Department of Employment, Skills, Small and Family Business
Migration Policy Branch
10-14 Mort Street
Canberra ACT 2601

Wednesday 12 February 2020

Re: Review of Skilled Migration Occupation Lists.

Once again, RCSA appreciates the opportunity to participate in this consultation to the review of skilled migration lists. As you are aware, RCSA is the peak industry body for the staffing and recruiting sector in Australia and New Zealand. The Association of Medical Recruiters Australia and New Zealand (AMRANZ) is an organisation which sits within RCSA and is the peak representative body for the medical recruitment sector in Australia. It is on behalf of AMRANZ and its members that we are proving input into this 2019/2020 consultation on skilled migration occupation lists.

Background to changes over the last 12 months

Changes to some medical occupations in 2019

In March 2019 the Government announced a change to the General Practitioner, Resident Medical Officer and Medical Practitioner (not elsewhere classified) occupation types which meant that employers nominating those occupations would, from the date of the announcement, be required to provide a Health Workforce Certificate (HWC) at the time of nomination. HWCs are issued by Rural Workforce Agencies (RWAs) and exist to confirm a genuine need to fill a primary healthcare position at a given location by an overseas doctor.

Intent and ambition

The change was part of the Government's Visas for GPs initiative, which aims to reduce the number of overseas doctors entering the primary health care system in well-serviced major capital cities and metropolitan areas. It creates a mechanism to manage the deployment of overseas trained doctors in Australia to ensure they are directed to areas with lower access to services such as rural and remote and regional areas of Australia, or to areas where there is identified shortage of services. AMRANZ members understand there are areas in Australia that struggle to attract and retain doctors, and we appreciate the ambition of the change was to address some of those challenges.

Process

The mechanism leveraged to achieve this ambition is the requirement for an HWC for the placement of any doctor nominated for an employer sponsored Visa. HWCs are issued by Rural Workforce Agencies and essentially provide confirmation of a genuine need to fill a position by an overseas doctor. Positions for overseas doctors in geographic locations where there is not an identified need for additional primary health will not be issued with an HWC.

Hospital-based placements receive a streamlined, automatic HWC process, which does not require assessment by RWAs.

Positions in Aboriginal Medical Services or Approved Medical Dispensing Services, overseas doctors continuing employment in the same location and nominations for Australian-qualified overseas doctors receive an expedited approval process which contains administrative steps but may not require an assessment by an RWA.

All other positions require an RWA assessment to determine whether the position is located in an area in need of additional primary health care services.

RWA assessment

The Department of Health (DoH) provides guidelines and training for RWAs in an effort to ensure the assessment process is fair, transparent and consistent across jurisdictions. Assessments are informed by a DoH-owned Assessment Tool which identifies the characteristics of the GP catchment where a position is located. The DoH also provides position assessment guidelines that set parameters and thresholds for determining eligibility based on GP catchment characteristics. RWAs are required to use the DoH Assessment Tool as an evidence base in making assessments.

The DoH Assessment Tool relies on characteristics of a GP catchment such as catchment size; the number of dedicated GPs and number of GP practices in the catchment; GP to population ratio; GP over-capacity; service complexity; the level of socio-economic disadvantage, the types of services available; Modified Monash Model (MM) classification of the actual position location; the demographics of patients and providers; and whether there is a public emergency department in the area. The Distribution Priority Area (DPA) classification of the location is also an important consideration.

Other medical workforce shortage management mechanisms

Unrelated to the Visa process, the Department of Health launched a new health workforce classification system in July last year which uses new, more sophisticated modelling to better identify health service and workforce needs within a geographic catchment area.

The Distribution Priority Area (DPA) system was designed to better facilitate the placement of medical practitioners in communities of greatest need across Australia. Instead of using a GP-to-population ratio, the new system takes into account demographics (gender/age) and socio-economic status of patients living in a GP catchment area. It also applies a number of rules:

- Inner metropolitan areas are automatically deemed non-DPA;
- MM 5 – 7 are automatically deemed DPA;
- Northern Territory is automatically deemed DPA;

Benchmarks are used to determine services required in catchment areas and will be fixed for three years to allow those areas to stabilise their workforce. The DoH argues the change provides a more accurate picture of where patients access their health services and therefore a better understanding of where real clinical need exists.

