

16 March 2023

Committee Secretary
Joint Standing Committee on Migration
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Dear Committee Secretary,

Thank you for the opportunity to provide a submission to the Parliamentary Joint Standing Committee on Migration for the Inquiry - Migration, Pathway to Nation Building.

The Royal Australian College of General Practitioners (RACGP) is the peak representative organisation for general practice, the backbone of Australia's health system. We set the standards for general practice, facilitate lifelong learning for general practitioners (GPs), connect the general practice community, and advocate for better health and wellbeing for all Australians.

The RACGP is proud of its global reach and role to train and support GPs to deliver quality care across Australia. Our members originate from over 100 different countries and as of March 2023, 36% of our 47,000 plus members obtained their medical degree overseas. We strongly encourage the Joint Standing Committee on Migration (the Committee) to consider the migration barriers and limitations to the medical workforce supply that represent an important capability to meet Australia's growing demand for general practice services. We need a range of measures under an integrated workforce and support strategy for international medical graduates (IMGs), incorporating more incentives and support, and a reduction of red tape and administrative barriers to working in Australia.

Accordingly, our submission addresses four of the seven areas as per the terms of reference.

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

IMGs are an important part of Australia's general practice workforce and how we balance the supply of domestic and overseas trained GPs is an important policy issue. At the heart of the matter is what is best for the patient, and that is to have a sustainable supply of GPs who can provide high quality primary care accessible to all Australians.^{1,2}

Since 2020, IMGs have represented around 45% of all GPs in Australia and over 50% of GPs have attained their medical degree overseas.^{3,4} The Australian Government has used migration policies that mandate IMG GPs to practise in rural designated areas of (medical) workforce shortage for a minimum of 10-years, commonly known as the [10-year moratorium](#) (refer to TOR area four), to access Medicare benefits.⁵ As a result, IMGs are estimated to represent a large proportion of GPs working and living in a [Modified Monash Model](#) (MMM) 3-7 location.

COVID-19 has significantly impacted GP supply, with border closures and migration reduction affecting the flow of IMGs wanting to practise in Australia.³ In general practice, workforce impact was experienced through a reduction



and pause to training placements and employment opportunities; our members reported cessations of locum placements and fly-in fly-out clinics affecting community access to primary care.⁶

As of 1 February 2023, general practice colleges (RACGP and ACRRM) are delivering the Australian General Practice Training (AGPT) program; this is encouraging progress towards a nationally consistent GP training program. Having consistent standards for GPs will ensure that the community can receive the same high standard of care, regardless of their postcode. The RACGP want to attract and retain suitably qualified IMGs, however there are several barriers impacting our capability to swiftly address the general practice workforce supply. Many of these continue to reflect the [2012 Lost in the Labyrinth report](#) and our experience demonstrates these barriers to involve a:

- narrow “front end” in the recruitment funnel, specifically there are limited eligible international GP specialist qualifications
- narrow “back end” in the recruitment funnel, resulting in insufficient number of qualified supervisors and lack of support in rural areas for IMGs
- slow, costly and bureaucratic process for registration and migration, which results in a lengthy 12-18 month process for IMGs.

We call on the Committee to support a working group to promptly address these barriers and opportunities for improvement within a 3-6 month timeframe. Representation may include the Australian Health Practitioner Regulation Agency (AHPRA), RACGP, Department of Health and Aged Care, Department of Home Affairs, and other peak bodies in the general practice sector including the Rural Workforce Agencies. The objective is to make Australia the GP destination of choice for suitably qualified IMGs.

We ask for:

1. a coordinated approach to processing applications for IMGs planning to work in areas of need. We recommend the Rural Workforce Agencies, or similar, be commissioned to manage the coordination of this measure;
2. commitment from the Department of Home Affairs, [AHPRA](#) and Medicare to work with the medical colleges to fast-track applications for GPs planning on working in areas of need via priority processing and enabling parallel processes while ensuring rigor for assessing against standards is maintained; and
3. government funding to subsidise the training support program for IMGs through the RACGP’s [Fellowship Support Program](#) (FSP), which supports IMGs achieving general practice specialist recognition across rural and remote Australia.

