Australian
Medical Council Limited

# International medical graduates in Australia

A survey report on the experiences, perceptions and decision factors of migrating doctors

# 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.

# Contents

# Acronyms and Glossary of Terms

## Acronyms

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|---|---|
| **AHPRA** | The Australian Health Practitioner Regulation Agency |
| **AMC** | Australian Medical Council |
| **ECFMG** | Educational Commission for Foreign Medical Graduates |
| **GMC** | General Medical Council (UK) |
| **IMG** | International medical graduate |
| **MCQ** | Multiple Choice Question |
| **MBA** | Medical Board of Australia |
| **MCNZ** | Medical Council of New Zealand |
| **NZREX** | New Zealand Registration Examination |
| **PESCI** | Pre-Employment Structured Clinical Interview |
| **PLAB** | Professional and Linguistic Assessments Board (conducts UK exams) |
| **RACMA** | Royal Australian College of Medical Administrators |
| **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 across Australia. |
| **AREA OF NEED** | Is a geographical location where the medical needs of its population are unmet. Individual Australian State and territory governments determine their own AoN locations. |
| **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. List of competent authorities are available on the Medical Board of Australia's website. |
| **EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES** | 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. |
| **INTERNATIONAL MEDICAL GRADUATE** | A doctor who a) obtained a medical degree (final medical diploma/primary qualification) in medicine and surgery from an eligible medical school including confirming the degree title and graduation years are eligible as on the AMC website, or b) completed additional postgraduate specialty training and examinations and 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** | The national board for the medical profession, established under the Health Practitioner Regulational 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 accredited programs of study. |

## Glossary of Terms

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|---|---|
| **MEDICARE** | Australia' public health insurance system. |
| **MORATORIUM** | A government policy which influences where international medical graduates work. Sections 19AA and 19AB of the Health Insurance Act 1973 mandate that they must serve in a designated area of workforce shortage before they can receive provider numbers that allow them to bill Medicare. |
| **PRE EMPLOYMENT STRUCTURED CLINICAL INTERVIEW** | A PESCI is 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. |
| **WORKPLACE BASED ASSESSMENT PROGRAM** | The WBA program is an alternative to the AMC clinical exam component of the Standard assessment pathway for international medical graduates. A WBA program is a structured program (minimum six months) of on-the-job assessment. It tests if the candidate has 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. |

# Opening message

It was a great honour to Chair the Australian Medical Council's International Medical Graduate Assessment Experiences and Performance Advisory Group. I had the opportunity to work with an extraordinary group of dedicated, knowledgeable and compassionate people. Together we reflected on a group of professionals, and their families, who have chosen to make Australia their home, and provide medical services to the Australian community.

The history of migration to Australia since colonisation has been fraught and any analysis of the experience of particular cohorts needs to consider the broader context. The recurrent theme was that Australia is not always a welcoming host and that often we have failed to "walk in the shoes" of people who come from other places. The concept of multiculturalism is a relatively recent one in Australia and the political and social response to those seeking to come to Australia has been cautious rather than embracing.

Australia needs migrant doctors. They represent one third of our medical workforce. They provide care in rural and remote communities. Quite simply, the Australian medical system cannot exist without them. That doesn't preclude the need for a robust assessment of qualifications and experience. The Australian community rightfully expects the highest standards of medical care. This report bears witness to the experience of migrant doctors, and their families, from the time of their application, through the navigation of the often opaque requirements of migration and recognition of their medical qualifications. We have heard, firsthand, of the experience of migrant doctors working in the Australian medical system and adapting to a new country and culture.

This report gives migrant doctors a voice, and gives us an opportunity to listen, and learn, from them.

The overwhelming feeling amongst the members of the committee was that starting from a point of kindness and generosity of spirit has no downside. We were privileged to engage directly with a broadly representative cohort and to see them as people, unique, and valuable, and real. Many of the themes that emerge from this project have been discussed before, and many may feel that we have not progressed from Lost in the Labyrinth, published more than a decade ago. I'm more optimistic. This report proposes a cultural shift, a new paradigm. Let's not just listen, but actually hear the voices of migrant doctors. It's time for Australia to thank them for considering our country as their new home, for bringing their expertise, different ideas, cultural diversity, and humanity, to our country, and for serving the medical needs of our community. It's time to say "Welcome to Australia. We're grateful that you've come. We want you to feel at home".

**Dr Vijay Roach MB,BS MRCOG FRANZCOG**
Obstetrician and Gynaecologist
Past President Royal Australian and New Zealand College of Obstetricians and Gynaecologists

# Introduction

This report is about doctors who have trained in countries other than Australia, and the journeys that they make to practise medicine in Australia. It is about their experiences, and the decisions that they make along the way.

This report is 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 the journeys of international medical graduates and the contribution that they make once they are in the workforce.[1] The report is based on a survey undertaken as part of that project in August 2023.

More than 4000 international medical graduates shared their experiences with us. Some survey respondents were starting on their medical careers, others were established specialists. Some were on their own, others were with their families. Some were only interested in a short stay, while others were looking to make a new life in Australia. Each of these groups had their own characteristics, viewpoints, and preferences.

Furthermore, where a respondent sat in this constellation had a substantial influence on the types of challenges they faced, the time it took to pass milestones, and eventually influenced their levels of satisfaction with their work and the contributions that they were able to make.

The survey also showed that there was a lot of hardship and lost opportunity, particularly for those doctors following the Standard Pathway and the Specialist Pathway **[footnote]**. In some cases there was anger directed at organisations and groups deemed responsible for creating difficulties and barriers, the AMC included. The difficulties and barriers are currently the subject of a number of reviews which are discussed on page 45.

This report is divided into five sections. The first introduces international medical graduates by discussing their motivations and their capabilities. The second looks at their journeys in terms of the three principal pathways taken: Standard, Competent Authority and Specialist. The third looks at their preparedness for, and transition to, medical practice. The fourth deals with some overarching themes that emerged from survey responses, namely the Moratorium, family, discrimination and career impact. The fifth and final section contains suggestions for reform.

The Australian Medical Council thanks the doctors who responded to this survey. They have provided detailed and compelling records of the journeys they have undertaken, of their difficulties and their triumphs, of the extraordinary resilience and dedication that they have exhibited in surmounting obstacles. Unfortunately not every comment could be published, although many were worthy of it. But hopefully what is included here gives a sense of the journey and the contribution of these individuals.[2]

1 The term 'International medical graduate' refers here to doctors who have undertaken their medical training in countries other than Australia. This is sometimes abbreviated to 'IMG', and although some International medical graduates feel comfortable with this, others feel that it has a derogatory connotation. This report will use the non-abbreviated term, or else refer to 'respondents', or simply 'doctors', where it is clear from the context that these terms are referring to International medical graduates.

2 Some of the quotes that survey respondents provided were lightly edited for length and clarity and to preserve anonymity.

As the author of this report, the AMC has taken the position that it will provide an honest and unfiltered representation of the data and will do its best to provide a balanced portrayal of the international medical graduate journey, as expressed by those who responded to the survey.

The AMC would like to thank Associate Professor Jenepher Martin of Monash University, who was the principal investigator on the International Medical Graduate Assessment Experiences and Performance Project, for her assistance and guidance, especially related to the ethics approval for this project, but also for being a wonderful colleague for this project.

## *About the Survey*

The survey was sent by email to around 60,000 international medical graduates who had requested verification of their credentials by the AMC since 2012. It was also possible for survey recipients to forward the survey to other international medical graduates, or to access the survey through websites. Around 4000 survey responses were received.

The survey questionnaire had a mixture of question types allowing both quantitative and qualitative analysis. The former were important to illustrate the relative weights of different opinions, or to get a sense of how many people are affected by a situation. The latter, based on more open-ended text answers, allowed survey respondents to say what was on their minds and give illustrations from their own lives.

In many key respects, such as gender, age, and country of origin, the survey sample was a fair reflection of the demographics of the population of international medical graduates in Australia as a whole. However the survey sample did diverge from that population in a few important respects. For example, recent international medical graduates (i.e. those in the last five years or so) were over-represented. Doctors who are on the Standard Pathway were over-represented, whereas those on the Competent Authority Pathway were under-represented. The text responses also tended to over-represent those survey respondents who had negative experiences or who wanted to draw attention to a problem faced by international medical graduates.

In order to compensate for these biases, broad statistics which cover the whole cohort are presented at various junctures to allow the reader to judge the relative importance of different points of view. Different text comment types, both positive and negative, are selected to give a sense of the range of opinion.

The insights and stories shared via the survey have been used to create personas and journey maps which can be accessed from the AMC website. These illustrate the strengths that international medical graduates bring to Australian healthcare contexts, the challenges they've experienced, and the solutions needed to improve their journeys.

It should be noted that the personas are not real people or actual journeys, but fictionalised composites designed to reflect the lived and diverse experiences of international medical graduates as they navigate the pathway to working as a medical practitioner in Australia.

# International medical graduates: a closer look

01

## The contributions of international medical graduates

International medical graduates not only contribute to the medical field but also to the broader Australian community. They represent a group of talented and motivated individuals who are helping Australia to prosper and be resilient even as the resident population ages.

International medical graduates now comprise around one-third of the nation's doctors, and around half of all GPs. They work disproportionately in rural, remote and underserved metropolitan areas.[1] This means they work with patients who are in greater need of healthcare as they suffer from higher rates of illness and disability and are exposed to greater health risks than other groups.[2] Without the presence of these doctors, many Australians in these areas would face significant challenges in accessing timely and adequate healthcare.

The skills and experience that these doctors bring to Australia are diverse and often highly specialised. For example, they frequently bring with them knowledge of diseases and advanced treatment methods that may not be as prevalent in Australia. Their participation, both in research and in practice, can broaden horizons and elevate standards of healthcare.

1 Analysis by the AMC of publicly available data from Ahpra, which includes work postcodes for doctors, shows that International medical graduates tend to work in remote locations and in under-served urban locations, especially in their early years in Australia. This is particularly the case for Standard Pathway doctors.

2 van Lenthe and Mackenbach 2021.

International medical graduates take a relatively patient-centric approach to care. When the survey asked what contributed most to their sense of fulfillment in medicine, 69% of survey respondents ranked 'helping patients' as a first priority over other factors such as colleagues, professional development, financial improvement, research and social standing.

Since international medical graduates have been a supplemental workforce, their contribution has been obscured. The Australian healthcare system was designed to accommodate the careers and skill sets of Australian-trained doctors. The training pathways, the policies and the hierarchies, were all designed with Australian graduates in mind. Even the data about overseas trained doctors is less abundant than data about Australian doctors, a gap that this report will hopefully play a part in addressing.

## Motivations for coming to Australia

"My motivation to work in Australia is greatly fuelled by the economic standing of the country plus the favourable environmental conditions."

In their decision to migrate, international medical graduates are influenced by both 'pull' factors such as economic opportunities, and 'push' factors such as flight from political persecution. While their motivations do not diverge that much from those of migrants in general, there is at least one important distinction: these doctors are highly trained professionals whose skills are in high demand, and they tend to see things through the lens of the medical profession.

The motivation for moving to Australia can be grouped into several categories:

### Economic Opportunities

In some cases, Australia can offer better financial rewards and job security. This economic benefit is sometimes coupled with a desire to escape from unstable economic conditions.

### Appealing Environment

Australia is known for its beautiful natural environment, favorable climate, and diverse lifestyle options, making it an attractive destination for doctors and their families.

