ATTACHMENT A – DRAFT LETTER FOR QUEENSLAND HEALTH

AMA QUEENSLAND
www.amaq.com.au
88 L'Estrange Terrace
Kelvin Grove 4059
PO Box 123
Red Hill 4059
Ph: (07) 3872 2222
Fax: (07) 3856 4727
amaq@amaq.com.au
ACN: 009 660 280
ABN: 17 009 660 280

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Mr Shaun Drummond
Director-General
Queensland Health

By email: ***DG_Correspondence@health.qld.gov.au***

Subject: Support for international medical graduates

Dear Shaun

As you know, International Medical Graduates (IMGs) face unique challenges in migrating to and building their lives in Australia. To better support these doctors, AMA Queensland established the IMG Working Group (IMG WG) to provide considered and expert advice and recommendations on IMG matters.

The IMG WG has now developed key recommendations to support IMGs in training, who are amongst the most vulnerable IMGs. These recommendations also come at an opportune time given the recent legislative amendments that make Hospital and Health Services and their boards responsible for staff wellbeing. Given Queensland Health is the largest employer of IMGs in Queensland, it must do more to support these doctors who are also a vital component of our current and future health workforce needs.

One of the IMG WG's first tasks was to conduct a survey of IMGs to understand their needs and challenges. The survey was distributed through AMA Queensland's networks in September-October 2022 to AMA member and non-member IMGs. The survey results were subsequently analysed and key themes identified to inform policy development to support IMGs in training (refer Attachment A). Three key themes for focus emerged:

- orientation issues (personal and professional);
- workplace issues; and
- training issues.

The IMG WG resolved to focus on orientation and workplace issues initially as these encompass the main challenges faced by IMGs migrating to Australia. Training issues experienced by IMGs are anticipated to be the focus of future advocacy by AMA Queensland with the various specialist medical colleges.

Orientation and workplace challenges experienced by IMGs are directly within the influence of Queensland Health as the largest employer of IMGs in Queensland. As such, the IMG WG has developed key recommendations for the Department to better support IMGs in training, set out below.

Recommendations: Orientation Issues

Respondents identified orientation issues on arrival and in their first few years in Australia, both personal and professional. In particular, IMGs desired better orientation to:

- The health system (professional orientation)
- Australian culture/life and institutions (personal orientation)
- Recruitment processes, information and support
- Mentorship, including throughout the IMG recruitment process until 5-10 years post-migration.

AMA Queensland recommends Queensland Health develop the following materials, in collaboration with AMA Queensland, to assist IMGs to establish themselves and improve their transition to Queensland:

- A simply-designed, easy-to-navigate and open-access webpage with links to key pre-orientation and arrival information for personal matters including:
    - Accommodation (temporary, rental, purchasing property)
    - Banking
    - Tax
    - Financial services
    - Primary and high school education (public and private)
    - Health care (public and private)
    - Transport.
- Free online and/or in-person seminars to enable group, peer-to-peer and senior-junior mentorship (similar to AMA Queensland's Private Practice Seminars).
- Free lunch-time events for IMGs, similar to those provided in HHS' for doctors-in-training.
- A variety of IMG-specific information (e.g. interviews, articles, fact sheets) from experienced Australian IMGs, tailored by culture, country/region and specialty and published online.

Recommendations: Workplace Issues

Respondents reported experiencing significant difficulties in the workforce both before and on arrival in Australia. Understanding employment conditions including fair pay, overtime, leave entitlements, grievance processes and the 10-year moratorium restrictions were amongst the challenges experienced by IMGs.

AMA Queensland recommends Queensland Health develop and provide, in collaboration with AMA Queensland, the following to assist IMGs migrating to Queensland:

- Information about how to obtain advice on employment contracts before execution during the recruitment phase (to ensure IMGs are not signing disadvantageous employment agreements which are likely to result in resignation soon after arrival).

- Educational materials about the (relevant, current) Medical Officers' (Queensland Health) Certified Agreement, including entitlements.
- A program, similar to Wellbeing at Work previously delivered to Queensland medical interns by AMA Queensland (with funding from Queensland Health), for Queensland IMGs to improve their mental and physical wellbeing.

The above recommendations are also consistent with the AMA Position Statement on 'Safe, healthy and supportive work environments for hospital doctors' (2023) particularly requirements for psychosocial safety and wellbeing set out in Part 18 'Discrimination, bullying and harassment' available at https://www.ama.com.au/articles/safe-healthy-and-supportive-work-environments-hospital-doctors-2023-position-statement.

AMA Queensland would like to meet with Queensland Health to discuss the above recommendations further, including opportunities to co-develop the suggested information materials. Our best contact to make these arrangements is Amanda Sanderson, EA to the AMA Queensland President and CEO (a.sanderson@amaq.com.au).

We look forward to working with you on this important issue.

Yours sincerely

Dr Maria Boulton
President
AMA Queensland

Dr Brett Dale
CEO
AMA Queensland

AMA Queensland IMG Survey

Qualitative Data Themes – Sample Responses

Q21: What information did you need?
[follow-on question from Q20 'Do you feel you had an adequate orientation to your workplace?']

