Australian
Medical Council Limited

International medical graduates in Australia: current state journeys

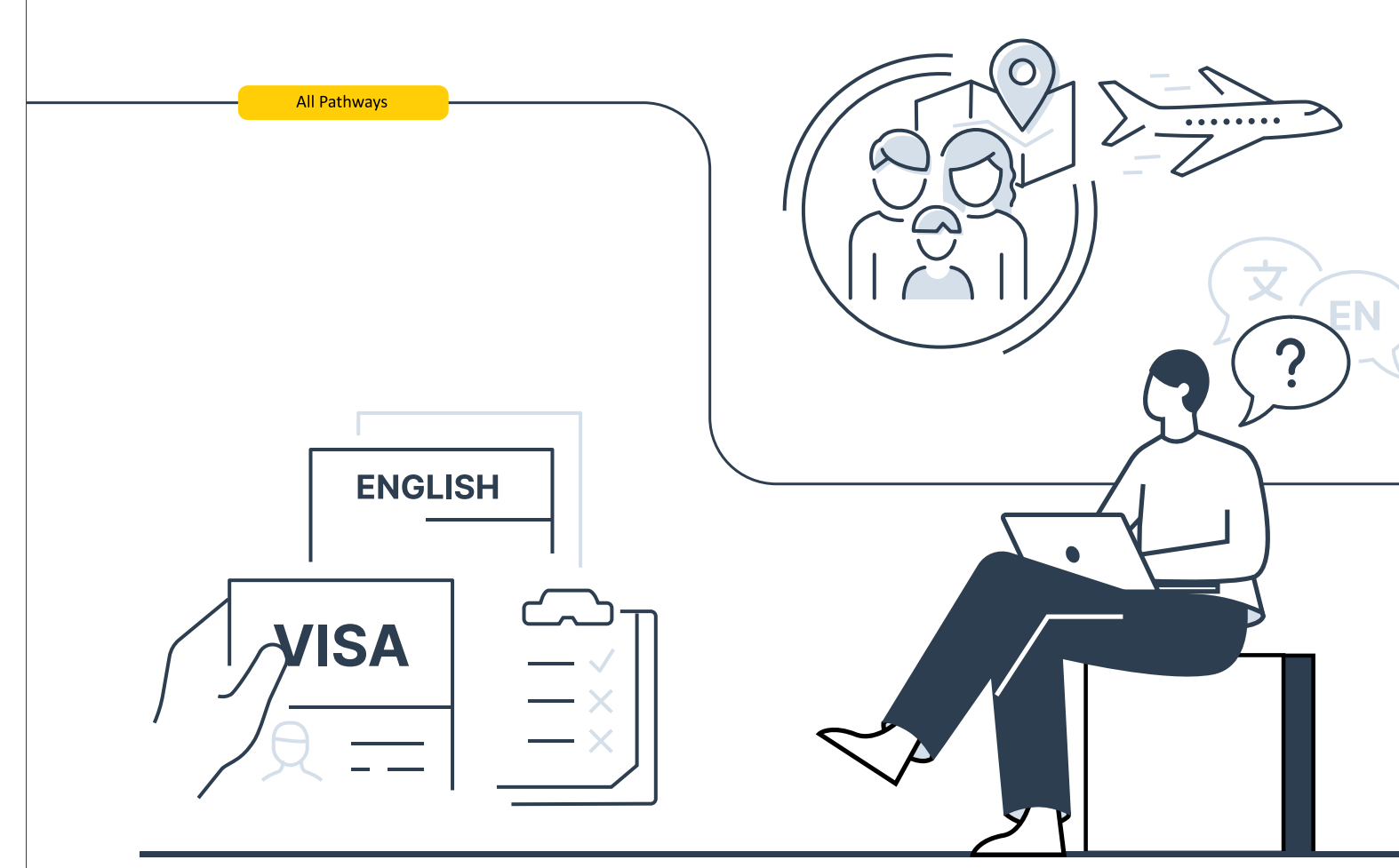
MILESTONES

Current State

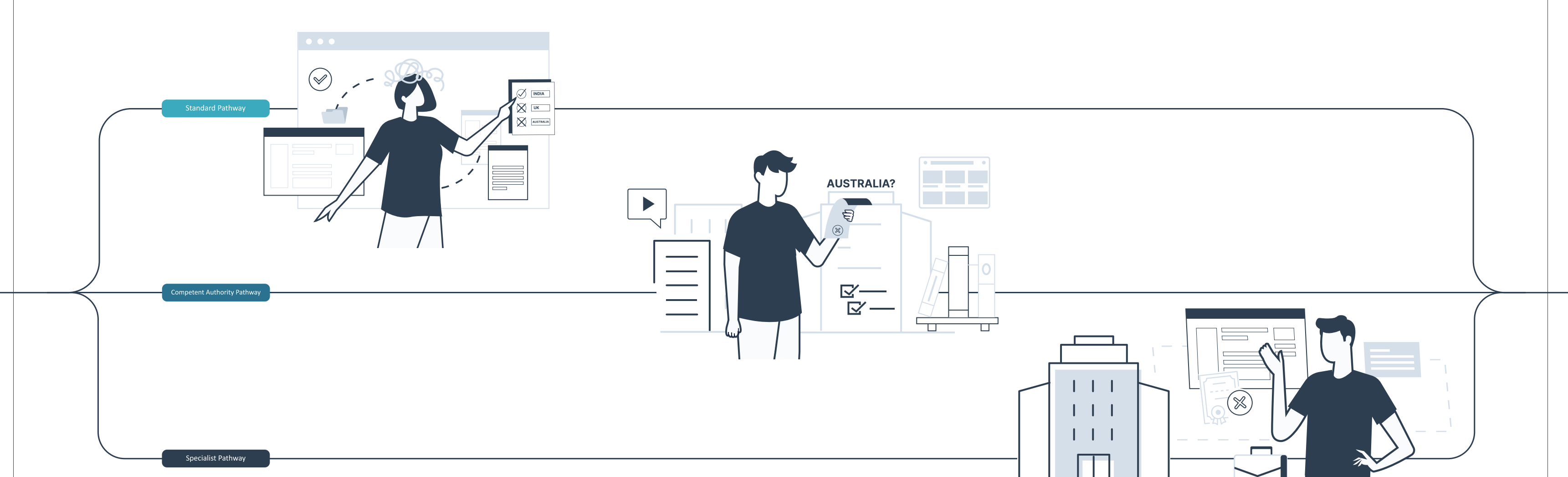
This current state journey map shows the challenges experienced by international medical graduates seeking to work as medical practitioners in the Australian health system. The data in this current state journey map is drawn from analysis of a survey with over 4000 respondents, focus groups and in-depth interviews. This work has been informed by a project advisory group with broad representation from stakeholders involved in and impacted by international medical graduate assessment.

- All Pathways
- Standard Pathway
- Competent Authority Pathway
- Specialist Pathway

Preparing for immigration and work as a medical practitioner in Australia



Meeting standards for qualification, training, verification and assessment requirements