### Work-Related Aspirations

The Australian healthcare system is perceived as offering high-quality medical services and professional development opportunities. Doctors may hope to achieve career growth that they could not achieve in their home countries.

### Family Considerations

Some international medical graduates move to Australia to reunite with family members or to provide a better future for their children. In some cases, the decision to move is influenced by a partner's career or family ties.

### Political Factors

Political motivations, including seeking asylum, are also relevant for some doctors. Australia is viewed as a safe haven for individuals fleeing political instability, persecution, or conflict in their home countries.

As a broad group, survey respondents ranked their motivations from economic as the highest, followed by environmental, work-related, family and political in that order (see Figure 1). But these broad observations overlook an underlying diversity. For example, there exists a significant minority of survey respondents who rank family factors most important, and this group tends to place importance on the welfare of their family. This adds stresses to the journey and is correlated with a lower level of satisfaction with the decision to move. (Relationships between variables such as these are explored further in the section on "Journey themes" on page 35).

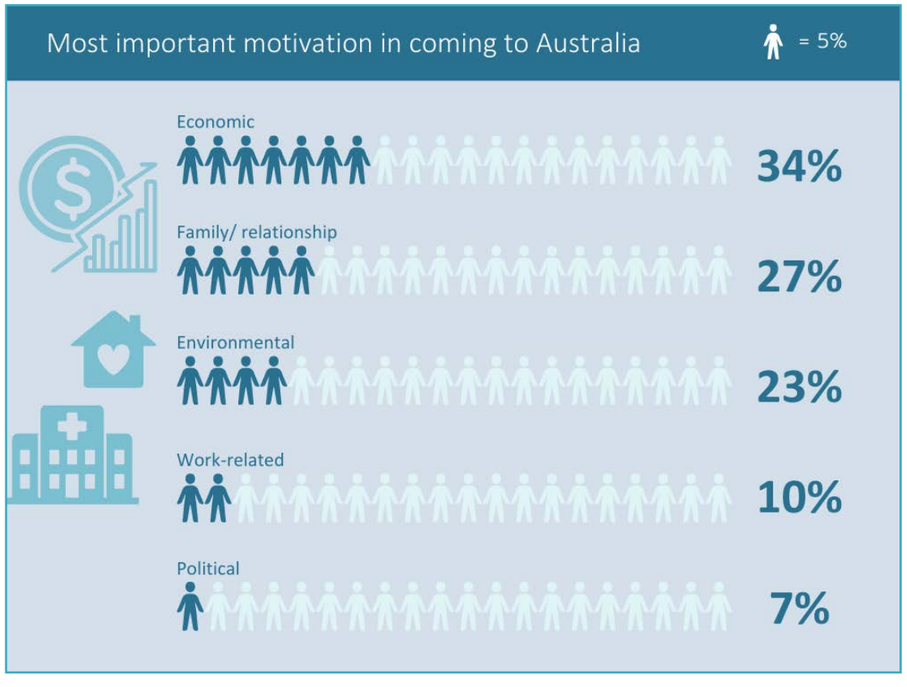


Figure 1

Note: The full survey questions associated with the figures can be found in the appendix. Each figure caption includes a link to the appendix.

"High economic benefits."

### The environment and lifestyle

"I was fortunate enough to visit Australia a couple of years back and I immediately fell in love with the people, the culture and the environment."

"I relocated to Australia mainly for a change of environment for myself and my family. My medical/work experience and training in my home country is not recognised here so I have retrained myself in order to get employment. I will never be able to get back to the same level of professional recognition, career opportunity and renumeration I was getting in Singapore. However this is a trade-off I have to accept."

### Work-related

"Coming from the UK, my slogan after working for the year in the NHS was that if it made sense, it wouldn't be the NHS. I'm overjoyed to feel like the system created in my region here was well thought through to allow doctors to be as productive with their time as possible. This means I feel job satisfaction + the system I work under benefits more from my time…"

"I'm very much motivated by the high standard of medical services offered in Australia. I believe that in such a well-resourced environment one is limited by their own willingness to excel and achieve their dreams. I know that if given an opportunity to settle in Australia and practice medicine, I will achieve a lot in my career journey, way more than I could ever dream of doing in my own country."

"I might be an outlier, I moved here for advancing my career, moved here alone, knew one person in the whole country when I moved here, wasn't even particularly close with him. I am glad I did it…."

"Career. Moved from Ireland where work life balance was non-existent and career prospects poor…."

### For family

"…First and foremost, the driving force behind this decision is reuniting with my husband after years of living in a long-distance relationship due to work commitments. The desire to build a life together in a country where we can both work and live is a powerful motivator…"

"Originally came out as a junior doctor for better new lifestyle and work experiences in an otherwise pretty similar health care system. Accidentally got married. Would have stayed then but couldn't face doing the exams again especially as how similar they were to the UK ones. So went back completed training and got a PhD and returned to Australia then."

"The only reason I moved to Australia was to live with my partner. Unfortunately, after having worked for 2 years as a doctor in Australia, it is clear that most other factors, such as quality of life, living standards and working environment, are far better in my home country. I am still planning to remain and work in Australia, and it's not all bad, but I certainly miss working in [European country]."

"In addition, provide a better natural environment (including air quality) for my children, I want them to be more outdoorsy and explore nature more and be independent. I believe the freedom of expression in Australia will make it possible for them to choose whatever profession they want as they are approaching university..."

### Political factors

"Apart from a cardiologist, I was a part-time social activist. I stood up and led our profession against the authoritarian rulers. I would have been arrested if I stayed."

"We only left our country because of personal safety issues. Coming here has been a setback in life in every way, especially professionally."

## Strengths of International Medical Graduates

Before coming to Australia, international medical graduates already have the personal attributes that allowed them to complete medical degrees, develop clinical skills and make contributions to the health of communities in their home countries.

Becoming a doctor in Australia asks even more of them. Survey respondents said they must find ways of adapting to new environments, both personally and professionally. In some cases they must improve their English language skills and get accustomed to Australian accents and idioms. And on top of that, sheer determination is often required to get through a drawn-out process.

Thirty-eight per cent of respondents nominated adaptability as the most important personal quality contributing to success in their journey (see Figure 2). English fluency was ranked as the second most important, followed by hard work, medical skills, social networking abilities and willingness to learn.

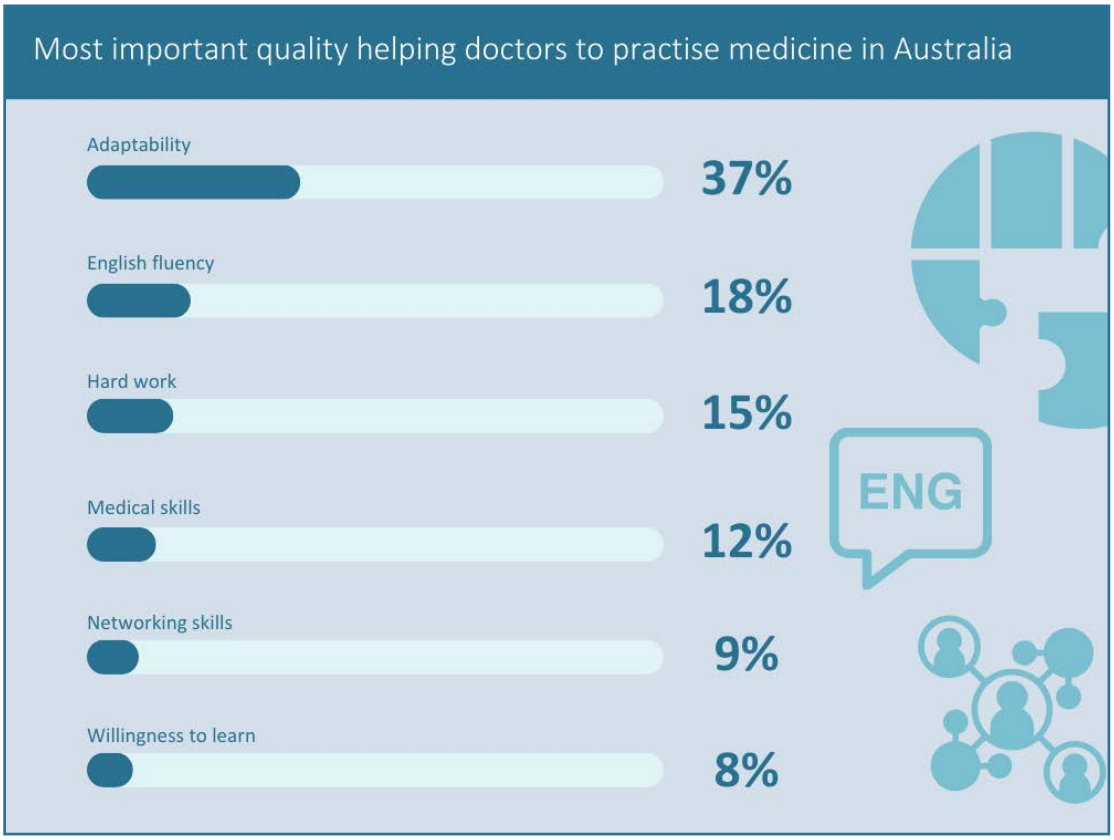


Figure 2

Survey respondents also highlighted some of the qualities that were not listed in the survey question that they considered important.

## Communication skills

More than linguistic fluency, this encompasses the ability to engage with patients, colleagues and community.

## Empathy

The capacity to understand and share the feelings of others, particularly patients from diverse cultural backgrounds, was highlighted.

## Continuous improvement

Doctors coming to Australia tend to value continuing to develop as practitioners throughout their careers.

### Adaptability with a dose of resilience

"It was extremely hard in beginning. We slept on the floor of our accommodation on Kmart inflatable mattresses. While we were exposed to new work/school/ regulatory environments. It was quite an experience! The process was expensive and we came with very little money. Started from scratch. But we are so glad we did. Now. After all that is done."

### English language skills

"… being a developed country I thought work environment would be favourable and encouraging, however it is not the case most of the places. There is discrimination based on the way you speak English. People do not appreciate no matter how hard you work and how capable you are."

### Medical skills

"… I do Off Pump Coronary Artery Bypass in cardiac surgery which very few surgeons do in Australia because of its high skill set up and long long training curve."

"…I am subspecialised in paediatric, transplant and cardiac anaesthesia…"

"I am a subspecialist in fertility…"

### Perserverance and grit

"An IMG who is pursuing full registration in Australia through the standard pathway, is likely to spend all his/her life savings on the process (especially considering the low rate pass of the clinical exam and that several attempts might be needed). This puts a significant financial stress on top of the challenge of passing these exams. Therefore an IMG needs to be fully devoted and resilient in order to get to the finish line- full registration."

# The Pathways

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## Overview

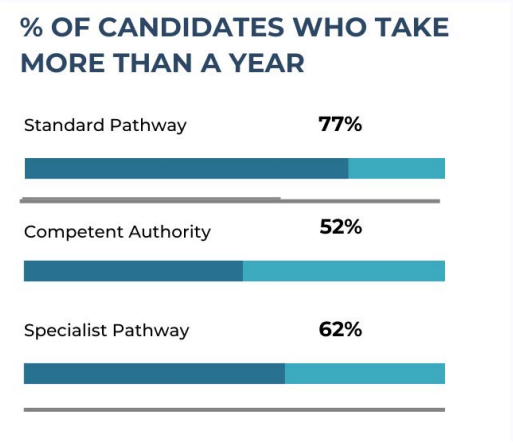
There are four pathways for doctors who wish to practise medicine in Australia:

1. the Standard pathway;[1]
2. the Competent Authority pathway
3. the Specialist pathway; and
4. a pathway for those who wish to undertake short term training in a medical specialty.[2]

The challenges posed by each journey differ considerably and this in turn influences factors such as how long it takes to get through, and whether or not an international medical graduate will be able to practise in a chosen field.

