

## **International Medical Graduates 2015**

### **Preamble**

The Australian Medical Association (AMA) recognises the substantial contribution that International Medical Graduates (IMGs) make to the medical workforce and the delivery of health care in Australia, particularly in providing patients with access to care in under-serviced communities including rural and remote areas of the country. The AMA also acknowledges its role as the primary advocacy body for all doctors working in Australia, including IMGs.

It is in the interests of the profession and the public that appropriate, clearly defined and transparent standards are in place to govern the assessment, recruitment and training of IMGs, and that every effort should be made to support IMGs to enhance their long-term contribution to the medical workforce.

An IMG is a doctor who has completed their primary medical degree overseas. This position statement sets out the policy of the AMA on IMGs, focusing on those IMGs who have not had the opportunity to fully establish themselves as a permanent part of the Australian medical workforce, including the achievement of relevant Australian standards.

### **Ethical recruitment**

The recruitment of IMGs must have regard to Australia's obligations as an international citizen. The recruitment of doctors from developing countries, in particular, must be based on the principles of justice and fairness where the benefits of international recruitment and exchange of medical professionals significantly outweighs any associated burdens for developing countries.

The recruitment of IMGs must also be based on respect for the individual. Potential recruits must make the decision to work in Australia based on full and accurate information relating to the position to be filled and other conditions which may affect their work, life and living conditions.

### **Medical workforce planning**

Due to the failure/absence of past medical workforce planning, Australia has suffered from workforce shortages in some specialties and geographic areas. IMGs have been seen by governments as a means to fill these gaps, although this is a short-term solution that is not ideal and potentially unsustainable.

Since 2004, Australia has moved to increase medical graduate numbers significantly to address these shortages and move towards the ideal goal of medical workforce self-sufficiency. Modelling by the former Health Workforce Australia (HWA) showed that by 2030, Australia could

move to a situation where there is an oversupply of medical practitioners, although IMGs will continue to be a significant part of the medical workforce.

HWA recommended that a gradual reduction in temporary migration should be pursued to achieve a balance between medical workforce supply and demand over time, and highlighted the need to encourage locally trained doctors to work in areas where there are shortages.<sup>1</sup>

Australia must continue to focus on robust medical workforce planning to reduce unnecessary reliance on IMGs and to ensure that the future medical workforce is matched to community need, maximising the use of locally trained graduates.

### **The ten-year moratorium**

The ten-year moratorium on Medicare provider numbers for IMGs has been used by the Commonwealth Government to prop up the rural and remote medical workforce. IMGs now make up over 40 per cent of the medical workforce in rural and remote areas.

This policy means that IMGs are often recruited to work in some of the most professionally challenging clinical environments, despite limited preparation for this experience and more restricted access to professional support and oversight/supervision. This presents possible risks to patient safety and simply encourages the development of a transient medical workforce in rural and remote Australia. If the Government genuinely wants rural and remote Australians to have access to a highly skilled and sustainable medical workforce, then it needs to move away from this policy.

The AMA believes that the Commonwealth should dismantle the ten-year moratorium over time while working to implement much more robust incentives and support mechanisms to encourage increasing numbers of locally trained doctors and appropriately skilled IMGs alike to consider a career in rural and remote practice.

### **Standards**

Australia is world-renowned for its standards of medical education and training, with the Australian community having access to high quality health care services.

It is important that we maintain these rigorous standards and that the community has confidence in the care being provided by all doctors, including IMGs. Medical Board of Australia (MBA) registration and other relevant standards for IMGs must:

- mandate requisite English language skills for IMGs, with appropriate exemptions for IMGs from English-speaking countries;
- ensure robust verification of international qualifications;
- for non-specialist IMGs, utilise screening and assessment tools accredited by the Australian Medical Council (AMC) including screening exams, pre-employment structured clinical interviews and workplace-based assessment;

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<sup>1</sup> Health Workforce Australia 2014: Australia's Future Health Workforce – Doctors

- ensure that IMGs are appropriately supervised, taking into account their qualifications and experience and recency of practice;
- rely on the advice of specialist medical colleges in relation to the assessment, registration and supervision of specialist IMGs;
- where appropriate, provide a pathway to the achievement of the requisite Australian standards within a reasonable timeframe; and
- specify mandatory orientation requirements that cover:
  - the Australian health system and processes;
  - local acronyms and colloquialisms;
  - the local community;
  - cultural competency;
  - their rights and obligations; and
  - medical ethics and patient rights.

