirement for all aged care facilities to have at least one registered nurse on duty 24 hours a day, 7 days a week.

RHC **emphasises** the main issue private hospitals face compared to the public system is the ability to compete and attract the required workforce. Many state and territory governments continue to offer incentives which are only applicable to public healthcare workers. For example, New South Wales provided a $3,000 one-off payment to public healthcare workers for their efforts during COVID-19. Furthermore, state governments are now offering to pay nursing or midwifery undergraduate studies. For example, Victoria has offered to cover the cost of these studies, with students to receive $9,000 while they study and the remaining $7,500 if they work in the Victorian public health service for two years. These payments and incentives were not and are not applicable to private healthcare workers.

RHC **recommends** the private and public sectors embark on reforms related to co-credentialling. These reforms would enable a health practitioner to undertake one credentialling process which would apply to both the local private and public hospital. This would allow health practitioners the opportunity to work across both sectors, whilst getting the practitioner on the ground to provide the patient care that is needed. For example, both the public hospital and RHC facility in Cairns are currently seeking an obstetrics and gynaecology consultant. RHC has had initial conversations with New South Wales, Queensland and Victoria who are interested in undertaking such reforms to address these local barriers. Furthermore, RHC believes there is an opportunity to undertake joint recruitment between the private and public sector. This would enable both sectors to reduce costs and work together to identify suitable candidates to work across both local public and private hospital.

RHC also **notes** there is an opportunity to partner with the Aged Care sector to address the significant workforce shortfall expected, with the Australian Government's registered nurse mandate to commence 1 July 2023. This partnership would provide the ability to jointly recruit and train graduates with the opportunity to rotate between the private hospital sector and aged care sector.

RHC **recommends** the Government consider alternative models of learning to enable a healthcare workforce to be developed more quickly. Arizona State University has developed an intensive nursing degree in which students can complete their studies in just over 16 months or 24 months (Traditional prelicensure BSN nursing program) or 12-months full-time (Accelerated BSN clinical nursing program). There is the opportunity for this to occur in Australia whereby students may undertake trimesters and complete their studies within two years, noting curriculum and training requirements should be maintained and met.

Finally, RHC **notes** the Government should maintain their awareness regarding the use of locums. In the United States of America, there has been an increase in the use of locums, with a well-established travel locum industry whereby individuals choose contracts and may work across several states. This has led to an increase in staffing costs but has also lowered the morale amongst permanent staff. RHC strongly believes in developing a local and sustainable workforce to ensure there is a workforce for the future but also to provide consistent and high-quality care to patients.

Thank you for the opportunity to provide a submission.

Kind Regards,

Dean Breckenridge
Chief Policy Officer
10 March 2023