**Standard Pathway** doctors tend to experience challenges in passing assessments, obtaining registration and finding employment. They also tend to spend more time in working in rural, remote and under-served urban locations, which can lead to isolation and stress on families. If the time spent getting through the pathway is too long, that can lead financial hardship, lost career opportunities and a negative impact on mental health.

The type of obstacles that doctors on the **Competent Authority Pathway** tend to encounter are more of the bureaucratic kind. They do not have to pass exams, and finding employment is generally easier. Many will only stay a few years and will work in more centrally located hospitals.[3]




However this is not universally true, and some will stay longer and work in less central locations.

**Specialist pathway** candidates tend to be older, with their professional identity more linked to their specialty. They tend to experience challenges in obtaining recognition for qualifications and having their specialist skills matched to their work. Some Specialist Pathway candidates will also attempt the Standard Pathway, which can lead to difficulty in passing assessments, and inability to work in their chosen field. Some will also work in more isolated locations.

One important feature of the Standard Pathway and the Specialist Pathway is limited registration (see Limited Registration on page 27). This is an option available to Standard Pathway doctors who have passed the MCQ exam, as well as Specialist Pathway doctors who have been judged to be partially comparable by a Specialist College

To understand the influence of pathways on the doctor's journey it is also necessary to understand the important role of a government policy which influences where they work. Sections 19AA and 19AB of the Health Insurance Act 1973, or the policy underpinning **'the Moratorium'** as it is commonly known, mandate that international medical graduates must serve in a designated area of workforce shortage before they can receive provider numbers that allow them to bill Medicare. The intent of the legislation is to supplement the medical workforce for rural and under-served metropolitan areas.

1 The AMC manages the assessment process for the Standard Pathway only; it does not manage the Competent Authority pathway, Specialist pathway, or pathway for short-term training in a medical specialty.

2 Because this pathway is far less common than the first three and only applies to a few respondents to the survey, their responses will be included for broader analysis, but they will not receive separate treatment in this report.

3 Analysis of publicly available data on work postcodes from Ahpra shows that Competent Authority doctors have a work location profile much closer to that of domestic graduates than Standard Pathway doctors, who tend to work in early years in more remote locations.

## The Moratorium

The Moratorium is designed to apply equally to all practitioners who didn't undertake primary medical training in Australia or New Zealand, but in reality it can vary in its application:

- The period of the Moratorium is ten years, although it can be reduced to as little as five by agreeing to work in more remote locations. This is a process known as 'scaling', which involves working in eligible locations to obtain 'scaling credits'.
- Not all forms of medical practice require a Medicare provider number, so these forms of practice are not affected by the Moratorium. For example, doctors working in public hospitals are typically salaried by the state health departments and do not need a provider number to work within these settings.
- Medical practitioners can work in a private setting where they do not bill Medicare, but their services are paid for out-of-pocket for patients, or through private insurance schemes that do not involve Medicare.
- As the Moratorium is measured from the first date of registration, regardless of whether a doctor is working or is even in the country, some choose to come to Australia to become registered and then return overseas while 'the clock runs out'.

There are several exemptions to the Moratorium, including spousal exemptions, specialist pathway exemptions and exceptional circumstances. The latter includes exemptions based on significant health issues or on demonstrating that working in a non-workforce shortage area is necessary for family reasons.

The Moratorium impact on work location differs according to pathway. The least impacted are Competent Authority doctors, the most affected are Standard Pathway doctors, and Specialist Pathway doctors are somewhere in between. The next sections explore the experiences of doctors following each pathway in turn.

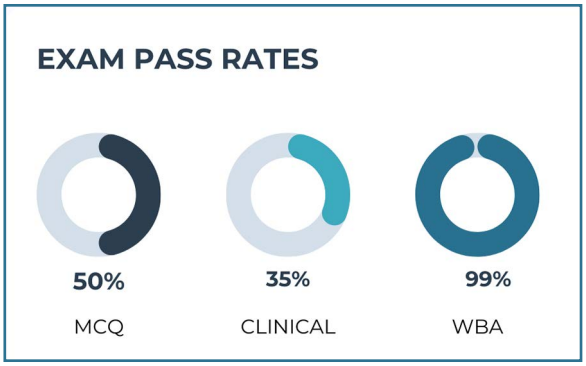
## Standard Pathway

The Standard Pathway is the main entry point for doctors who have not specialised and are not eligible for the Competent Authority Pathway. The top ten countries supplying Standard Pathway candidates are India, Pakistan, Bangladesh, Sri Lanka, China, Iran, Philippines, Myanmar, Russia and Iraq.

The Standard Pathway has two possible routes:

1. passing an AMC MCQ exam and then a practical clinical exam
2. passing the MCQ exam and then successfully completing an AMC-accredited Workplace-Based Assessment program in an Australian healthcare service.

There is no restriction on the route taken – a doctor can try either or both – and neither is there any restriction on the number of attempts for either the MCQ or Clinical exam. There is no capacity limitation on the MCQ Exam. A sitting for the Clinical Exam can usually be undertaken within three to four months of booking.



## Length of time to get through Standard Pathway

Some candidates can spend a long time getting through the pathway.[4] This is due to a combination of:

- low pass rates in the clinical exam (and to a lesser extent the MCQ exam)
- capacity limitations in the WBA program
- difficulty in passing PESCI assessments, and
- difficulty in finding jobs for limited registration.

"I have been having a difficult time trying to get through this pathway. I have attempted 3 main clinical exams and one re-test exam and failing every time by one single case. The amount of time and money that I have invested in trying to pursue my medical career in Australia is almost more than about AUD15,000-20,000…"

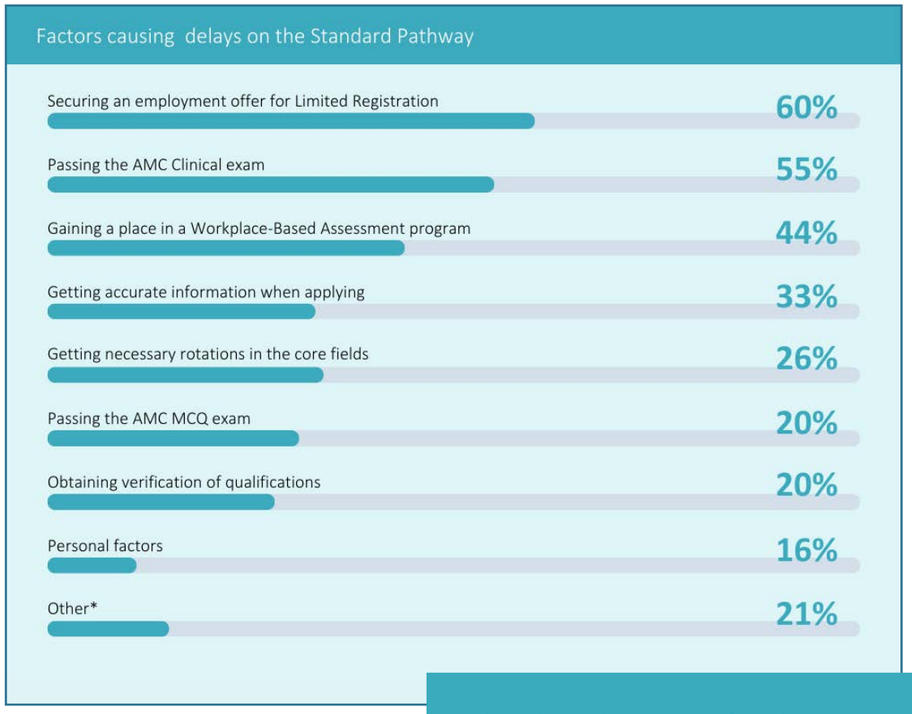



Figure 3

While not part of the Standard Pathway itself, the Pre-Employment Structured Clinical Interview (PESCI) is a structured clinical interview using scenarios that evaluates the clinical knowledge, skills, and experience of international medical graduates seeking limited registration to work in general practice. PESCI is conducted by accredited providers, and as it is a prerequisite for employment, it can be an additional hurdle for candidates seeking to progress in the Standard Pathway.

### Other listed reasons for delays include:

- Availability of AMC examination venues and dates
- The cost of exams and WBA, necessitating working and saving
- COVID 19 Restrictions
- Delay in AHPRA processes associated with registration
- Work gaps necessitating return to country to establish recency of practice

4 Transiting a pathway is defined here to begin at the point of verification of credentials, which is the first step for all pathways, and to end with general or specialist registration.

"Great opportunities; good choice of specialties; good earning opportunities; good work life balance. Hospital system is much harder for IMGs to integrate in. Local young graduates preferred. Politics and personalities harder to navigate in a hospital set up."

"Given a chance to start our career we might be actually able to think of having a settled life. With nothing in hand and so difficult to find jobs, it is hard to manage personal life, finances and even mental wellbeing. I hope you guys understand how much stress we are under having to just start our career here."

"I am actually a citizen and returned back to Australia after Med School so coming back home was always in my plan."

"Great community and support, friendly people, expensive rent."

### The Standard Pathway is appropriate and straightforward

"I understand very well that AMC have all the rights to test IMGs from various countries in every aspect before they are allowed to practice Clinical Medicine and Surgery in Australia because unlike past era, the standards of the IMGs are enormously different...So it's their duty I believe on behalf of the Australian people to scrutinise the quality of the IMGs."

"I consider myself fortunate in that my experience was quite seamless and that I passed the MCQ and clinical exams on my first attempt at both. I believe that having worked in the hospital system a few years prior to the exam played a significant role in helping me prepare for the exams as it helped me familiarise myself with the way medicine is practiced in Australia."

### The Standard Pathway is expensive

"Bridging courses, AMC exams, PESCI are expensive. The difficulties we are facing and being unable to practise medicine widens our no practice gap, creates another barrier to finding a job offer. We are vulnerable and subject to being financially taken advantage of in return for level 1 supervision offer because of the widening gap. Or else we have to disturb our family life and our children's school, to go back to our countries for the 'recency of practice'. Linking Registration to a Job offer further complicates the issues."

### A lack of clarity about the Clinical Exam and inadequate resources

"I think the process is complicated and very difficult. The clinical examination doesn't provide proper feedback, and nobody really knows what is being assessed. The only 'reliable' resource is the handbook, but it is too old and definitely not sufficient."

"Horrendous. Lack of resources, training courses, mentoring programs, hospital work experience to prepare for the exams made it extremely difficult to know how to prepare for the AMC exams and how to pass them. The whole process is faulty as it expects IMGs to function like Australian-trained doctors yet fails to provide adequate training and resources (including humans to talk to) for IMGs to get any idea of what it is expected of them."

"I think the current system for any pathway through the AMC is unclear. Compared to other countries where the system is quite clear- the Australian system is very vague. For example, as I am currently completing the USMLE- there are clear guidelines, lots of practice exams which are validated and will give you an idea if you would pass. The AMC should provide / work to provide more up-to-date information on expectation in these exams. It might be useful for the AMC to work with current bridging courses, certify them and provide a benchmark that must be met."

### Lack of feedback

"I think AMC needs to be more transparent with the AMC clinical exam feedback. Candidates deserve to know how they can improve their chances of passing the exam. I was lucky to pass the exam in my first attempt but unfortunately my husband did not... What is frustrating is that AMC has left no avenue for candidates to know how they can improve on their performance. After paying that much money for the exam, not even getting a proper feedback is very unfair."

