

RURAL WORKFORCE AGENCIES



Response to Joint Standing Committee on Migration - Migration, Pathway to Nation Building

https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Migration/MigrationPathway/Submissions

Introduction

This response is a collective response from the Rural Workforce Agencies (RWAs) and focuses explicitly on migration of International Medical Graduates, and international students who have studied medicine in Australia – as an essential component of Australia’s economic development, cultural diversity and social cohesion to date, and advocating for renewed efforts and focus to support this to continue going forward.

Separately, we also highlight the increasingly important focus on the wider pool of international health graduates – nursing and midwifery, and allied health professionals. As Australia’s ageing demographic transition occurs, this wider international health graduate workforce will be increasingly important (higher volume and strategic significance) to meet the primary care, disability and aged care services requirements for Australia.

In addition to this response, we look forward to participating in hearings or further consultation with the Joint Standing Committee that may occur. Please find our contact details at the end of this document.

Rural Workforce Agencies

- Rural Workforce Agencies (RWAs) are funded by the Australian Government Department of Health to deliver a range of activities to address the access, quality and sustainability of the rural health workforce. Rural Workforce Agencies operate in each state and the Northern Territory and for 25 years have delivered a comprehensive range of health workforce programs and services in rural and regional Australia. In doing so, Rural Workforce Agencies have established and maintained collaborative working arrangements and networks with key health workforce stakeholders in rural and regional Australia. These stakeholders include Aboriginal Community Controlled Health Services, Primary Health Networks (PHNs), local communities and local health services, university medical and health faculties, Rural Training Hubs, jurisdictional health departments and other key organisations.
- Rural Workforce Agencies have a unique track record and experience in supporting communities and working with stakeholders to address health workforce shortages, and assisting the rural health workforce. Rural Workforce Agencies are not-for-profit agencies whose singular focus is on ensuring remote, rural and Aboriginal and Torres Strait Islander communities have access to highly skilled health professionals when and where they need them, now and into the future.
- Rural Workforce Agencies are uniquely placed to understand local community’s health workforce needs - including conducting an annual health workforce needs assessment – and to work with communities to explore and identify innovative workforce models to support improved access, quality and sustainability of health workforce, to support improved health outcomes.
- RWAs have extensive experience and a long history in the ethical recruitment of International Medical Graduates and Health Professionals. We are aware of the impact on the recruit, their families and the community seeking their services.

Key messages from the Rural Workforce Agencies:

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health graduate workforce will be increasingly important to meet the primary care, disability and aged care services requirements for Australia.

1. The role of permanent migration in nation building, cultural diversity, and social cohesion;

Prior to the establishment of the Melbourne Medical School at the University of Melbourne in 1862 all medical doctors in Australia were International Medical Graduates (IMGs). Since 1862 Australia has made significant progress in terms of policy and practice on improving the level of 'home grown' or Australian medical graduates (AMGs).

General practice and primary care service delivery

Today, in the specialty of General Practice, Australia continues to rely substantially on IMGs –more than 50% of general practitioners (GPs) are IMGs¹. A recent cross sectional analysis² of IMGs working in Australia concluded that “IMGs currently practicing in Australia make up a substantial proportion of the workforce and are more likely than local graduates to provide health services in regional and remote areas”. Further, most of Australia’s IMG arrive soon after their graduation, and IMGs are twice as likely as local graduates to be working in a rural area of workforce shortage. Compared with local graduates, significantly more IMGs are working in general practice.

Interestingly, more recently there has been greatest growth in IMG numbers in MMM1 and negative growth in MMM6 and 7 (more rural and remote areas). This helps to demonstrate our increased reliance of overseas trained GPs (despite COVID border closures) and also the maldistribution of growth in numbers, assuming migration to cities from very remote areas without replacement.