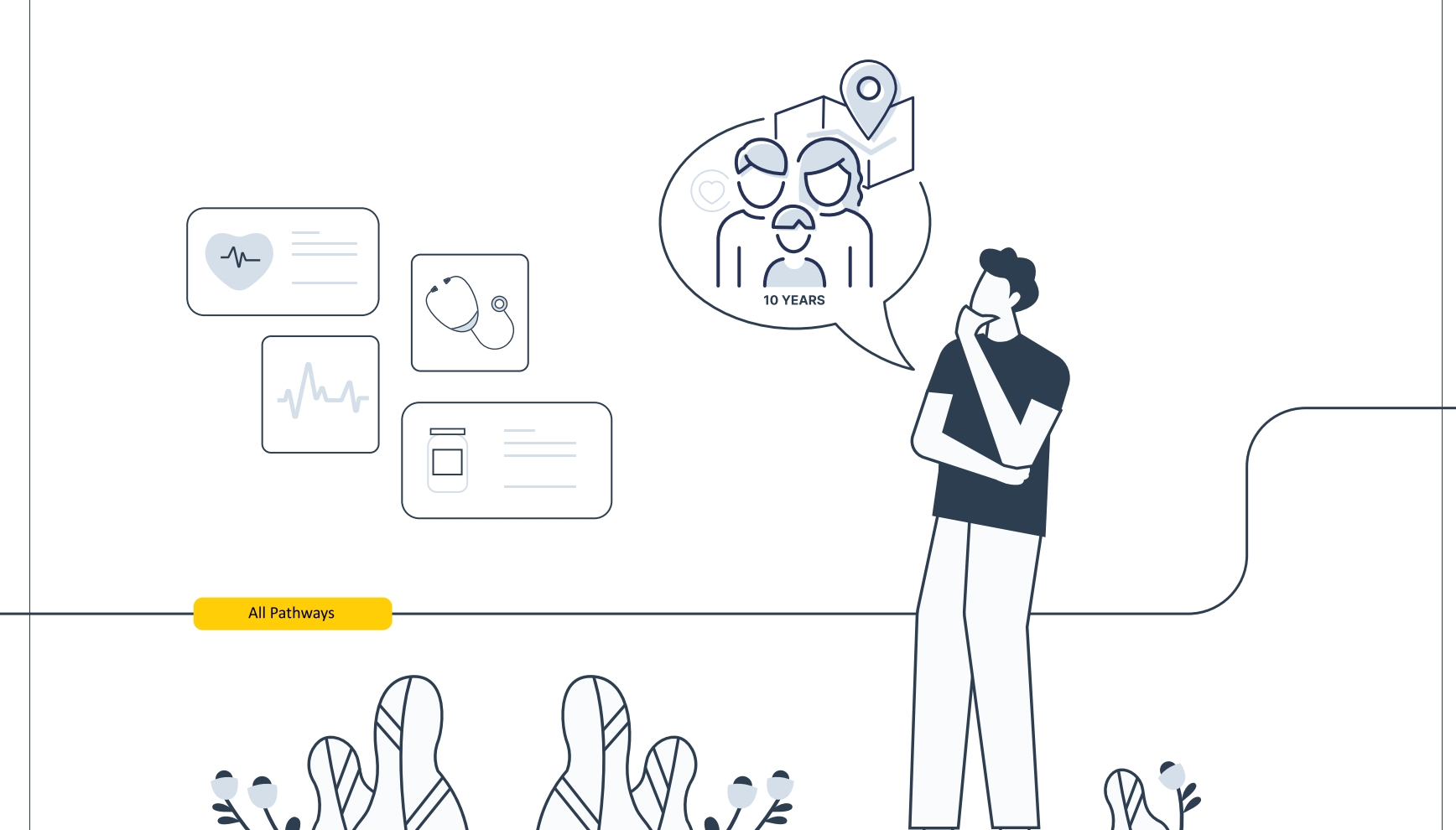
Navigating registration requirements

All Pathways

Ensuring work readiness for safe and quality care

All Pathways

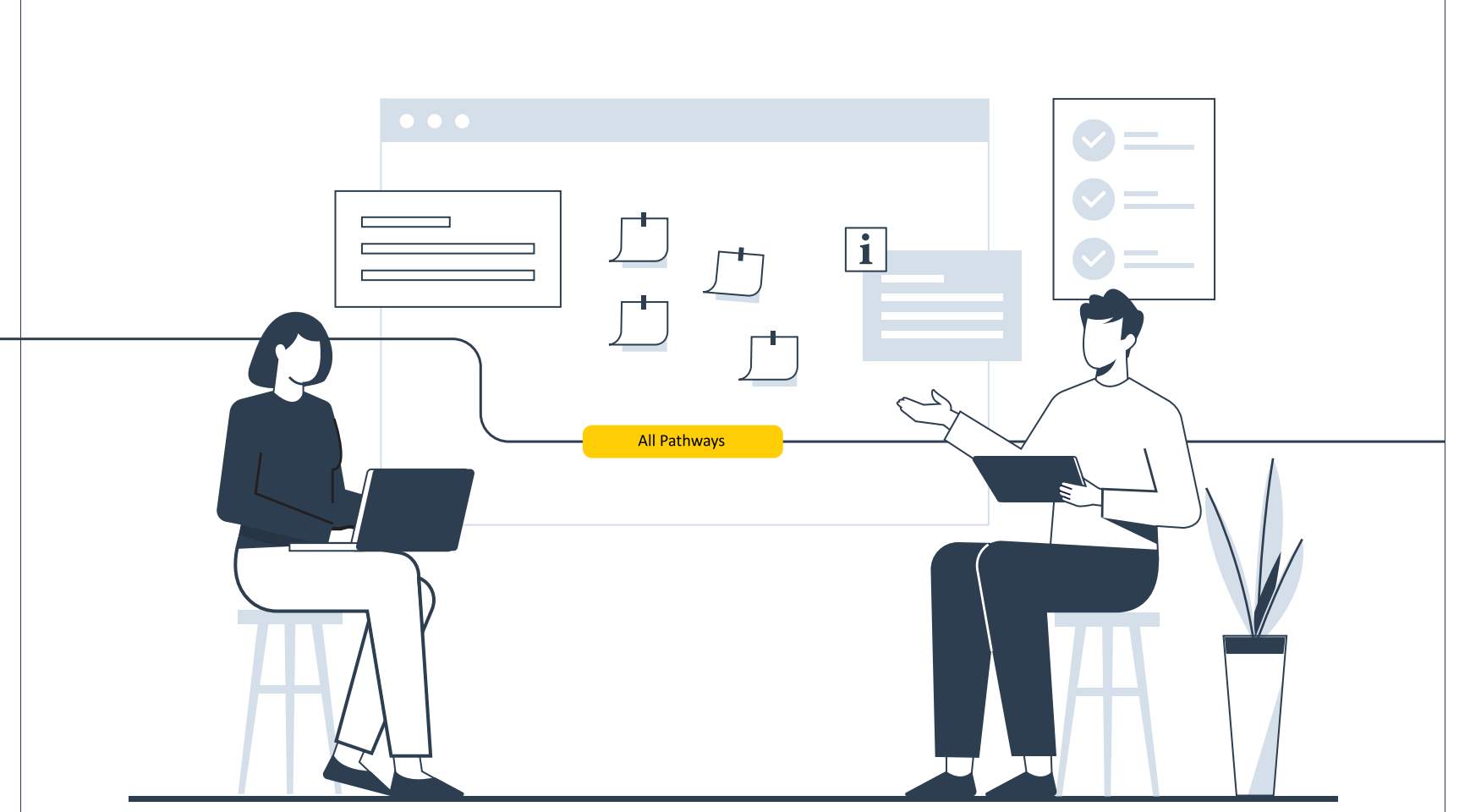
Working and living in rural and remote areas and underserved metropolitan communities



Working with Aboriginal and/or Torres Strait Islander patients and communities to provide culturally safe care

All Pathways

Committing to continuous improvements at an individual and system level



Feelings

Feelings are drawn from quotes of international medical graduates in the AMC research surveys, interviews and focus groups. International medical graduates describe the challenges they experience as they attempt to navigate international medical graduate assessment processes and pathways in Australia.