### It doesn't test real clinical ability

"... Clinical exam passing rate is really low despite working in Australian hospitals for long time still doctors do not pass which is concerning. That they are handling real patients in real life settings but failing an exam which is simulations. Definitely respect the system but the whole process is definitely hard."

"I personally feel that there is a huge discrepancy between the pass rates of the AMC Clinical and WBA that cannot simply be explained by statistical differences. For example, the most recent annual report of the AMC shows the Clinical having a pass rate of around 21%. By contrast, the WBA has a pass rate of 100% (3 out of 150+ candidates pending complete assessment if I recall). Even if we argue that working for a year in the Australian system brings up the standard of overseas medical graduates, such a large discrepancy in pass rates makes that highly unlikely by itself. I believe that either the AMC clinical is inordinately tough, or the WBA is excessively easy and unfair on those unable to get a WBA position..."

### Protracted pathways and hardship

"I failed the MCQ exam twice and then did the bridging course which helped in passing the MCQ exam in 2010. It was the

worst time financially. Had to do odd jobs even though you know you are a doctor and can do much better. Mentally it was traumatic. Then I had to wait to do clinical as the fees need to be arranged first and also need to do bridging course which are very expensive as well. After getting my AMC certificate in 2012, it took me 3 years to secure my first job in an ED. Those three I applied to every possible hospital for a job. I went to every public hospital in Victoria to give my resume and try my luck."

"It was a horrible experience. Thanks to the time it took I had to lose hope of having another child as well. Clinical exam was a very subjective exam where everything depended upon the examiners mood / hearing capabilities etc. Appeal process took exactly one year to come up with a result for me (which was a pass, thank god!) but during that whole time of a whole one year I didn't have any choice but to wait. It wasted a whole one year of my life. I'm sure there are many IMGs who have faced similar or worse experience with the whole licensing process in Australia when it comes to IMG registration. So yeah overall the worse experience ever in my life which affected my personal decisions very badly!"

"I feel like I'm lost. I don't know from where to start or whom I should ask to give me an opportunity to start a clinical experience and brush up my skills. Everything requires passing the AMC exams, which is very expensive for a fresh graduate, single Mom who supports herself and her dependents solely. Even if we pass the exam, it's still tough to find an opportunity for training or work, and we should sit for the clinical exam, which is much more expensive and more difficult. I really hope you consider us (permanent residents IMGs) at least in a training program."

## Finding a job

"Getting a job by itself is a mammoth of a task for IMGs, and by chance even if IMGs do get a job, the process to complete limited registration, or provisional registration or even general registration is long. The case officers do not respond in a timely manner, or they ask way too many questions and verifications. Basically, a lot of paperwork is required, even after we have spent a lot of money to sit the AMC exams, and most importantly EFFORT to pass these exams. Even after gaining the AMC certificate, employment is not guaranteed. I would suggest relaxing and expediting the registration process."

### Lost opportunity

"It was difficult for me to follow the standard pathway. The long years I spent in Ophthalmology made it harder for me to restudy the medical curriculum. I passed AMC part 1 from the first attempt. I did a bridging course for the clinical exam. Because of the pandemic I could not book for the exam till the end of 2021. I failed the clinical exam three times with a very bad score. I cannot believe that I had the same score in my first and last exam even though my preparation was better during the period of a year and a half. I feel desperate and my clinical gap is now 6 years. It is very hard for me to get a job now. I would prefer if Australia would engage IMGs in any unpaid training or observership so we can be more efficient in the Australian Health system."

## Competent Authority Pathway

The Competent Authority Pathway was introduced in 2008 to streamline the registration process leading towards general registration for international medical graduates from countries with recognised competent authorities. This currently includes the United Kingdom, Ireland, Canada, the United States, and New Zealand. The concept of a competent authority implies that the regulatory setup and the medical education and training systems that it oversees are both similar to those in Australia. The competent authority must have approved both the assessment component (a medical course or exam) and the experience component (clinical work as a junior doctor).

By removing the requirement to undertake the AMC exams, the pathway undoubtedly made it easier for eligible doctors to come to Australia. According to survey feedback, however, the pathway still has its share of hurdles, such as verification, registration, visas and finding a job, and those things can still cause considerable delays. For example, a little over half of respondents reported that getting through the pathway took over year. Some of the factors causing difficulties and delays are shown in Figure 4.

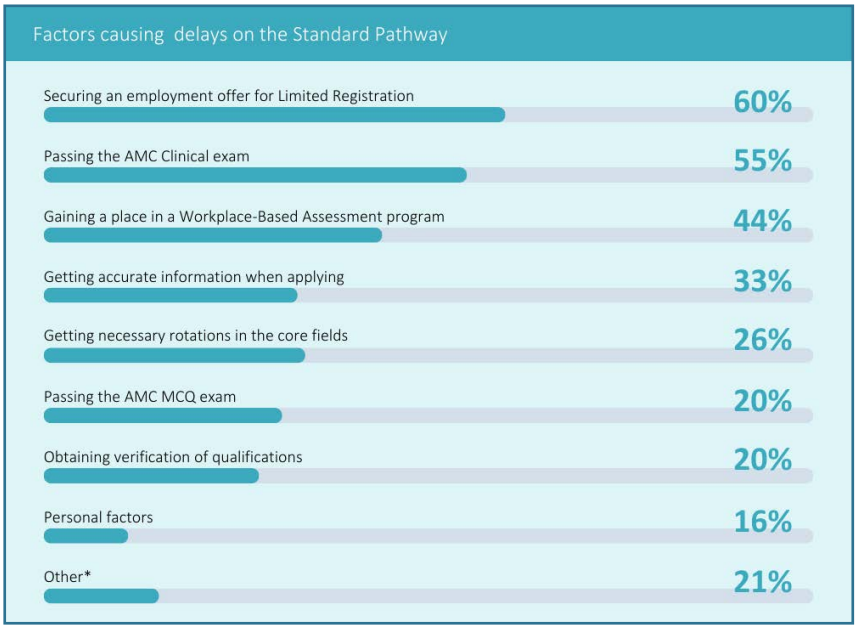



Figure 4

* Some of the factors nominated under 'Other' included the impact of the COVID pandemic, and Ahpra's turnaround time at various stages of the process.

A significant subset of Competent Authority doctors are only planning to take a sort of sabbatical from their medical careers elsewhere:

"I am one of the Irish IMGs of whom there is a trend of coming to Australia for 1-3 years in the years shortly after we graduate; most come immediately after our internship year, and some (like myself) come after having completed several further years working at home. Most of our motivation for coming here is that we want to take a couple of years of easy living before returning home to pursue training which is typically longer than the Australian equivalent pathway, so people see it as the last opportunity to take advantage of their independence and lack of commitments (we're typically aged mid - late 20s, and the average marriage age in Ireland is mid 30s). The attraction of Australia is experiencing a novel country/culture/environment, but also that it's English speaking and very Western so relatively easy to transfer to."

There are other Competent Authority doctors who come with the intention of staying long term, as well as those who change their minds once they are here. Overall, text comments suggest that doctors find this pathway an easier and more manageable transition to Australia than other pathways.

"I was looking for a break after completing foundation years 1 and 2 in the UK. I knew from friends that they'd had a great time in Australia, both living and working there. I followed a group of friends and wasn't particularly selective about where I went. The process required a lot of paperwork and initial admin that was costly, but otherwise was fairly straightforward. I had an amazing time and am glad I lived and worked in Australia for 18 months."

"I came for a 2 year sabbatical: opportunities to develop a career in medical education arose and kept me here. Professionally my personal practice of medicine grew and developed and I became a better doctor than I had been. During COVID I attempted to move back to the UK and work as a GP. I was struck by the differences in practice and felt that I had outgrown UK general practice."

"Amazing three years, so glad I did it. Setting up a life was easy- rentals in abundant supply in 2016. Strong expat community."

"I consider myself extremely lucky and privileged to be a specialist in O&G. It was the first discipline I fell in love with as a medical student. Difficult access to training in the UK is what made me move here despite the recruitment agency warning me I had a very slim shot at O&G training."

"As I was single working in the UK as a resident it was perhaps a bit easier for me to consider relocation options. I did have a choice of moving to USA as I cleared the USMLE exams as well. I felt work life balance was more achievable in Australia despite the need to serve in rural areas as part of the moratorium. My readiness for learning and adapting to challenging environment helped me cope with the time."

"I am looking forward to a life with my family in Australia. Whether it will be a short term goal or a lifelong move, only time will tell."

### The pathway was straightforward

"Streamlined process."

"Very helpful."

"Very satisfied with the process."

"Smooth process, ample help available. I did not struggle with documents, submission or have a long wait."

### The pathway was slow and stressful

"Regarding the process of applying for Provisional Registration via Competent Authority Pathway: being a UK trained physician, I found the whole process very slow and to be honest very over the top. The information provided regarding the process really isn't that clear, requiring multiple phone calls to the Ahpra team to clarify information… Speaking to other colleagues who have moved to Australia from the UK, they all found the process to be very slow and off-putting. I think if there is a workforce shortage in Australia, refining and smoothing out this process may go a long way to encouraging people on the fence to make the jump across to Australia to practice."

"This process was very stressful as the pathway to emigrating to Australia to work. Although the entire process did only take

2-3 months, it was time sensitive as job offer, Ahpra and visa are all reliant on each other and I could not start the process until I had my job offer which was only two months before my start date. Ahpra required additional information from me and as this requires international postage and transit times this delayed matters. In the end I had to cancel my flights on the morning I was due to fly, at much personal stress and expense, and delay the start of my job. Ahpra had just come through however it was only then that I could finalise my visa. I recall thinking at the time 'if I had known how stressful and hard this would be, I never would have started this process'. Although in a vacuum the process does not seem overly long or strenuous, if anything could be done to streamline the process and prioritise candidates by work start date I think that would be extremely helpful."

## Specialist Pathway

The main point of the Specialist Pathway is to provide a pathway for doctors who have already specialised overseas to come to Australia and practise in their chosen field without first having to achieve general registration through the standard or competent authority pathway. Because of the specialised nature of their knowledge, skills and experience, it is not possible for a central testing authority such as the AMC to undertake assessments of these doctors (who are sometimes referred to as SIMGs, or Specialist IMGs). Instead, Specialist Colleges, as the standard setters for their specialty, decide the degree to which they are comparable to Australian specialists in the same field.

The comparability assessment considers factors such as the extent and relevance of postgraduate training, clinical experience, and ongoing professional development. Doctors who are deemed substantially or partially comparable are eligible for specialist registration following a period of provisional or limited registration which may include a period of peer review or supervised practice. Those who are not comparable are not able to attain specialist registration in their field.

Medical specialties vary by country, influenced by market, technological and regulatory factors. If comparability is interpreted strictly, the likelihood of an overseas trained specialist having exactly the same kind of training and experience in a similarly defined specialty is low. And indeed less than half of the applicants are eventually found substantially or partially comparable, and therefore able to proceed to specialist registration through the pathway.

To many doctors, this is unreasonable. They are highly experienced and well-qualified professionals, and they know their skills could be a boon to the Australian community. They come with the reasonable expectation of fair recognition and integration. When they compare home countries with Australia, they see differences in the definitions of specialties, but they also see substantial similarities and overlaps. As a result, some survey respondents view a negative outcome in their comparability assessment as discriminatory or protectionist.

