








## Submission to the Review of Regulatory Settings

Ahpra Submission – *Summary*

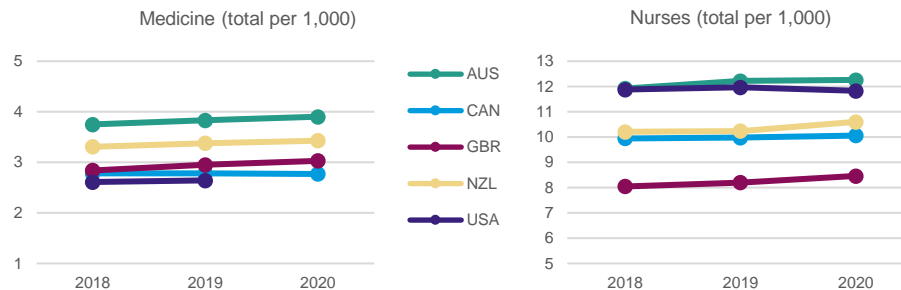
March 2023

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# Key messages

- The global context for health workforce is incredibly challenging and Australia also faces significantly increased demand for health practitioners, exacerbated by the continued impacts of the global pandemic, continuing maldistribution and to respond to policy initiatives.
- There is an urgent need for more internationally qualified health practitioners (IQHPs) to come to Australia which will require action in the short term and longer term. However, we continue to be an attractive destination country and have significantly increased the number of medical practitioners and nurses per head of population over the past 5 years. We have the highest number of medical practitioners and nurses per 1,000 people compared with the UK, NZ, USA, and Canada based on published OECD data.<sup>1</sup>



- The National Registration and Accreditation Scheme (National Scheme) has delivered a growing registered health workforce year on year with national mobility. This has been through both domestic growth and international graduates. This includes overall growth of 3.9% in the total number of registered health practitioners in 2021-2022.
- The National Scheme both in legislative design and operation is well placed to adapt and respond to this growing need. While our performance is competitive with other countries on domains of cost, quality and timeliness, there is always room for improvement.

We suggest **three major areas** where we can all do better:

1. **Make the registration assessment the core process** and remove duplicate processes and requirements from other government entities to reduce cost, timeframes and complexity
2. **Expand** the use of competent authority pathways starting with **Specialist International Medical Graduates**
3. **Increase multi profession approaches to assessment including common testing centres and on-line assessments where necessary**

We propose **three immediate actions**:

1. Commonwealth to lead on the **establishment of a single information portal by which all agencies could draw on required documentation to address multiple and duplicate information requirements** for applicants
2. Establish a **mechanism for Ahpra to verify that an applicant has not been in Australia** to remove the need for an Australian Criminal history check and associated onerous proof of identity requirements
3. **Speed up the process** for the allocation of Medicare provider numbers by Services Australia

- These changes would build on actions we have underway which are already reducing the time taken in the assessment and registration process and improving the experience of IQHPs. For some of these actions, (e.g., ongoing work on our Digital Transformation program) we also anticipate that there will be further flow on benefits for both international and domestic applicants.
- While these actions have been supported by National Cabinet, they are being implemented with no funding from governments. We believe more can be done in partnership and with support of governments.

(1) Only available data is 2018, 2019, 2020

# Question 1: Are there shortages across priority professions?

## Workforce Shortages

There is a shortage and maldistribution of healthcare professionals across public, private, not-for-profit, and Aboriginal community-controlled settings. These challenges are different across professions, jurisdictions and between the health and social care (i.e. aged care, disability, and alcohol and other drugs) sectors.

There is an urgent need to ensure that the public has access to appropriate and safe healthcare practitioners as the lack of access itself can be a patient safety issue. There is a range of publicly available data that speaks to increasing wait times, significant pressures especially on general practice and mental health, and issues in accessing services especially in rural and remote locations. However, there are a range of drivers of workforce issues, not only workforce supply, but also workforce retention and changing workforce preferences; ensuring all health practitioners are enabled to work at their full scope, and; attractive options in privately funded and entrepreneurial sectors such as cosmetic practices.

