

Clearing The Way

High impact initiatives to
address barriers and support
International Medical Graduates' journeys



Acknowledgement of country



The Australian Medical Council acknowledges Aboriginal, Torres Strait Islander Peoples and Māori Peoples as the Traditional Custodians of the lands the AMC works upon.

We pay respects to Elders past, present and emerging and acknowledge the ongoing contributions that Indigenous Peoples make to all communities. We acknowledge the government policies and practices that impact on the health and wellbeing of Indigenous Peoples and commit to working together to support healing and positive health outcomes.

The AMC is committed to improving outcomes for Aboriginal, Torres Strait Islander and Māori Peoples through its assessment and accreditation processes including equitable access to health services for First Nations Peoples.

About the Australian Medical Council

The Australian Medical Council (AMC) is a national standards body for medical education, training and assessment. Its purpose is to ensure that the standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

The AMC is the accreditation authority for medicine under the Health Practitioner Regulation National Law (the National Law). It develops accreditation standards and assesses medical programs of study against the standards. Its accreditation processes cover all phases of medical education and training, from primary medical programs delivered in university medical schools through to specialist medical programs delivered by medical colleges and continuing professional development (CPD) homes.

The AMC sets the standard for and manages the national assessment for international medical graduates who are seeking to establish eligibility for general registration. It contributed to the development of all the current Australian assessment pathways for international medical graduates. The AMC also undertakes research and analysis to support the review and improvement of assessment pathways so they remain valid, reliable, fair and efficient.

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Acronyms and Glossary of Terms

Acronyms

AHPRA	The Australian Health Practitioner Regulation Agency
AON	Area of Need
CAT	Computer Adaptive Test
ECFMG	Educational Commission for Foreign Medical Graduates
EICS	Educational International Credentials Services
FAIMER	Foundation for Advancement of International Medical Education Research
GMC	General Medical Council (UK)
IMG	International Medical Graduate
LMCC	Licentiate of the Medical Council of Canada
MBA	Medical Board of Australia
MCQ	Multiple Choice Questionnaire
MCNZ	Medical Council of New Zealand
NZREX	New Zealand Registration Examination
PESCI	Pre-Employment Structured Clinical Interview
PGY1	Postgraduate Year 1
PGY2	Postgraduate Year 2

Acronyms

PLAB	Professional and Linguistic Assessments Board
PSV	Primary source verification
USMLE	United States Medical Licensing Examination
WDOMS	World Directory of Medical Schools
WBA	Workplace Based Assessment

Glossary of Terms

AHPRA	The Australian Health Practitioner Regulation Agency is the national organisation responsible for implementing the National Registration and Accreditation Scheme (the National Scheme) across Australia.
AREA OF NEED (AON)	Is a geographical location where the medical needs of its population are unmet. Individual Australian state and territory governments determine their own AoN locations.
ASSESSMENT PATHWAYS	The pathways that international medical graduates take to qualify for registration. They include the Standard Pathway; Competent Authority Pathway and Specialist Pathway.
COMPETENT AUTHORITY	An overseas assessment or accreditation body approved by the Medical Board of Australia, with advice from the AMC, as competent to assess for medical registration the applied medical knowledge and basic clinical skills of international medical graduates. A list of competent authorities are available on the Medical Board of Australia's website .
EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG)	ECFMG, a member of Intealth, serves international organisations and authorities involved in medical registration, licensing and assessment by obtaining primary source verification of the medical education and registration credentials of medical graduates who completed their medical education outside their jurisdictions.

Glossary of Terms

INTERNATIONAL MEDICAL GRADUATE	<p>In this report means a doctor who:</p> <ul style="list-style-type: none"> • obtained a medical degree from a medical school located in a country other than Australia or New Zealand and/or • completed in a country other than Australia or New Zealand additional postgraduate specialty training and examinations and has is awarded specialist and/or postgraduate medical education qualifications and recognised as a specialist in the country that provided the training.
MEDICAL BOARD OF AUSTRALIA	<p>The national board for the medical profession, established under the Health Practitioner Regulation National Law Act, with functions relating to registration of practitioners, development of standards, codes and guidelines for the profession, investigation of notifications and complaints about medical practitioners and approval of accreditation standards and accredited programs of study.</p>
PLAB	<p>Professional and Linguistic Assessments Board test of the General Medical Council of the UK.</p>
PRE EMPLOYMENT STRUCTURED CLINICAL INTERVIEW (PESCI)	<p>An objective assessment of the clinical experience, knowledge, skills and attributes of an international medical graduate to determine whether they are suitable to practise in a specific position for which they are seeking registration. The Medical Board of Australia decides whether or not a PESCI is required, based on the nature of the position and the level of risk inherent in it. The AMC accredits PESCI providers.</p>
WORKPLACE BASED ASSESSMENT PROGRAM (WBA)	<p>An alternative to the AMC clinical exam component of the Standard Pathway for international medical graduates. A WBA program is a structured program (minimum six months) of on-the-job assessment and tests if the candidate has the adequate and appropriate set of clinical skills and the professional qualities to practise safely within the Australian healthcare environment and cultural setting. The AMC accredits the programs of WBA providers.</p>

Executive Summary

01

This report is the first part of a broader stream of work by the Australian Medical Council (AMC), the International Medical Graduate Assessment Experiences and Performance project, which is designed to improve understanding of international medical graduates' journeys to become doctors in Australia, and the contribution that they make once they are in the workforce.

This report describes initiatives identified through the project that can contribute to improving the user experience and the efficiency, effectiveness and ongoing viability of assessment pathways. All the existing assessment pathways for international medical graduates seeking to practise medicine in Australia were considered: the competent authority pathway; the standard pathway; the specialist pathway and the short-term training in a medical specialty pathway.

These initiatives have been identified through AMC engagement with stakeholders and partners with broad and deep experience in the assessment, supervision, training, support, registration and employment of international medical graduates, and passion for sharing their knowledge to improve the system. This engagement has enabled the AMC to generate a picture of priority areas for action, to inform its remaining work in this project, and influence AMC and partners' future plans.

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The AMC's consultation led to 23 initiatives for improving the pathways and experience of international medical graduates that have been grouped into the following categories:

- socio-cultural support and induction
- communication and coordination
- IMG assessments and pathways
- education, training and supervision
- further research.

The AMC has used the Redesign Methodology published by the NSW Government Agency for Clinical Innovation to prioritise the 23 initiatives. It has partially modified the methodology to better suit a multi-organisation, multi-review context. Using this methodology, the AMC asked stakeholders to rate the initiatives according to their impact and feasibility.

- Impact was determined by whether the initiative would improve the situation for relevant stakeholder groups, decrease unreasonable barriers to international medical graduates seeking to enter the workforce, and/or enhance the quality of their contribution to health care.
- Feasibility was evaluated based on ability to implement, considering the extent to which the initiative was feasible for the AMC as a standalone organisation or required collaboration among multiple organisations.

The prioritisation process allowed the initiatives to be sorted into four categories:

- quick wins
- short term options
- long term options
- lower priority projects.

Introduction

02

It has been more than ten years since the publication of *Lost in the Labyrinth: Report on the inquiry into registration processes and support for overseas trained doctors* (2012) of the House of Representatives Standing Committee on Health and Ageing. The inquiry described a system lacking in efficiency and accountability, and one in which international medical graduates often had little confidence.

While there have been system and process changes since then, Australia is again considering how to simplify processes and pathways for international medical graduates entering the Australian medical workforce. In addition to the Independent review of overseas health practitioner regulatory settings, other reviews and projects underway include the Australian Health Practitioner Regulation Agency's projects on skill and qualification recognition in critical sectors, and the [review of Australia's migration system](#).

The AMC, as the national standards body for medical education, training and assessment for medicine is considering this issue as part of a large program of work on its assessment strategy.

This report offers a set of prioritised initiatives to improve the user experience, efficiency, and ongoing viability of assessment pathways for international medical graduates and considers those in the context of the progress on recommendations of 'Lost in the Labyrinth' and the interim report of the *Independent review of overseas health practitioner regulatory settings* (the Kruk Review). While some of the issues and proposals are not new, the current national focus on these issues, the availability of supporting data, and the alignment of interests to address issues

across the health system offers new opportunities for targeted initiatives to be taken forward.

The work described in this report is the first deliverable of a broader stream of work – the International Medical Graduate Assessment Experiences and Performance project. The project objectives are to:

- review the literature to explore the experiences of international medical graduates to identify trends, gaps and good practice
- identify 'quick wins' for improving the pathways for entry into the medical workforce, both for action at the AMC, and at a system level
- using personas and quantitative methods, provide a more differentiated, evidence-based picture of international medical graduates and their current and future potential contribution to the health care of Australian communities
- inform a clearer understanding of the thinking, feeling, and experiences of international medical graduates as they undertake journeys through assessment and the workforce, as well as perspectives of other stakeholders
- inform policy development linked to the National Medical Workforce Strategy
- inform the review of international medical graduate assessment and support to improve retention and progression.

Other project deliverables to be developed over 2023/24 include:

- personas that reflect the heterogeneity of international medical graduates through drawing on a strong evidence base and cultural safety principles to better understand the characteristics, pain points and support for international medical graduates
- accompanying journey maps that aim to capture the key milestones in international medical graduate journeys through the lens of international medical graduates, supervisors, health services, policy makers, medical educationalists and system leaders.

An AMC Project Advisory Group whose membership includes a wide range of stakeholders of international medical graduate assessment is leading this work. The members bring their passion for better processes, systems and outcomes. Their experience in the assessment, supervision, training, support, registration and employment of international medical graduates has enriched and challenged the AMC's thinking. The membership of the Project Advisory Group is shown in [Appendix 1](#).

The report is structured as follows:

The background section sets the scene and highlights the importance of international medical graduates in the delivery of medical care and health services in Australia.

The findings of the literature review which informed the project and the methodology applied to selecting and prioritising initiatives.

The main part of this report follows with a framework for the initiatives and a summary of each.

As this is an AMC report, the report concludes with information on the role that the AMC can play in taking forward the initiatives.

The appendices provide key sources for the proposed high impact initiatives. [Appendix 2](#) summarises the common assessment pathways: Competent Authority Pathway; Standard Pathway (AMC); Specialist Pathway, (including specialist recognition) and Area of Need Specialist Pathway. Published and grey sources as well as interviews with experts have been drawn on to create quick snapshots of overseas systems (United Kingdom, Canada, New Zealand, and United States of America).

Background

03

Australia, like other OECD countries, has experienced long-term growth in demand for healthcare services that has outstripped growth in GDP. For example, in the past 50 years, a timespan in which the Australian population has doubled, the number of doctors has increased six-fold.

Even so, imbalances in medical specialties and workforce distribution have persisted. For example, over time the proportion of domestic graduates who are interested in becoming general practitioners has decreased, and insufficient numbers have taken up regional and remote practice. By 2032, both Deloitte and the Australian Medical Association (AMA) project shortfalls of general practitioners in excess of 10,000 FTE, or slightly less than a third of the general practitioner workforce.

In many instances, Australia relies on international medical graduates to bridge the gap. International medical graduates now comprise around 33% of doctors, and more than 50% of general practitioners.

International medical graduates achieve registration and employment in the Australian medical workforce through completing one or more assessment pathways: the Competent Authority Pathway; the Standard Pathway; the Specialist Pathway and the Short-term Training in a Medical Specialty Pathway, which are explored in more depth in [Appendix 2](#).