Our recommendations relating to immigration processes are to:

1. Expand visa options for IMGs to bring parents to Australia.
2. Allow IMGs on [19AB exemptions](#) to commence FSP in a MMM location of their choice, where there is community need.
3. Remove the need for IMGs to present in person for [ACIC ID check](#) before they relocate to Australia.
4. Remove the need for labour market testing and health workforce certificate for Visa.

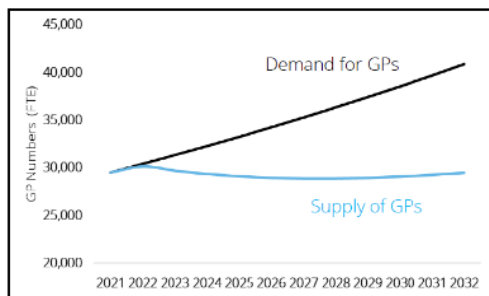
Without immediate policy intervention, the health of the nation will suffer as we continue to experience an undersupply of GPs.⁷ The workforce supply has not kept up with demand, this variation is projected to widen due to population pressures (growth and ageing) and chronic conditions prevalence which increases GP visit



demand.¹ Our 2022 annual Health of the Nation survey revealed more than 7,500 GPs plan to retire within the next five years and higher rates for part-time working conditions.⁸ Australian workforce projections estimate a deficit greater than 10,500 GPs by 2032,^{1,3} which is compounded by a demand increase of 38% (47% in cities) by 2032.³

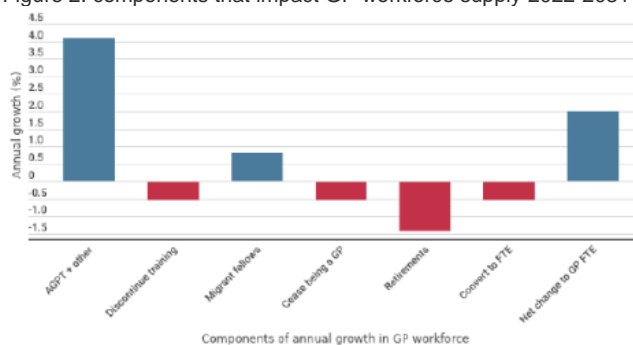
The below graphs illustrate the widening gap of supply and demand and the influential factors on general practice.^{1,3} This affects Australia's capacity to deliver quality and accessible health care for all Australians. Access to timely, acceptable, and affordable health care should be the experience for all Australians irrespective of where they live.⁹

Figure 1: Australia's predicted GP gap



Note: From Deloitte Access Economics 2022.

Figure 2: components that impact GP workforce supply 2022-2031



Note: From Australian Medical Association 2022.

Figure 2 illustrates the multifaceted impact on GP workforce including, many we have discussed already, declining number of GPs working full-time, high retirement and discontinuation rates, decreased interest in general practice and reduced inflow of migrant doctors to fill training placements.¹

According to Australia's 2021 census, 27% of the population were born overseas and 22% use a language other than English at home.¹⁰ We believe it is important to share this landscape in consideration of a nation building strategy that enables social cohesion, acknowledges cultural diversity and the contribution of overseas trained doctors and IMGs to the health of multicultural Australia. To provide health care to culturally and linguistically diverse communities, we believe robust support for IMGs in general practice is imperative for their development of both health and health system literacy. The RACGP appreciate the unique needs for each of our IMG members to migrate, train and gain permanency in Australia. We share [lived IMG experiences](#) with you to highlight the need for continued support for overseas workforce supply and the significant contribution they make to the health and wellbeing of multicultural Australia. We highlight the labyrinth [IMGs navigate](#) to commence their interest to work in Australia, the experience of indirect discrimination and the need for broader support for their families prior to arriving in Australia.^{11,12}

Australia faces more competition than ever to recruit IMGs, as other nations seek to [retain their own medical workforces](#) and [attract IMGs from around the world](#). It is more important than ever that Australia's system for attracting, recruiting and retaining IMGs be streamlined, effective and robust.