Quote 01

I was unlucky because I arrived in Australia in mid-2019. It took us as a family 6 months. A good piece of advice, from one of my colleagues - for the first 6 months just focus on your settlement. Okay, do not study anything during the first 6 months.

Quote 02

I started to write my CV and cover letter, collecting my official documents and that was a bit of a hike sometimes, because there are also differences between third and first world countries when it comes to issuing those documents. I was over it.

Standard Pathway Quote 01

I moved to Australia as an asylum seeker around 7 years ago. I got my citizenship, and I'm struggling a little with the AMC clinical. I tried twice, and I was taken advantage of by some employers. So, as a whole, I'm struggling on the pathway.

Standard Pathway Quote 02

I was struggling to keep high morale, and professional self-esteem. This is an issue that we should look at, although we keep reminding ourselves of the fact that the exam doesn't define you and it's just an exam, but your life, your career is dependent on that exam, and you're wondering am I a good doctor or not.

Competent Authority Pathway Quote 01

We never get feedback about our performance except marks in each area of assessment. This makes it hard to improve our skills and knowledge.

Competent Authority Pathway Quote 02

The only job I could get was shift work in an emergency department. This was very challenging to manage as a single parent at the time. The work was also not ideally suited to my previous skills and experience.

Specialist Pathway Quote 01

I graduated from a Third World country medical school so the whole system is not comparable to the first world country…. So anyway, when I applied to the college for partial comparability my application was declined because the college has changed the criteria. I was really disappointed because they said we will discuss it on a case-by-case basis but down the track you never, ever see a case-by-case basis of anything in Australia. Its again about ticking the boxes, and if one box is missing, you know its hands off, it's no, you are a big no.

Specialist Pathway Quote 02

Instead of offering me 2 to 4 years to adapt within the Australian system, as a psychiatric trainee, I've been brought back 17 years to start from the beginning, which now I can't understand. It seems unfair to me because it is really difficult when you work as a specialist for years and years, to attune yourself again on your mentality to be a post graduate year one, you are postgraduate year 14 or 15, so it didn't make sense.

Quote 01

I was a registrar providing care to patients with remote supervision overnight. It was a great experience but the hospital put me on nights rapidly.

Quote 02

As long as you are an accredited trainee, you get a clinical supervisor. If you are non-accredited, you are lost in translation. The likelihood that you get a clinical supervisor can be slimer and clinical supervision is really important, because you need that safe space between you and your clinical supervisor to speak up about things. Some clinical supervisors are actually consultants coming from other systems that are not fully aware of the Australian system, and, they themselves are struggling to navigate through the system, so you can get that situation where everyone is working in the dark.

Quote 03

Someone can have all the qualities of a good doctor, but just a gap in practice of 2 weeks, 3 weeks, 4 weeks, that's it for the individual, and someone can have a gap of practice due to other reasons, even a gap of practice due to maternity leave. You will be penalised for that.

Quote 01

Orientation is a must even for Australian based trainees, even for Australian doctors, even for registrars or doctors who are working within the system for years, but every service is different, orientation is your right as a doctor. I was shocked because there was no orientation program whatsoever.

Quote 03

Australian medicine takes a lot of responsibility for solving lots of social issues which is bizarre to lots of international medical graduates.

Quote 04

Systematic racism can be very subtle. If you're just collecting those candidates, and just giving them the label IMG's, even after passing the exams and you are still referring to them as IMG's this is kind of segregation to me, are we sure this label is of any benefit, any good to us.

Quote 01

By merit of not being trained in Australia you are being forced to work for 10 years, which is not a short amount of time, simply because of the fact that you're not trained in Australia. You're not Australian, simply because of that reason, you are forced to work in some rural or remote area for 10 years.

Quote 02

I found the suffocating overt racism & xenophobic denialism & delusional instincts of the medical male Aussie community & the aura of regional towns very cruel in social & workplace surroundings.

Quote 01

Never encountered this group of patients before moving to Australia so it was a very new experience with very little to prepare me for it.

Quote 02

Taking more time to build rapport, offering and arranging a supports person (community member/Aboriginal liaison officer), understanding that there might be various push backs on the treatment plan (especially in regards to staying admitted in the hospital) and the need to give them space to make their decisions (even if that's against medical advice).