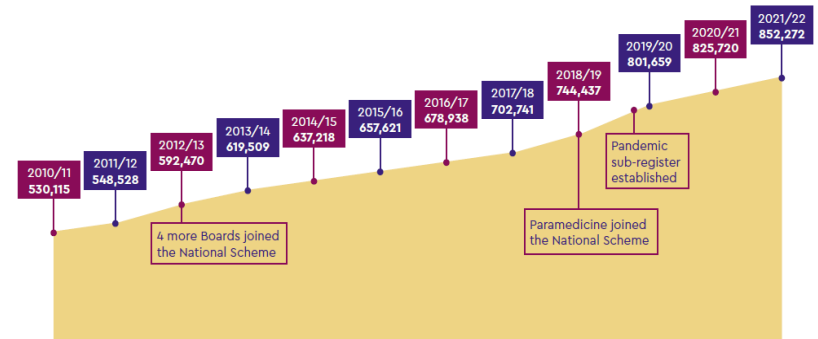
There is an opportunity to better use available national data (disaggregated by jurisdictions, setting and sector) for health workforce policy and planning. Ahpra can also share data to inform any future national workforce collaboration mechanisms. Our data will be further enhanced by our Digital Transformation Program. For example, to link data across the student and practitioner registration journey.

At the end of the 2021/22 Financial Year, there were 833,318 registered health practitioners across 16 health professions, 3.9% more practitioners than in 2020/21 (excluding the pandemic sub-register). There has been consistent growth in the number of registered health practitioners in Australia.

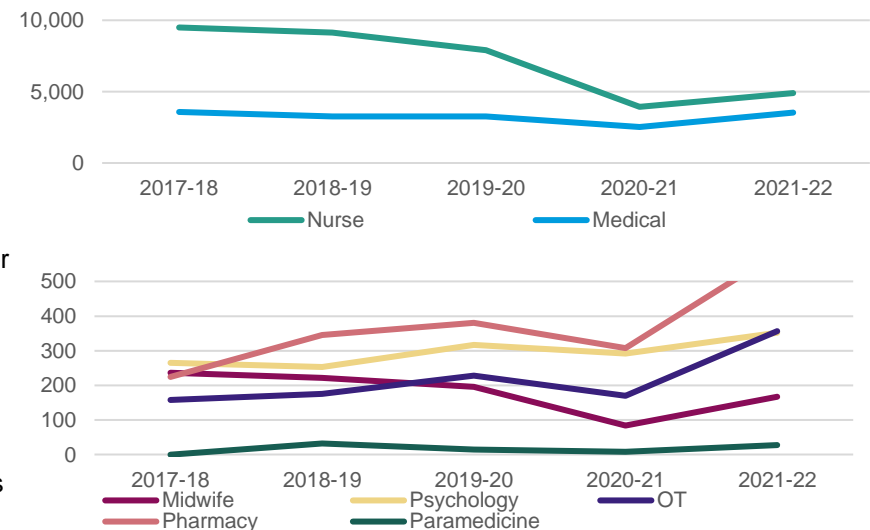
## IQHPs as part of the workforce

International applicants are an important part of the overarching health and social care workforce across professions and jurisdictions. Despite the impacts of COVID-19, we are seeing an increase in applications for registration across professions, with numbers trending towards a return to pre-COVID levels and above for some professions.

Graph. Number of practitioners registered over time.



Graph. New international applications (includes TTMR) - Received



## Question 2: Strengths and weaknesses of the current regulatory setting

### Background

The National Scheme wants communities to have trust and confidence in regulated health practitioners in Australia.

The guiding principles of the National Law require the National Scheme to operate in a 'transparent, accountable, efficient, effective and fair way'; and for registration fees to be reasonable '...having regard to the efficient and effective operation of the scheme'. The National Scheme is self-funded.

We want to deliver efficient and effective regulatory function, responsive to changing needs, and underpinned by risk-based regulatory practices. There are always improvements to be made, and continual quality improvement is expected and needed.

The National Law that enables the National Scheme remains fit-for-purpose and flexible to allow for our proposed changes.

To be registered in Australia, all practitioners must be assessed as qualified, compliant and suitable.

### Strengths of the regulatory settings of the National Scheme



#### Flexibility

The design of the National Scheme provides opportunities for flexible regulatory approaches, including for the assessment of IQHPs.

Ahpra and the National Boards have implemented a range of assessment processes to ensure that international qualifications meet the standards of the Australian Qualifications Framework and Board requirements. This ensures practitioners admitted to practice in Australia are suitably qualified for registration.

Where qualifications are not considered equal, **there are alternative pathways for limited registration** and guidance to practitioners about next steps.