International medical graduates who undertake the Standard Pathway in particular, constitute a mainstay of healthcare provision in socioeconomically disadvantaged urban areas as well as rural and remote areas.

The path to joining the Australian medical workforce is not easy for many international medical graduates.

For example, the experiences of international medical graduates that culminated in the ‘Lost in the Labyrinth’ Parliamentary Report published in 2012 included system delays, issues in the specialist international medical graduate assessment pathway, the consequences of the introduction of a nationally consistent approach to international medical graduate assessment, and long waiting times for the AMC clinical exams as well as lack of transparency and efficiency in assessment and registration, and the paucity of professional and personal supports for international medical graduates and their families.

In 2023, the interim report of the *Independent review of overseas health practitioner regulatory settings* has raised similar issues including:

- Employers and health practitioners report our registration and related immigration processes are slower, more complex and expensive in many instances than our international counterparts.
- The system is too difficult for applicants to navigate. Requirements and processes are duplicative and inconsistent. The same or similar information is often provided to multiple agencies. Applicants report they receive little or no support navigating the process.

The path is also subject to system change, as shown in Figure 1.

Figure 1

Timeline of key milestones in Australian international medical graduate assessment processes.



Australia's medical workforce capacity, and the recruitment and assessment of international medical graduates has been in crisis again since the COVID-19 pandemic led to severe pressures in the health system, pressure on individual healthcare workers, barriers to migration, border closures, and suspension of assessment pathways for a period of time. The AMC suspended testing at its National Test Centre (NTC) in March 2020 but introduced a new online clinical exam format in March 2021. These events including limited testing capacity until the NTC re-opened, compounded shortages of general practitioners and doctors serving in rural and remote areas.

These two periods of crisis and review have highlighted several lessons for those seeking to improve the situation for international medical graduates. First, international medical graduates are susceptible to bottlenecks in assessment, so whatever solutions are put in place should aim for flexible capacity and robustness against external shocks. Second, robust long-term solutions are preferable to short-term solutions. The recurrence of medical workforce crisis suggests that over the long term, there needs to be a sustained effort to overcome the tendency to treat international medical graduates as a supplementary workforce, and to integrate their training, supervision and support needs into medical workforce planning.

On 30 September 2022, National Cabinet responded to the current workforce crisis with the announcement of an *Independent review of health practitioner regulatory settings*, led by Robyn Kruk AO. The scope includes key health professions including medicine. Minister for Finance, the Honourable Katy Gallagher, said, "The Review will help employers get the health practitioners they need and reduce compliance costs on employers and skilled migrants."

The AMC has dedicated a part of the broader International Medical Graduate Assessment Experiences and Performance project to providing high impact initiatives that can help to alleviate the problems facing international medical graduates and has shared its work with the Kruk Review.

Consistent with the literature, these initiatives include a focus on:

- increasing capacity
- streamlining processes and pathways
- increasing communication
- improving training, assessment, feedback and support.

Although some measures are designed to deliver solutions in the short-term, all are designed to be sustainable and effective in the long-term as well.

The Literature at a glance

04

A literature review was conducted to better understand the contributions, challenges and enablers that international medical graduates experience along their journey to working as a doctor in Australia.

A systematic search strategy was used to identify relevant domestic and international literature that related to international medical graduates. Literature was eligible for inclusion if it was seminal or published within the last 10 years, grey literature or published in a peer reviewed journal, and written in English.

International medical graduates make a valuable longstanding contribution to the Australian medical workforce and fill critical workforce shortages, particularly in rural and underserved areas (Yeomans, Chowdhury, & Roberts, 2022). Despite the important contribution that international medical graduates make to the medical workforce, the literature that pertains to them is predominantly deficit-based and insufficiently acknowledges the heterogeneity of international medical graduates (Chaturvedi, 2021; Michalski, Farhan, Motschall, Vach, & Boeker, 2017).

The literature has identified that international medical graduates are influenced by systemic and individual factors. Systemic factors include assessment, registration and health systems. Individual factors such as the diverse sociocultural, academic, and economic backgrounds of international medical graduates, will influence their preparedness and transition to living and working in Australia (Hall, Keely, Dojeiji, Byszewski, & Marks, 2004; Pemberton, Gnanapragasam, & Bhugra, 2022; Spike, 2006; Triscott, Szafran, Waugh, Torti, & Barton, 2016; Walsh et al., 2011).

Assessment outcomes for international medical graduates are influenced by the variance in international medical education curricula, assessment methods and clinical experiences in their home countries, which may differentially prepare international medical graduates to be successful in the assessment and registration system in Australia (Hoare, Ward, & Arroll, 2016; Triscott et al., 2016; Walsh et al., 2011; Woodward-Kron, Fraser, Pill, & Flynn, 2015).

International medical graduates have described the registration system as complex, stringent, expensive, time consuming and prone to change (McGrath, Henderson, & Phillips, 2009; McGrath & Henderson, 2009; McGrath, Henderson, Holewa, Henderson, & Tamargo, 2012; Pascoe, 2017). For example, information about registration criteria and requirements is difficult to find, which leads to delays with assessment and registration (Al-Haddad, Jamieson, & Germei, 2023; Boyd & Schellenberg, 2007; Cohn et al., 2006; Kogo, 2009; Malek & Talukder, 2018; Neiterman, Bourgeault, & Covell, 2017; Parvathy et al., 2021; Skjeggstad, Sandal, & Gulbrandsen, 2015; Wong & Lohfeld, 2008).

Although international medical graduates are often recruited to work in rural and remote areas, they tend to move to urban centres once they have general registration (Audas et al. 2009; Landry et al. 2010; Mathews et al. 2008).

Often international medical graduates are recruited to rural and remote locations to fill critical medical workforce shortages; however, these jobs can be incongruent with their clinical skills and experience, and can limit their access to supervision, mentorship and social support (McGrail, Humphreys, Joyce, & Scott, 2012; Spike, 2006).

International medical graduates are more likely to experience bullying, harassment and discrimination compared to their domestically-trained counterparts. (Agrawal, Foresti, Rajadurai, & Zubarán, 2018; Broad et al., 2018; Garvey, Rolfe, Pearson, & Treloar, 2009; Orom, Semalulu, & Underwood III, 2013). International medical graduates are also more likely to experience career limitations including discrimination in clinical assessment, recruitment, and selection (Bates & Andrew, 2001; Crutcher, Szafran, Woloschuk, Chatur, & Hansen, 2011).

Arriving at the initiatives

05

Methodology

The process for generating and prioritising improvement ideas is based on the Redesign Methodology published by the NSW Government Agency for Clinical Innovation (ACI)¹. It has been modified to better suit a multi organisation, multi-review context. (For further information about the methodology underpinning this report see [Appendix 3.](#))

The AMC engaged in a wide range of activities to arrive at the initiatives, including:

- consulting with a cross-sectorial Project Advisory Group to inform the creation of the initiatives and their prioritisation (Appendix 1)
- analysing the main international medical graduate pathways (Appendix 2)
- determining the methodology (Appendix 3)
- preparing a literature review (Appendix 4)
- meetings with overseas assessment and registration authorities (Appendix 5)
- reviewing the state of play 10 years on from the 'Lost in the Labyrinth report' (Appendix 6)
- completing a web search of processes, policies and media regarding international medical graduate pathways
- analysing data of international medical graduate assessment performance and registration outcomes.

The AMC identified 23 initiatives through these processes, and then worked with stakeholders to prioritise and refine them.

Prioritising the Initiatives

Initiatives were prioritised using the dual criteria of feasibility and impact:

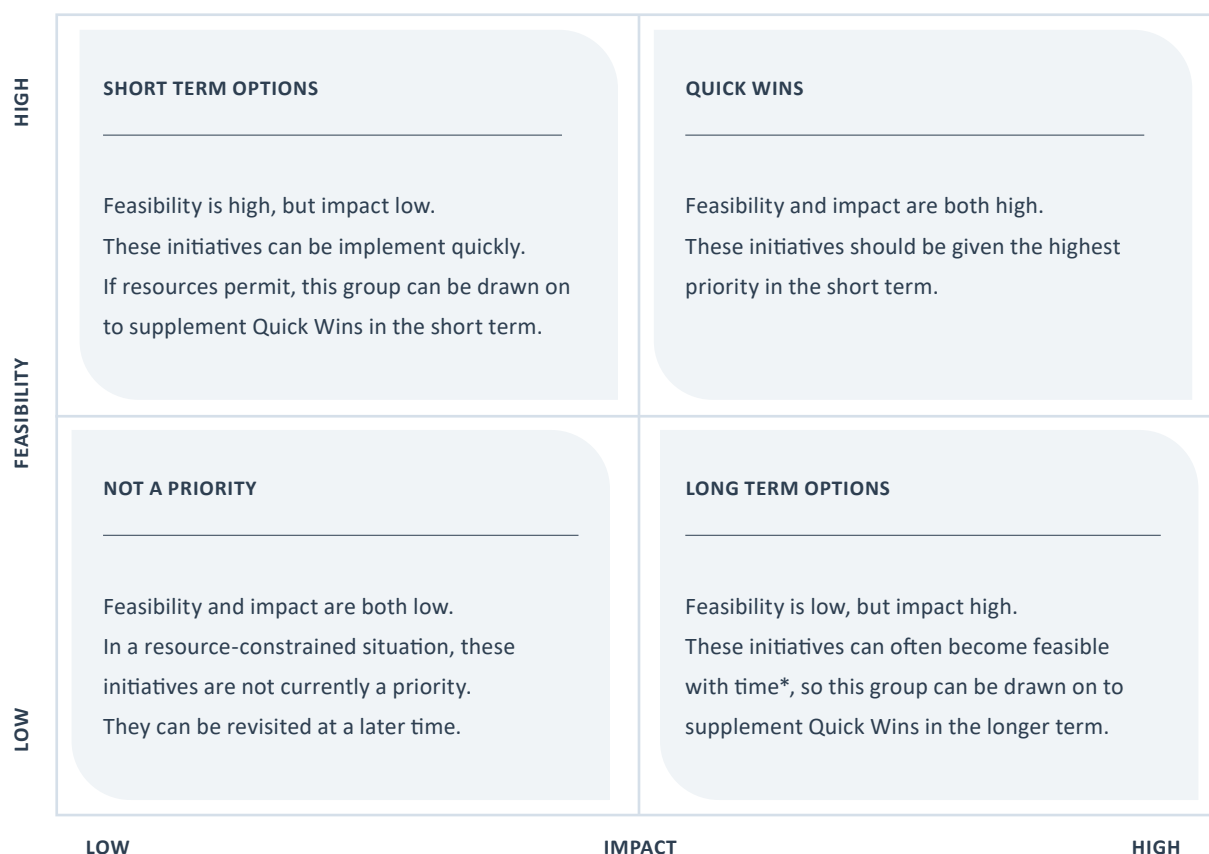
- Impact was rated on the extent to which an initiative would improve the situation for relevant stakeholder groups, decrease unreasonable barriers to international medical graduates seeking to enter the workforce, and/or enhance the quality of their contribution to health care.
- Feasibility was evaluated based on ability to implement, considering not only the extent to which the initiative was feasible from the point of the view of the AMC as a standalone organisation, but also the extent to which an initiative required collaboration among multiple organisations.

Each initiative is assigned into one of the matrix quadrants shown in Figure 2. The quadrants correspond to four types of initiatives: quick wins; short term options; long term options; and lower priority projects.