Disconnect between the HWC process and other Department of Health Assessment Mechanisms

AMRANZ members are concerned by the apparent lack of connection between the new DPA assessments, the HWC process and other government health workforce needs assessment mechanisms.

The DPA classification takes into account gender and age demographics and takes into account the socio-economic status of patients living in the area. Areas are automatically classified as DPA if they are classified under the Modified Monash Model as MM 5 to7 (essentially regional and rural areas) or in the Northern Territory. Areas other than these are classified as DPA when the level of health services for the population in the catchment does not meet a benchmark.

In short, the DPA classification identifies locations in Australia with a shortage of medical practitioners.

In addition to the DPA classification, the DoH also applies a District of Workforce Shortage (DWS) to assess the number of non-GP specialists compared to the population of an area.

The Modified Monash Model is used only to assess the remoteness of a geographic location only. It runs across a scale of 1 (for inner metropolitan and city areas) to 7 (for the most rural and remote locations)

Of greatest concern is the disconnect between the DPA and the HWC process. If the DPA has been designed by the DoH to identify the locations in Australia with a shortage of medical practitioners, we fail to understand the need for an additional assessment of need for overseas doctors who are willing to practice in these areas. AMRANZ members have identified a significant number of examples where areas classified as DPA have been rejected for a HWC and have provided a table of examples of case studies in confidence, in a separate document to this submission.

We appreciate that the DPA classification was not introduced until after the changes made in March last year, but now that it exists we believe it should be brought into the Visa assessment process in a more formal way.

AMRANZ believes geographic areas identified as DPA – that is, area which have already been assessed as having a shortage of medical practitioners – should be eligible for a fully streamlined and automated HWC process, as already exists for hospital-based placements.

To have multiple health workforce needs assessment processes operating in parallel, but with different processes and often different outcomes, is inconsistent and confusing at best, and unnecessarily administrative and burdensome at worst. It makes it more difficult to secure overseas talent to fill identified health services gaps throughout Australia. In contributes to missing opportunities to address identified health service needs for the community.

We appreciate that the DPAs did not exist at the time of the changes last year, but we believe that the way they have been factored into the HWC assessment process is disingenuous and inconsistent. There is an expectation that RWAs will make a region's DPA status a consideration in its assessment of a HWC request, but no specific understanding of how or what weight that status is given. It has led to inconsistent outcomes in the issuing of HWCs, which has contributed to a feeling that the process lacks transparency, a distrust in the assessment process itself and an inability to form any expectation of consistency in outcome, which adds significant challenge to an already challenging workforce management task.

Lack of transparency

The RWA process relies heavily upon the DoH-developed Assessment Tool in making its assessment in relation to HWCs. There is little understanding, engagement or oversight as to how that tool makes its recommendations in relation to geographic areas nor as to what is likely to result in a position being more or less likely to be issued with an HWC.

Whilst the guidelines are available on the website, they offer little insight into the assessment process beyond acknowledging the significance of the 'Assessment Tool' in the end outcome.

The guidelines provide solid insights into how the government aims to ensure consistency in approach by the RWAs themselves, but very little insight into what consistency exists with regard the assessment tool's recommendations.

The DPA process is a highly transparent process, with regions assessed and identified as DPAs readily available to the public.

Incorporating a fully streamlined, automatic HWC process for DPA classified areas would significantly enhance transparency in the assessment process, while also ensuring that overseas doctors are deployed more effectively into areas of need within the community. It is also consistent with the government's own stated intent for the Visas for GPs initiative of 'reducing the number of overseas doctors entering the primary health care system in well-serviced major capital cities and metropolitan areas.

Inconsistency in approach

AMRANZ members have identified a significant number of examples of inconsistency in approach in relation to the issuing of HWCs for overseas doctors. Attached separately to this document (in confidence) we have provided a table outlining a series of examples where assessments have been made by RWAs in relation to a two regions with the same MM classification, neither of which are classified as DPAs, but where one of the regions has been issued with a HWC and the other has not.