Access to primary care – vital for economic development

Access to primary health care is essential to the economic development and economic viability of communities across Australia. IMGs provide critical primary care services in priority communities across rural, regional and remote Australia. The permanent migration of IMGs has demonstrable benefits for Australia providing vital health service delivery (particularly in rural, regional and remote Australian and identified priority communities. In addition the IMG workforce has contributed significantly to cultural diversity and social cohesion, with our primary care workforce reflecting a cornucopia of cultural backgrounds. With approximately 67% of export income coming from our regions, sustaining regional economies is vital to Australia’s continuing prosperity.

2. Immigration as a strategic enabler of vibrant economies and socially sustainable communities in our cities and regional hubs

Health services are critical to retaining populations in rural settings. This extends beyond regional hubs with their need for generalist, specialist and hospital staff, to the provision of primary care (doctors, nurses, allied health) in rural and remote towns and communities. While the policy settings of the Primary Health 10 Year Plan work to build our domestic workforce, migration of qualified health professionals will continue to be pivotal in delivering these services in support of socially sustainable communities. Into the future, the ratios may change, but an articulated IMG strategy is needed to deliver the services which support rural and regional communities, maintaining their diversity, social cohesion and economic growth, now and into the future.

Rural and regional people experience a greater impact from the increase in chronic health conditions and experience shorter life expectancies than their urban counterparts (RFDS Best for the Bush). IMGs and other internationally trained health professionals provide services to keep people in their communities, supporting ambitions of equitable access to health care for all Australians. The reality is that more doctors, nurses and allied health professionals are needed now to support healthy communities and migration is, and will remain, integral to meeting these demands.

¹ The number of services by GPs between 2015/16 and 2021/22 increased by 3.8% from Australia/NZ GPs and 5.5% from IMGs. IMGs accounted for 50.5% of GPs in 2015/16 and 53% in 2021/22. [General Practice Workforce providing Primary Care services in Australia \(health.gov.au\)](https://health.gov.au/general-practice-workforce-providing-primary-care-services-in-australia)

² Yeomans ND. [Demographics and distribution of Australia's medical immigrant workforce](#). J Migr Health. 2022 Apr 18;5:100109

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3. Attraction and retention strategies for working migrants to Australia

More than 10 years ago, the Lost in the Labyrinth inquiry into registration processes and support for IMGs was undertaken. The Inquiry noted that:

“Key themes emerged as the inquiry progressed, with a significant proportion of witnesses describing a system lacking in efficiency and accountability, and importantly, one in which IMGs themselves often had little confidence.”

Arguably, the challenges remain, or indeed have worsened since this time. One of the recommendations (not implemented) from the Inquiry was, that:

“as part of (a) National Strategy for International Recruitment program, examine options for establishing a one-stop shop for international medical graduates (IMGs) seeking registration in Australia. Serious consideration should be given to the feasibility of providing an individualised case management service for IMGs.” (chapter 7, p.228, *Lost in the Labyrinth*³)

Concurrent related inquiries and activities

It is noted that concurrent with this Joint Standing Committee on Migration, the Government has commissioned a *Review of Australia's regulatory settings relating to health practitioner registration and skills and qualifications recognition* to be led by Ms Robyn Kruk. The Review is independent from, but complementary to, the work National Cabinet has asked AHPRA to undertake. The Review links with the work of the Health Workforce Taskforce commissioned by the Health Ministers' Meeting, the Improving Care Pathways Taskforce commissioned by National Cabinet and the objectives and outcomes from the Jobs and Skills Summit. The Review will report back to National Cabinet with initial recommendations for agreement in early 2023 and deliver final recommendations by mid-2023.

Contact details

For further information, please contact:

Peter Barns, Network Chair



2nd Contact: Edward Swan, EO, NCU



rwanetwork.com.au

³ House of Representatives Standing Committee on Health and Ageing. [Lost in the labyrinth](#): report on the inquiry into registration processes and support for overseas trained doctors. Canberra: Commonwealth of Australia, 2012