**70%**
reported significant delays

When asked how long it took them to complete the pathway, answers varied from less than a year to over four years.

Some colleges were faster than others. For example RACGP had 12% of candidates who took longer than two years to complete the pathway, but for RANZCP and RACS the percentages were 44% and 55% respectively. There are several factors causing difficulties and delays, and many candidates encounter more than one factor.

The issues outlined can make life difficult for specialists and or even deprive them of the opportunity to practise in their chosen field. And seen from the patient's point of view, these doctors can make a positive difference to health outcomes, but only if they are able to reach the workforce.

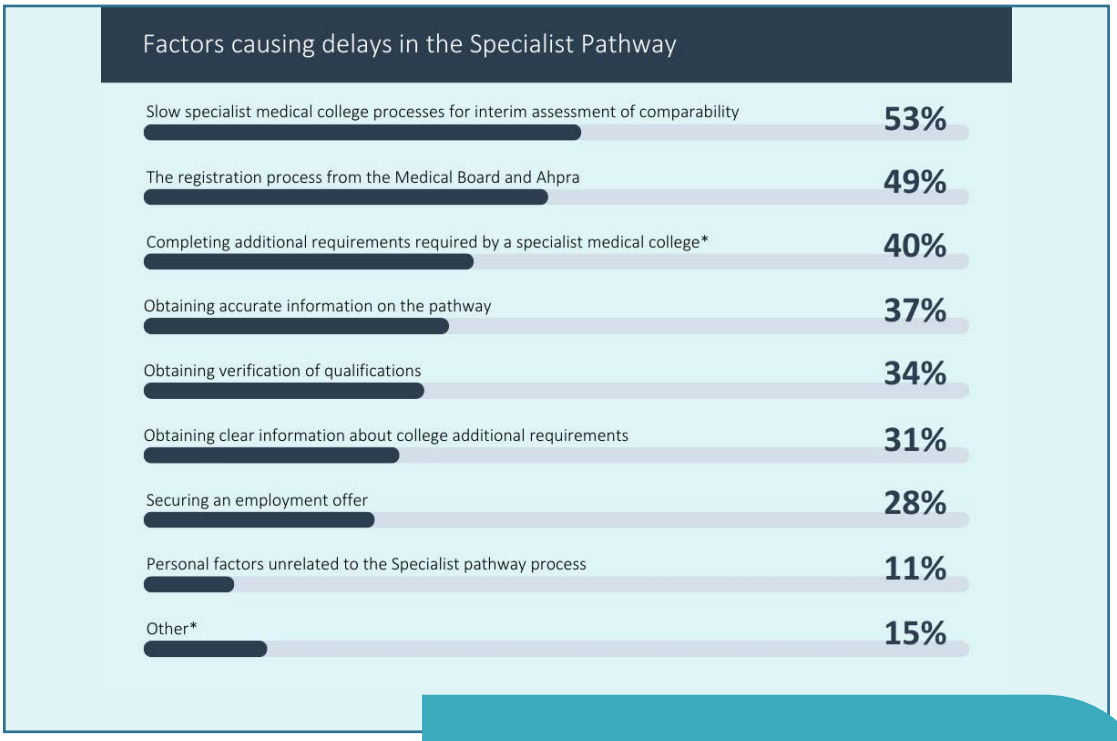



Figure 5

## Other listed reasons for delays include:

- COVID 19 Restrictions
- Unfair comparability assessments
- Changing rules and process on the part of specialist colleges.

"Australia does recognise prior experience to a significant extent and welcomes overseas trained people."

"Every country and society has its practices and barriers. I felt that in Australia the people are pleasant and welcoming, however the administrative system is slow and does not adapt to the requirements of the timely manner. Ahpra can take days and months to just approve a change in circumstances for a doctor who has already been assessed and approved, keeping doctors out of employment for many days."

"I am a trained specialist in psychiatry in the Philippines, and I am leaving Australia. I cannot help but express my disappointment and disillusionment."

"Setting up life in Australia was relatively easy, rewarding and worthwhile. Navigating the many systems and paperwork (AMC, immigration, visas, colleges, Vic Medical Board etc) was a nightmare and took hours each day for years."

"Despite being a first language English speaker, I still found the transition stressful and challenging. Was worth it in the end though."

"Actual practice and hospital life is very pleasant. The professional assessment process is not."

"Great lifestyle, terrible bureaucracy."

"Worth the process, although ongoing discrimination is a problem- e.g. another IMG, who has since completed specialist training in Australia, told a colleague that overseas-trained specialists are considered 'second class'."

### The Specialist Pathway is complicated, rigid, and bureaucratic

"The specialist pathway is described as a pretty linear process on the workflows available online but the interplay between the AMC, RACP, AHPRA, and the employer are not linear at all. The process is way more complex than it is described on the website. In particular, AHPRA is fairly obscure and there is no one to contact. I have spent hours on the phone trying to understand some roadblocks and the people who answer the phone are not knowledgeable or have no authority to provide information. And the case managers cannot be contacted by phone. For a process that is paid for, and not cheap, the service is not good."

"...Identity certification is a major pain- I had to resubmit it twice because some AHPRA {bureaucrat} didn't accept a NZ Justice of the Peace stamp which did not have the exact wording they wanted! Some flexibility and sense is needed - remember we are all busy people and these documents take time and effort to obtain..."

"… in France we are registered as paediatricians in general without subspecialties. Considering the number of IMG ending being registered/recognised in Australia, I don't understand why you don't have people who understand in the system in these countries to advise about the process of recognition. It needs to be more personalised than a blanket rule for anyone."

## The Comparability process is unfair and deprives Australia of valuable talent

"I am an IMG with Ophthalmology specialist qualifications from both [European country] and the UK and have been found non-equivalent with an ANZ ophthalmology trainee by RANZCO in [year]. I have completed 3 oculoplastics fellowships in the UK, US and Australia and have a high academic interest and teaching inclinations. I have organised courses and am principal investigator on clinical trials for oculoplastic disease. Although [Australian state] is recognised as a state with many areas of need in Ophthalmology, RANZCO makes it extremely difficult to get through the specialist recognition assessment. I am extremely disheartened they fail to recognise talent and potential in young international ophthalmologists and set them back many years for no good reason. I am now forced to go backwards in my career, and instead of achieving great things for the Australian patients and ophthalmology community, I am forced to be a registrar all over again. This is very upsetting and basically insulting, and if my partner wasn't Australian, I would've returned to Europe a long time ago."

"I graduated with first class honors from [medical school in Australia], completed intern/residency in [Australian state] and was a fully licensed basic physicians trainee before I moved to the US... I am Board Certified in Pulmonary, Critical Care and Sleep Medicine, and currently Associate Professor of Medicine at a leading academic medical center… The experience has been incredibly frustrating and again demoralising, especially for someone trained in Australia, who overseas for additional training and subspecialist training at leading world institutions. The system in place does not seem to want to promote training outside Australia and return of leaders in the field."

"The regulations of the RACS are reasonable, however, the deliberate way the RACS choose to apply or interpret these regulations and policies is unreasonable and irritational and not consistent with administration law. The RACS is able to act with impunity because much of administration law is not enforceable. Ultimately, it is Australian patients who are facing long patient wait lists (or no specialists at all in my case) and rising specialist costs, who are being adversely impacted by the failure of the RACS to apply their regulations reasonably."

"Although being an Australian Resident, my son being an Australian citizen and my wife being an Australian citizen and a Surgeon herself....and although I'm a very qualified Surgeon myself with over 15 years experience in the field of Orthopaedics and Handsurgery on Consultant level, I have given up the bureaucratic process and the hassle with the Royal College of Surgeons."

Supervision is of uneven quality

"I was a Consultant Paediatrician and Clinical Director of Paediatrics in NHS UK for 20 years in one hospital prior to coming to Australia. The RACP process was unnecessarily tedious and lengthy. I was then given provisional specialist registration with one year supervised practice. I found this difficult in a small regional hospital in [state]. The department was insular and my supervisor was an autocratic, egocentric man on whose whims my future career in Australia depended... My second supervisor was working in another hospital. She really did not directly observe my work and would have written any report the 1st supervisor had asked her to. The process of supervision was not followed properly and there were no checks and balances on these supervisors. No regular feedback system on their behaviour. No 360 feedbacks on me or them. Having come from the UK where these processes are set up more effectively with checks and balances, I found the Australian process of supervision lacked any kind of objectivity and depended on one person's whim..."

**The process can have a negative impact on families**

"...I finally got approval for the location of supervised training after 5 attempts of getting approval across different hospitals and positions all over Australia. It takes a toll on my family as I have to plan to move to a different location every time..."

## Limited Registration

Limited registration is a form of temporary registration. It is available to international medical graduates on either the Standard or Specialist pathways who are undertaking supervised training in Australian hospitals or healthcare facilities. For the most part these jobs are found in rural, remote and underserved urban areas.

Doctors on the Standard Pathway can obtain this type of registration if they have:

1. passed the AMC MCQ exam but have not yet passed the Clinical exam or Workplace-Based Assessment, and
2. satisfied the other requirements for this type of registration, including having found an appropriate supervised position.

Once registered, they must also face periodic reviews, one of the aims of which is to assess whether they are making progress towards achieving general registration.

Supervision is an important aspect of limited registration, but not all international medical graduates consider that the quality of that supervision is adequate. Of the survey respondents who currently or previously worked under limited registration, around 70% considered that the quality of supervision met their needs, but 18% did not.

One advantage of limited registration is that it allows a doctor to gain income and experience while attempting to pass the Clinical Exam. In cases where entry into a WBA program is achieved, limited registration allows doctors to be formally assessed while doing clinical work, all the time travelling on a track that has a high probability of success. Unfortunately, WBA positions are in short supply, and over 80% of those who are in limited registration are not in WBA.

For many doctors in the latter situation, limited registration seems like an exploitative trap doing low level work with few real training opportunities. Only half of the survey respondents felt that their experience under (non-WBA) limited registration helped them to pass assessments and achieve full registration.

## Lack of training opportunities

"I am on limited registration now and it has been a pain to renew it with Ahpra. Moreover the strict limitations are hampering my opportunities to even for small training sessions needed to enhance my skills. It is also a pressure to get general or specialist registration within a certain span of time which adds to the uncertainty and is stressful."

"Not easy to renew with AHPRA. Has a limit of 4 years. Cannot do rotations in other specialities if needed because the supervisor will be different and for a new supervisor, we need to submit a request for change of circumstances and this will take a while to process! Even in the same hospital we cannot do different rotations with this kind of registration."

## Limited registration seems inappropriate

"I think Limited Registration is not appropriate. I was teaching junior doctors (with full registration) and medical students in ICU while I was under Limited Registration!!!! and I had difficulty in passing the Clinical Exam – simply because I was required to study all specialities for the exam while I am specialised in ICU only."

"Limited Registration and what I learnt from clinical practice during that period was non-contributory to me passing specialist assessment. It was a mere formality and box ticking exercise. I arrived in Australia qualified as a consult surgeon, Limited Registration and supervision did not add any value to final pathway of registration."

"... the day to day duties of a JMO/ RMO is way more clerical than clinical. Furthermore, after spending your week as a discharge summary writing machine, mustering up the energy to ROTE learn for a clinical OSCE with a pass rate of 14-19% is disheartening."

## Exploitation due to restricted opportunities

"IMGs are valuable assets to the Australian healthcare system; however, they often face unfair treatment. Many healthcare institutions hire doctors on limited registration and exploit their situation,

aware of their limited employment options. AHPRA places undue pressure on them and sends condescending emails, questioning their ability to pass the exams, despite the well-documented challenges associated with the AMC exams."