The current regulatory setting means that there is some **consistency in regulatory standards and requirements**. For example, all National Boards have the same or similar registration standards in relation to criminal history checks and professional indemnity insurance requirements.

There is ongoing work to improve the consistency and comparability across professions in relation to regulation requirements and processes which could be accelerated and extended to other agencies outside of the Scheme .

An amendment to the National Law in 2022 clarified that the paramount guiding principles of the National Scheme are **protection of the public and public confidence in the safety of services provided by registered health practitioners** and students. This means that any consideration of regulatory change needs to be tested against this principle.

The **legislative instruments of the National Scheme are comprehensive** and allow for an appropriate level of flexibility and continuous improvements.

Our governance arrangements are multi-faceted and facilitate the discussion of major regulatory policy issues through the Health Ministers' Meeting and the interjurisdictional working groups that sit within that structure.



#### Cross-professional consistency



#### Public safety



#### Legislation and governance

## Question 2: Strengths and weaknesses of the current regulatory setting

### Opportunities

There are significant opportunities to improve the experience and processes for IQHPs by re-engineering the system as a whole.

We propose the registration assessment as the core process, so duplicate processes and requirements from other government entities are removed.

Changes can better utilise technology and other innovations, improve the experience of practitioners applying for registration, and reduce complexity, costs and delays.

Immediate proposed changes are:

1. Commonwealth to lead on the *establishment of a single information portal* by which all agencies could draw on required documentation to address multiple and duplicate information requirements for applicants
2. Establish a mechanism for Ahpra to verify that an applicant has not been in Australia to *remove the need for an Australian Criminal history check* and associated onerous proof of identity requirements
3. *Speed up the process* for the allocation of Medicare provider numbers by Services Australia

### How can we cut red tape?



#### Remove duplication

Overseas applicants provide the same documents to multiple agencies. A **single system steward** could remove much or all of this duplication. Ahpra has well established processes to verify identity and to assess qualifications, criminal history and suitability. Ahpra must undertake these assessments for registration and, with appropriate connectivity, could make the results available to other agencies removing the need for duplicate processes.

Current registration requirements for domestic criminal history checks protract registration assessment timeframes because they require applicants to present in person to verify identity. Ahpra is exploring options to **remove the domestic criminal history check** requirement. Without a mechanism to verify an applicant has never been to Australia, this change comes with risk of serious, undeclared criminal history.

Complex processes impact applicant experience and Australia's competitiveness in a global market. **Removing separate skilled migration assessment** for all priority professions, and relying on registration (as happens now for medical practitioners) would significantly simplify the end to end process and improve applicant experience.

If Ahpra is the single coordinating system steward and the registration assessment is the core process, then **modern system connectivity between agencies is essential**. Ahpra's investment in its Transformation Program, for release from July 2023, will position it to take this central role in a fully connected system.

This connection needs to extend to relevant Commonwealth Agencies including Home Affairs and Services Australia, but could also include specialist colleges and major jurisdictional and other employers.

There is a need for better national datasets that quantify the workforce, skills and distribution issues and reliably report on the performance of processes intended to support workforce growth. These proposals for simplification and coordination would also provide the basis to **improve the availability, sensitivity and quality of data** supporting rapid response to emerging issues and pain points.



#### Simplification of processes



#### Connectivity between Agencies



#### Ongoing monitoring and data collection

## Question 2: Strengths and weaknesses of the current regulatory setting

### Are current standards appropriate?

- The current Ministerially approved registration standards are largely viewed as appropriate, fit for purpose to maintain the quality and safety of registered health practitioners in Australia.
- The standards are reviewed on a periodic basis and adjustments to standards are recommended to Ministers if there is sufficient evidence for change.
- For example, we made recommendations in our National Cabinet submission for some potential standard adjustments including:
  - consideration of the English language requirements,
  - potential flexible arrangements for retiring practitioners, and;
  - reviewing the re-entry requirements to professions.

### Actions / Solutions to support standards

Underway (or proposed within next 12 months)

Ahpra and National Boards will:

- Review the minimum requirement for the writing component of the IELTS to be 6.5, and the application of the English Language standard, and make recommendations to Ministers on any proposed revisions to registration standards.
- Review Recency of Practice requirements and make recommendations to Ministers on any proposed revision to registration standards to support retention of supervisory workforce and re-entry to practice.
- Investigate options for limited registration for retiring and re-entering practitioners to support the availability of a supervisory workforce.