1. Arriving in Australia

1.1. Visas, Moratorium, Gaining Employment

- *What options I have to move… to metro areas* [for] *the sake of family dynamics and children's education*
- [Explanation of] *Moratorium restrictions*
- *Visa process, work opportunities, doctor representative group*
- *My registration was not legal/completed for 4 months, my* [spouse] *was told* [they could work as a registered health practitioner] *on arrival in Australia but this was not true. I was told I could start to work as a specialist, but I was then a non-specialist SMO and had to sit all ACRRM exams, train additional 6 months, and then 5 years later needed 6 months supervised practice to become a specialist again – after a lengthy application process to two Colleges.*

1.2. Cultural Orientation

- *How to fit in culturally – Being mindful of old boys network – That academic curiosity may get in the way of career progression especially if "but we have seen the same thing done a different way in* [another country].
- *Information about living in Australia (like you have to do a tax return every year).*

2. Workplace Issues

2.1. Workplace Orientation

- *How the Medicare system works*
- *How to bill correctly*
- *My role, working of hospital, admin etc.*
- [H]*ow the entire medical system works*
- *More workplace culture*
- *IT orientation*
- *Software navigation, health systems and how they integrate. Referral pathways. Medicare rules.*
- *A guided tour and explanations.*
- *Where I was going to sleep that night. Crash codes. Emergency protocols.*

- *I entered a very complicated system with not enough local knowledge and a gap in the practice in my country and here in terms of rules and regulations.*
- *Information regarding categorisation, transferring patients to tertiary centres when required and alternative accepted processes to care for patients in an area with limited resources that is compliant with Australian standards.*
- *Appropriate orientation about 'expectations of each term' specifically in rotation in the first year of RMO job as different department work in different ways.*
- *More info than where the toilet is. More welcoming. More structure.*
- *What is the role of administrators? Whose duty is it to provide adequate staffing and equipment, can that person perform their role to reduce the abuse I get from colleagues, patients… Known lines of supervision or communications.*
- *How to prescribe. How Medicare works. How the public/private system integrate.*
- *Clear description of duties and responsibilities as an intern and later as an RMO.*
- *Translation of frequently used acronyms.*
- *Identification of lines of support and supervision.*
- *Registration requirements, prescribing requirements*
- *More orientation on Australian health system and hospital management*

2.2. Conditions of Employment

- *My rights as an employee and subcontractor.*
- *I was not even allowed to take some time off for 3 years*
- *Rights*
- *Dishonesty around supportive services of hospital (ICU) and future evolution of hospital. Dishonesty about scope of practice and procedural restrictions.*
- *Percentage* [of training] *paid by the practice menial as I'm an IMG & not member of Royal College, though work the same (quality) as others.*
- *In small hospitals nurses cleaners etc. seem to be supervising making sure I don't take tea or lunch break.*
- *I had to perform duties without proper supervision and mentoring. The registrars and consultants were not available on night and weekend duties.*

2.3. Other Suggestions/Comments re Workplace Issues

- *Respect as an IMG… to be considered like normal local graduate, not like aliens*

Q23: Please add a comment about your job security

1. Workplace Issues

1.1. Racism, Discrimination and Prejudice

- *Too much pressure from patients and ahpra and Medicare rebates are disgusting*
- *Working as an IMG GP, patients feel they have the right to abuse you, stretch your limits.*
- *I feel my colour/race and previous training are judged by people and I feel I am more likely to be complained about*

- *IMGs are targeted more by patients, AHPRA and courts*
- *Underlying racism and misogyny by older Australian white males in my role as a senior consultant.*
- *I only feel secure now that I have citizenship prior to that I did not feel secure working for Queensland Health. I felt at certain times my registration could be compromised. Queensland Health has policies which put doctors in compromising positions but when there is a problem it is a blame culture and someone has to take the fall.*
- *Currently yes. On a visa – not at all.*
- *Secure only after becoming PR and get a permanent post.*
- *Whilst I was a fellow, I was paid a lower wage than the Australian fellows as an IMG so I did not have financial security. This was despite being a consultant in* [another country]. *When I was employed as a consultant in Australian, I was paid as a training registrar until I sat the fellowship exam so again, cheap labour and no financial security. However, I could not complain and when I did I was told that this is how it is. When I reached out to the AMA, they did not reply or help. So this just further reinforced the IMG difference. I worked an unfair rota compared to permanent consultants because I was in a period of supervision and saying no was not an option. This was made clear. Since getting my fellowship and therefore being allowed a permanent job here, I get paid as a year 1 consultant despite being one for 8 yrs now and trying to negotiate a fairer rota is a work in progress.*
- *IMGs can be considered less competent and therefore not prioritised for employment. I feel like I will need to make compromise in my career choices just to stay employed. It's because best training position are usually first filled with local candidates.*
- *Poor. Not being treated as a real professional. Like I am in a lower position than other doctors.*
- *Always a possibility that if an Australian is found for my job, I may be kicked out.*
- *Still face and see some toxic behaviour to IMGs.*
- *I think as an IMG you are more likely to be AHPRA reprimanded or sued if an adverse incident happens.*
- *Due to temporary visa it is always hard to feel secure when compared to peers who are Australian trained/Australian citizens with more benefits.*
- *The job prospects are purely based on your network and not on merit.*
- *It was not possible to feel safe in my job whilst being subjected to what seemed like random and xenophobic decisions from RACS*

1.2. <u>Other Suggestions/Comments re Workplace Issues</u>

- *Bulk billing GP is not sustainable*
- *Retribution for raising concerns about what is told to me.*
- *Always the worries of being subjected to Ahpra complaints… needing to satisfy everyone… fear of missing Medicare compliance and getting audited. Your savings taken away and subjected to unnecessary litigation in an environment where the regulating agencies treat you guilty until proven innocent.*
- *Some patients with mental health issue and drug seekers can be difficult to handle*
- *Allocated no or unflavoured shifts, does not feel valued*
- *I feel that it will be any day I will be kicked out*
- *I promise they will not let me renew my contract if I ask for something (like mandatory rotations etc.) or stretched us to stay in hospital to fulfil their workforce for at least 3 year.*