"When an IMG is on limited registration, they are more likely to experience systematic workplace harassment, bullying, discrimination, and economic deprivation as the norm rather than the exception. The strategies against these elements are only in books. When it comes to a formal process of taking steps against these practices, the bureaucracy smartly aborts the attempts, citing facts like you need a reference from us for another employment, to continue to have registration with Ahpra and relevant colleges like ANZCP. Please allow confidential and private opportunities to report activities like workplace harassment, bullying, discrimination and economic deprivation. The current system (non-system) is broken and inefficient. I have plenty amount of evidence to prove my claims, but I am scared to stand on my feet."

## Variable quality of supervision

"Maybe it was me maybe it was the place, my first 6 months was in an emergency department where I didn't feel supported. The other two emergency departments I worked in I felt supported. May be my own confidence and skills had improved and concurrently lowering my need for more support but definitely the first 6 months the supervision was less than adequate. Well it also varied with bosses some who were perfect with supervision and education and some not so much."

"Was working in rural Australia.... Because of Limited Registration, I had to be supervised by someone who couldn't be there all the time in hospital, and some supervisors resigned or moved other hospitals resulting in difficulty finding another supervisor. This also contributed to delays in applying for General Registration."

# International medical graduates in practice

03

## Preparedness for Australian Practice

"The hospital system was very different from where I trained in terms of hours, responsibilities, processes, names of medications, investigations and even treatments… the teaching on the wards was very different and, frankly, lacking compared to where I trained and I was not prepared for how self-directed and independent my learning would need to be."

Once they complete their pathways to registration, for most international medical graduates the toughest part of the journey is over. However the transition to practice still requires some learning about what makes Australian healthcare different.

### Some of the areas that survey respondents frequently said they were not prepared

- Treatment and prescribing within the local health system, including compliance with Medicare and the Pharmaceutical Benefits Scheme
- Clinical Guidelines, which are intended to standardise approaches to treatment but often differ from country to country
- Legal and ethical issues, such as Australian practice in the areas of patient confidentiality, privacy, guardianship and informed consent
- Mixed public and private healthcare system, with different options for referrals and care under each
- Providing care to Indigenous Australians
- Local health conditions e.g. skin cancer and snakebites
- Australian pharmaceutical formulations and brands
- Acronyms and health-related jargon
- I.T. systems, which differ not only from those in other countries but also often from hospital to hospital

When asked to rate their preparedness for clinical practice in Australia, the proportions of respondents differed by pathway.

Standard Pathway doctors expressed the lowest level of (self-assessed) preparedness, Specialist Pathway doctors felt more prepared and Competent Authority doctors felt the most prepared. The latter come from English-speaking countries with health systems and disease patterns which are closer to Australia's, so these factors might have helped.

Quotes indicate that doctors usually get used to the new environment within a few months, but this is still an area where more support would be useful. By targeting areas where they feel less prepared, international medical graduates can be assisted to perform closer to their potential early on, which reduces the chance that lack of familiarity will be mistaken for lack of competence.

## The Australian healthcare system, including Medicare

"The knowledge of healthcare system. I was oriented but it took some time to get used to and being on a reliever roster helped me immensely as the seniors were very supportive and understanding of the fact that I was new."

"The system itself. Too many subspecialties and the indications of referral were different from other countries e.g. plastic surgery in WA manages hand fractures, not orthopaedics…"

"The hospital system in general was very challenging. Managing patients with minimal supervision. Learning different computer systems and dealing with patient flow, allied health and consultants."

"It was fairly easy with regards to medicine - type of practice and style of medicine the same as in UK. The Medicare and PBS system, fear of audit and being punished for inadvertently using item numbers wrongly, unclear advice and interpretations from Medicare's own "ask Medicare" system make it unnecessarily challenging and increase workload/stress"

## An assortment of adaptations

"Australian medicine takes a lot of responsibility for solving lots of social issues which is bizarre to lots of IMGs and navigating out of hospital/outreach services and their referral processes takes time."

"I work in North Queensland and the significant number of skin cancer patients was a challenge in the beginning..."

"Legal / Regulation issues where prior knowledge of laws / forms / standards is expected."

"Public/ private differences (both in terms of how the system works, as well as how practitioners seemingly treat patients very differently depending on whether they are private or public…)"

## Transition to Practice

One of the positive findings of this study was that doctors appear to embrace and enjoy the challenges of practice, even after a sometimes difficult journey to get there.

According to the survey, 80% of international medical graduates were either moderately or very satisfied with their jobs. A similar question in the RACGP 2023 annual survey of GPs (which includes only GPs, and includes Australian graduates as well as international medical graduates) showed only 66% who were very satisfied or moderately satisfied.[1]

This measure of job satisfaction still showed differences according to pathway (see Figure 6), with the greatest job satisfaction among Competent Authority Pathway candidates, followed by the Specialist Pathway, with Standard Pathway the least satisfied.

Although the reasons are not clear, a review of the quotes from the least satisfied respondents suggests that the workplace experience of some international medical graduates was still being coloured by factors such as racism, bullying and the sacrifices they had to make along the way.

### The transition was easy

"Advice from colleagues who have worked in the system helped a lot. I have been fortunate to start my medical career in Australia in a hospital that had a very healthy working environment and had extremely supportive and friendly staff and supervisors. I believe this played a huge role in helping me adapt to the system."

1 RACGP Health of the Nation survey April/May 2023.

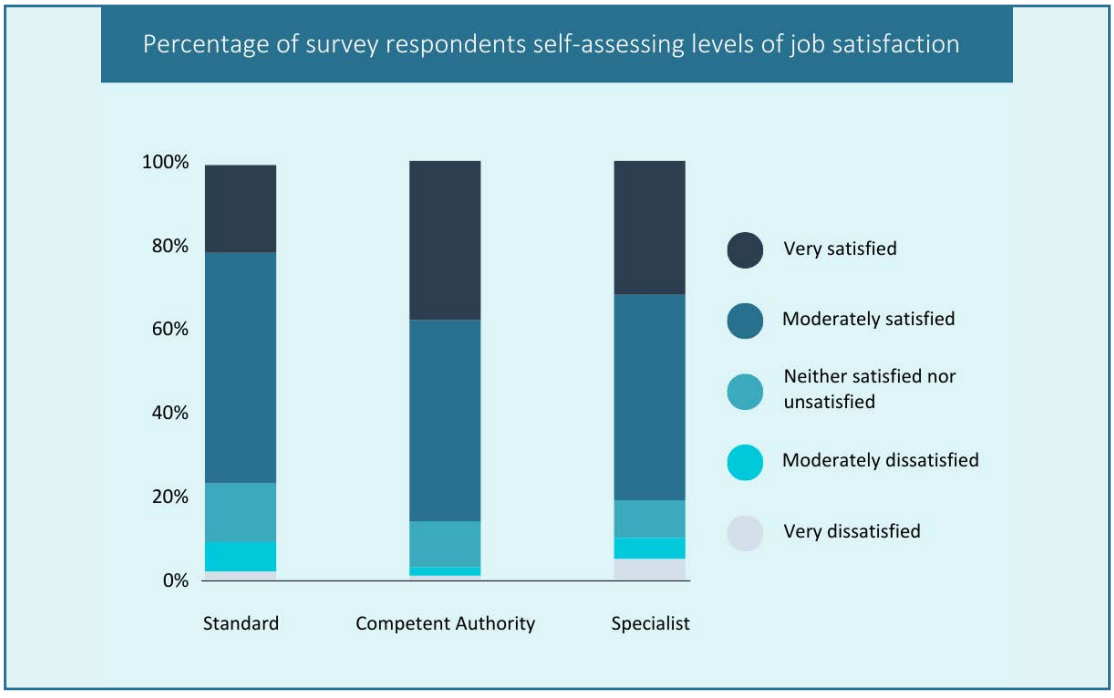



Figure 6

"Relatively easy transferring from UK NHS to public health systems in QLD and then NSW. Limited language and cultural barriers. Migration easy as married to an Australian and gained place on specialist training scheme without having to do AMC process."

"Generally the Australian people, public and other healthcare workers have been remarkably friendly and appreciative of Irish doctors. From Consultant level down, they are only too keen to show you the ropes and make you feel at home."

"Had 1-2 week of meeting with different areas in hospital, each of 2 colleagues, theatre staff, clinic staff, had to set up clinic area (as there wasn't one), met with pharmacist regarding medication differences, was handed a CD on Medicare information, then began work."

The transition was easy (more or less...)

"It was a difficult start, maybe it was me, maybe it was the place. There was self-doubt questioning oneself, imposter syndrome and others doubting you. It takes about six months to settle in whether it's the system or culture. I absolutely love where I work currently. Understaffed and over extended but a really great group of people doing their best every day."

"Started with a horrible experience that shattered my professional confidence (very toxic and unwelcoming work environment), then recovered after changing jobs to a very fair and peer supportive environment helped me rebuild my professional confidence, and now very happy to be working at a hospital placement that pays a lot better. I couldn't be happier now, but it was a significant roller coaster."

"I love working as a GP and am grateful I have the opportunity to work as a GP in Australia. I very much wish there was more exposure to general practice during training. I also wish that through the whole process there was an acknowledgement that we are more than just the places we trained."

## The transition was hard

"I was taken advantage of by local graduates in the beginning (before I knew better). Either that, or sometimes dismissed, because I didn't graduate here and did not understand the processes. I still have PTSD[2] from that time."

"Expensive, bureaucratic, and no sense of what is important to a family. I'm working in Sydney, we have 3 kids in school and my wife can't realistically commute 90 minutes a day to get out of Modified Monash 1[3] for her GP Specialist IMG stuff. It's extremely

2 Post Traumatic Stress Disorder

3 Modified Monash is a government system for classifying locations by remoteness, with 1= least remote and 7 = most remote. This system is used to determine which places International medical graduates can work under the Moratorium (see The Moratorium on page 15).

# Journey themes

04

## Journey satisfaction as a framework

One of the questions that emerged in reviewing the survey data was whether there were factors that stood out in terms of influencing journey satisfaction. In particular it seemed important to try to understand factors which might be associated with 'good' journeys and 'bad' journeys. Knowing about these factors might help to shape policy relating to international medical graduates, or at least to provide a basis for advising them on what to expect.

A few of the questions in the survey required broad value judgments and these turned out to be helpful in analysing satisfaction with the journey. Consider, for example the following question: *Please indicate your level of agreement with the following statement: "All things considered, I am glad that I embarked on the journey to work as a doctor in Australia".*

Answer options ranged from 'strongly agree' to 'strongly disagree', and the amount of agreement was related to the answers in other parts of the survey. For example, having a family to care for, experiencing discrimination, or spending a long time getting through a pathway were all associated with a lower level of journey satisfaction. Analysis of text comments corroborated these findings, as well as revealing the Moratorium as another factor related to lower satisfaction with the decision to move.

From the evidence gathered in the survey, it cannot be proved that these relationships are causative. For example, one cannot rule out the possibility that the types of people who perceive discrimination are also the same types of people who express lower satisfaction with life decisions. However most reasonable people would agree that being separated from one's family, being selectively subject to harsh policies, or being subject to long delays in achieving life goals would have a negative effect on degree of satisfaction with the decisions leading to those outcomes.

The following sections examine each of four main journey themes described above in turn, namely:

1. the Moratorium
2. the Family
3. racism, sexism and discrimination
4. career Impact.