¹ The [ACI Methodology](#) also included modules on Initiation, Diagnostics, Implementation and Sustainability.

Figure 2

ACI Prioritisation Matrix.



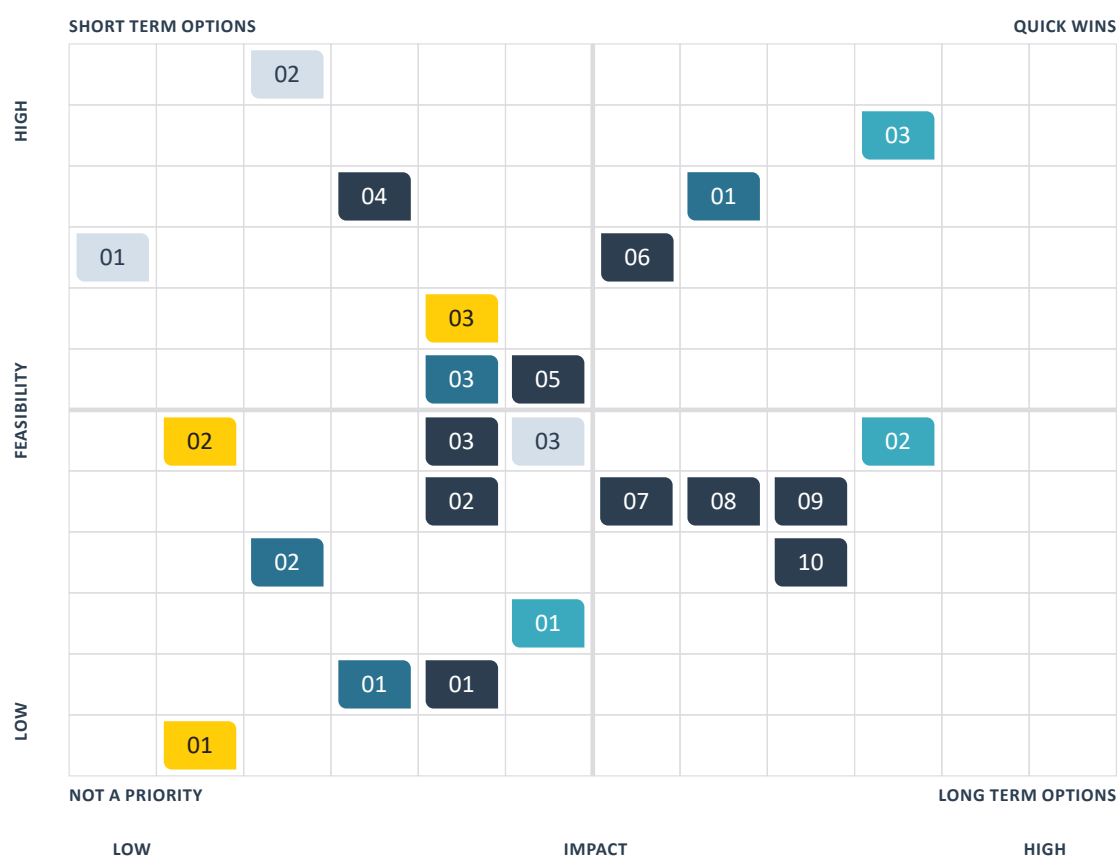
*Feasibility often increased with time because 1. resources can become available; 2. stakeholders can be brought on board; and 3. barriers related to complexity can be overcome.

Initiatives in the upper left quadrant are designated as short term options: lower impact but can be implemented quickly if necessary. The lower right quadrant contains long term options: high impact, but require time to reduce obstacles to implementation. The lower left quadrant is designated not a priority: neither high impact nor easy to implement.

To achieve a broad perspective encompassing the views of different stakeholders in the sector, the Project Advisory Group were asked to rate the impact and the feasibility of each of the options. The results are shown in Figure 3.

Figure 3

Impact-feasibility matrix for solutions.
Average of responses (Likert Scale)

**EDUCATION, TRAINING & SUPERVISION**

- 01 Provide Learning Resources
- 02 Handbooks for Supervisors
- 03 Observership Framework
- 04 Videos for Exam Preparation
- 05 Pilot Mentoring System
- 06 Pilot for Supervisor Training
- 07 Accredited Bridging Courses
- 08 Level 1 to Level 4 Support
- 09 Improve IMG Supervision
- 10 Pilot 3-month Supervised Practice

COMMUNICATION & CO-ORDINATION

- 01 Specialist Pathway Review
- 02 Support for WBA Providers
- 03 Expand Online Exam

IMG ASSESSMENT & PATHWAYS

- 01 Employment & Registration
- 02 Document Portal
- 03 User-Friendly AMC Website

SOCIO-CULTURAL SUPPORT & INDUCTION

- 01 Socio Cultural Support
- 02 Develop Induction Framework
- 03 Cultural Safety Training

FUTURE RESEARCH

- 01 Publish Performance Statistics
- 02 Clinical Exam Standard
- 03 Comparable Health Pathway

Results

The framework implies an order of implementation – starting in the upper right quick wins quadrant, moving left to the short term options quadrant, and then to the long term options quadrant. The not a priority quadrant includes initiatives that will not be implemented (although some in the upper right corner of the quadrant might be worth considering if resources permit).

In the upper right quadrant, three quick win solutions are identified:

- user-friendly website
- enhanced exam feedback
- pilot for supervisor training.

These initiatives largely conform to the ACI quick win requirements that they should be fast, economical and reversible. They also belong to different themes. There do not appear to be any obvious synergies between them, so they can be developed separately.

Because feasibility is often related to time, the matrix can provide a guide for thinking about the other three quadrants in terms of timing and sequencing of implementation.

Planning for Implementation

Once initiatives were classified in terms of impact and feasibility, some further adjustments were made to take account of the multi-organisation, multi-review context. These included:

- discussion with the Project Advisory Group to understand local initiatives and context, and whether initiatives are general or specific to certain cohorts of international medical graduates
- consultations with external stakeholders on initiatives that require cooperation and coordination across multiple organisations
- a consistency check with the Independent review of overseas health practitioner regulatory settings.

The ecosystem in which international medical graduates practise is complex, with a mix of assessments of skills and experience; support and service agencies, health services, regulatory bodies and government agencies that influence the complexity of implementing a change to the system. In recognising this, the AMC has categorised the initiatives according to the AMC's role in taking forward the initiative as a leader, partner or support (see Figure 4).

- Lead initiatives are those that the AMC can complete relatively independently as the activity is within the remit of the AMC.
- Partner initiatives are those the AMC would need to seek partners and joint funding.
- Support initiatives are those that will be lead and funded by other sectors that the AMC can support.

The [Conclusions and Recommendations](#) section of this report returns to this categorisation and the AMC's actions to take forward the initiatives.

Figure 4

Categorisation of initiatives by degree of collaboration required.



For **Lead** Projects, the AMC can rely on its staff, expert committees and affiliates who contribute to its work to support project delivery. For **Partner** Projects will require consultation with other organisations to gauge interest and, from there, to set up cooperative arrangements to support delivery. For **Support** Projects, the AMC's role will be limited to advocacy and advice.

Considering the current health workforce crisis, stakeholder agencies are receptive to cooperation. Discussions with outside stakeholders have identified international medical graduate supervision and observerships that support transition to practise as potential areas for cooperation.

Consistency with the *Independent review of overseas health practitioner regulatory settings*

06

Given the scale of the workforce crisis, in September 2022 the National Cabinet announced *The Independent review of overseas health practitioner regulatory settings* led by Robyn Kruk AO. The Kruk Review is seeking to ease health workforce shortages by considering whether regulatory settings for international health practitioners seeking registration in Australia are: fit for purpose; comparable with similar countries; and not imposing unnecessary barriers or compliance costs on migrants and employers.

In April 2023, the National Cabinet released the Kruk Review's interim report with the following key reform areas:

- improving the applicant experience
- expand fast track registration pathways
- better workforce planning
- greater flexibility, while supporting safety
- enhanced regulator performance and stewardship.

The relevance of these key reform areas for the initiatives identified in this report is shown in Figure 5.

Figure 5

Initiatives mapped to Kruk Review interim key reform priorities.

Key Reform Priorities



Three specific recommendations in the Interim Report are particularly relevant to the initiatives in this report. These are shown in the Table 1.

Table 1

Review: Implications for the Implementation of Initiatives.

	REVIEW RECOMMENDATION	AMC INITIATIVE	IMPLICATIONS FOR IMPLEMENTATION
DOCUMENT PORTAL	Submit all documentation for registration and migration through a single portal.	Establish a portal for international medical graduates to upload documents related to the end-to-end process.	Consider the Ahpra strategy for an overseas practitioner document portal. In the meantime, AMC should ensure the smooth functioning of the existing AMC-Ahpra portal.
COMPARABLE HEALTH PATHWAY	Expand competent authority pathways.	Investigate a new 'comparable health systems' pathway.	Discussions have occurred between the AMC and the Kruk Review on which elements of a 'comparable health pathway' model would make sense in the context of the review's recommendations.
SPECIALIST PATHWAY REVIEW	Transition equivalence assessments from specialist colleges to AMC.	Undertake a study, to be conducted in collaboration with the specialist colleges, of international medical graduate assessment in specialist pathways.	Underpin review recommendation with AMC analysis on the optimal processes and governance for specialist international medical graduate comparability pathways.

The Initiatives

07

The Initiatives: A closer look

The initiatives are grouped into five themes.



Theme 1
Socio-Cultural Support
and Induction



Theme 2
Communication
and Coordination



Theme 3
Design of IMG
Assessments and Pathways



Theme 4
Education, Training
and Supervision



Theme 5
Further Research

Each of the 23 initiatives is outlined below.
A definition of each initiative is followed by a table
that explores a range of criteria including:

- the relevance, which refers to the broad purpose of the initiative and alignment with the research questions
- the context, which provides some background information about each initiative
- the specific groups of international medical graduates who are likely to benefit from by the initiative.



Theme 1

Socio-Cultural Support and Induction

1. Socio-Cultural Support (prior to arrival, at arrival and ongoing)

Link international medical graduates with a support network to ensure they have access to good advice prior to departure, are welcomed on arrival and have some ongoing support focused on the first few months in Australia.

SOCIO-CULTURAL SUPPORT (PRIOR TO ARRIVAL, AT ARRIVAL AND ONGOING)

RELEVANCE	Improves the experience of the journey and lessens challenges for international medical graduates.
CONTEXT	<p>It can be difficult for international medical graduates to know how to best prepare for migration to Australia.</p> <p>There is information they need to assist them with their integration, for example banking, housing, schooling, etc.</p>
IMPACT	Improved experiences, feelings of wellbeing for international medical graduates and their families and likely faster integration into the Australian health system and community.
FEASIBILITY	This initiative may be supported by use of technology. Feasibility would be improved with the support of existing international medical graduate networks and community support groups.
IMPACTED GROUP	Recently arrived international medical graduates.

2. Develop Health Service Induction Framework and Referral Pathways

Support international medical graduates to access information so they can provide safe and high-quality care customised to local conditions. The framework would draw on existing induction models across healthcare settings.

There may be opportunities to partner with existing online health information providers such as Health Direct to improve systems, awareness, service uptake and referral pathways.