- *I am on a moratorium which limits my work options.*
- *Concerns relate to reforms not IMG status.*
- *Unsure how medical system works in regards to training requirements.*
- *My visa may expire with insufficient funds to get permanent residency.*
- *The threat of visa withdrawal is overt. In the end I could not cope with the stress associated with this.*
- *I feel secure at present however the first few years were very unsecure with only having 3 monthly contracts and been moved to various locations.*
- *Very secure, my contract is temporary for 1 year but I realise this will lead to further employment with QLD health and other health authorities in Australia*
- *I feel very minimal support from colleagues. It's a competition for patients and livelihood.*
- *Only feeling somewhat secure not as a permanent employee.*
- *Too much critical sniping from patients.*
- *I am a specialist prepared to work in regional Australia, there's never likely to be a shortage of work.*
- *Working is optional, but I love my job.*
- *I would prefer to be permanent employee but not allowed*
- *Feels like a stable job in a growing department*
- *I think my answers will potentially skew this survey as I have not had any negative aspects. I came in as a specialist.*
- *Good public service job.*
- *After four years, I got a permanent consultant job so now I feel secure.*
- *Never an issue.*
- *It's not a problem now but have seen bad days.*
- *I have with my force of character, abilities and patience built up a department ground up. My work spoke for itself and therefore even my detractors were forced to concede.*
- *I am no longer able to practice in the field I attained higher specialist training with 7 years independent consultant level experience due to RACS determinations of equivalence.*

Q25: Please add a comment about your job satisfaction.

- *As a GP, the Medicare billing is not at par with other specialists. Does not make me feel valued.*
- *We get paid less for what we do and we feel vulnerable from patient stupid complaints.*
- *I am mostly satisfied*
- *Good job with good exposure and reasonable support and funding in the department*
- *Still awaiting specialist accreditation by the RACS*
- *Medicine tops everything at the end of the days, small incidences don't alter the course of a ship*
- *With time greater degree of bureaucracy has crept into public hospital practice*
- *Medicare rebate freeze for 9 years*
- *Sometimes I feel taken advantage of in rostering and opportunities for higher duties*
- *I spend only 20% of my time in treating patients. The rest is paperwork and filling certificates.*
- *I would not like to bulk bill.*

- *Looks like I am being watched. Get ignored in meetings. Tangential comments about how worthless I am. Even simple complications gets biased attention and not so useful criticism.*
- *I feel unstimulated in my current post as the work if fairly limited in scope.*
- *I am paid substantially less to do exactly the same job as my Australian colleagues.*
- *Poor Medicare rebate and increasing expense make the practice difficult to survive.*
- *I don't like the health care system, I don't like lengthy history taking and spending time on medical documentation*
- *Worked as a GP in overseas the first job in Australia was intern you need to pretend you are a real junior otherwise you would be in trouble. Registrars and nurses would give you really hard time.*
- *Job satisfaction will increase if I get job security.*
- *I work part time and would like to work more. I am given the lists and on calls no one else wants. Sometimes my complicated patients can only be operated on other colleagues lists because of the anaesthetists and I come in to operate on them but am not allowed to claim overtime. When I work extra to cover leave, I am paid normal rates, when my Australian colleagues do, they are paid on call much higher rates. Although I like my colleague and workplace, there is an inequality. When I was a fellow, I was paid less than the Australian fellows because I hadn't rained here and told this was an AHPRA ruling for IMGs to be paid less for the same job. When I was a locum consultant, I was paid as a registrar (until I completed my 2 year pathway to equivalency) which was unfair. Again, I was told this was because of an AHPRA ruling.*
- *I love what I do*
- *Local regional patients are very grateful that top quality treatment is offered regionally at acceptable AMA rates, so they do not have to travel to a metropolitan centre and incur high hotel fees on top of the often ridiculous out of pocket costs. Living regional is nicer then in a polluted city.*
- *I am doing meaningful work, quality care and feel the patients get better.*
- *Highly satisfied.*
- *I choose what I do*
- *I love my job. The only reason I would leave would be due to some difficult circumstances with a colleague.*
- *Loss of skills. Lack of training, previously long commutes. Long hours. Poor remuneration. Shift work. Risk of audit and deportation.*
- *Always understaffed, specialists don't stay long in small towns and this can get very frustrating.*
- *Love my workplace. Love my patients.*
- *Having suffered years of prejudice, making massive adjustments etc. there is a sense of resignation that one has to keep fighting the glass ceiling – On the other hand, Australia is an amazing country and there are opportunities to take and make them your own if only one can look beyond the obvious e.g. non-departmental stuff.*
- *Feels like I'm stuck until I get my general registration.*
- *I've enjoyed the hospital and people I work with. I look forward to going to more places if possible.*
- *Public health care sector is at breaking point with significant staffing and other resource shortages coupled with extreme lack of employer ability or willingness to improve working*

conditions. Concerns fall on deaf ears and it is very frustrating having to do more with less all the time.