### Example: English Language Requirements

Australian regulatory requirements for English language are comparable and, in some cases, more flexible than comparable countries (the United Kingdom, some Canadian provinces, New Zealand).

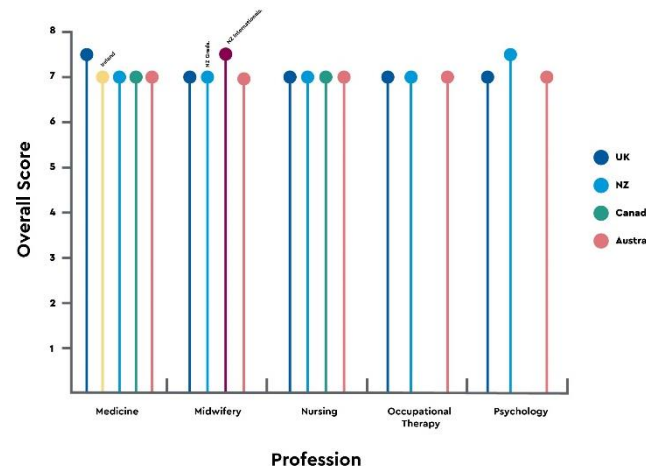
The United Kingdom, Ireland, New Zealand and Canadian regulators generally require an overall IELTS score of 7, with some flexibility of a minimum score of 6.5 on either writing or reading in some professions. Some professions in the UK and New Zealand require an overall score of 7.5.

Australia generally requires an overall score of 7, but enables the achievement of 7 in each domain to be achieved over two sittings. Australia has also enabled flexibility by:

- Allowing more test provider options (e.g. OET, Pearson) than just IELTS
- Not all regulators allow a combination of tests or alternative pathways such as Australia
- Overseas regulators also have different criteria for how to demonstrate English language skills (e.g., some regulators recognise applicants who hold registration in another country where passing an English language test was required as part of the application process).

In the UK, there has been preliminary research following their reduction of the nursing *writing component* to 6.5 which noted there had been no evidence of an increase in complaints received or stakeholder reports of negative impacts on patient care. Similar changes have been made in other countries such as New Zealand.

English language standard test scores:  
Minimum required for registration



#### Notes on the Graph

- A few regulators have different levels for different cohorts
- Some regulators may have other risk mitigators in place e.g., a period of supervised practice
- Most regulators accept tests as valid for two years before application