The lack of transparency around the DoH's Assessment Tool along with the inconsistency in outcomes for assessments of 'like' scenarios does nothing to build trust in the system and makes it very difficult to understand or make a judgement on which positions are likely to be eligible to be filled by an overseas doctor. This adds to the complexity of sourcing and placing medical professionals in areas of need.

Unintended consequences.

AMRANZ members are concerned about the impact that an unintended consequence of the changes announced in March last year may pose to the ability of regional and rural areas to address significant shortage in medical service provision.

The decision to restrict access for overseas doctors to city and inner metropolitan areas in Australia has had the greatest impact on demand for our market from Category 1 overseas trained doctors, such as those coming from the UK, New Zealand, Canada and Ireland. This category of doctor has received overseas training that is more comparable to Australian-based training and as such, has few in-country requirements around further training and supervision when they get to Australia. Lower category doctors, such as Category 3 doctors, have more substantial ongoing training and

supervision requirements once they arrive in Australia. The challenge for clinics who wish to fill service delivery gaps with Category 3 doctors is often one of resourcing, as it requires the sponsor to be able to resource supervision and training of the sponsored doctor once they are in Australia.

Meeting training and supervision requirements for Category 3 doctors is especially challenging in resource-stretched rural and remote areas, where qualified resources often don't exist to provide supervision for incoming doctors.

The most attractive overseas doctors for desperate rural and remote clinics are Category 1 doctors, as they don't require qualified supervising resources in order to start providing services. Category 1 doctors are the least likely to consider rural and remote locations however, so it is little surprise that the Visa changes have halted interest for the Australian market for that category of doctor.

The challenge for regional areas with medical service delivery gaps is that they often don't have the resources to enable them to consider a Category 3 doctor as an option for addressing their medical service shortage. That means that although Category 3 doctors are far more willing to consider rural and remote locations in order to be able to work in Australia, often rural and remote Australia is unable to support their entry into the country and therefore are left with a service delivery shortage they can't fill locally or overseas.

So, while it was never the intention of the policy announced last year, the impact on the ground in many cases has been that even where overseas medical professionals are willing to practice in rural and remote areas, those areas are essentially locked out of accessing that skill because they are simply too resource stretched.

To that end, the policy is providing little if any benefit for the regions themselves.

Conclusion

While AMRANZ appreciates the intent of the Government's ambition in relation to the Visas for GPs program, we are concerned that the reality has delivered an assessment process with a concerning lack of transparency, that is disconnected from other government assessment mechanisms and is inconsistent in its implementation.

AMRANZ members play a vital role in helping source and deliver vital medical skills in areas of greatest demand. The challenges around the process and implementation of the Visas for GPs program have resulted in a lack of trust and complexity of engagement that is making it significantly more difficult to deliver vital services in areas of need.

We believe that incorporating the existing DPA classification into the fully streamlined, automated HWC process would go a significant way to improving transparency and consistency in the implementation of the new process.

We maintain our broader concern about the lack of transparency of the DoH Assessment Tool, which has significant influence over the outcome of the HWC assessment process. This lack of transparency makes it difficult to understand why inconsistencies in approach exist and has resulted in a growing culture of distrust for those accessing the program.

About AMRANZ

The Association of Medical Recruiters Australia New Zealand (AMRANZ) represents the interests of medical workforce agencies in Australia and New Zealand. Members work closely with health services to identify and bring together a highly skilled and experienced medical workforce. AMRANZ members are guided by a Code for Professional Conduct and are recognised for their commitment to quality and ethical practices.

AMRANZ is a member group of the Recruitment and Consulting Services Association Australia and New Zealand (RCSA).

About RCSA

RCSA is the peak industry body for recruitment, staffing and workforce solutions in Australia and New Zealand representing over 3,000 Corporate and Individual Members.
RCSA promotes and facilitates professional practice within the recruitment and staffing industry. It sets the benchmark for industry standards through representation, education, research and business advisory support to our member organisations and accredited professionals who are bound by the ACCC authorised RCSA Code for Professional Conduct through membership.
RCSA is a proud member of the World Employment Confederation, the voice of the employment industry at global level, representing labour market enablers in 50 countries and 7 of the largest international workforce solutions companies.