- *The job is amazing. The colleagues are like walking on broken glass. This system where others complaint about others.*
- *I love my subject but still I am not treated quite the same as Australian trainees/consultants and my experience is not always recognised.*
- *The environment is supportive, however, the workload is extensive. It's also disappointing to be expected to work overtime almost every day. Work-life balance is very disturbed.*
- *Sadly Medicare issues and Government eroding the value of General Practice coupled with the ongoing pandemic stress reduces job satisfaction and long term outlook!*
- *I really enjoy medicine in Australia. Had I known how I would have been treated by my employer in relation to the visa I would not have come. My advice to others in my position is always proceed with caution.*
- *I feel each day I am making a difference to the community of Qld.*
- *The initially 1-2 years was very challenging however I was fortunate to have been supported by the IMG support network.*
- *I love working in this town with the local team. However the politics is difficult.*
- *We are understaffed and over-worked. There are foreseeable and preventable medical errors happening. One colleague is grossly incompetent and leadership is ignoring. I feel exploited.*
- *Satisfied with my patients loyalty, trust and understanding. Not satisfied with my support from colleagues.*
- *The unit is totally disorganised. Bullying, harassment and discrimination is rampant from top to bottom. There are powerful, lazy and incompetent group of consultants who will easily get away even with serious harm to patients and the other group of hardworking and competent consultants who are exhausted covering the other group of clinicians and being blamed for any risk incidents.*
- *Salary is good. Job progression is not good as there is a significant amount of preference for locals for many opportunities at work. Elitism is the best word I can find that describes Australian medical culture. Everyone clams up otherwise if one calls it racist.*
- *Pleasantly boring.*
- *I happened to score a job in the best anaesthetic department I have ever worked in.*

Q31: Do you have any recommendations for providing cultural, social and personal support to new International Medical Graduates, e.g. what helped you, or what would have made a difference for you?

1. Cultural Support

- *English language supports*
- *I think close association with local communities and cultural groups would be appropriate. For New entrants this will be very helpful. Overtime I have formed a peer group and support group which helps people substantially. I think subscription should be formally recognised and new people introduced to these groups to help them readjust to the new environment.*
- *Having a mentor/cultural orientation in addition to hospital orientation.*

- *More orientation and exposure, there is some discrimination behaviour experienced generally felt initially, much better presently.*
- *Nurses need to be trained with proper anti-discriminatory training, and professional boundaries. They seem to be taught an anti-doctor rhetoric in their nursing schools especially against IMGs.*
- *Language. Networking. Asking for help. Confidence.*
- *Not addressing IMGs as 'they' and Australian trained doctors as 'us' could be a good start.*
- *Orientation on Australian culture, lifestyle and implications on medical practice.*
- *In the hospital understanding and warm welcome form all the staff (Registrars, nurses) would be so helpful.*
- *Cultural awareness course for staff.*
- *Local staff should be trained in understanding the cultural differences and therefore the style of interaction and to respect without issues.*
- *Less judgemental attitude by the staffs.*
- *Joining country based/language based professional groups.*
- *What helped me: Colleagues sensible to cultural differences. Flat mate support.*
- *Better acceptance by local workforce, inclusiveness has to come from senior level for cultural shift.*
- *I think education on cultural safety for First Nationals people. There was none when I arrived. It is a little better now – but really important for new IMGs. Hard for AMA to do the reciprocal and to make the environment culturally safe for new IMGs. But perhaps some sort of reporting scheme for new IMGs who feel isolated and unsupported and directed help to try to manage.*
- *Providing access to other IMG's from similar backgrounds if available. Preparing the work place as well to enable better integration of IMG's. IMG's are expected to work hard to integrate but the team also need help with finding ways to help IMG's fit into the team easier.*
- *Take measures to make workplaces culturally diverse.*
- *No matter what you do or hard work the cultural can't be changed as racism is ingrained into the culture of Aussies despite the Australian Economy is fully dependant on the IMGs and migrants.*
- *Unconscious bias training for supervisors and supervisors of training. It should be a mandatory for Queensland health employees as well.*
- *To have been welcomed into the body of specialists and treated as equals – rather than as a second-rate specialists only allowed to work in the more remote locations.*

2. Social Support

- *I would like to mentor and help fellow IMGs*
- *Mentorship in this country would go a long way to ease the burdens faced by IMG's. I broke the ice 32 years ago and hope the walls have been permanently broken.*
- *Provide actual mentorship/support for the non-work areas it helps people – usually we have to move our families/lives/start new again.*
- *Perhaps being put in touch with others who recently moved could help… Being out in touch with non-supervising specialists who can give advice or help without negatively prejudicing oneself could be a nice enhancement. Someone to ask questions without being judged!*
- *Forming mentorship programme by fellow IMG senior colleagues to junior colleagues.*

- *Have contact with someone from same background who has gone through same path.*
- *Mentoring program in the hospitals might help.*
- *Senior IMGs helping out new IMGs, mentoring and equal opportunity.*
- *Interacting with other international graduates and doctors from similar background who have faced the same challenges.*
- *Regular training sessions or opportunity to meet and discuss with peers will help.*
- *Setting up a social network for IMGs.*
- *Presence of overseas supervisor or mentor… overseas physicians community group for support and advice.*
- *IMG group.*
- *Mentoring system with IMGs from same countries would be helpful.*
- *There should be doctors from the country of origin who can advise on professional as well as social structures to support doctors and family immigrating. It is a huge investment both for the health care system and those immigrating regarding time and resources. The focus is usually on recruitment to regional areas of work force shortages but there isn't much effort on retention.*
- *Mentoring by IMG and non IMG doctors*
- *Mentoring by other IMGs*
- *Making IMG support groups within healthcare services*
- *What would have made the difference: Allocated mentor who is also an IMG, for additional support (e.g. social gatherings, chats etc.).*
- *A mentor and some social events.*
- *What helped later on was getting in touch with other IMGs from the same country/continent of origin as myself. They gave me a thoroughly orientation of how things work.*
- *Mentorship. IMG group to meet and gain experience, support, network and socialise with others would have been great.*
- *A closed network of IMG colleagues so that frank experiences can be discussed and approaches/solutions can be suggested by people who have navigated the system.*