Compliance against these standards should be monitored routinely, including through regular reporting to the MBA by the appointed supervisor and audit processes.

### **Equity and fairness in assessment**

The AMA recognises that doctors trained in other countries are generally required to meet rigorous standards of practice, although these can differ from the Australian system. It is important that assessment processes for IMGs:

- have appropriate regard to overseas qualifications including, where appropriate, mutual or unilateral recognition;
- are nationally consistent, transparent, evidence-based and robust;
- are conducted in a timely fashion and do not impose unnecessary red tape or duplication;
- provide for fair and accessible appeals processes that are based on principles of natural justice; and
- do not impose unjustified cost barriers on IMGs.

### **Areas of Need**

To address workforce shortages, the AMA notes that current medical registration arrangements permit state/territory jurisdictions to declare vacant positions as an Area of Need (AoN). This allows the registration of an IMG who may not otherwise be eligible for medical registration.

The AMA believes that the principles outlined in this position statement apply equally to the registration of AoN applicants. The process for making AoN declarations should also be made more robust and transparent, including consultation with relevant professional bodies and a requirement to demonstrate adequate labour market testing.

## **District of Workforce Shortage**

Section 19AB of the *Health Insurance Act 1973* restricts access for IMGs to a Medicare provider number for a period of up to ten years from the date they first gain medical registration. During this time IMGs will generally only be issued with a Medicare provider number if they work in areas deemed by the Government to be a district of workforce shortage (DWS). DWS should be determined according to objective criteria that take into account:

- the doctor to population ratio;
- the number of other doctors practising in either the same recognised speciality or providing services similar to speciality services;
- Medicare statistics and other relevant health workforce data;
- socio-economic circumstances of the proposed work locality; and
- local special needs.

## **Resources and supervision**

A supportive work environment is critical to the performance of any doctor, including IMGs. Employers should not have access to AoN placements unless they have in place adequate resources and the necessary supervision arrangements to support the IMG – relevant to the IMG's requirements as assessed by the MBA.

The AMA recognises that some AoN positions in rural and remote Australia may be isolated and IMGs working in these locations may find it more difficult to get access to the resources, supervision and mentoring that they need to function effectively as well as participate in up-skilling and continuing professional development programs.

The MBA must have strong standards in place to ensure that the needs of IMGs working in these roles are properly recognised and accounted for, including in remote supervision arrangements. Further, the AMA encourages the medical colleges and other accredited training providers to ensure that appropriate distance learning tools are in place to assist IMGs in rural and remote locations to develop their skills on an ongoing basis, and as far as possible, deliver skills assessment programs in the workplace.

## **Pay and conditions**

The pay and working conditions of IMGs need to be protected. Immigration arrangements should require employers who wish to sponsor IMGs to provide working conditions that are equal to a similarly qualified doctor in like locations.

## **Access to services**

While Australia has policies in place to encourage IMGs to work here, more needs to be done to ensure that their work is appropriately recognised, and that they can quickly become part of their local communities. IMGs are often placed in difficult medical environments with limited support for their own or their family's medical and educational requirements. Unlike their Australian-trained counterparts, IMGs cannot get access to Medicare-funded health services or equal access to public education for their children.

**See also:**

AMA Position Statement *Regional/Rural Workforce Initiatives – 2012.*

AMA Position Statement *Medical Workforce and Training – 2013.*