DEVELOP HEALTH SERVICE INDUCTION FRAMEWORK AND REFERRAL PATHWAYS

RELEVANCE	Increases enablers for international medical graduate performance and improves their contribution to health workforce.
CONTEXT	Designed to address a known gap according to feedback from international medical graduates and the literature.
IMPACT	Provides a local and current knowledge base for facilitating integration into the Australian health system.
FEASIBILITY	The AMC could support this activity by analysis of existing programs, however the work largely lies within the remit of local health services.
IMPACTED GROUP	All international medical graduates seeking to practise in Australia.

3. Cultural Safety Training

Establish cultural safety training for AMC staff and stakeholders (examination item writers, examiners, and simulated patients), embed cultural safety into exam blueprints and consider related learning support.

CULTURAL SAFETY TRAINING

RELEVANCE	Increases enablers for international medical graduate performance and improves their contribution to the health workforce.
CONTEXT	<p>Cultural safety is a key priority of the National Registration and Accreditation Scheme, and the AMC.</p> <p>The literature indicates that international medical graduates are not familiar with the health and context of Aboriginal and/or Torres Strait Islander peoples but will disproportionately work in areas in which Aboriginal and/or Torres Strait Islander peoples represent a large proportion of the population.</p>
IMPACT	<p>AMC would have a benchmark to assess international medical graduate performance in relation to culturally safe care.</p> <p>Anticipated transferral of learning from assessment to the workplace enhancing culturally safe care.</p>
FEASIBILITY	In scope of AMC clinical assessment review priority work.
IMPACTED GROUP	<p>International medical graduates in the Standard Pathway.</p> <p>AMC assessment item writers, and assessment committees.</p>



Theme 2

Communication and Coordination

4. Prioritise user-friendly AMC website content for IMGs

Ensure the AMC website has clear organisation schemes and structures, as well as effective labelling, navigation and search systems to assist international medical graduates to:

- make well-informed decisions about pathways
- navigate processes and assessments
- handle documentation
- perform transactions such as payments and bookings.

PRIORITISE USER-FRIENDLY AMC WEBSITE CONTENT FOR INTERNATIONAL MEDICAL GRADUATES

RELEVANCE	Provides enablers for international medical graduates in their journey and assists them to optimise their own journey.
CONTEXT	The AMC is reviewing its website and guides for international medical graduates, with input from international medical graduates.
IMPACT	Supporting international medical graduates to navigate information and to have the right information to make decisions. Improved user experience will also bring some benefit.
FEASIBILITY	Website development can be a challenging and iterative process, but this risk can be mitigated by working with an appropriate service provider.
IMPACTED GROUP	All international medical graduates.

5. Document Management

Establish a portal where international medical graduates can upload documents related to the end-to-end process to reduce requirements to submit the same documents to multiple agencies.

DOCUMENT MANAGEMENT

RELEVANCE	Streamlines element of assessment and entry to workforce.
CONTEXT	<p>International medical graduates have difficulty understanding and navigating the requirements of various agencies.</p> <p>A one-stop shop or way of sharing documents across agencies would reduce time frames and duplication.</p>
IMPACT	<p>Improves the experiences of international medical graduates.</p> <p>Reduces duplication and document re-handling.</p>
FEASIBILITY	The AMC could support this activity however it involves the remit of other agencies for the end-to-end process.
IMPACTED GROUP	All international medical graduates.

6. Employment and Registration

Promote and guide international medical graduates to the employment portal and services (Doctor Connect, and AMRANZ) to support them to find employment across multiple health services. There is some evidence that international medical graduates find themselves in a Catch 22 situation whereby they cannot obtain

provisional registration without a job offer, but often receiving a job offer requires provisional registration. Potential strategies to address the circular situation could be to launch an education campaign to employers and for further collaboration between the MBA and employers.

DEVELOP HEALTH SERVICE INDUCTION FRAMEWORK AND REFERRAL PATHWAYS

RELEVANCE	Maps to international medical graduate employment capability.
CONTEXT	International medical graduates often do not know where to find support for finding employment.
	Ahpra/MBA and health service collaboration needed to solve the Catch 22 situation.
IMPACT	Provides a local and current knowledge base for facilitating integration into the Australian health system.
FEASIBILITY	The AMC could support this activity however it largely lies within the remit of other agencies to ensure this work is undertaken.
IMPACTED GROUP	All international medical graduates – particularly affecting those seeking employment or impacted by the provisional registration and the employment Catch 22 situation.



Theme 3

Design of Assessments and Pathways

7. Online Exam Strategy

Expand online exam capacity from the current clinical examination capacity of 18 candidates to 36 candidates per day. NOTE: In August 2023 the AMC decided to build a new test centre for clinical examinations for international medical graduates. The new centre will be located in Melbourne and

is planned to commence operations in October 2024. In the short term, a high frequency program of online exams is planned to ensure there are no significant capacity limitations to international medical graduate assessment.

ONLINE EXAM STRATEGY

RELEVANCE	Improves experience of journey and lessens challenges for IMGs.
CONTEXT	<p>Current capacity in the online clinical exam is 18 candidates per day.</p> <p>The limitation is due to the resources required to conduct the exam and manage technical issues.</p> <p>An upgrade would aim to double capacity to 36 candidates per day.</p>
IMPACT	<p>The online clinical exam is currently more popular than the in-person exam.</p> <p>The online exam is accessible to overseas candidates, thereby expanding the potential candidate pool and lowering costs and disruption to lives.</p> <p>An expansion of capacity makes these benefits available to more IMGs.</p>
FEASIBILITY	<p>The online exam is resource intensive for the AMC.</p> <p>The online exam is prone to technical problems related to candidates' computers and internet connections.</p>
IMPACTED GROUP	AMC clinical examination candidates.

8. Provide enhanced feedback to candidates on the AMC Clinical Examination

Provide more detailed feedback to AMC clinical examination candidates coupled with expert mentoring support to discuss themes and strategies for improving performance.

PROVIDE ENHANCED FEEDBACK TO CANDIDATES ON THE AMC CLINICAL EXAMINATION

RELEVANCE	Increases enablers for IMGs performance.
CONTEXT	<p>Examination candidates have sought further information about their performance in the AMC Clinical Examination particularly focused on areas for improvement. Evidence shows that examination feedback can improve future examination performance. (Pardo et al 2019)</p> <p>This could include video format feedback from lead examiners and simulated patients as well as using automated technologies.</p> <p>Performance can be particularly enhanced if coupled with mentoring or expert discussion of key themes and strategies for improvement.</p>
IMPACT	Facilitates the examination performance of individual international medical graduates and improves their performance at work and ability to integrate quickly into the Australian health system.
FEASIBILITY	<p>Feasibility is enhanced because this initiative should be within the scope of the AMC clinical exam review.</p> <p>Feasibility could be further enhanced with the use of artificial intelligence to support feedback provision.</p>
IMPACTED GROUP	AMC clinical examination candidates.

9. Additional support for WBA providers.

Provide additional support for WBA providers, including best practice examples and resources on consistent approaches to assessment methods, which could speed up accreditation and improve program design.

ADDITIONAL SUPPORT FOR WBA PROVIDERS

RELEVANCE	Optimises international medical graduate contribution to the healthcare workforce.
CONTEXT	Health service applications to commence WBA programs are increasing as healthcare providers seek to provide a route to registration that works for international medical graduates.
IMPACT	Facilitates the expansion of WBA assessment and improvements in program quality.
FEASIBILITY	Links to AMC's existing long-term work to support the WBA pathway.
IMPACTED GROUP	WBA candidates.
	Health services interested in establishing a WBA program.

10. Undertake comparability study for specialist IMG pathways

Undertake a study based on external analysis of specialist pathways for international medical graduate assessment.

This project will be conducted in collaboration with the specialist colleges.

E.g. levels and types of specialist intake in Competent Authority countries.

UNDERTAKE COMPARABILITY STUDY FOR SPECIALIST INTERNATIONAL MEDICAL GRADUATE PATHWAYS

RELEVANCE	Decreases challenges to international medical graduates on their journey.
	Optimises contribution to the healthcare workforce.
CONTEXT	This research may provide useful insights to guide process improvement.
IMPACT	Enhances defensibility of processes for specialist international medical graduate assessments.
	May provide a useful reference point for colleges to review their specialist international medical graduate processes.
FEASIBILITY	The study may not be well received by all colleges if its findings contradict current practice.
	Mechanisms are not well developed for a systematic AMC review of college specialist international medical graduate intakes.
IMPACTED GROUP	International medical graduates on the specialist pathway.



Theme 4

Education, Training and Supervision

11. Systems to accredit providers of IMG preparatory courses

Seek a more formal AMC quality assurance model for bridging course providers, which could lead to improved resources, better targeted to areas the AMC identifies as potential barriers, improving progression and experiences for international medical graduates.

SYSTEMS TO ACCREDIT PROVIDERS OF IMG PREPARATORY COURSES

RELEVANCE	Increases enablers for performance.
CONTEXT	<p>The cost of bridging courses can be high.</p> <p>There are some professional connections between providers and the AMC but this is largely informal and ad hoc.</p>
IMPACT	By improving market signalling and incentives to provide education that aligns to assessment needs, this initiative seeks to improve the return on investment in preparatory courses for international medical graduates.
FEASIBILITY	Feasibility may be improved by limiting scope to preparation of a framework or scoping document to guide this activity.
IMPACTED GROUP	International medical graduates on the AMC Standard Pathway.

12. Strategy to improve supervision for International Medical Graduates

Develop a strategy to address known challenges including recruitment of supervisors, clarity about the level of supervision, the exploration of new roles and support, i.e. medical clinical educators in healthcare settings to lead international medical

graduate supervision and cultural safety. This strategy could explore partnering between rural and remote settings to provide international medical graduates with access to training in a range of healthcare settings.

STRATEGY TO IMPROVE SUPERVISION FOR INTERNATIONAL MEDICAL GRADUATES

RELEVANCE	Increases enablers for international medical graduate performance and facilitates an improved contribution to the health workforce.
CONTEXT	<p>Supervision is integral to helping international medical graduates prepare for assessments and learn how to better serve the Australian community.</p> <p>The consistency and availability of supervision has been a significant challenge for many years.</p> <p>The creation of a strategy could be a first step to achieve improvements in this space.</p>
IMPACT	Improving supervision quality (including consistency and access) is a key driver for patient safety and international medical graduate preparation for independent practice.
FEASIBILITY	<p>Implementation of supervision strategies would need to be managed by jurisdictions and health services.</p> <p>Supervision deficits often relate to lack of availability and/or alternatives.</p> <p>This proposal aligns with the AMC Clinical Assessment Futures Project.</p>
IMPACTED GROUP	International medical graduates in the workforce.

13. Handbook for supervisors and IMG program guide for supervision

Develop a supervisor handbook and program guide for health services. The handbook and guide could detail: structured supervision; level 1-4 supervision; how to build the skills of international medical graduates through scaffolded learning experiences; how to integrate effective learning in busy clinical environments; how to foster an effective learning culture; cultural safety;

governance for clinical education decision making and support; and how to tailor training to meet individual needs that recognises there are different types of learners, for example refugees, international medical graduates who have experienced trauma and international medical graduates who are challenged by recency requirements.

HANDBOOK FOR SUPERVISORS AND IMG PROGRAM GUIDE FOR SUPERVISION

RELEVANCE	Optimises international medical graduate contribution to the healthcare workforce.
CONTEXT	Health service applications to commence WBA programs are increasing as healthcare providers seek to provide a route to registration that works for international medical graduates.
IMPACT	Facilitates the expansion of WBA assessment and improvements in program quality.
FEASIBILITY	Links to AMC's existing long-term work to support the WBA pathway.
IMPACTED GROUP	WBA candidates
	Health services interested in establishing a WBA program.