3. Personal Support

- *Help with banking and other systems, understand the computer*
- *Linking newly arrived IMG with a senior IMG colleague as a mentor.*
- *Having a mentor or guidance to various pathways in a simple manner. Most of the colleges charge a lot of money just to assess previous qualifications.*
- *Hobby. Religion. Investment in children's activities.*
- *Mentor or support person to speak to, to navigate the system.*
- *It would have helped enormously to have received an orientation with respected to the medical system in Australia. A designated mentor would also have helped.*
- *More clear career mentorship.*
- *There needs to be an IMG buddy for every new IMG.*
- *IMGs need to attend most of the free hospital conferences and through that they can make connections.*
- *Structured debriefing sessions with HR for support to especially new IMGs.*
- *More training workshops for IMGs re documentation, communication and local guidelines.*

- *IMGs need an introduction to the system, resources education, and professional support, not through their employer, through RACGP, AMA, or other bodies. I did not know AMA existed until… after 2 years.*
- *DOH and* [Department of] *home affairs should review contracts that are IMGs offered.*
- *Talk to peer group, family friends and AMA or AMAQ, for which I was not aware of.*
- *More information available about resources, such as EAP and coaching for interview skills (available through EAP). Tax, finances and visa information. Colleagues more willing to share information without the need of being asked for.*
- *Accommodation provided by the hospital. Participating in social events at work.*
- *District of workforce shortage restrictions should be waived if the IMG's spouse is an Australian citizen. It's one thing to put barriers on immigrants but another to restrict where Australian families can live because of where the spouse went to medical school. This has required us to live remote from our Australian friend and family network despite having a small child, and will likely result in my rural area losing a desperately needed specialist, or me working part time instead of full time because of lack of childcare and social support in our area. Hospitals that have crèches onsite or sick child care options would drastically improve their employee retention.*

4. Other Suggestions/Comments re Support

- *The allocation officers for IMGs are notorious for not giving rotation that the IMG specifically ask for.*
- *It would have been great if the college hadn't discriminated against my training in* [a country]. *This lead to me losing a decade of my career trying to prove myself despite being over competent and training the locals. For college I still needed to be retrained. Don't understand why we IMGs are succumbed to such double standards. There isn't any uniformity across the speciality boards and it's a bit lobby controlled by the locals. It would have been great if there was a fair cell/local AMA body where the IMGs could go to and raise their concerns. It's very easy for an IMG to win the helpless situation they are subjected to if heard in the court of law.*
- *Join some IMG study groups or association.*
- *Having a good mentor. Raising concerns about discrimination, nepotism.*
- *Have an organisation that actually helps IMGs to get into workforce after completing their required exams i.e. AMC 1 & 2.*
- *I would have preferred to have had a period of working in the large metropolitan referral hospital to get to know my peers and the system prior to being exposed to the reality of regional Australia. When I requested this however, this was declined by the metropolitan IMG responsible "as it would interfere with their obligations towards fellows and registrars". To me this felt like "we are not interested in you", were I was going to perform a task in the same hospital system that they declined to do or support.*
- *Having a good understanding of the restrictions placed on Specialists who are IMGs such as private practice moratorium, the sponsored short term visa trap spanning three uncertain years after a life of certainty in* [another country] *and deliberately complex comparison system for specialist registration despite having any number of years of sound clinical work in* [another country] *due to the primary medical qualifications being from* [a different country] *usually helps them weigh up their decision in a more informed way. Complete prior knowledge of all*

aspects of employment terms would have also made a big difference. QH shares only what makes the picture look good.

- *IMGs need to be told the difference between a mentor and supervisor; they should be given a choice to select their mentor who can be with them for any supervisory issues.*
- *More lgbt training.*
- *Working in ED was great as a first job. Lots of doctors; often Australian's seem to avoid it so there are other IMGs; shift work helps you bond; sociable culture. Also coming from* [a country with many similarities to Australia] *the similarities in work and culture makes it much easier to integrate.*
- *Don't come here!*
- *It would be extremely helpful if you were providing advice for IMGs before they get the first registration. After that, help is not that necessary.*
- *As an IMG when I initially arrived in Australia, I was subtly blackmailed in tolerating severe discrimination and bullying with the threat of being "sent back" by my employer. I am not alone in this experience. A formal support system outside of the employer, acting on my behalf, would have been very helpful.*
- *IMGs should have tailored programs and mentoring to ensure they feel valued!*
- *AMAQ can lead in having induction meetings and regular gatherings as part of sharing information, and gathering the challenges that can inform AMAQ advocacy.*

Q32: Do you have any recommendations for improving recruitment, retention and job satisfaction for International Medical Graduates, e.g. what helped you, or what would have made a difference for you?

1. Recruitment

- *Streamline the entry process for IMGs… reduce the unnecessary agony they are out throughout their professional career.*
- *Help with skills and knowledge when first start*
- *The paperwork component of applying and assessment is formidable. The costs involved are also huge especially when on top of international move, uncertain employment of partner, relocation costs and no access to bank loans etc. due to lack of local banking history.*
- *Financial support, orientation, training.*
- *I think the biggest impediment to people besides professional issues is social issues… AMA should potentially recognize local groups and introduce them so that they can be supported through the initial adjustment period. This will at least take care of some of the social issues as well as helping in the professional adjustment as well.*
- *Easier visa process, dedicated mentor. Issues with adaptation to the new health system.*
- *Clear information about the career pathways "practical not theoretical" ahead of recruitment. Everything appears fair on paper in Australian health system but nothing happens in a fair way. Recruitment or applying for certain jobs through recruitment campaign run by Queensland health is just a fine example that nothing happens through the system. Why bother?*

