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To whom it may concern,

Re: Independent Review of Overseas Health Practitioner Settings – Interim Report

The Royal Australasian College of Medical Administrators (RACMA) welcomes the opportunity to comment on the Interim Report developed by Ms Robyn Kruk AO. Our feedback is outlined below according to the questions in the invitation to comment.

Which reform options do you think should be prioritised?

"Better Workforce Planning" should be prioritised to ensure leaders and decision makers are equipped to make well-informed decisions. The demand for healthcare practitioners in Australia can vary across different regions and specialties. While there may be shortages in some areas, other regions or specialties may already have a surplus. Balancing the supply and demand of healthcare practitioners, both locally and overseas, is pivotal to ensure equitable distribution and specific needs/gaps are addressed first so the right people are recruited where needed. However, the removal of the requirements to demonstrate need through labour market testing is concerning if we simply limit requirements to certain classes of health practitioners. This could be easily manipulated to fill metro jobs where there is an arguable need.
Other reform options which should be prioritised are "Improve the applicant experience" on the 'tell us once' theory to avoid duplication, and "Expand 'fast track' registration pathways" to ensure a more streamlined system with better coordination between employer, college, Ahpra and DFAT.

What, if any, reform options are missing?

While RACMA believes this is a very much needed review which addresses many key issues, we have identified some critical gaps. It is crucial the delivery of quality and safe healthcare is not compromised in this process. The review and proposed reforms appear to only address the process of attraction, application and assessment phase and nothing beyond that. To ensure the employment of overseas health practitioners is successful and sustainable in helping solve some of our healthcare workforce shortages, while maintaining the delivery of quality and safe healthcare for all, the reforms need to recognise and include processes for:

- Improved cultural screening;
- Improved supervision framework;
- Impact on low and middle income countries;
- Retention and adjustment;
- Employment and professional development support; and
- Arrangement for MBS billings.

Improved clinical and cultural screening

Communication is vital in the healthcare field. While English language proficiency is generally required, there may be variations in, medical terminology, and cultural differences that can impact effective communication with patients and colleagues. The cultural values and awareness of some overseas practitioners may not be in accord with Australian values, for example Middle Eastern attitudes towards women. To address this properly, clinical and cultural interviews should be in place to ensure overseas practitioners can reach an adequate knowledge attitude standard.

Improved supervision framework

The College has identified an issue with GP practices recruiting overseas practitioners when they have little experience of assessing work suitability, which results in the undesirable outcome of low-quality practitioners in remote settings. Our recommendation is to set up initial placements in hospitals for all

overseas practitioners first so they can be assessed in better resourced settings to ensure they have the skills to work independently.

There then needs to be some recognition of strengthening processes and/or resources available for overseas practitioners who are not meeting required standards after their supervisory period ends. This can be an issue in centres with workforce shortages, where the practitioner is not readily replaceable, but it emerges over time that the performance is at or below the low end of requirements.
On top of this, structured additional support for supervisors also requires acknowledgment in the reforms. There is an amplification in areas with medical workforce shortages in that the demand on supervisors, or their ability to provide additional support, is limited as a consequence of operating in an already resource constrained environment. As a result, there is great concern about the level and quality of supervision overseas practitioners receive after they arrive.

Impact on low- and middle-income countries

There is no acknowledgement in the review relating to the ethical arguments for encouraging migration of practitioners away from low- and middle-income countries, and the potential impact that this has on these already vulnerable populations. Did the review explore other ways to continue encouraging migration while supporting the country of origin? Establishing collaborations and partnerships with overseas organisations, universities and healthcare institutions could facilitate this, including establishment of exchange programs.

Retention and adjustment

The reforms lack acknowledgement of the importance of retention and adjustment support services. Overseas practitioners may face difficulties adjusting to a new healthcare system, culture, and work environment. Relocation challenges, social integration, and professional adaptation can impact their job satisfaction and long-term retention. The College suggests implementation of standardised orientation processes by employers with distinction between core elements (such as language and cultural supports) and elements that are specific/relate to the location / setting where the practitioner is practising. We know that those from the UK will often only stay for 1-2 years whereas those from south-east Asia are more likely to migrate permanently, which means these two groups would have very different needs. Providing comprehensive language and cultural support programs, as well as mentorship opportunities, can assist overseas health practitioners in improving their English language skills, understanding medical terminology, and adapting to the Australian healthcare system.

In terms of career development and progression, is there equitable access for overseas doctors who want to enter specialist training? This contributes to helping retain overseas practitioners, in turn making them a more sustainable and viable option to address workforce shortages.

Auditing and Employment and Professional Development Support

There needs to be consideration of implementing regulation to monitor and audit overseas practitioner complaints regarding, for example, pay and conditions. There have been cases where overseas practitioners are being asked to complete observation placements or work-based assessments for 3-6 months without pay and with no guarantee of a job at the end. This puts them at risk of exploitation, calling for recommended standard practices for employers in relation to this.

Arrangement for MBS billings

A review of the arrangements for MBS billings is needed with consideration of the impact of this on workforce distribution; currently overseas practitioners have limitations on billing depending on where they are practising and whether they are employees / contractors.

If RACMA and/or its Members can be of assistance in progressing this important work, please do not hesitate to contact me. Thank you once again for the opportunity to comment.

Yours sincerely

Mr. Cris Massis
Chief Executive

About RACMA

RACMA is the only specialist medical college that trains doctors to become specialist medical leaders and managers. Our education programs, including our accredited flagship Fellowship Training Program, are aimed at equipping doctors with the leadership and management skills needed to influence and lead the Australasian health care systems with the clear aim of improving health outcomes of Australians and New Zealanders. RACMA Members fill diverse roles, including Chief Executives, Chief Medical Officers, Director of Medical Services, Heads of Departments, as well as working in the university and defence sectors.