3. Attraction and retention strategies for working migrants to Australia

We have highlighted the issues relating to inflow of IMGs to maintain their contribution to the Australian medical workforce and general practice. How we attract quality IMGs to migrate to Australia, to gain Fellowship and retain



them in a community are important to achieving sustainable and quality primary care services accessible to all Australians.

To support our members throughout their general practice pathway, the RACGP provide two fellowships ([Fellowship of the RACGP](#) (FRACGP), [Rural Generalist Fellowship](#) (FRACGP-RG)) and advocacy opportunities to attract and support IMGs to gain quality general practice skills and qualifications, including:

- [FSP](#) for GPs in training to prepare for Fellowship. The FSP is a new education and training program to support doctors on the General Practice Experience (GPE) Pathway when the Department of Health subsidy for the Practice Experience Program (PEP) ends in June 2023. It used to be funded under the Australian Government's [Stronger Rural Health Strategy](#) and is **now self-funded by all participants**.
- Established IMG governance structure across the RACGP to support representation and advocacy including Support Working Groups and [IMG Committee](#) at state faculty levels.

The RACGP have developed an IMG Support program to facilitate an effective and efficient process for IMGs entering a pathway to Fellowship with the RACGP. We aim to engage with IMGs early on their pathway to Australian general practice to ensure they can make informed choices, meet professional requirements to practise and successfully integrate into the health system and community.

The program focuses on providing IMGs with practical information and opportunities to connect with one another to promote cross-learning and establish support networks. Our support mechanisms to retain IMG's (both in training and post Fellowship) in the Australian medical workforce include both pastoral care and professional support. Some of these are listed below.

- The [Rural Procedural Grants Program](#) (RPGP) offers financial assistance to GPs providing procedural and/or emergency medicine services in unsupervised settings in rural and remote areas.
- "How to become a GP in Australia" an eight-part webinar series provides detailed and practical information about living and working in Australia.
- Connecting IMGs to a community of like-minded colleagues, for example implementing an IMG Mentoring Program. One month after program launch, we received expressions of interest from over 700 Fellow IMG members wanting to be a mentor to an IMG looking to become a GP in Australia.
- A dedicated [IMG webpage](#) and distribution database of 3,000 IMGs to promote Australian general practice and Fellowship program pathways.

We ask the Committee to consider our four recommendations to attract and retain IMGs and internationally trained doctors to general practice in Australia.

1. Subsidising the training support program for IMGs through the RACGP's [FSP](#), which supports IMGs achieving general practice specialist recognition across rural and remote Australia.
2. Providing additional funding via housing, travel and infrastructure support for GP supervisors, GP trainees and general practices in rural and remote areas to support GPs in training.
3. Increasing the [Workforce Incentive Program](#) with additional payments for doctors who use advanced skills in rural areas (scaled to rurality).
4. Providing access to the relevant specialty Medicare Benefit Schedule (MBS) items when a GP holds advanced skills in a rural area to compensate GPs for gaining additional expertise.

4. Policy settings to strengthen skilled migrant pathways to permanent residency

IMGs make a significant and valuable contribution to general practice in Australia, particularly in rural communities. However, we are concerned that many of our IMG members feel impeded by the [10-year moratorium](#), a government policy tool used to direct IMGs to areas where there are shortfalls of doctors, typically rural and remote areas. As previously mentioned, the long migration process for IMGs is another significant issue that is hindering the ability of IMGs to work in Australia. The process can be lengthy, bureaucratic, and costly, making it difficult for IMGs to obtain permanent residency or even a visa.

For some doctors working in Australian general practice under the 10-year moratorium, there have been no entry standards applied at a level acceptable to the RACGP, and no universal requirement to participate in continuing professional education activities.