14. Pilot supervisor training program

Develop a pilot of a supervisor training program that includes facilitated sessions to build supervisor skills to support the assessment performance and work readiness of international medical graduates.

PILOT SUPERVISOR TRAINING PROGRAM

RELEVANCE	Likely to result in improved individual experiences and assessment performance and in-system gains including skills development for supervisors of international medical graduates.
CONTEXT	<p>All international medical graduates with limited or provisional registration must be supervised.</p> <p>Facilitated sessions in existing supervisor programs could be adapted to the specific needs of the training of international medical graduates.</p>
IMPACT	Facilitates the examination performance of individuals.
FEASIBILITY	This initiative could be supported by the use of technology.
IMPACTED GROUP	All international medical graduates.

15. Videos of IMG discussing examination preparation

Create a suite of short videos that showcase international medical graduates discussing how to best prepare for the AMC examinations and WBAs.

VIDEOS OF IMG DISCUSSING EXAMINATION PREPARATION

RELEVANCE	Likely to result in improved individual experiences and assessment performance.
CONTEXT	A number of international medical graduates, and bridging course providers have created online learning resources including videos.
IMPACT	Facilitates the examination performance of individual international medical graduates. AMC videos showcasing interviews with international medical graduates discussing examination preparation could enhance the AMC website
FEASIBILITY	This initiative could be supported by the use of technology.
IMPACTED GROUP	International medical graduates on AMC standard pathway (clinical exam and WBA).

16. Provide online or app-based learning resources

Develop online resources that focus on identified gaps in the literature, updates to existing AMC

publication content, analysis of examination and supervised practice with a focus on areas of challenge and new areas of relevance to the Australian health context.

PROVIDE ONLINE OR APP-BASED LEARNING RESOURCES

RELEVANCE	Increases enablers for international medical graduate performance.
CONTEXT	<p>The AMC has developed print-based publications to support international medical graduates' study efforts. The AMC has begun to adapt some resources into online format. This is an opportunity to work with education providers to develop online resources for contemporary and targeted learning.</p> <p>These resources would be available before and after candidates sit the examination and gain employment to support learning about the Australian health system, and improve exam and workplace performance.</p> <p>The resources would be targeted to the needs of international medical graduates that they could access multiple times.</p> <p>The learning from these resources could be combined with experiential learning about the Australian health system from bridging courses, mentors and employment.</p>
IMPACT	<p>AMC print publications are a valuable preparatory resource for international medical graduates. Updated content and easier online access would improve accessibility and utility for learning about the medical system in Australia – aligned with examination questions and workforce need.</p> <p>Potentially increase the number of international medical graduates who are able to proceed with their careers in Australia while navigating various pathways.</p>
FEASIBILITY	Feasible in principle, but the amount of work is considerable.
IMPACTED GROUP	International medical graduates on the Standard Pathway prior to and after sitting the AMC Clinical Examination and before or while employed.

17. Develop a Framework for Observership Programs

Develop a framework for implementing observership or transition to practise programs across a wide range of healthcare services including metropolitan, outer metropolitan, rural and remote areas. The work would draw

on lessons learnt from existing observership programs to support further integration across health services where there are currently no existing observership programs for international medical graduates.

DEVELOPS A FRAMEWORK FOR OBSERVERSHIP PROGRAMS

RELEVANCE	Increases enablers for performance and facilitates an improved contribution to the health workforce.
CONTEXT	Observership programs provide a foundational experiential learning experience which can be coupled with additional, resource intensive and advanced learning support. Observerships mitigate risk and support doctors to be job ready.
IMPACT	<p>Observership programs are gaining in popularity as an opportunity for both international medical graduates and health services to learn about each other prior to formal employment.</p> <p>The aim would be to gather best practice and suggestions for setting up effective programs.</p>
FEASIBILITY	Gathering information on existing programs would require cooperation from health services.
IMPACTED GROUP	International medical graduates who are at the beginning of their pathway (prior to employment).

18. Pilot mentoring system to assist IMGs to pass the AMC Clinical Exam

Develop and conduct a small-scale pilot of a mentoring system that would bring together international medical graduates who have successfully passed the clinical exam to assist other graduates to do so.

PROVIDE ONLINE OR APP-BASED LEARNING RESOURCES

RELEVANCE	Increases enablers for performance and facilitates an improved contribution to the health workforce.
CONTEXT	This proposal includes analysis of existing mentoring systems, examining feasibility of different remote mentoring models, and developing a training program to increase the pool of available mentors.
IMPACT	Greater support for international medical graduates who are having difficulty passing the clinical exam, particularly if they have Limited Registration. However numbers could be small.
FEASIBILITY	<p>The AMC should assist implementation, although once set up it should be designed to be largely self-sustaining.</p> <p>Whether there is a sufficient supply of mentors is unknown.</p>
IMPACTED GROUP	<p>International medical graduates currently sitting the clinical exam (mentees).</p> <p>International medical graduates who have passed the clinical (mentors).</p>

19. Pilot a 3-month supervised practice program in medicine

Develop a pilot of a 3-month supervised practise program for general practice and other specialty rotations targeting international medical graduates in jeopardy of exceeding recency of practice requirements.

PILOT A 3-MONTH SUPERVISED PRACTICE PROGRAM IN MEDICINE

RELEVANCE	Likely to result in improved individual experiences and assessment performance and in-system gains including improved work performance of international medical graduates.
CONTEXT	<p>This proposal would require supervisor recruitment and identification of quality assured training posts for international medical graduates in relevant medical rotations.</p> <p>International medical graduates may exceed recency of practice requirements as they are unable to complete their assessments, and secure registration and employment. Some may return to the country where they trained to meet requirements which can be costly and result in further delays in integrating into the Australian health workforce. This can particularly impact women due to parental leave and primary childcare responsibilities.</p> <p>This proposal could maintain a percentage of places prioritising those in jeopardy of exceeding recency of practice requirements, removing bottlenecks to assessment and employment, and streamlining systems so that international medical graduates gain ongoing employment.</p>
IMPACT	Facilitates individual exam performance and improves work performance and integration into the Australian health system.
FEASIBILITY	The AMC could support this activity however it largely lies within the remit of local health services. It does align with the ideas discussed for inclusion of scope of the AMC Clinical Examination Futures project.
IMPACTED GROUP	International medical graduates in jeopardy of exceeding recency of practice requirements.

20. Pilot a supervised practice program with targeted support for IMGs to transition from Level 1 to Level 4 supervised support

Develop a targeted, scaffold program including online resources, simulation and supervised assessments. This program would provide the support and guidance required to assess whether international medical graduates are competent and safe to practise at a minimum of Level 2

supervision, which is less resource intensive than Level 1. The proposal also explores the learning and experience required to support doctors to achieve Level 3 (when doctors can work in rural areas and more isolated areas) and Level 4.

PILOT A SUPERVISED PRACTICE PROGRAM WITH TARGETED SUPPORT FOR IMGs TO TRANSITION FROM LEVEL 1 TO LEVEL 4 SUPERVISED SUPPORT

RELEVANCE	Likely to result in improved individual experiences and assessment performance and in system gains.
CONTEXT	<p>The MBA Guidelines: Supervised Practice for International Medical Graduates set four levels of supervised practice. Level 1 requires supervisors to be present at all times when international medical graduates are working with patients. The remaining levels require less direct supervision culminating at Level 4 in which international medical graduates take full responsibility for each individual patient with limited supervision. Level 1 is highly resource intensive.</p> <p>More guidance for supervisors on the levels of supervision and how to assess and support international medical graduates to build their skills would build efficiencies in the system and enable international medical graduates to progress.</p> <p>There is an opportunity to align this proposal to the new Prevocational Framework², providing international medical graduates access to intern positions (well supervised positions in healthcare settings leading to general registration).</p>
IMPACT	Facilitates the examination performance of individuals, improves their performance at work and ability to integrate quickly into the Australian health system.
FEASIBILITY	The AMC could support this activity however it largely lies within the remit of local health services. It does align with proposals arising from the AMC Clinical Examination Futures project.
IMPACTED GROUP	International medical graduates with registration and working under supervision.

² [New National Framework for Prevocational \(PGY and PGY2\) Medical Training](#)



Theme 5

Further Research

21. Investigate standard for clinical exam

Gather further AMC and other data to develop comparisons, metrics and analyses in relation to the standard for passing the clinical exam.

INVESTIGATE STANDARD FOR CLINICAL EXAM

RELEVANCE	It may influence progression through the AMC Clinical Examination.
CONTEXT	<p>The AMC Clinical Examination pass rate is 21 percent.</p> <p>Comparable overseas clinical examinations have higher pass rates.</p>
IMPACT	<p>Strengthens stakeholder confidence in the calibration of the clinical exam.</p> <p>Potential impact on clinical exam design and question development.</p> <p>Potential impact on international medical graduates in the Standard Pathway if the exam standard changes.</p>
FEASIBILITY	The analytic work can be done. Any change is a policy matter.
IMPACTED GROUP	International medical graduates who undertake the Standard Pathway.

22. Develop new comparable health systems pathway

Provide Australian registration eligibility for candidates who: hold an acceptable primary medical qualification; have practised clinically for a significant period (to be determined) in

one or more comparable health systems; and have practised in the same or a similar area of medicine, and at a similar level of responsibility to the proposed position for that period.

DEVELOP NEW COMPARABLE HEALTH SYSTEMS PATHWAY

RELEVANCE	Provides an additional pathway for some international medical graduates and may increase numbers.
CONTEXT	<p>Modeled on the Medical Council of New Zealand pathway, this new pathway would provide Australian registration eligibility for candidates who: hold an acceptable primary medical qualification; have practised clinically for a significant period (to be determined) in one or more comparable health systems; and have practised in the same or a similar area of medicine, and at a similar level of responsibility to the proposed position for that period.</p> <p>The New Zealand Comparable Health System list includes 23 countries mostly in Europe.</p>
IMPACT	Based on analysis of AMC's existing candidate cohort, less than one-tenth of international medical graduates would be eligible, although this eligible group might expand after introduction of the pathway.
FEASIBILITY	<p>New pathway would require MBA and potentially ministerial approval.</p> <p>This initiative may raise concerns regarding ethical recruitment.</p>
IMPACTED GROUP	International medical graduates in comparable health systems.

23. Publish demographic performance statistics

Publish demographic performance information to assist individual international medical graduates to target areas for improvement.

For example, data could include performance by country of training, age and gender. Future data sets may include employment and registration status information.

PUBLISH DEMOGRAPHIC PERFORMANCE STATISTICS

RELEVANCE	Provides enablers for international medical graduates to improve their performance.
CONTEXT	<p>The AMC captures this data and uses it in its exam review processes.</p> <p>The AMC publishes some data in the AMC annual report.</p> <p>International medical graduates are strategic learners. Aligns with AMC using performance data and experiences so that change to assessment processes are evidence based.</p>
IMPACT	<p>Has the potential to increase international medical graduate performance and decrease the number of attempts necessary to pass the exam.</p> <p>Actual impact may not be high if international medical graduates discount the information or see it as irrelevant to individual improvement efforts.</p> <p>May create negative stereotyping.</p>
FEASIBILITY	The statistics can be generated with relatively few resources.
IMPACTED GROUP	AMC Standard Pathway candidates.