## Theme One: The Moratorium

"The moratorium is unfair especially given that the places where IMGs are allowed to work are often isolated & where there is poor culture & discrimination. It makes no sense to force someone who does not have any local connections, knowledge or support to work in a place where there is very little to zero support."

The Moratorium evoked mixed feelings among survey respondents. Some accepted it as part of the journey, or had an interest in working rurally. Others regarded it as an interregnum where professional development gets put on hold, where there is a risk of isolation, discrimination or family hardship. After the Moratorium requirements are completed, most doctors move away to areas which they consider better suit their own and their family's needs, leaving a gap which must be filled by another generation of international medical graduates.[1]

1 Analysis of the postcodes of doctor workplaces by the AMC has shown that after a few years working in remote locations, International medical graduates move to more urban locations.

The intent behind the Moratorium is to address doctor shortages, and many areas would not have adequate medical services without it. But it is also an undiscriminating policy instrument. For example, some doctors find their specialists skills are poorly matched to the areas where they are working.

The question of whether there are better ways to achieve the objectives of the Sections 19AA and 19AB of the Health Insurance Act, upon which the Moratorium policy is based, is currently the subject of the "Working Better for Medicare Review".

## The moratorium was satisfactory / not a problem

"I was always going to work rural, so the moratorium did not matter to me."

"Did not affect me much as not billing Medicare in my specialty, not doing any private work."

"I came from a town of 70 and a catch basin of 1800 people so it was actually the big city to me."

## The moratorium as exploitation and forced labour

"Led to workplace bullying, employers manipulating IMG's plight to work in DPA/ DWS areas. Overworked & underpaid. No work life balance when all after hours, weekends & public holidays are spent working thus leading to lack of social support network."

"I found the set up very confusing / racist really, that I was discriminated against. I think ultimately, it contributed to my decision to leave"

## Impact on families

"It was very limiting. Am obviously older given that I am a specialist. So I had an older family at time of immigration. Was hard to meet their needs in a moratorium working area. They have however adapted over time. But my partner could not find work, and had to retrain, but training was only available in the city. And so he ended up being under employed and unemployed."

"I was working in a small country town in western [state], and since my family accompanied me, my wife lost her job. She hasn't been able to reestablish her career as an accountant (CA) since then. That affected our overall finances and quality of life to support our children's private school education."

## Career limitations and loss to community

"I have subspecialised into Interventional Radiology. Unfortunately the moratorium does not take that into account and DWS/ area of need is based on general radiology. Secondly the distribution of DWS / area of need is based on Medicare provider

numbers. With large radiology practices requesting provider numbers for all radiologist at all sites there is not a true DWS / area of need knowledge, especially not for Interventional Radiology."

"I felt that it was unfair in a way, as I am subspecialised in paediatric, transplant and cardiac anaesthesia. There are no career options for me in the country. I would rather if we were encouraged to work there with university appointments, hybrid jobs, more teaching and training rurally."

"As an O&G trainee the greatest disadvantage we IMGs experienced with respect to training opportunities arose from not being able to gain additional surgical expertise assisting specialists in private hospitals, something that allowed Australian trainees access to more training and career opportunities that we missed out on."

### Racism and discrimination

"The reason my family and I left the rural area was the racism experienced by family members. Rural services were also quite primitive in their ability to deal with this sort of issue."

"Very discriminatory, unable to pursue advanced training, and be part of the psychiatrist's community. It creates two distinct groups, one locally trained and another from overseas with pre-conceived opinions about each other, with the IMG cohort often seen as inferior in spite of enormous contribution. It reeks of a colonial attitude, it is slavery, getting someone else to do the hard work that locals do not want to do."

## Theme Two: Family

"The state of stagnancy and being financially dependent in my partner are the key motivating factors for me to work even harder to get into the system here, but being a young mother and moving to a new country and uprooting yourself from where you've grown up has its own sets of challenges."

The challenges for moving to Australia are multiplied for international medical graduates with families. For example, in cases where partners are following doctors to Australia, the partner's career often gets disrupted. In those cases where the doctor is following their partner to Australia, the doctor is often drawn into the various pathways and processes associated with becoming a doctor in Australia. In most cases, some kind of sacrifice is required.

Doctors with children and other dependents also face difficult decisions. Sometimes the family is required to live in an area which is isolated or

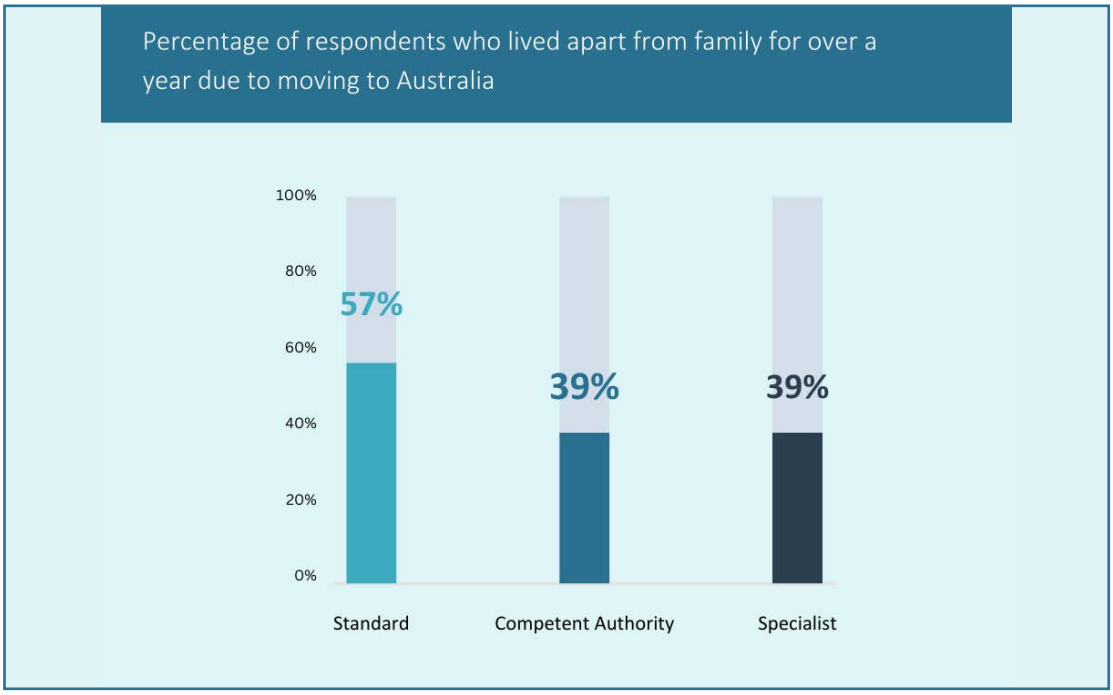



Figure 7

where there is little social support, or which might not suit plans for children's education. To avoid this, some families decide to live separately, which is not satisfactory either. In fact a large proportion of the survey respondents (who were not single) were forced to live apart from family members for more than a year, with Standard Pathway respondents having the highest proportion at 57% (see Figure 7).

When a family makes the journey together they can share the experience and give each other support. However the survey results suggest that having responsibility for the well-being of other family members can also create stress and feelings of guilt.

## Support from the family

"I am a very resilient person who had to put up with bullying from my IMG supervisor when I came to Australia. Luckily, I had support from family members and built up a strong local support network outside work and succeeded in progressing through the IMG process. I was delighted to achieve permanent residency and to be able to buy a home in a beautiful location. I consider myself fortunate."

"Having my family with me helps me a lot."

## Overall impact on the family

"The AMC trajectory has been hard and demoralising and has cost me a lot (years of delay and in my mind unnecessary barriers as I believe the standard of medical training in the [European country] is at least on par). Between AMC and having children I was only able to start specialising 7 years after arrival."

"There are many times when I and many colleagues have hit rock bottom, especially being away from family, the uncertainties during COVID and the initial mental and financial stress of AMC, but I constantly find ways to remind myself that I need to be positive and to be grateful, and also understand that sacrifices need to be made for a future for my family."

"On the whole, it's better than where I was and at least the weather and geography are lovely. Personally the main negative is living away from the immediate family due to preserving stability of children's education in case Australia doesn't work out whilst awaiting citizenship qualification…"

"Very hard with school going age kids and working in remote area. Family life gets really difficult."

"The Moratorium was hell and had a massive impact on my mental health and that of my family… "

### Separation

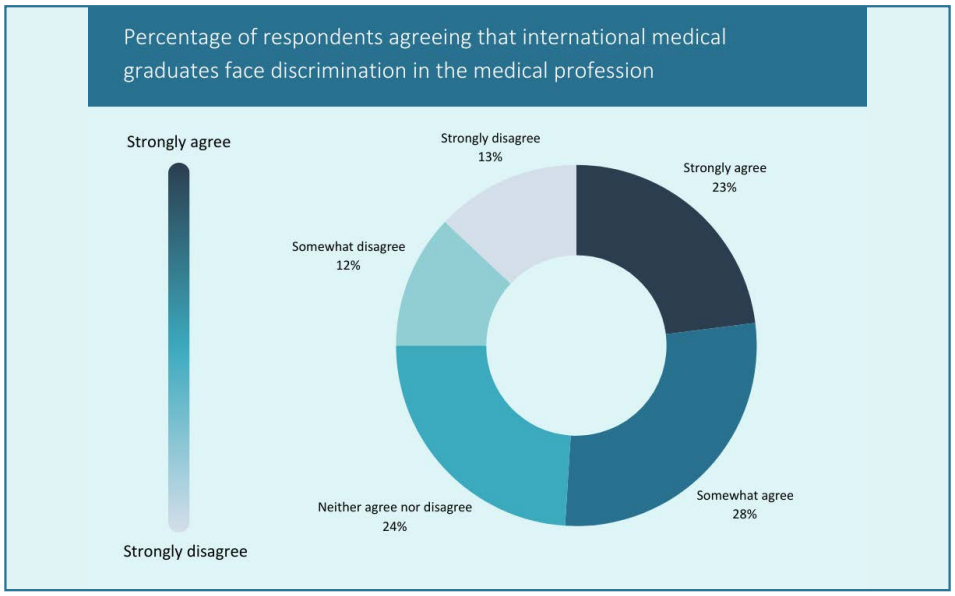
"I had to go back to Pakistan for recency, and move out of state and live without my family for an IMG clinical readiness program by NSW Health and I am still nowhere near finding a job. I hope I will one day but this hasn't been easy."

"The Moratorium separated me from my 4 and 11 year olds and it was horrible."

## Theme Three: Racism, Sexism and Discrimination

Over half of the survey respondents felt that international medical graduates were significantly disadvantaged by discrimination within the medical profession – a surprising finding coming from doctors working in a community that would like to think of itself as valuing equality and tolerance.

Figure 8



Survey responses suggest the roots of the problem are complex. Some instances stem from submerged racism coming to the surface, as might happen when Australian doctors denigrate a colleague who has trained overseas. Sometimes it is a result of elitism within the medical profession degenerating into lack of inclusiveness. In other cases it arises from institutional discrimination such as a Moratorium policy that only applies to IMGs, and protectionism by medical specialties. Some female survey respondents also identified sexism as a component of discrimination.

While the exact relationship between discrimination and doctor wellbeing is not clear, it does seem that the experience of discrimination is a significant stressor for international medical graduates attempting to set up their lives and work in Australia.