- *Needs orientation. Seeing lot of occasions where IMG are left with afterhours duties, oncalls especially when they need support.*
- *Make easier visa options for parents or family to support us.*
- *Longer induction/orientation, actually meeting someone from Indigenous background (rather than just 'taking a course').*
- *Remove the 10 year moratorium.*
- *I had a grant of 5k to help with relocation expenses also had a tour of the local hospital.*
- *Recruitment system should be more efficient which may develop by some 'prioritisation criteria' whether it should be based upon 'AMC exams completion or year of training or gaps in clinical years' so that IMGs can get some idea on which area needs more emphasis AMC exam or recency.*
- *The interview processes protect local graduates. That needs to change. Even IMGs who are the interviewers or examiners favour the local graduates.*
- *Reduce moratorium periods from 10 years to 5 years.*
- *By introducing some observership programmes which can be counted as recency of practice.*
- *The initial cost of getting assessed and moving here was overwhelmingly high.*
- *Be truthful. Getting onto a training scheme as a "foreign" doctor is nearly impossible. Not told this at the time.*
- *Australia remains an attractive option for IMGs. The work-life balance and remuneration remain better than in many parts of the world, and this should continue to be fought for by professional organisations.*
- *Help with CV and career guidance would make a huge difference.*
- *Support with the immigration/visa situation.*
- *To reduce the moratorium to 3 or 5 years only.*
- *Remove 10 year moratorium or apply the same rule to new Australian graduates.*
- *Support in the initial 6-12 months to stabilise in a new work environment. There is a lot of unknown factors such as language, cultural, system factors which will be in addition to the normal work stressors.*
- *The AMA should try to get colleges, companies, regions to publish their "pass" rates – the success transition from consistory full registration. For those groups where the rates are lower than average or expected, questions can be asked and support given.*
- *The biggest stress is permanent residence. There should be a clear explicit pathway to expedited PR after 6 months to 1 year.*
- *Easier pathway to get to Australia. There is excessive paperwork and a lot of it is overlapping… fair review of overseas qualifications would be appreciated. Providing information on ways to pursue permanent residency and a fast-track for doctors.*
- *Accommodation/relocation assistance.*
- *Simplifying application process and streamlining applications with job opportunities.*

2. Retention

- *I think IMG who work in rural areas and in isolation would benefit from having somebody outside of work to debrief and distress with.*
- *Mentoring programs.*
- *Centralised approach to mentoring (longitudinal mentoring approach)*

- *The moratorium is discriminatory and needs to be scrapped. The RACGP and AMA need to take a more active role in supporting IMG doctors and welcoming them rather than discriminating against them. Also to help with contractual issues faced by IMGs as they don't really know much about healthcare here so can easily be trapped in an unsuitable contract.*
- *Clear description of the requirements and responsibilities. Explaining pathways and requirements to obtain training positions and naturalisation process.*
- *Workshops for clinical skill improvement available for everyone. Clear career guidance.*
- *Long term visa that will make it easy to buy car house etc. Clear pathway to permanent residency.*
- *Avoid any restrictions to where they can practice. Increase remuneration of their work.*
- *To ensure that the placement on a payscale as per date of highest qualification and increments were on the same date, rather than increments then being on anniversary of start date of employment! I feel I am working on a payout though I should be a salary step higher as per the MOCA. To have more autonomy related to managing my time. There appears to be an inflexible seat warming culture in QH which doesn't reflect how Specialists manage themselves and their duties usually! There is a subtle contempt for Doctors with a clear divide between medical workforce and other clinicians. Not sure whether this is an IMG specific or general attitude.*
- *Better pay/pay parity with AMGs. Reduced artificial barriers/protectionism, especially one you've attained citizenship. The fact that you can be Australian, but have ongoing restraints on trade, makes it clear you remain a second class citizen.*
- *More resources to support retaining doctors in the areas they were recruited to provide services. When doctors arrive they are thrown into their jobs without much orientation to the community or the hospital. It is difficult to maintain skills as you are not allowed to fully use your skills and therefore are at risk of deskilling which leads to poor retention. As the doctor leaves the area at the first opportunity resulting in persistent and recurring work force shortages.*
- *Retention would be improved if there was more respect from hospital management.*
- *Offering permanent residency sooner so I could commit to staying, buying property and settling. I plan to do this though having my own property would help.*
- *Relax the 10 year moratorium for private work. Ensure DWS areas are based on ACTIVE Medicare numbers, as a large number of these are dormant and lead to a skewed perception of sufficient specialist numbers. Employers to be upfront about the range of financial support available not just for relocation expenses, but for costs that follow AFTERWARDS eg buying property etc.*
- *Some do not pass the exam and with no work return to country where came from is the exit. It will be clear if that is made explicit with statistics available and advice how to access exam support.*
- *The AMC & college processes were very complex and changed more than once during the application; on one occasion between submission and assessment of the forms.*
- *Make the process easier. Have a central support office that helps health services but also especially GP practices with all the paperwork and communication with AHPRA, IMMI, AMC, Colleges.*

- *Reduce or eliminate barriers to specialists being able to work full time in a public hospital in any location. Even public hospitals want their specialists to be eligible for private Medicare billing/Medicare provider numbers.*