Quote 03

I have worked with underprivileged poor countryside people in my country, and I felt like as long as we treated Aboriginal and Torres Strait Islander patients with respect, giving them the time to process things, it was fine. I found dealing with white people harder, as they were more likely to discriminate against me when I was aiming to provide them with medical care.

Quote 01

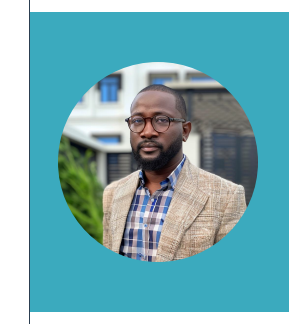
We have lost our dignity here as doctors in Australia. By trying to get into this system, we just lose our dignity.

Quote 02

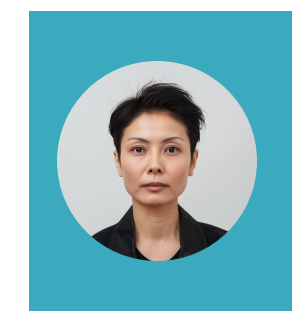
We lack mentoring, there is nobody that can defend the - international medical graduate's rights or guide them through the process. Even after you work in Australia, there is nobody as well. If an international medical graduate fulfils their requirements for fellowship. We are all fellows, why would you continue this segregation and service?

Personas

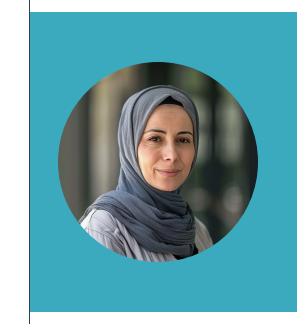
14 personas show the heterogeneity in the lived experiences and contexts of international medical graduates in Australia. They are mapped to the challenges and solutions for international medical graduate assessment and shows that "one size does not fit all".



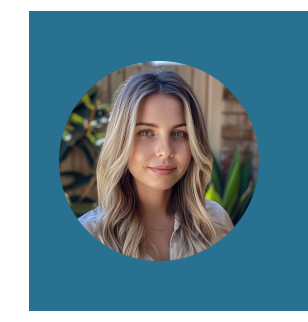
MUSA
Country of Training: Nigeria
Stage of Training: Completed Medical Training in Nigeria and was a practicing Doctor.
Challenges: He found it challenging to choose how to prepare for his exams.



LIN
Country of Training: Undeclared
Stage of Training: Completed Medical Training.
Challenges: Struggled to meet the requirements of the AMC standard pathway - colloquial and technical English is a challenge.



FATIMAH
Country of Training: Iraq
Stage of Training: Worked in Iraq as a GP.
Australian Work Location: Not working.
Challenges: Struggled to pass the clinical, unable to find employment and recency requirements.

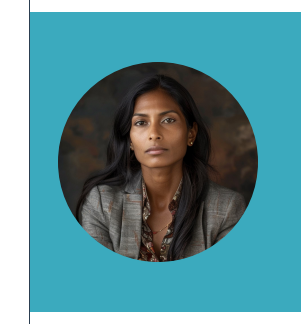


JEMMA
Country of Training: Caribbean
Stage of Training: Completed Medical Training and PLAB in UK.
Australian Work Location: Seeking an intern position.
Challenges: Expense of studying abroad and status as an international medical graduate on return with requirements.

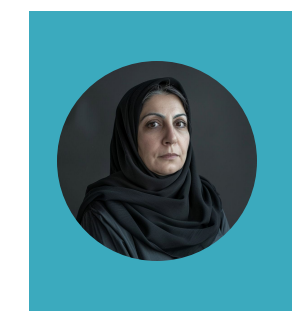
HASSAN
Country of Training: India
Stage of Training: Cardiologist.
Australian Work Location: Public health role in rural NSW Health.
Challenges: Neither he nor his wife have been able to secure specialist recognition as cardiologists.

DIVYA
Country of Training: India
Stage of Training: Completed Medical Degree.
Challenges: Completing assessments and understanding legislative requirements.

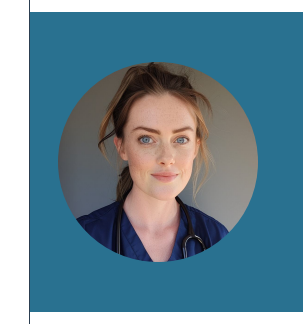
LUIS
Country of Training: Brazil
Stage of Training: Worked in Brazil as a surgeon.
Challenges: Struggled to pass the clinical (stopped at eight attempts), gaps in knowledge, had limited registration and could not secure employment as a doctor.



PRISHA
Country of Training: Sri Lanka
Stage of Training: Completed Medical Training.
Challenges: Struggling as a family to integrate, have experienced some discrimination and does not see the importance of cultural safety training.