## Question 3: Changes made in COVID-19

Table. Examples of Key Changes made during COVID-19

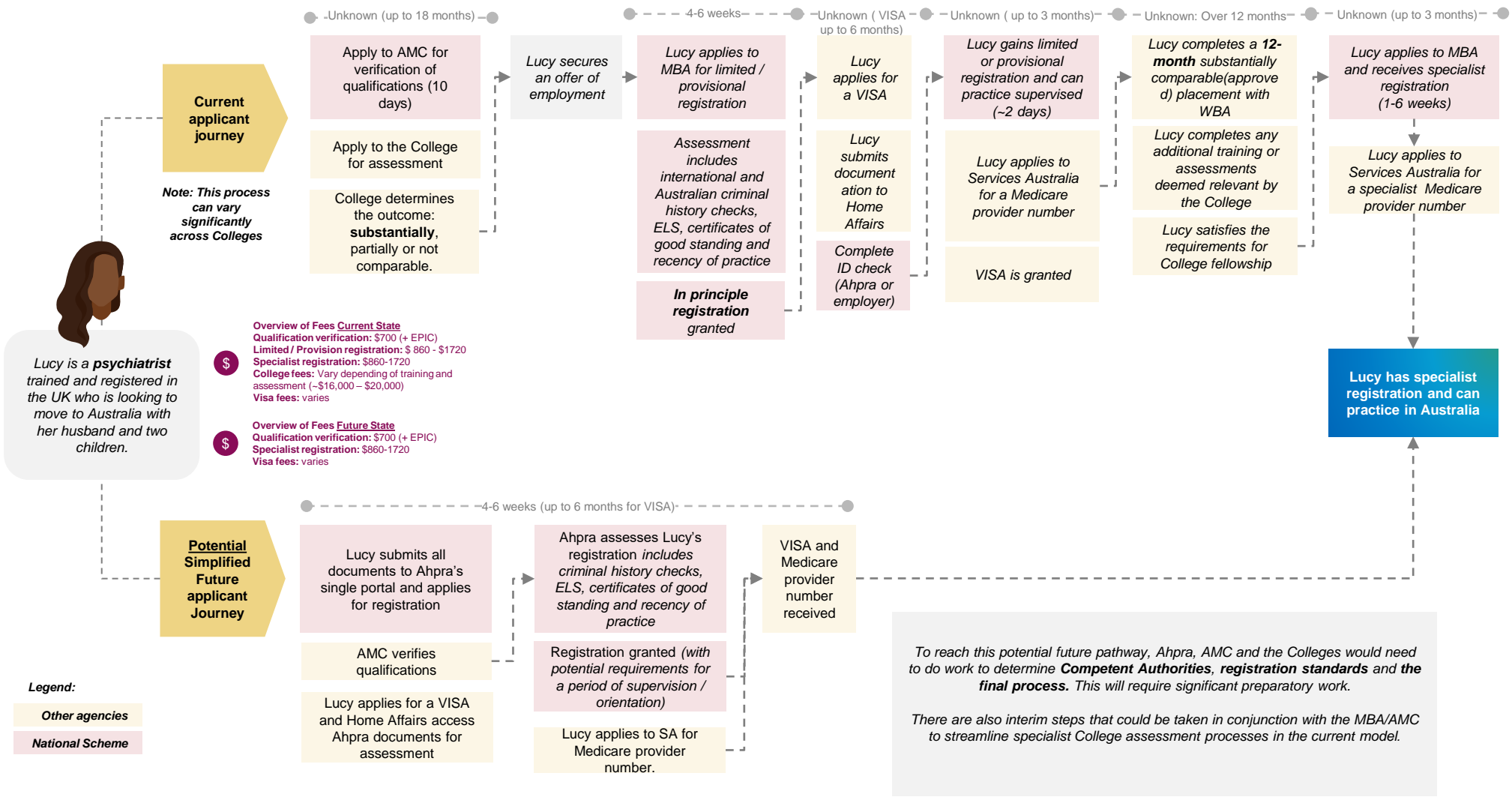
Key changes	Impacts / Observations	Going Forward
<b>Establishment of the COVID –19 pandemic sub-register</b>	<p>In response to an urgent need to boost the available registered workforce, Ahpra and National Boards established a sub-register which saw more than 40,000 health practitioners return to temporary registration. This option waived the registration fees and usual requirements for practitioners to meet registration standards as a temporary and emergency arrangement.</p> <p>Surveys of sub-register practitioners indicated that approximately 8% returned to practice in some form. The most significant reasons for these low rates being the lack of flexible options to return to practice and other financial and personal disruptions to return to employment. In March 2023, approximately 1700 sub-register practitioners have returned to active practice and remain on the sub-register. A further 3,245 practitioners who returned to registration via the pandemic sub-register have now transitioned to the ongoing public register, providing a helpful boost to the workforce.</p>	<p>Recently retired health practitioners are potentially an untapped source of workforce in specific needs. Our work shows that a workforce connector is required to match the preferences and skills of the individual to available opportunities.</p> <p>Ahpra and National Boards plan to retire the pandemic sub register in the second half of 2023, having consulted with Commonwealth, State and Territory health departments</p> <p>Sub-register practitioners will have the option to return to general registration.</p>
<b>Present in person requirements</b>	<p>Previously, National Boards and Ahpra required that IQHPs needed to present in person to an Ahpra office to have their identify verified and complete their registration. During the COVID-19 pandemic, applicants who held current in-principle approval of registration could have their identity verified:</p> <ul style="list-style-type: none"> <li>with their intended employer, either in person at their intended place of employment or via audio-visual link, or</li> <li>with Ahpra via audio-visual link, if they do not have an intended employer, to enable their registration to be finalised prior to securing employment.</li> </ul>	<p>This arrangement remains in place. Ahpra is currently seeking approval from National Boards to remove the present in person requirements on a permanent basis.</p>
<b>English Language Requirements</b>	<p>Many English language tests were temporarily disrupted because of the COVID-19 pandemic lockdowns. Applicants who needed to use the English language test pathway to meet the English language skills registration standard had difficulty accessing tests. Acknowledging the exceptional circumstances of COVID-19, National Boards approved a temporary policy position that means the following English language tests were accepted:</p> <ul style="list-style-type: none"> <li>the OET computer-based test and the OET@home test for applications received , and</li> <li>the TOEFL iBT® Home Edition for applications received until <b>1 June 2022</b>.</li> </ul>	<p>National Boards and Ahpra are currently reviewing the English Language Standard including public consultation.</p>
<b>Flexibility in registration standards (CPD)</b>	<p>Many practitioners' plans for continuing professional development (CPD) were disrupted. National Boards clarified that, while they encouraged practitioners to continue CPD relevant to their practice where possible, they did not want CPD requirements to take practitioners away from clinical care or cause additional concerns to practitioners already under extra pressure.</p>	<p>Flexibility in standards continues to be monitored by Ahpra and National Boards. CPD is an important contributor to safe professional practice and development.</p>
<b>Flexibility in student requirements</b>	<p>During the pandemic, National Boards adopted flexible requirements in accepting learning approaches for students to meet their outcomes and progress to registration. A good example was the completion of training requirements for medical interns who held provisional registration and were seeking to obtain general registration.</p>	<p>This continues to be monitored by National Boards and Ahpra.</p>