3. Job Satisfaction

- *Stop isolating us, we should be part of the normal workforce.*
- *It would have make a lot more sense if I had been evaluated with supervision first, and then if found incompetent then have me sit the exam. It's expensive, it removes you from you family and causes a lot of emotional and relationships damage. This is unnecessary.*
- *When IMGs are made part of the healthcare workforce, they should be treated equally and without bias.*
- *Equitable rosters. Meaningful supports. Mentoring. Guidance regarding career pathways. Pat on the back.*
- *Committed intense mentorship in the initial few months would be tremendously helpful*
- *It was not very practical for me to deny the contract I was offered. I should have been offered advice and support in regard to my contract once I was accepted to the system.*
- *Dedicated IMG champion in each hospital.*
- *A medical workforce that treats employees with respect and consideration. Having a work culture that promotes life-work balance instead of discriminating it.*
- *Rules of engagement for admin, nurses, other colleagues as they all mob to bully and harass IMG. Am now a citizen often asked by nurses etc. about my visa status. Stop the bully culture. On merit job appointments. Removal of the subjective referee reports. Let's stop giving power to the bullies. Let them generate an objective report.*
- *Make your local staff have cultural awareness.*
- *Easily accessible authority advocating for IMG's against the subtle exploitation of people dependent on employers to support their visa requirements.*
- *Some organisations recruit IMGs specifically to certain regions. Support can be lacking. There are requirements to pass exams and it can be very difficult with no way out due to restrictions in practice from visas and registration.*
- *Find a passionate, skilful mentor. Join AMA and study group.*
- *Unconscious bias training is one. Removal of legislature that perpetuates an us versus them mentality such as the 10 year moratorium – other countries… have mandatory community service for one year for all doctors, not just the foreign trained ones. Theirs is no basis for such a random fixed 10 years that applies regardless of whether you become a citizen or not except to create an us versus them culture. If it's about servicing remote and rural communities there are more effective ways such as incentives, and the mandatory requirement of service for ALL health care professionals to such areas.*
- *A chance in attitude of fellow trainees is probably too much to hope for, but I was required to pass the final College exams with no access to registrar meetings, study materials, College library/journals.*

Q36: Do you have more information you want to tell us about your experience as an IMG and/or IMGs generally? Please type it below.

- *There have been patients that make racist remarks but they don't really bother me that much…* [there is a] *suspicion that AHPRA* [take] *the side of the complainant contrary to what* [doctors] *have written in* [their] *clinical notes and the hospital notes, purely because* [the doctor is] *an IMG.*
- *I applied to RACS for specialist accreditation – I had to wait 2 years for an interview – was left in limbo, neither the hospital or the college would do anything to respond, plus the AMA don't count that as waiting time.*
- *It's a long complicated process to get registered. The application was very expensive (especially with the exchange rate). The process felt quite fair and unbiased in the end.*
- *Nightmarish and Ghoulish. Soul destroying. Pathetic, discriminatory.*
- *After working on a permanent residency for a few years, our application for citizenship should be fast tracked including the whole family. Such a drawn out process. It's beyond insulting.*
- *Discrimination and litigation rates are higher for IMGs. Doctors have no support from RACGP, AMA, ahpra, or any other body. IMGs constitute 50% of work force in General practice and Queensland health yet they have no say.*
- *Identification of local groups would be great for the new people.*
- *IMGs fight alone. We need support. We need to be treated fairly. We are made to feel like we don't belong here and are here to take other peoples jobs. No one wants to spend their time training us and the number of hurdles put in front of us to achieve our final goal is innumerable. There is no streamlined pathways. There is no options of on the job assessment for many specialties. We are made to do things that do not help achieve the final goal and we are almost made to deskill instead of anyone helping us to upskill. Asking specialists from another countries to sit AMC, to do intern years?? What for?? It clearly sends out a message – we will make life hard for you so that you quit even before you start.*
- *AMC exams are a money making business, very difficult more than the level of Australian medical graduates.*
- *Lack of peer support in the departments and from Administration.*
- *As an IMG… I have went through lot of discriminations from every aspect. Either it's hospital or whether it's Medical Council where we were treated according to the country from where we had the training. I still see hospitals misusing the status of IMG especially with rostering of duties. Always got discriminated when compared with other IMG from certain other countries.*
- *I works as a career medical officer: not even this survey recognises this as an option. Many of us work as career SMOs (non-specialist) for a variety of reasons… Despite* [my employer] *not having a recognised training pathway, my colleagues who specialised as GP's 25-30 years ago are paid as "specialists" in* [my employer]. *This is despite my having worked in Australian emergency departments for 6 years. I perform the identical role, and am paid 30% less than they are. In* [my other employer] *the same situation applies. Even worse, though, I have been denied the chance to train as* [certain type of] *specialist when people with no* [relevant] *experience and a general practice specialty are allowed to do so. I have 10 years* [relevant] *experience, and a Master Degree in* [specialty] *with distinction – awarded concurrently by*

[overseas college/s]. *It is such a waste not to have put my skills and willingness to train in such a high need area of medicine, to good use.*