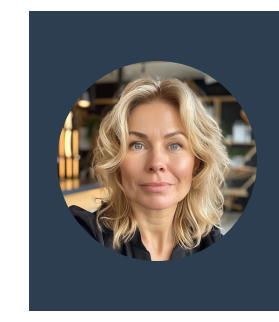
AZAR
Country of Training: Iran
Stage of Training: Completed Medical Degree and employed in Iran as a Doctor.
Challenges: She had encountered racism and exploitation.



UNA
Country of Training: Ireland
Stage of Training: Medical degree and prevocational training completed in Ireland.
Challenges: New Learnings - Tropical Diseases, the Australian Health System and Indigenous Health.

ROHAN
Country of Training: United Kingdom
Stage of Training: Worked as a Director of an Emergency Department in regional UK.
Challenges: Racism and challenge of working far from where he lives.

MOSTAFA
Country of Training: Egypt
Stage of Training: Experienced Specialist - Professor of Ophthalmology.
Challenges: Sourcing required paperwork for verification, generalist ophthalmology examinations and financial burden.



OLGA
Country of Training: Finland
Stage of Training: Psychiatrist in Finland.
Challenges: She's not impressed with Australia's healthcare system or opportunities, feeling homesick and her prior skill recognition prior to immigration.

MOHAMED
Country of Training: Malaysia
Stage of Training: Completed Medical Degree and worked as a GP in Malaysia.
Challenges: No clear challenges.

IMG Interactive Personas and Journey Map Coming Soon

Interactive versions of the personas and journey maps which will allow users to search for common themes across the products. They will also include hyperlinks to further information, resources and definitions of terms.

Key words

Key words are the searchable reference terms that each of the 14 personas cover.

- Standard Pathway
- Successful Career
- Rural Health
- Hospital
- Registration - General
- Ethical Recruitment

- Standard Pathway
- Learning Differences
- Work Challenges
- English Standards
- Registration - Limited
- Multiple Exam Attempts

- Standard Pathway
- Career Disruptions
- Recency of Practice
- Multiple Exam Attempts
- Registration - None
- Observership

- Competent Authority Pathway
- Work - Australia None
- Work - UK Experience
- Moratorium
- Registration - Provisional
- Australian national

- Specialist Pathway
- Career Change
- Recency of Practice
- Registration - None
- Rural health
- Family separation

- Standard Pathway
- Work - Australia None
- Family Reunion
- New Graduate
- Registration - None
- Outside Australia

- Standard Pathway
- Knowledge Gaps
- Multiple Exam Attempts
- Registration - None
- Career Disruption
- Family Disharmony

- Standard Pathway
- Aboriginal and/or Torres Strait Islander Health
- Hospital
- Multiple exam attempts
- Registration - Limited
- Rural Health

- Standard Pathway
- Career Disruptions
- Discrimination
- Multiple Exam Attempts
- Registration - None
- Refugee

- Competent Authority Pathway
- Short-term stay
- Aboriginal and/or Torres Strait Islander Health
- Inequity
- Registration - Provisional
- Rural Health

- Competent Authority Pathway
- Hospital
- Underserved Metropolitan
- Emergency Medicine
- Registration - General
- Registration - Specialist

- Specialist Pathway
- Work - Australia None
- Financial Burden
- Multiple Exam Attempts
- Registration - None
- Separation from family

- Specialist Pathway
- Registration - Specialist
- Return to Home Country
- Aboriginal and/or Torres Strait Islander Health
- Inequity
- Supervised training

- Specialist Pathway
- Successful Career
- Rural Health
- Moratorium
- Registration - None
- Discrimination

Challenges

This current state journey map shows the challenges faced by international medical graduates seeking to work as medical practitioners in Australia. Challenges are categorised according to the milestones and show that international medical graduate pathways in Australia are complex, bureaucratic, time consuming, uncertain, expensive and stressful.

All Pathways

High expectations

Unprepared for the financial and emotional costs of immigration and assessment requirements.

English language standards

Unable to pass exams because of English language skills. Money and effort is wasted.

Understanding the Australian health system

Little or no exposure to the Australian health system. Being unfamiliar with areas such as mental health, the health and the culturally safe care of Aboriginal and/or Torres Strait Islander peoples; women's and men's health, communication, the Australian health system, digital health, and specific Australian health conditions e.g. skin checks, snake bites, and tropical diseases.

Lack of resources and support

International medical graduates struggle to find online resources to help them understand the content and formate of assessment. In addition, they report having limited access to resources to help them to bridge knowledge gaps and understand health services available in the Australian health system. This may include Aboriginal and/or Torres Strait Islander health workers and Aboriginal and/or Torres Strait Islander led organisations, refugee services and other support agencies.

Verifying documents

Having to return to country of training to source documents is costly, time consuming and inconvenient, especially if there are family dependents. It's not always possible to return to your country of training, for example, refugees.

Lack of clear information

Information is dispersed. Can't get a full picture of what is required and in what order. Relying on word-of-mouth advice may mean getting out-of-date information.