Conclusion and Recommendations

08

This report provides a systematic analysis of several ways that the experiences and pathways for international medical graduates entering the Australian workforce can be improved to support the Australian healthcare system to deliver accessible, high quality and safe care.

It uses a well tested prioritisation methodology to generate initiatives and prioritise them by impact and feasibility, with adjustments based on stakeholder feedback on initiatives that require cooperation, and a consistency check with The Independent review of overseas health practitioner regulatory settings.

The consultation and prioritisation process of planning these initiatives with a cross-sectoral advisory group has ensured strategies are fit for purpose. Since February 2023, the AMC has begun sharing the findings from the draft outcomes of this with key stakeholders and partners, and to other reviews such as the Kruk Review. These discussions have deepened the AMC's understanding of the opportunities for alignment with partners' work and will assist the AMC to prioritise initiatives that it can lead, and that it should partner and support.

The AMC's next steps in relation to this report are outlined below.

Take forward initiatives that the AMC can lead:

- complete the review and update of the AMC website and published resources for international medical graduates, and increase communication to stakeholders including international medical graduates about its actions
- continue to strengthen the synergies between this project and the AMC's other major assessment project, the review of the AMC Clinical Examination in the Standard Pathway with a focus on maintaining and ensuring

the currency of standards, and addressing recommendations concerning improving exam feedback, publishing exam statistics, review of the pass mark, and providing assessment resources

- share good practice through its Project Advisory Group and presentations and discussions with stakeholders and partners to support faster implementation of agreed initiatives.

In relation to initiatives that require partnership:

- in view of the linkages between AMC priorities and actions and the National Medical Workforce Strategy, continue discussion with the Health Workforce Division of the Department of Health and Aged Care on synergies and opportunities for further engagement and partnership
- position itself to support the outcomes of the Kruk Review
- identify and engage with partners and stakeholders leading related projects and initiatives
- through its engagement with partners and stakeholders identify other potential changes to assessment practices and policies.

In relation to initiatives that require support:

- contribute to data and evidence gathering and sharing
- advocate and provide advice and support to partners to support implementation.

Appendix 1

Advisory Group Member

The AMC acknowledges the leadership of the Project Advisory Group (PAG) and Technical Advisory Group (TAG) members who generously share their expertise and knowledge and provide cross-sectorial input to the International Medical Graduate Assessment Experiences and Performance Project and the Clearing the way report.

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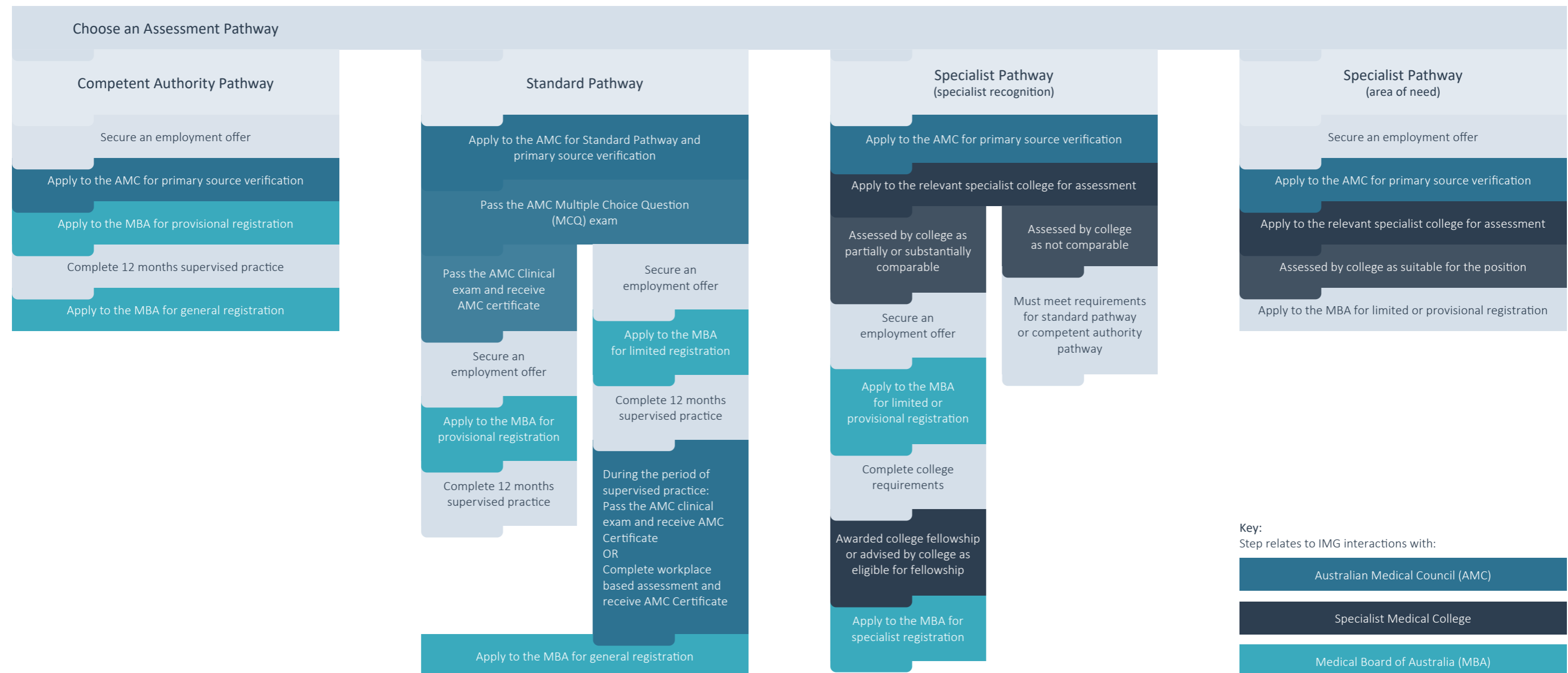
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Appendix 2

IMG Assessment Pathways at a Glance

Figure 6

Overview of pathways to registration for IMGs wishing to practise medicine in Australia.



The Competent Authority Pathway

Key Features

The Competent Authority (CA) assessment pathway was implemented in 2007. The CA model recognises that there are a number of established international screening examinations for the purposes of medical licensure that represent a “competent” assessment of applied medical knowledge and basic clinical skills of international medical graduates.

The Medical Board has approved a number of international authorities as competent to assess, for medical registration, the applied medical knowledge and basic clinical skills of international medical graduates: The approved competent authorities are:

- General Medical Council (United Kingdom — for the PLAB examination or for graduates of GMC-accredited medical courses in the United Kingdom)
- Medical Council of Canada (LMCC)
- Educational Commission for Foreign Medical Graduates of the United States (USMLE)
- Medical Council of New Zealand (NZREX)
- Medical Council of Ireland (graduates of medical courses in Ireland accredited by the Medical Council of Ireland)
- National Board of Osteopathic Medical Examiners (COMLEX-USA)

Individual authorities apply for assessment to the Medical Board of Australia for competent authority status, and the Board seeks advice from the AMC.

Individual candidates’ eligibility to proceed through the Competent Authority pathway is based on training and/or examinations completed and post qualification experience undertaken in a competent authority.

International medical graduates on the Competent Authority Pathway may apply for provisional registration. After successful completion of a 12-month period of supervised practise (minimum of 47 weeks full time service) in an approved position they may apply for general registration.

Opportunities for Quick Wins

- Explore the feasibility of extending the competent authority pathway to a broader number of countries.
- Advise the Medical Board of Australia on assessment and accreditation systems that could be considered competent authorities.

The Standard Pathway

Key Features

The Standard Pathway is managed by the Australian Medical Council. It has operated in some form since 1978 first as the Australian Medical Examination Council (1978–1985) and subsequently by the AMC.

Candidates complete the written examination (Computer Adaptive Test Multiple Choice Questions) and either the structured clinical examination or an AMC-accredited workplace based assessment program. These processes are:

- Standard Pathway (AMC examinations). Assessment is by examination only — the AMC Computer Adaptive Test Multiple Choice (CAT MCQ) Examination and the AMC Clinical Examination. Most non-specialist applicants will be assessed through this pathway.
- Standard Pathway (Workplace Based Assessment). Assessment is by the AMC CAT MCQ Examination. Applicants who secure employment and a place in an AMC accredited workplace based assessment program in a health service complete a program of at least six months of workplace based assessment of clinical skills and knowledge by the AMC-accredited provider.

International medical graduates who successfully complete the Standard Pathway complete a 12-month period of supervised practise (minimum of 47 weeks full time service) in an approved position before being eligible for general registration with the Medical Board of Australia.

International medical graduates who have passed the AMC CAT MCQ can apply to the Medical Board of Australia for limited registration.

Those who have passed both the AMC CAT MCQ and the AMC Clinical Examinations before commencing their period of supervised practice in Australia must apply for provisional registration.

AMC innovations include:

- The National Test Centre, which operated from 2013 to 2023, was purpose-built to deliver high quality clinical assessment capacity. Leveraged through use of cutting-edge technology, it has a wide range of functionality including; an examination control system, audio and video recording, real time and remote observation, digital-marking and digital examination content.
- The AMC launched its model of online delivery of the clinical examination in early 2021. Scheduling priority was given to candidates listed on the waiting list from postponed 2020 examinations impacted by the COVID-19 pandemic. Candidates residing in Australia were also given priority to support progression into the workforce.

Opportunities for Quick Wins

- Further explore process improvements to increase online examinations.
- Support the further expansion of WBA programs.
- Further develop learning and preparation support for international medical graduates and continue to work with bridging course providers to improve opportunities for assessment preparation and support.

Specialist Pathway - Specialist Recognition and Area of Need

Key Features

Since 1993, the assessment of overseas trained specialists for registration to undertake unsupervised specialist practice has been undertaken by the relevant specialist medical colleges.

All of the sixteen specialist medical colleges that offer specialist medical programs of study accredited by the AMC in the recognised medical specialties have pathways for assessment of specialist international medical graduates.

The Specialist Pathway is for international medical graduates in one of the following categories:

- overseas-trained specialists applying for assessment of comparability to the standard of a specialist trained in that specialty in Australia (specialist recognition). The applicant applies directly to the specialist medical college which assesses comparability against the criteria for an Australian-trained specialist in the same field of specialty practice
- overseas-trained specialists applying for an area of need specialist level position in Australia (Area of Need). The applicant applies directly to the specialist medical college which assesses their qualifications and relevant experience against the specified requirements of a position in a confirmed area of need, as determined by the relevant state or territory health authority. This pathway does not lead to specialist registration

Opportunities for Quick Wins

Sharing innovations. Colleges learn from each other in terms of innovations in communication with international medical graduates and broader stakeholders and standardise practises and communication approach.

Appendix 3

Methodology

Defining Impact

The Agency for Clinical Innovation Methodology is not specific about how to define impact, recognising that this will differ according to the improvement program. However, it is clear that impact needs to be positive, and directed towards improving the situation for relevant stakeholder groups.

The main target groups are international medical graduates, the health services that employ international medical graduates, and through them, the communities they serve. Impact should be considered in relation to initiatives that can improve the experiences of international medical graduates, reduce challenges, increase enablers, and/or provide development and growth opportunities. Impact can also refer to initiatives that can decrease unreasonable barriers to international medical graduates seeking to enter the workforce, and/or to enhance the quality of their contribution to health care.