# Question 4: End-to-end Complexity, Timeliness, and Cost

Our submission has provided a number of recommendations and potential solutions to support a faster, streamlined, simple IQHP applicant experience. Ahpra is well placed to guide this reform agenda, and we have summarised some of the key solutions that could be implemented for the best impact.

## Now and potential future registration journey (SIMG)



Lucy is a **psychiatrist** trained and registered in the UK who is looking to move to Australia with her husband and two children.

## Question 4: End-to-end Complexity, Timeliness, and Cost

### How expensive is registration?

Fees for skills assessment and registration in Australia are comparable (and in some cases, lower) to countries who could be considered competitors for the global health workforce. It can be difficult to compare the actual costs in all cases, but the graph below shows our estimate of minimum and maximum fees across four other comparable countries for medicine and nursing. We make some observations below.

- Cost comparisons should show the likely minimum and maximum fees, but should also provide an indication of how many practitioners are paying the higher and lower fees.
- For example, for the nursing and midwifery professions, only Australia and New Zealand in the comparison countries have an equivalence pathway. This means that all IQNMs in the remaining comparator countries have fees in the higher range.
- In comparison, in 2022, approximately 87% of the IQNMs that obtained registration in Australia did so via the equivalence pathway and paid \$1190 dollars in registration and assessment fees – lower than the UK, Canada and the US state of California.
- We understand that fees for migration to Australia are in the order of \$5000-\$7000 and represent a significant proportion of the total cost for an IQHP to move to Australia and practise their profession. These are significantly higher than for comparison countries.
- Similarly, some costs comparisons we have seen do not include the costs of the work of Australian specialist medical colleges in assessing IMG specialists.
- Comparisons for cost effectiveness should also compare the whole of government incentives and offsets which are in place in other countries such as Canada, but not in Australia.

### Actions / Solutions to address costs

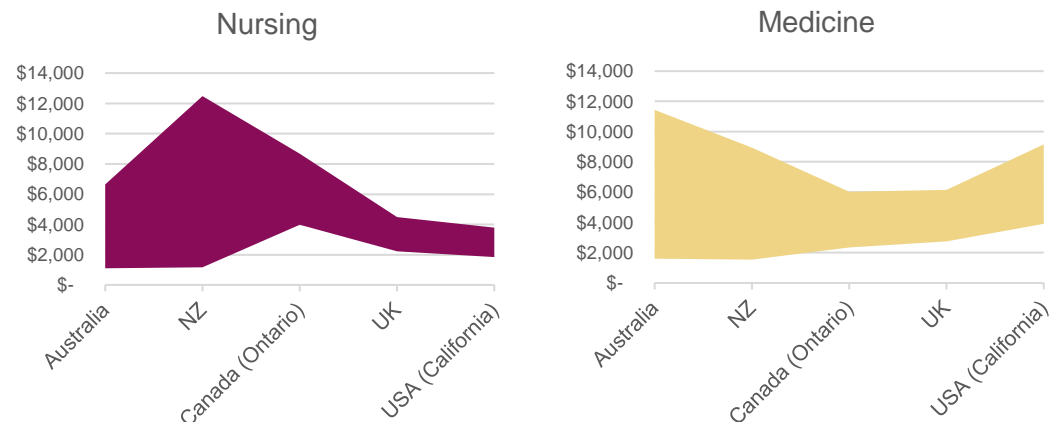
#### Underway

- Ahpra is working to improve the communication and coordination with applicants, employers and migration agencies to ensure there is a clear understanding of requirements for applications to avoid time delays and additional costs.