We are concerned that many IMGs see the current 10-year moratorium as discriminatory and that there remains insufficient educational support to assist IMGs entering practice in Australia, particularly in relation to meeting the quality benchmarks of both RACGP fellowships, FRACGP and FRACGP-RG.

The RACGP calls on the Federal Government to ensure that medical practitioners who are working in Australian general practice, but are not recognised general practitioners, are better supported to prepare for RACGP Fellowship and are working to the same standards as apply to Australian Graduates including standards of supervision, and standards for continuing professional development.

The RACGP has never supported or endorsed the 10-year moratorium and believes the policy needs review. We do not support measures which compel doctors to work in rural areas; it is preferable to foster those who have an interest in rural practice. Measures which compel doctors to work rurally are often unsustainable.¹³ For example, previous approaches to address the maldistribution of GPs have focused on mandating that certain GPs must work in rural communities through visa requirements or bonded places. Evidence from both Australia and Canada shows that these policies are not wholly effective; once the 10-year period is complete, the GPs move away from rural areas.¹⁴

We should instead focus on mechanisms which would ensure registrars have a [positive rural placement](#). This may include setting requirements for high-quality rural experience for example, duration, location, and breadth of exposure to rural medicine.^{15,16} We would also support measures which highlight the value of the rural GP experience and the esteem in which it is held, such as the pending rural generalist speciality rating and expanding the evidence base on the clinical value of rural experience.

7. Other related matters that may assist the inquiry

Funding reform and the general practice workforce

The RACGP further notes that funding systems play an important part in the attractiveness of the profession and supporting the future general practice workforce. While this is not an issue specific to IMGs, it remains a key factor in all general practice workforce discussions. Without immediate and long-term investment in general practice, targeted workforce measures are unlikely to effectively address overarching supply and distribution issues within the general practice workforce. Significant reform regarding general practice support and funding is required to ensure the sustainability of general practice and the workforce, both now and into the future.

The [Vision for general practice and a sustainable healthcare system](#) (the Vision) is a framework for excellence in healthcare and provides the solution to address a range of issues and pressures currently facing the Australian healthcare system.²



Cultural awareness and cultural safety training for IMGs

The RACGP consider the completion of cultural awareness and cultural safety training essential for IMGs wanting to come to Australia and setting them up for success as a GP. A large proportion of IMG GPs work in rural and remote locations. Considering remoteness is an indicator for chronic disease and multimorbidity prevalence and Aboriginal and Torres Strait Islander people represent over 30% of the total remote/very remote populations, it is critical IMGs are trained with the knowledge to deliver culturally safe best practice.¹⁷ It is essential preparedness for living and working rurally in Australia to support IMGs to contribute to the provision of culturally safe primary care irrespective of where they practise. This means GPs need to gain a good cultural understanding of their community, consider language differences (body and spoken) to deliver culturally safe patient-centered care.¹⁸ Prior to commencing general practice in Australia, IMGs have little or no training and or background into Indigenous and Torres Strait Islander culture. We ask the Committee to consider our recommendation for a formalised collaboration between the Rural workforce Agencies and Indigenous peak bodies such as NACCHO to establish a quality training/experience curriculum for IMGs before they commence medical practice in Australia.

Thank you again for the opportunity to provide feedback on the Inquiry. We look forward to working with Government on collaborative solutions that contribute to Australia's nation building and sustainable workforce solutions for general practice. If you would like to discuss our feedback further, please contact Andrew Hayward, Manager RACGP Rural at andrew.hayward@racgp.org.au.

Yours sincerely

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Chair, RACGP Rural

References

¹ Australian Medical Association. The general practitioner workforce: why the neglect must end. Barton, ACT: AMA, 2022.

² The Royal Australian College of General Practitioners. Vision for general practice and a sustainable healthcare system. East Melbourne, VIC: RACGP, 2019.

³ Deloitte Access Economics. General practitioner workforce report 2022. Melbourne, VIC: Deloitte and Cornerstone Health, 2022.

⁴ The Royal Australian College of General Practitioners. General Practice Health of the Nation 2021. East Melbourne, VIC: RACGP, 2021.