Defining Ease of Implementation

The ease of implementation dimension of the matrix is complicated because entry into the workforce is governed by a system rather than by any single organisation. This means that feasibility will be affected by two main drivers:

- the extent to which the initiative is feasible from the point of the view of the AMC as a standalone organisation
- the extent to which an initiative is complicated by the need to involve other organisations.

Because quick wins need to be implemented within tight timeframes and with a high degree of certainty about the outcome, initiatives that require other organisations should only be considered in those cases where circumstances converge to make cooperation likely. This might occur, for example, if the AMC can identify both a problem and a solution (or better still can assist with a solution), and the solution is likely to be congruent with the other organisation's current imperatives.

Qualifying as a Quick Win

Beyond impact and ease of implementation, the ACI methodology suggests that initiatives should be found to be ‘fast, economical and reversible’ before being designated as a quick win; there is also a requirement of ‘ease’ which is covered in ‘Ease of Implementation’ above.

- By ‘fast’ we mean delivering measurable impact within 12 months.
- By ‘economical’ we mean a price tag below \$100,000.
- By ‘reversible’ we mean that stopping the project will not have a substantial negative impact on stakeholders or the AMC reputation.

The last requirement is included because quick wins are undertaken without the same level of analysis and vetting given to mainstream initiatives in a change program. They are therefore more likely to entail unforeseen consequences, and so the project should be able to be stopped without substantial adverse consequences if necessary.

Prioritisation and Coordination

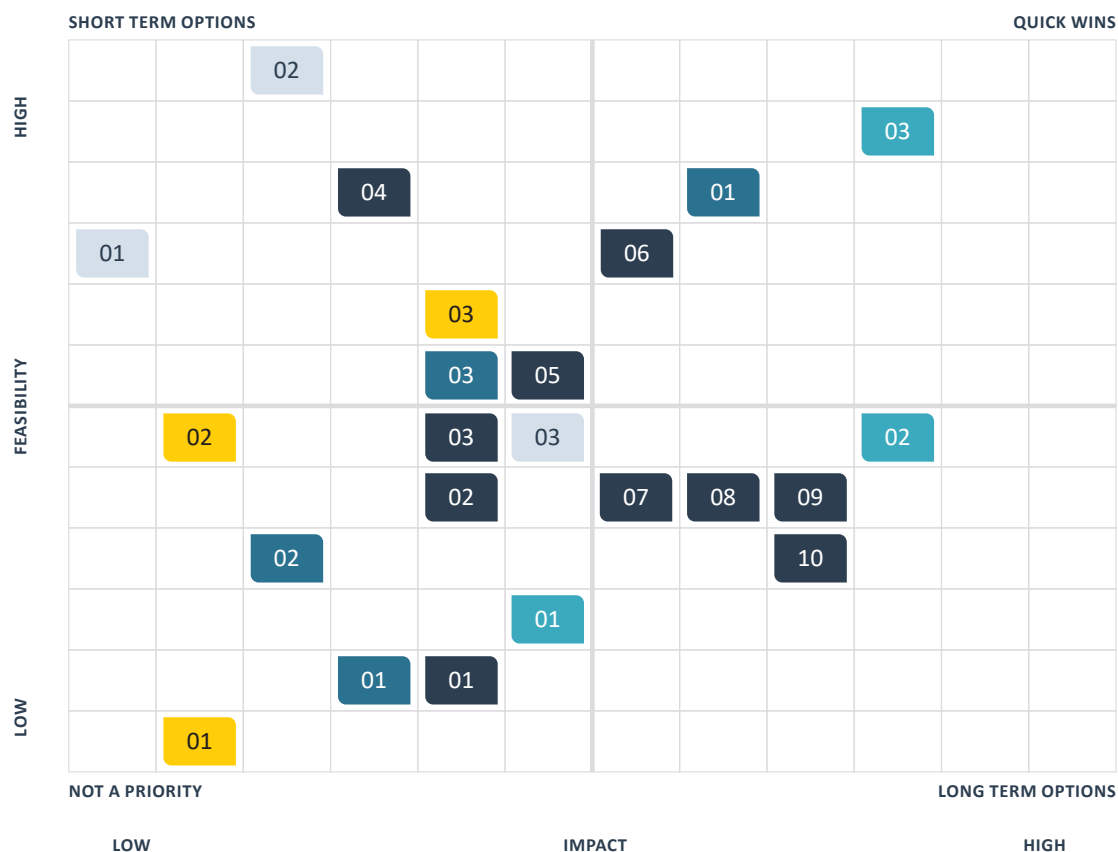
The final requirement for defining impact is deciding how impact will be measured. The ACI Methodology recommends ways that the prioritisation framework can be applied to improvement ideas, including stakeholder involvement and voting³. This project used a set of Likert scale questions in a survey directed to the Project Advisory Group⁴. The outcome of the prioritisation survey is shown in Figure 7.

³ ACI Methodology Framework, Agency for Clinical Innovation, NSW Government

⁴ Another approach was initially trialled with the Technical Advisory Group using forced ranking questions. This format delivered roughly the same results, but the large number of potential solutions restricted the ranking to the top five choices, so a Likert scale format was adopted instead.

Figure 7

Impact-feasibility matrix with solutions.

**EDUCATION, TRAINING & SUPERVISION**

- 01 Provide Learning Resources
- 02 Handbooks for Supervisors
- 03 Observership Framework
- 04 Videos for Exam Preparation
- 05 Pilot Mentoring System
- 06 Pilot for Supervisor Training
- 07 Accredited Bridging Courses
- 08 Level 1 to Level 4 Support
- 09 Improve IMG Supervision
- 10 Pilot 3-month Supervised Practice

COMMUNICATION & CO-ORDINATION

- 01 Specialist Pathway Review
- 02 Support for WBA Providers
- 03 Expand Online Exam

IMG ASSESSMENT & PATHWAYS

- 01 Employment & Registration
- 02 Document Portal
- 03 User-Friendly AMC Website

SOCIO-CULTURAL SUPPORT & INDUCTION

- 01 Socio Cultural Support
- 02 Develop Induction Framework
- 03 Cultural Safety Training

FUTURE RESEARCH

- 01 Publish Performance Statistics
- 02 Clinical Exam Standard
- 03 Comparable Health Pathway

The Four Quadrants

In the upper right quadrant, three quick win solutions are identified:

- user-friendly website
- enhanced exam feedback
- pilot for supervisor training.

These initiatives largely conform to the ACI quick win requirements that they should be fast, economical and reversible. They also belong to different themes. There do not appear to be any obvious synergies between them, so they can be developed separately.

The matrix also provides a guide for thinking about the other three quadrants. Because feasibility is often related to time, the framework can be tweaked to accommodate a time component, thus providing guidance on order of implementation. In this case, the upper left quadrant contains short term options: lower impact but can be implemented quickly if necessary. The lower right quadrant contains long term options: high impact, but requires time to reduce obstacles to implementation. The lower left quadrant is designated as not a priority: neither high impact nor feasible.

The framework therefore implies a mirror ‘Z’ shape for order of implementation – start in the quick wins quadrant, move left to the short term options quadrant (focusing particularly on the initiatives clustered closest to the high impact border of that quadrant), move next to the long term options quadrant (particularly the initiatives clustered closest to the top of the high feasibility border). The final low priority quadrant contains initiatives which will not be implemented; although some in the upper right corner of the quadrant might be worth considering if resources permit.

In the short term options quadrant, the cultural safety training initiative is a candidate that stands out for early implementation. International medical graduates disproportionately provide care in rural, regional and remote locations, including Aboriginal and/or Torres Strait Islander people and communities.

In the long term options quadrant, the possibility of working together with bridging course providers has struck some as a solution which could have a significant impact, both in terms of helping international medical graduates to pass assessments, and improve their preparedness for practice.

The AMC could consider some form of quality assurance for the sector, or perhaps sharing aggregated assessment data or assessment technologies to improve the effectiveness of bridging courses. On the other hand, these providers are a heterogeneous group, and how the AMC can work with them to improve international medical graduate education required thought.

Normally populating the matrix means that the prioritisation process is largely complete. However, in this case implementation is complicated by two factors: 1) the requirement, in some cases, to garner support and cooperation from multiple organisations; and 2) the presence of other reviews, such as the Independent Review that is proceeding concurrently and also making recommendations relevant to some of the problems addressed here.

Appendix 4

International Comparisons of IMG Assessment

The AMC has collaborative relationships with overseas counterparts responsible for the assessment of international medical graduates. While undertaking work to identify high impact initiatives, AMC representatives met with colleagues from the General Medical Council, Education Commission of Foreign Medical Graduates, the Irish Medical Council, Medical Council of Canada, and Medical Council of New Zealand. Discussions covered assessment processes, challenges, and innovations.

Table [2] illustrates high level information about the assessments available for international medical graduates in the different countries. Interestingly, Australia is the only country in this group to currently offer an online clinical examination. It is also the only country to have no candidate attempt limit and/or time limit restriction and does not require language proficiency evidence prior to commencing the assessment journey.

Table 2:

International comparison of International Medical Graduate Assessment.

	ADMINISTERS A PART 1 / KNOWLEDGE EXAMINATION	ADMINISTERS A PART 2 / CLINICAL EXAMINATION OR PRACTICAL ASSESSMENT	CLINICAL EXAMINATION AVAILABLE ONLINE	ATTEMPT AND/OR TIME LIMIT FOR ASSESSMENTS	LANGUAGE PROFICIENCY EVIDENCE REQUIRED PRIOR
AUSTRALIAN MEDICAL COUNCIL	Yes - AMC CAT MCQ	Yes - AMC clinical OR workplace-based assessment.	Yes	No	No - a requirement of registration.
EDUCATION COMMISSION FOR FOREIGN MEDICAL GRADUATES (USA)	Yes – USMLE Step 1 UMSLE Step 2 CK	Yes - USMLE Step 3	No	Yes - 4 attempts per step. Possible to apply for an exceptional fifth attempt to State Medical Board.	TBC
GENERAL MEDICAL COUNCIL (UK)	Yes – PLAB Part 1	Yes - PLAB Part 2	No	Yes - 4 attempts at each component. Possible to apply for an exceptional fifth attempt after gap of 12 months with further training.	Yes
IRISH MEDICAL COUNCIL	Yes - PRES Level 2 (or accepts alternatives as prerequisite to the clinical examination).	Yes - PRES Level 3	No	Yes - 3 attempts and 2 years to complete Part 1. 3 attempts to complete Part 2	Yes
MEDICAL COUNCIL OF CANADA	Yes - MCCQE Part 1	Yes - National Assessment Collaboration (NAC) and Therapeutics Decision Making Examination (TDM).	No	Yes - 3 attempts, no time limit.	Yes

Appendix 5

'Lost in the Labyrinth' Report Recommendations

1. That the Australian Medical Council (AMC), in consultation with the Medical Board of Australia and international medical graduates (IMGs), take steps to assist IMGs experiencing difficulties and delays with primary source verification, including but not limited to:
 - continuing to assist IMGs who have passed all requirements of a pathway towards registration as a medical practitioner, excepting primary source verification;
 - liaising with the Educational Commission for Foreign Medical Graduates to ascertain and address any barriers to achieving timely primary source verification; and
 - providing IMGs with up-to-date information relevant to their application, including the anticipated timeframe for response based on their application, or options on how they might hasten the process, such as contacting the institution directly.
2. That the AMC take action to increase the availability of the Australian Medical Council Structured Clinical Examination (SCE) so that those making a first attempt at the examination be accommodated within six months of their initial application.
3. That the Australian Medical Council publish detailed information on its website outlining the processes for determining the allocation of places for the Structured Clinical Examination (SCE). The information should explain prioritisation, the purpose and operation of the standby list and provide up-to-date information on waiting times for undertaking the SCE.
4. That the AMC provides a detailed level of constructive written feedback for candidates who have undertaken the AMC's Structured Clinical Examination.
5. That the Council of Australian Governments include workplace-based assessment (WBA) pathway for international medical graduates on its health workforce agenda in order to extend endorsement from state and territory governments and increase the availability of host sites nationally.
6. That the Medical Board of Australia in conjunction with the AMC, commission an independent evaluation of the workplace-based assessment (WBA) model. The evaluation should incorporate a cost benefit analysis of WBA, and encompass the views of all stakeholders, including international medical graduates, clinical assessors and host institution administrators. The outcomes of the evaluation should be made public.