#### Proposed (in 12 months)

- The proposed removal of duplicate documentation requirements and processes will reduce costs for applicants.
- Similarly, expansion of competent authority models may also reduce costs through removing the need for some assessments to occur.
- Ahpra suggested in its September 2022 submission to National Cabinet that governments may want to consider incentives and offsets for example to help cover some of the costs associated with examinations. However, this cost should not be carried by current Australian health practitioners through National Scheme funding.

**Graphs. Estimated minimum and maximum costs of registration in comparable countries** for medicine and nursing (*not including additional costs from VISA migration fees, assessment / application costs of other agencies, College registration costs etc.*)



# Question 4: End-to-end Complexity, Timeliness, and Cost

## How time-consuming is registration?

It is difficult to get an accurate picture of the timeframes of the whole end-to-end process for applicants (in Australia, or internationally). Some timeframes are within the control of other agencies or the applicant.

We provide some examples of recent improvements for our timeframes for assessing applications.

If Ahpra become the system steward with responsibility for the core process on which other entities rely, this would provide better visibility as to the timeframes of the process and the setting of performance benchmarks.

**Example:**  
Improvements to processing speed from increased staffing in the international team (October 2022)

### Reduction in time taken to assess applications

Which equates to an **average decrease of 19 days** across professions

(excl. Psychology, as they were not included in the new process)

## Actions / Solutions to address timeframes

### Underway

- There are a range of actions that have been completed / are underway to improve the timeframes. Notably, there has been significant work for nursing that included increasing the 2023 capacity for OSCE completion and staffing to support NMBA exam teams.
- Ahpra to work with key stakeholders to improve the coordination of key registration activities – e.g., work to commence earlier applications for provider numbers (like once an in principle approval letter is received)
- Ahpra to continue to work with the Registration and Assessment Tiger team to improve the coordination and management of *Pre-Employment Structured Clinical Interview (PESCI)* assessments for IMGs
- Ahpra will continue to work with the Boards accreditation authorities of priority professions (including the AMC) to *streamline processes*

### Proposed (in 12 months)

- The Ahpra technology transformation project is also in train and scheduled for implementation in July 2023. This will help to improve timeframes and overall user experience of IQHPs.
- Develop a mechanism to verify that an applicant has never been to Australia (e.g., with Home Affairs) which would remove the requirements for an Aus. domestic Criminal History Check and Present-in-Person requirements

### Proposed (> 12 months)

- Consider if Ahpra could become the central point for all parts of the process, including that registration equated to skilled migration assessment and entitlement to work visa (for key professions)

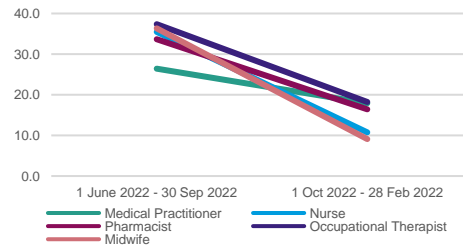
**Example:**  
Improvements to processing speed from increased staffing in the international team for nursing (October 2022)

### Reduction in time take to issue an Authority to Test (ATT) ^

This is required to sit the NCLEX for IQNMs.

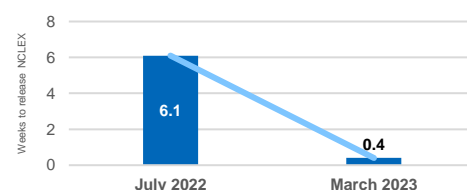
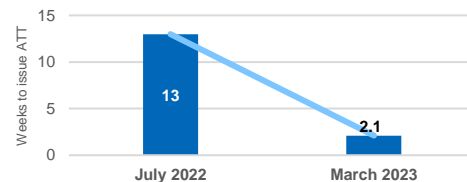
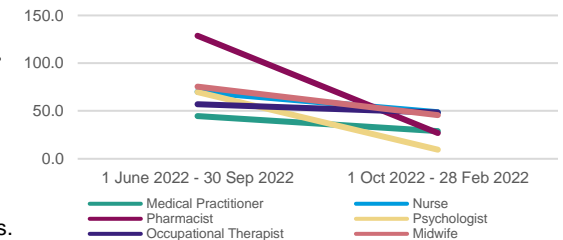
### Time to release NCLEX results to candidate \*

There have been significant improvements in NCLEX results release times.