All Pathways

Assessment may not assess cultural safety

Assessment drives learning and it is important that international medical graduates are assessed on important areas of practice ie. cultural safety.

Standard Pathway

Financial strain of assessment

The high costs of bridging courses, AMC exams/WBA assessments and additional documentation. This impacts mental and financial well-being and raises questions about the fairness of the qualification process.

Inconsistent and unclear examination standards

A lack of clear guidelines, outdated or scarce preparatory resources, allegedly inconsistent grading standards, and no constructive feedback. This leads to frustration, demoralisation, and a sense of injustice.

Difficulty in securing employment and practical experience

Requirements for local experience or specific registration to secure a job but being unable to get that experience without first having a job – Catch-22.

Psychological impact and career setbacks

Stalling or reversing of career trajectories due to the prolonged and demanding process of meeting Australian medical requirements. This loss of career momentum and giving up on earlier career goals leads to feelings of stress, low esteem, and a sense of career stagnation or derailment.

Competent Authority Pathway

Inflexible and rigid assessment processes

Processes that don't account for extensive international experience. A maze of bureaucratic processes across multiple institutions. The lack of a streamlined, cohesive system and a personal case officer or clear guidance leads to feelings of being undervalued and questioning the decision to practise in Australia.

Redundant and outdated requirements

For example, proving English proficiency despite long careers in English-speaking countries. This leads to frustration and raises questions about the relevance of the assessment criteria.

Specialist Pathway

Lack of recognition by specialist Colleges

Applying standards that don't adequately consider international training and experience. Having to undergo redundant or lower-level training to prove competence, despite years of practice elsewhere.

Cost and complexity of institutional processes

The financial burden of examination fees, application processes, and the need for multiple document submissions. This leads to the perception that these processes are about making money rather than evaluating skills. A sense of indifference from institutions about the personal and economic impact of their processes.

All Pathways

Limited Registration
Lengthy and complicated path to full registration

Feeling underutilised, especially when given responsibilities below skill levels because of the "limited" nature of registration. The system does not fully acknowledge or utilise international experience.

Limited Registration
Quality of supervision

Quality of supervision varies which impacts on professional development and integration into the medical system. While some have excellent, supportive supervisors who provide guidance and foster growth, others face challenges due to insufficient or inconsistent supervision.

Limited Registration
Workplace culture and discrimination

Cultural and systemic barriers, including instances of bullying, discrimination, and a lack of proper recognition for competencies. Feeling undervalued or subjected to harsher scrutiny than domestically trained colleagues and experiencing exclusion and marginalisation within teams.

Limited Registration
Cultural safety and equity

Working in Australia involves learning about the needs of specific health populations. For example, Aboriginal and/or Torres Strait Islander communities, multicultural groups, people with disabilities, sexual and gender diverse populations (LGBTQAI+), ageing populations, socio-economic disparity and rural, remote and underserved metropolitan communities. Doctors need to consider the overlapping social identities or 'intersectionality' of their patients and to be aware of the cumulative effect of racism and oppression and interwoven prejudices such people face in their daily lives.

Limited Registration
Inadequate institutional support and obstacles

Complex requirements and perceived inefficiencies of the regulatory system. This leads to feeling undervalued and pressured by regulatory institutions, leading to stress and anxiety that impacts work and personal wellbeing.

Limited Registration
Recency of practice

Maintaining recency of practice and the difficulty of securing relevant clinical positions in Australia. Having to return to home countries to update clinical skills which creates additional strains on families and finances.

Provisional Registration
Supervision and integration into the healthcare system

Insufficient induction or orientation and varying levels of supervision. This significantly affects integration and confidence.

Provisional Registration
Lack of respect for skills

Bureaucratic obstacles and occasional discrimination, that affects confidence and professional growth. Having to prove competence beyond the norm despite having equivalent or superior clinical skills. A lack of respect from colleagues and the local medical community which is made worse when workplace cultures are non-inclusive or when there is bullying or harassment.

Provisional Registration
Administrative and credentialing hurdles

Multiple administrative hurdles, including complex and sometimes inconsistent requirements from regulatory bodies and supervising institutions. A process that is opaque, having to navigate a maze of paperwork and fulfill requirements that feel redundant or poorly aligned with level of expertise.

Provisional Registration
Workplace dynamics and professional development

Adapting to a new healthcare environment while managing the expectations of roles. Professional development is hindered by limited opportunities for upward mobility due to systemic constraints and visa-dependent employment conditions.

All Pathways

Adapting to a new context

International medical graduates report feeling unwelcomed in Australian communities and being undervalued and unsupported particularly during initial employment phases. They also comment that they experience difficulties adapting to the medical, cultural and social aspects of the Australian healthcare system. In addition, they express feeling ill-prepared for the informal aspects of communication with colleagues and patients. For example, a lack of familiarity with local humour and social norms.