7. That the Australian Government Department of Health and Ageing and AMC, in consultation with the Joint Standing Committee on Overseas Trained Specialists and the specialist medical colleges:
 - publish agreed definitions of levels of comparability on their websites, for the information of international medical graduates (IMGs) applying for specialist registration;
 - develop and publish objective guidelines clarifying how overseas qualifications, skills and experience are used to determine level of comparability;
 - develop and publish objective guidelines clarifying how overseas qualifications, skills and experience are taken into account when determining the length of time an IMG needs to spend under peer review; and
 - develop and maintain a public dataset detailing the country of origin of specialist pathway IMGs' professional qualifications and rates of success. (para 4.109)
8. That specialist medical colleges adopt the practise of using workplace-based assessment (WBA) during the period of peer review to assess the clinical competence of specialist international medical graduates in cases where applicants can demonstrate that they have accumulated substantial prior specialist experience overseas. As part of the WBA process the specialist medical colleges should make available the criteria used to select WBA assessors. Specialist medical college examinations should only be used as an assessment tool where specialist IMGs are recent graduates, or where deficiencies or concerns have been identified during WBA.
9. That all specialist medical colleges consult with the AMC to ensure each college undertakes a consistent three- stage appeals process. Details specified in full recommendations.
10. That the specialist medical colleges undertake steps to ensure international medical graduates are aware of their right of appeal regarding their application for specialisation. Steps are specified in full recommendations.
11. That the Australian Health Ministers Advisory Council, in conjunction with the Australian Government Department of Health and Ageing and the National Health Practitioner Ombudsman, develop and institute an overarching, independent appeals mechanism to review decisions relating to the assessment of clinical competence to be constituted following an unsuccessful appeal by an international medical graduate to the Appeals Committee of a specialist medical college.
12. That Health Workforce Australia, in consultation with state and territory health departments, the Medical Board of Australia, specialist medical colleges and other key stakeholders, investigate options to ensure equitable and fair access to clinical supervision places for international medical graduates. Consideration should include establishing designated supervised placements for international medical graduates in teaching hospitals or similar settings.
13. That the AMC, the Medical Board of Australia and specialist medical colleges collaborate to develop a process which will allow semi or recently retired medical practitioners and specialist practitioners to maintain a category of registration which will enable them to work in the role of a clinical supervisor.

14. That Health Workforce Australia provide support under the Clinical Supervision Support Program to promote the innovative use of new technologies to increase clinical supervision capacity, particularly for medical practitioners who are employed in situations where they have little or no access to direct supervision.
15. That prior to undertaking practise in an area of need position or regional, rural, remote position with indirect or limited access to clinical supervision, international medical graduates (IMGs) be placed in a teaching hospital, base hospital or similar setting. Within this setting IMGs could be provided appropriate supervision for a defined period to further establish their clinical competency and assist with their orientation to the Australian health care system.
16. That Health Workforce Australia ensure aspects of cross cultural awareness and communication issues are key components in any guidelines, educational materials or training programs that are developed to support enhanced competency of clinical supervisors.
17. That the Medical Board of Australia/Australian Health Practitioners Registration Agency (MBA/AHPRA) provide more information on the Pre-Employment Structured Clinical Interview (PESCI).
 - This information should be easily located on the MBA/AHPRA website and provide links to relevant information on PESCI that is available on the websites of AMC accredited PESCI providers.
18. That all Pre-Employment Structured Clinical Interview (PESCI) assessments be video-recorded and a copy of the video- recording be provided to the applicant for the purpose of providing appropriate feedback on the assessment and as a record should an international medical graduate wish to appeal the outcome of a PESCI.
19. That the Medical Board of Australia, as part of its current review of the utility and portability of Pre-Employment Structured Clinical Interview, include broader consideration of its utility as an assessment tool, particularly its application to international medical graduates who have already practised in Australia for a significant period of time under Limited Registration.
20. That the Medical Board of Australia provide an opportunity for interested parties, including international medical graduates, to provide input into its current review of the utility and portability of Pre-Employment Structured Clinical Interviews.
 - To promote transparency, the Medical Board of Australia should also provide regular updates on the review on its website, and at the conclusion of the review publish its findings.
21. That the Medical Board of Australia review whether the current English Language Skills Registration Standard is appropriate for international medical graduates.
22. That the Medical Board of Australia negotiate with providers of the International English Language Testing System and Occupational English Test with a view to requiring that detailed, qualitative written feedback on each component of the English Language test be provided in writing to international medical graduates to enable identification of areas of deficiency which may be rectified.

23. That the Medical Board of Australia extend the period of validity for English language proficiency test results as prescribed by the English Language Skills Registration Standard to a minimum period of four years.
24. That the Medical Board of Australia/Australian Health Practitioners Registration Agency provide the Australian Government Department of Immigration and Citizenship with direct access to information on its registration database as necessary to determine granting of a visa for employment purposes.
25. That the Australian Government Department of Health and Ageing produce and publish on its website a comprehensive guide detailing how District of Workforce Shortage (DWS) status is determined and how it operates to address issues of medical practitioner workforce shortages.
26. That the Australian Government Department of Health and Ageing consult with state and territory government departments of health to agree on nationally consistent and transparent approach to determining Area of Need (AoN) status based on agreed criteria. Consideration should also be given to improving the alignment between the AoN and Districts of Workforce Shortage.
27. That the Department of Health and Ageing, in association with Health Workforce Australia, examine options for a planned, scaled reduction in the length of the 10 year moratorium so that it is consistent with the average duration of return of service obligations that apply to Australian graduates of Bonded Medical Places. Workforce modelling should be used to determine the implications for workforce preparation, transition, training and distribution. The outcomes should be made publicly available.
28. That the Medical Board of Australia/Australian Health Practitioner Registration Agency, AMC and specialist medical colleges, publish data against established benchmarks on their websites and in their annual reports, on the average length of time taken for international medical graduates to progress through key milestones of the accreditation and registration processes. Information published on websites should be updated on a quarterly basis.
29. That Ahpra's annual report, with respect to the functions carried out by the MBA must also include a number of other key performance indicators providing further information to IMGs. Full recommendations list a number of indicators.
30. That where an international medical graduate considers that the processes prescribed under the National Registration and Accreditation System have placed them at a significant disadvantage compared to their circumstances under the processes of former state and territory medical boards, that the Medical Board of Australia investigate the circumstances, and if necessary rectify any registration requirements to reduce disadvantage. The process and procedure for review should be clearly outlined. Any review should be conducted in a timely and transparent manner.
31. That the AMC and the Medical Board of Australia/Australian Health Practitioner Regulation Agency ensure that computer-based information management systems contain up-to-date information

regarding requirements and progress of individual international medical graduate's assessment, accreditation and registration status to enable timely provision of advice.

32. The Committee recommends that the AMC and the Medical Board of Australia/Australian Health Practitioner Regulation Agency implement appropriate induction and ongoing training for all employees responsible for dealing with inquiries. This training should include among other things, an understanding of the overall system of accreditation and registration so that referrals to other organisations can be made where necessary.
33. That the Medical Board of Australia, in conjunction with the AMC and specialist medical colleges, develop a centralised repository of documentation supplied by international medical graduates (IMGs) for the purposes of medical accreditation and registration. The recommended capacity is set out in the full recommendations.
34. That the Medical Board of Australia/Australian Health Practitioner Registration Agency, the AMC, and specialist medical colleges consult to develop consistent requirements for supporting documentation wherever possible. These requirements should be developed with a view to further reducing duplication by preventing the need for international medical graduates (IMGs) to lodge the information more than once and in different forms and formats.
 - This documentation should form part of an IMG's permanent record on a central document repository.
35. That the AMC and the Medical Board of Australia/Australian Health Practitioner Registration Agency amend requirements so that Certificates of Good Standing provided by past employers remain valid for a period of 12 months.
 - Certificates of Good Standing should also be available on a central document repository.
36. That specialist medical colleges should consult with one another to establish a uniform approach to the fee structure applied to international medical graduates (IMGs) seeking specialist accreditation in Australia. This fee structure should be justified by the provision of clear and succinct fee information published on the AMC and relevant college's websites, itemising the costs involved in each stage of the process. IMGs should be informed about possible penalties which may be applied throughout the assessment process.
37. That the Medical Board of Australia/ Australian Health Practitioner Registration Agency, the AMC and specialist medical colleges review the administrative fees and penalties applied throughout the accreditation and assessment processes to ensure that these fees can be fully justified in a cost recovery based system.
38. That the AMC and the Medical Board of Australia/Australian Health Practitioner Regulation Agency increase awareness of administrative complaints handling and appeal processes available to international medical graduates (IMGs). The full recommendations describe processes.

39. That the Medical Board of Australia extend the obligations it applies to employers, supervisors and international medical graduates in its Guidelines – Supervised practice for limited registration to include a commitment to adhere to transparent processes and appropriate standards of professional behaviour that are in accordance with workplace bullying and harassment policies.
40. The Committee recommends that the AMC and the Medical Board of Australia/Australian Health Practitioner Regulation Agency implement appropriate induction and ongoing training for all employees responsible for dealing with inquiries. This training should include among other things, an understanding of the overall system of accreditation and registration so that referrals to other organisations can be made where necessary.
 - An integral part of the orientation program should be the development of a comprehensive package of information which can be accessed by IMGs and their families prior to their arrival in Australia.
41. That Health Workforce Australia, in consultation with key stakeholders, develop a nationally consistent and streamlined system of education and training supports for international medical graduates. The full recommendations list topics for consultation.
42. That Health Workforce Australia, in consultation with key stakeholders, develop a cohesive and comprehensive system of ongoing support options for IMGs and their families as an integral part of its National Strategy for International Recruitment. Such a system should include at a minimum, a particular emphasis on the educational needs of children, along with support and employment prospects for spouses.
43. That Health Workforce Australia, as part of its National Strategy for International Recruitment program, examine options for establishing a one-stop shop for international medical graduates seeking registration in Australia. Serious consideration should be given to the feasibility of providing an individualised case management service for IMGs.
 - In developing the most suitable model for such a service, HWA should consider the proposed scope of this service and the range of assistance provided, having regard to available resourcing.
44. That the Australian Government Department of Health and Ageing expand the DoctorConnect website to include a register of support services available to IMGs in the various agencies around Australia, including information on: details of location; eligibility; duration and timing; cost; and whether the program is available electronically/remotely.
45. That the Australian Government Department of Health and Ageing provide a telephone help line to answers questions and provide clarification on information provided on the DoctorConnect website.

Appendix 6

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