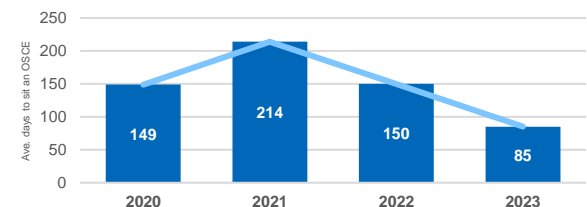
### Reduction in average number of days between in-principle approval to registration

Applicants are progressing from in-principle approval to registration on average 39 days faster across professions.



### Average time to sit / be offered an OSCE ^

There have been significant improvements in the average number of days waiting to sit an OSCE for IQNMs.



^ Reflection on ATT and NCLEX: There are potential unintended consequences of not taking a whole of process and system approach. For example, we are current word leading compared to other overseas locations in terms of ATT timeframe. So there have been a stream of candidates who request to transfer NCLEX results to other locations (e.g., Canada, USA etc) averaging around 25-30 per week.

\* Note: We have had to slow down the release of results as they can be released within hours, however this led to a significant number of calls from candidates thinking there were issues with the test results. We have found a 4 day wait time to be the best balance.

## Question 4: End-to-end Complexity, Timeliness, and Cost

### How complex is registration?

There are places where Ahpra notes that the end-to-end processes are complex and difficult to navigate for IQHPs, and there is work in train to improve processes. We make recommendations in this section as to where there could be improvements to other processes and structures in the system. In general, we do not believe that the actual standards required of IQHPs entering Australia should be significantly reduced.

### There are multiple entities involved in registration

There are a lot of entities involved in the coordination of the process for IQHPs, and this means there is duplications in processes which makes the process time consuming and complex for practitioners. It also leads to duplication of the documentation that IQHPs have to provide to some agencies.

### Actions / Solutions to address complexity

<b>Underway</b>	Ahpra is currently preparing work to remove the <i>'present in person'</i> requirement for some practitioners (which is currently required as part of the domestic criminal history checks) by coordinating with Home Affairs to determine if an applicant has ever entered Australia (and if not to then remove the need for a domestic criminal history check for that applicant).
<b>Proposed (in 12 months)</b>	Ahpra could become the central point of an applicant's journey and all other agencies recognise the information and checks completed in that journey. This would include a single portal for applicants to lodge relevant documents that are required by multiple agencies that includes: identify, qualifications, registration in other jurisdictions, criminal history checks and other suitability, and work history.

### There are opportunities to improve consistency across professions

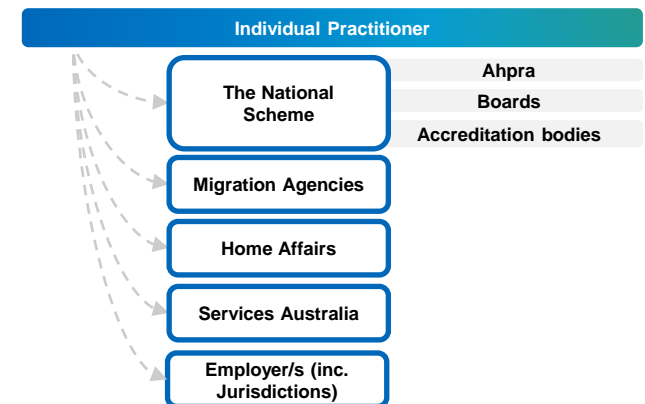
The journey mapping completed in the previous section demonstrated that there was a clear utility in having a 'competent authority' pathway for IMGs. The pathway for SIMGs is often time consuming and inconsistent across the different medical colleges.

There are opportunities to adopt a competent authority pathway for SIMGs and other health professions to improve the timeliness and simplicity of pathways for practitioners and is an opportunity to establish Ahpra and the National Scheme as the central point for the applicant journey. This would require significant work with the medical colleges to determine the appropriate involvement in any pathway development.

### Actions / Solutions to address complexity

<b>Proposed (&gt; 12 months)</b>	<ul style="list-style-type: none"> <li>The Medical Board of Australia, Ahpra and governments work to expand competent authority arrangements for specialist International Medical Graduates.</li> </ul>
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**Current State:** Key Agencies involved in international skills recognition and qualification



**Potential Future State:** Ahpra becomes the central point for the individual applicants journey and other agencies recognise the information and checks completed.