⁵ Department of Health and Aged Care. Section 19AB restricted doctors and access to Medicare. 2022. Available at [//www.health.gov.au/topics/medicare/access-practitioners-industry/doctors-and-specialists/19ab?language=und](https://www.health.gov.au/topics/medicare/access-practitioners-industry/doctors-and-specialists/19ab?language=und) [Accessed 2 March 2023].

⁶ The Royal Australian College of General Practitioners. Submission to Senate inquiry into COVID-19 response June 2022. East Melbourne VIC: RACGP 2020. Available at www.racgp.org.au/advocacy/reports-and

submissions/view-all-reports-and-submissions/2020-reports-and-submissions/submission-to-senate-inquiry-into-covid19-response [Accessed 8 March 2023].

⁷ The Royal Australian College of General Practitioners. RACGP federal pre-budget submission 2022-23. East Melbourne, VIC: RACGP, 2022. Available at www.racgp.org.au/advocacy/reports-and-submissions/view-all-reports-and-submissions/2022-reports-and-submissions/racgp-federal-pre-budget-submission-2022-23 [Accessed 20 February 2023].

⁸ The Royal Australian College of General Practitioners. General Practice Health of the Nation 2022. Melbourne, VIC: RACGP, 2022.

⁹ World Health Organisation. Human rights: fact sheet. WHO, 2022. Available at www.who.int/news-room/fact-sheets/detail/human-rights-and-health [Accessed 21 February 2023].

¹⁰ Australian Bureau of Statistics. Cultural diversity of Australia. ABS, 2022. Available at www.abs.gov.au/articles/cultural-diversity-australia [Accessed 22 February 2023].

¹¹ UN Committee on Economic, Social and Cultural Rights (CESCR), General comment No. 20: Non-discrimination in economic, social and cultural rights (art. 2, para. 2, of the International Covenant on Economic, Social and Cultural Rights). 2 July 2009, E/C.12/GC/20. Available at www.refworld.org/docid/4a60961f2.html [Accessed 2 March 2023].

¹² Commonwealth of Australia. Lost in the Labyrinth: report on the inquiry into registration processes and support for overseas trained doctors. Canberra ACT: House of Representatives, Standing Committee on Health and Ageing, 2012.

¹³ The Royal Australian College of General Practitioners. 10 year moratorium for international medical graduates (IMGs). Melbourne, VIC: RACGP, 2009. Available at www.racgp.org.au/advocacy/position-statements/view-all-position-statements/health-systems-and-environmental/10-year-moratorium [Accessed 20 February 2023].

¹⁴ The Royal Australian College of General Practitioners. Submission national medical workforce strategy 2020. Melbourne, VIC: RACGP, 2020. Available at www.racgp.org.au/getmedia/896654ee-5d80-469b-a396-41639cbec70f/RACGP-submission-National-Medical-Workforce-Strategy-April-2020.pdf.aspx [Accessed 20 February 2023].

¹⁵ Hendrie D. What keeps IMGs in rural areas after their 10-year moratorium? newsGP. 17 November 2020. Available at www1.racgp.org.au/newsgp/professional/what-keeps-overseas-trained-gps-in-rural-areas-aft [Accessed 22 February 2023].

¹⁶ McGrail MR, Nasir BF, Chater AB, *et al.* The value of extended short-term medical training placements in smaller rural and remote locations on future work location: a cohort study *BMJ Open* 2023;13:e068704. doi: 10.1136/bmjopen-2022-068704.

¹⁷ Australian Institute of Health and Welfare. Rural and remote health. Canberra: AIHW, 2022. Available at www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health#Health%20risk%20factors [Accessed 23 February 2023].

¹⁸ The Royal Australian College of General Practitioners. What's it really like for overseas doctors settling in Australia? Melbourne, VIC: RACGP. Available at www.racgp.org.au/education/imgs/what-s-it-really-like-for-overseas-doctors-settlin [Accessed 23 February 2023].