Workplace discrimination

A perceived lack of competence can be unfairly attributed to an international background rather than a gap in training. International medical graduates report being subjected to biased judgments and unequal treatment from colleagues and superiors, who may overlook the systemic issues contributing to these challenges. This undermines confidence and can also impact patient care and the overall dynamics within healthcare teams.

Navigational challenges within the healthcare system

Difficulties navigating the complex landscape of Australian healthcare, including Medicare billing, legal responsibilities, and the Pharmaceutical Benefits Scheme (PBS). This steep learning curve is often coupled with inadequate orientation and mentorship, leaving international medical graduates to learn 'on the job'.

Clinical readiness and patient diversity

A lack of exposure to the cultural diversity in patient populations, especially in rural and Indigenous health and the specific knowledge and sensitivities that are needed. Handling patient demographics such as the large geriatric population or dealing with prevalent issues like substance abuse and mental health problems., Adapting to specific Australian medical requirements such as skin checks or treating snake bites and a wider range of 'social issues' (rather than strictly medical presentations) within medical practice.

Unprepared to work in Australian health settings

Many international medical graduates report that they struggle to recognise the complexity, diversity and specific impacts of colonisation on Aboriginal and/or Torres Strait Islander peoples and communities as well as acknowledging the wider diversity of Australian communities.

Emergency settings and procedural skills

The expectation to swiftly manage emergency situations and complex medical conditions that require immediate and decisive actions that may not always align with the training received. Challenges with procedural skills, which are highly context-specific, and prescribing, due to differences in drug brand names and formulations. This can contribute to a feeling of under-preparedness and may lead to skills and knowledge being unfairly questioned.

All Pathways

Skill misallocation and career stalling

The moratorium is seen as an extreme measure that enforces a one-size-fits-all approach that neglects the diverse specialisations and sub-specialties that modern healthcare requires. Enforced service in designated areas is often inconsistent with the population's health needs and leads to a misallocation of skills. It can also stall career progress and force many into roles that may not fully use their extensive training and qualifications, leading to some leaving the practice.

Rural medicine requires specific specialist skills

These may not be aligned with skill sets or training.

Distance from cultural support

International medical graduates can feel challenged by feelings of isolation due to the distance from cultural support. In addition, a significant percentage of international medical graduates report being separated from their family for long periods of time. This can result in deterioration in mental health.

Disruption of family and personal Life

The 10-year moratorium commitment is seen as onerous and discriminatory and creates a severe upheaval in family and personal lives. The significant personal sacrifice leads to feelings of exploitation and a sense of being trapped by inflexible work arrangements and low remuneration, often in practices that may not be the best fit for skills or family needs.

All Pathways

History of colonisation

International medical graduates who come from a country which has a history of colonisation may feel that they do not need to learn about cultural safety or about the specific needs of Aboriginal and/or Torres Strait Islander communities and their experiences of oppression. A point of difference which may not be appreciated is that some international medical graduates may come from colonised countries but may still be the dominant culture of that country. Aboriginal and/or Torres Strait Islander peoples only make up three percent of the Australian population and are the minority in their traditional lands. These factors and differences in perceptions about colonisation may limit the ability of international medical graduates to provide evidence-based, culturally safe care.

Recognising learning needs

International medical graduates may make the assumption that they treat all their patients with compassion, therefore, they don't need to learn about the specific needs of Aboriginal and/or Torres Strait Islanders. However, this limits the ability of doctors to provide equitable care.

Quality of supervision

Supervisors or other health professionals may have a deficit model of Aboriginal and/or Torres Strait Islander patients – see them all to be economically disadvantaged, unhealthy and pathologise their conditions. They may also see little need for training, see it to be "tick box" exercise. This models poor behaviours in the workplace.

Uneven cultural safety training and development over time

There are varying degrees of cultural safety awareness. Some international medical graduates are not aware and may overestimate their competence. Others may be more aware, but still find themselves initially unprepared upon arrival. Preparedness tends to evolve through reflective practice, close work with Aboriginal and/or Torres Strait Islander colleagues and communities and ongoing skill development.

Lack of consistent structured orientation to the health service and population needs

There is a lack of systematic and comprehensive orientation programs that address the specific cultural, social, and historical contexts of Aboriginal and/or Torres Strait Islander communities. There is often a reliance on self-directed learning, that can be problematic if doctors are not clear on their learning gaps.

All Pathways

Lack of access to continuous learning opportunities

Lack of opportunities for formal learning in rural and remote settings

Financial burden of formal learning

Financial challenge of learning and continuous professional development.

Seen as workers and not learners

A lack of opportunities for professional development.

Learning Fatigue

The rigors of studying for so many years to pass exams in country of training and then again in Australia when navigating assessment requirements leads to fatigue.

Reporting discrimination and bullying, providing feedback and getting involved in decision making

It is not always clear how to seek support or report cases of discrimination, bullying or exploitation. There is a lack of options to provide broader feedback to inform system improvement and international medical graduates are not always represented in decision making processes.