- *I struggled and still struggling with AMC clinical.*
- *I was interviewed with some other IMGs for the AMC* [recently] *via zoom and it was evident how different and inconsistently we had all been treated. We all had frustrations. Even the comparison assessment is difficult with no way of querying the decision without stopping the clock. The process of application takes 1-2 years and it is difficult to get communication from people.*
- *Used for (low paid) jobs Australian trained doctors do not want to do and looked down upon irrespective of the merits you built up in your home country, if you opted for working regionally.*
- *On first arrival I had been accidentally misquoted a much higher salary (including in writing). There was no comeback as I had to be paid under the MOCA. The difference was >20%. I was also told a very different role structure than was real. Again I had no comeback and there was a very rigid, non-negotiable stance taken. Both these things caused my initial regret at moving and had I been given the correct info up front would have organised myself for the move quite differently (especially financially).*
- *I believe many parts of my first contract were illegal and inhumane and I was let down by the health system that needed me enough to let me in but did not care about me enough to educate me about my rights.*
- *All IMGs should be offered a pre-employment membership pack and guidance to negotiate their terms and conditions by the AMA. Most IMGs believe the AMA is disinterested in their welfare! Those who are members are not given sufficient information on ways to seek guidance.*
- *Queensland probably has the largest proportion of IMGs that other state… Support for IMGs and exams is provided by the AMA. Other support was pulled by Q Health some years ago. I'm not aware of any support except that maybe provided by Directors of Clinical Training in the public hospitals…*
- *There needs to be IMG representative who can deal with underlying issues/problems.*
- *I believe IMGs have enough knowledge but not local experiences and this is something which needs to be addressed.*
- *Ahpra is the worst regulatory agency one could have.*
- *I did not know about MOCA 5 or my rights until 5 years into my working in Queensland Health. I worked for 5 years without getting paid to work weekends or overtime without anyone mentioning it. It wasn't until I left that I learned about MOCA and how I was meant to be compensated. I have witnessed bullying in the workplace and there is a fear of retaliation. Executives bullying clinicians and when it is reported there is retaliation and a file started on that clinician with threats of being fired.*
- *Experienced lots of discrimination about allocation of jobs or placement in different departments in hospital whilst working as JHO or SHO etc. Being a specialist back home was not given any opportunity to pursue career in the specialist. Lack of motivations and communication between employer and me.*
- *At my beginning, I wasn't supported and discriminated against. It improved a lot now. I hear about of a lot of unfairness still happening in exam sittings.*

- *I don't understand all the colleges or places to associate with or what is available to me on a temporary visa.*
- *It is very difficult moving countries as a family with kids, especially as the financial support available to Australian citizens does not apply to those on temporary visas… Childcare is prohibitively expensive without any grants, forcing one partner to stay home to look after kids. Lack of any family in Australia also adds a level of stress, having to stay off work when the kids are sick and not being able to go away with your partner to celebrate special occasions… Fees to study at university are prohibitively expensive on a temporary visa (international student fees), and also on PR (no HECS/HELP available), making it difficult to access further education if your partner's initial qualification was either not recognised or no scope for this in a regional/rural town necessitating a change in career path. Rental crisis is a major issue… There are competent overseas qualified consultants who are working in PHO posts… Many IMGs accept the working conditions, as they do not want to speak up to air any concerns or grievances, for fear that this may impact negatively on their job security and future as an immigrant. Why do anaesthetists no longer have a pathway to Permanent residency? This was removed from the skilled occupation list around 2018/2019? Looking at the number of advertised anaesthetic locum positions, there cannot be an oversupply of anaesthetists in Australia!*
- *Poor support. Lots of specialist not being recognised.*
- *Witnessing and experiencing discrimination makes me uncomfortable.*
- *PHOs are treated really badly from observation. They are often IMGs. They have no one in a hospital to turn to for support and often don't complain for fear of it affecting their chance of getting onto training programmes. This needs to change.*
- *I am very disappointed by my entire experience working in Australia under the duress applied by RACS. The process or not transparent, inconsistent and often are able to terminate careers of highly skilled and experienced doctors. Not to mention the obscene fees charged for any of the assessment processes.*
- *The antipathy toward IMGs is widespread and endemic. They are regarded as inferior, regardless of their experience. It is best classed as institutional racism. I have never come across anything like it in my decades of professional work.*
- *Coming here is a big decision. The paperwork itself is a huge barrier and is soul crushing. It felt disorganised as each medical body wanted the same information. It is also a very long process. Then you get here and there isn't a lot of support. There is also no guidance about applying for permanent residency, or any pathway to expedite the process.*
- *I went to take my racgp exam for fellowship without any support.*
- *My experience of being an IMG in Australia is poor.*
- *Very isolated. Lack of professional and social support. Long working hours, shift-works take a toll on physical, mental, emotional, social wellbeing.*
- *Personally, AMA has not helped me in my professional career at all in any way. But I hope that will change for future IMGs.*
- *Needs to be a shared responsibility between the IMG and the employer to make workplaces more culturally diverse.*
- *The elitism that is part of the workforce culture permeates through to examination processes for specialist examinations. Would you please create a similar survey with an examinations focus?*

- *To be a Bush Dr, Govt should provide Medical Indemnity.*
- *The ten year moratorium makes you feel a second degree doctor.*
- *I had an extremely difficult time; I emigrated… with… children, but it was made extremely difficult to take leave if children were sick. Felt discriminated against and made to feel like a second-rate specialist.*
- *12 years of misery during which I contemplated suicide. I felt unheard, unsupported, no respected. A Queensland Medical Board admin officer once told me 'I don't care what you call yourself as long as you don't call yourself a doctor' and I was a teaching consultant in my previous job.*
- *The most challenging part was getting through the AMC pathway of both written and clinical examination.*
- *Terrible access for most IMGs about integration and options particularly as Australia is second only to America in having so many separate specialties i.e. ICU is actually frequently a problem to anaesthetists! Lack of a pathway for partially trained IMGs back to the start rather than a genuine opportunity to obtain general registration limited to a 'specialty' – i.e. obtain quickly a full registration with all the benefits while progressing in training but not requiring to do the standard intern equivalency… and many other issues like 19AB exceptions, ability to utilise the STT pathway etc.*
- *As noted above, most of the medical specialists in metropolitan Australia are drawn from the same stratum of Australian society – middle-class high-achievers who went to fee-paying schools. Diversity would help everyone, not just IMGs.*