## Racism is at least part of the problem

"…As a white British woman I have been accepted by colleagues. However I see many other IMGs not as well accepted, particularly colleagues who are persons of colour. In my position I call out the racism but it still persists…"

"… I was reported to the Medical Director for turning up to a ward round that I had been invited to. I have experienced frank racism such as go back to where you came from, your qualifications aren't as good as ours and deliberate exclusion from tutorials for registrars when preparing for a specialist exam. There isn't a single IMG that I know that doesn't have an episode of being denigrated during their time in Australia."

## Medical elitism and sexism

"The very strict hierarchical structure in the medical field was scary. I was surprised to find out how competitive doctors in Australia are (as I thought collegiality was more likely in a "first world country". Oh, boy... Talk about frustrated expectations). It's impossible to make friends at work if an IMG is "too different", and even worse if you are a female."

"I'd say I have lots of good experience with colleagues, seniors and patients. However there were multiple situations when I noticed how common unconscious bias is, how much sexism is visible in medicine and how different/difficult it is to be a woman of colour and succeeding in emergency medicine."

## Institutional Discrimination

"It is a big deal for IMGs to move countries, but I don't see that Australia gets that. In the UK we have good careers and it means a lot to give this up. Australia courts IMGs but then makes work highly restrictive and complicated. For instance- 10yr moratorium, DWA, AON etc. Plus high bars for comparability with colleges. A lot is in the line for us, but it can feel that we are not really wanted. There is an attitude that if someone went to medical school in Australia they are inherently better. The system reflects this. The system is not merit based. In the UK for instance IMGs can apply and take any job on merit, unlike the Australia first policy."

"It is relatively easy to get a short term jobs, unaccredited positions that let IMGs work as a workhorse without long term considerations for their contributions. The system is designed to keep IMGs in such positions for a long time and discouraging them to transition smoothly to mainstream e.g. long waiting for AMC exams, very difficult and low pass rates in AMC, far and few WBA locations, crazy waitlist to get into WBA paving way for IMG workforce exploitation, poorer salary compared to local trainees while in WBA."

"…Initially when I was trying to prepare for the fellowship exam (after being told was comparable), I was told that could not be given a copy of the syllabus (upon which the exam was based) "because I trained overseas". Similarly was told that was not allowed to attend any of the many exam preparation trials or mock exams (for the same reasons), although some indicated that I could travel (10 hour roundtrip) to possibly attend if someone doesn't show up. Bottom line is that each country feels/ behaves as if all other training is inferior to its own."

## Theme Four: Career Impact

Many of the factors that cause difficulty for doctors while they are undertaking their pathways also have negative downstream career impacts. The survey indicated that factors such as delays associated with passing AMC or College assessments; difficulty in progressing careers while subject to the Moratorium; lack of willingness to subject themselves to stressful assessments already undertaken elsewhere; and perceived discrimination from Specialist Colleges, can all play a role. These factors can result in international medical graduates underutilising their skills, having to work in positions for which they are overqualified, or giving up on previous career ambitions.

Career impact can take many forms and is difficult to estimate. One measure is the amount of time spent getting through pathways. For example, for doctors on the Standard Pathway, the level of journey satisfaction goes down as the time on the pathway goes up. Another measure is the ability to specialise. To get a sense of the impact of the move to Australia on this, survey respondents were asked whether they were interested in undertaking further specialisation, and 71% said that they were. When the latter group was asked about perceived barriers to further specialisation, they responded as shown in Figure 9.

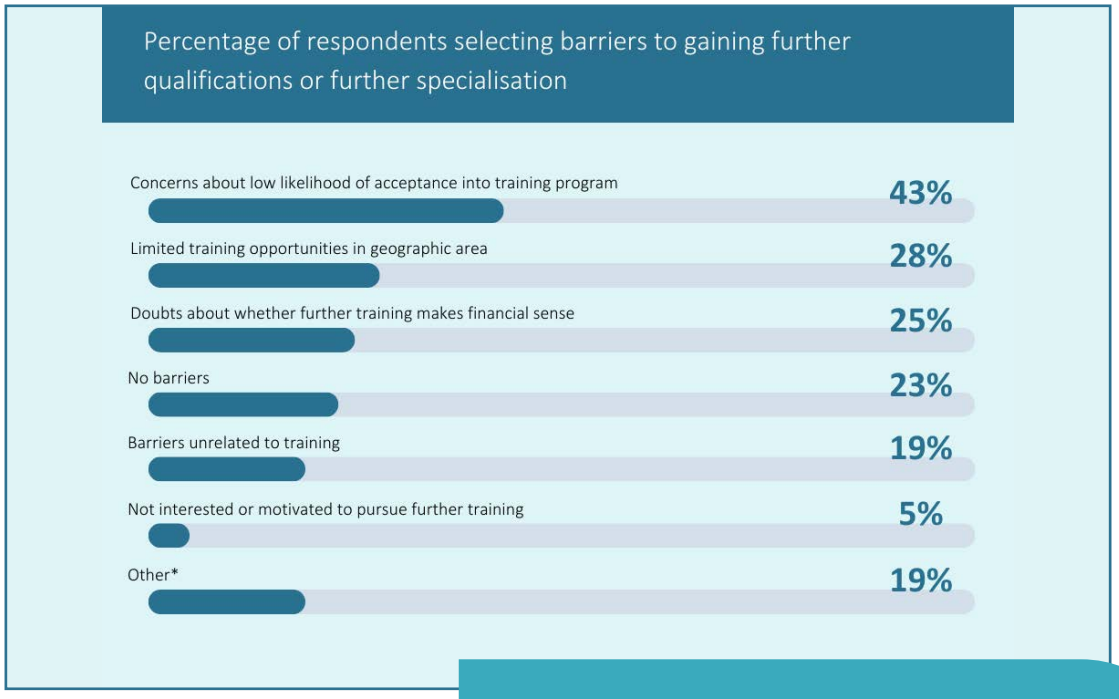



Figure 9

## Other listed barriers include:

- Delays in passing AMC exams
- Lack of interest in repeating training already undertaken elsewhere
- Lack of time due to caregiving roles.
- Perceptions of discrimination

### Giving up on ambitions

"… I have been working my way to training now but I was forewarned that my chances are low due to my background. Not an Australian grad. It is sad to see many of my IMG colleagues who are extremely capable drop their ambition because of where we came from. Decent pay, yes. Decent hours, depending on department but most of the time yes. Still a sad reality losing people who are capable and would make a difference to the system, based on their initial graduate degree. Also, I know some hospitals would not even consider IMGs unless they are from the UK or Ireland."

"For me the journey was painful to say the least. Between 2015 when I first applied for a portfolio and 2021 when I found my first job, I suffered a lot of heartache. It has permanently impacted my career path, impacted my mental health adversely, and honestly pushed me to a point I no longer feel keen to live in Australia despite being a citizen. Despite recency and a good CV, I could not find a job for almost 5 years. It took a long time to find a spot for the clinical exam, and I was marked unfairly on at least 2 stations, which my seniors discouraged me from contesting due to the long and tedious process. Travelling from Brisbane multiple times was hectic, and very heavy on the pocket. After losing 5 years trying to find a job in Australia, I will now no longer be able to pursue surgery, something I was very passionate about."

## Loss of earnings and opportunity

"....Because I did not have access to central hospitals or even private work in my early days of becoming established, the speciality I did my fellowship in went unused, I know no surgeons outside of my principal area of practice, and I am still essentially working in the same hospital as I started. None of this is bad- I like my work - but compared to my peers I have had a VERY different process and my earnings and specialist skills are definitely not what they could have been."

## Loss to community

".... I hear that you're in grave need of radiation oncologists, yet I am fully qualified from the UK and am going to have to go home as I cannot work as a consultant here. There are too many barriers. I have been offered jobs here and could help the healthcare system, but not for a price of my sanity having to study for another 2 years and sit more exams (that are exactly the same as the UK). I know a lot of people in the same position. It seems post fellowship we are 'too' qualified to work as junior doc/registrars but unable to work as consultants. Please make this process easier to allow for more international consultants to work here- it's ludicrous that they can't."

## Protectionism leading to discrimination

"I am a surgeon and now working as a consultant in the UK. Within Australia there is a snootiness and derision when comparing the UK Fellowship examination to the Australian FRACS. The college have no interest in IMGs receiving specialist accreditation in Australia. Behind the guise of ensuring patient safety, they hide the fact that so many practitioners are motivated by lucrative private practice and financial remuneration. By limiting IMGs and placing considerable barriers to independent practice for those perfectly well trained, far few would wish to endure the cost, time and aggravation."

# Suggestions for reform

05

The medical workforce crisis which was precipitated by COVID focused attention on the causes of bottlenecks in international medical graduate pathways, and it also drew attention to the problems that they face in general.

A number of reviews, the most significant of which was the "Independent review of health practitioner regulatory settings", also known as the Kruk Review, made recommendations on streamlining and simplifying health practitioner regulation, with the aim of easing skills shortages in critical health professions. It also looked at ways to improve the experience of healthcare practitioners who were seeking to move to Australia. One of the review's recommendations with particular relevance to international medical graduates was the creation of expedited pathways for health practitioners in acknowledged areas of shortage, which are currently being established for several specialties by the Medical Board and Ahpra with assistance of the AMC.

Another current review of relevance to international medical graduates is the "Working Better for Medicare Review" which examines the effectiveness of the policies underpinning the Moratorium. This review is part of the 2023–24 Strengthening Medicare Budget measures, which seek to improve healthcare and support services in areas where access to services and workers is limited.

In addition to these initiatives, the National Medical Workforce Strategy 2021–2031 identified practical actions to build a medical workforce that meets Australia's current and emerging health needs. The Hospital Registrar and Career Medical Officer Framework is an example of an action in the strategy relevant to international medical graduates.

Not all efforts to improve the situation are government initiatives. For example, A Better Culture is a coalition of health professionals who are seeking to improve the culture in Australian healthcare, including through efforts to address bullying, harassment, racism, and discrimination. The project is governed by two main bodies: a RACMA board that is responsible for corporate governance, and an Advisory Board responsible for content governance.

Within the National Registration and Accreditation Scheme, Ahpra's annual Medical Training Survey asks both domestic and international medical graduates about their experience of training. This includes questions about topics such as supervision, training plans, access to wellbeing support, and bullying and harassment.

For its part, the AMC has undertaken an internal review of ways that it could improve its service for international medical graduates, and the results were published in the 'Clearing the Way' report in late 2023.

Many of the issues which were identified by the Kruk Review were longstanding. Some had also been highlighted in the "Lost in the Labyrinth" parliamentary report released by the Australian Senate in 2012. Although system improvements were put in place after that review, including the creation of an AMC National Test Centre, some of the issues proved quite intractable.

The results of this survey clearly demonstrate that problem areas persist. Analysis of survey data suggests factors which lie at the root of the continued difficulties experienced by international medical graduates include:

- Unclear information on pathways
- Complex, slow bureaucratic processes with little coordination between agencies
- Low success rates in assessments, coupled with doubts whether the assessments are fair and appropriate
- Rigid interpretations of specialist skills requirements by some colleges
- Difficulty finding jobs

These factors have the effect of either keeping doctors in a stressful limbo waiting to get into the workforce, or requiring them to work in jobs that don't allow them to realise their potential, sometime for years at a time. These effects may be exacerbated by factors such as

- The moratorium requirements for working in a priority area
- The need to care for families
- Discrimination and racism
- Reduction or elimination of long term career opportunities

The following section synthesises the recommendations made by survey respondents in response to the question: *Please suggest three changes to improve the journey for other international medical graduates who want to practice in Australia.* They are organised in terms of recommendations which are applicable to all pathways, and after that to those that are specific to certain pathways.

## Synthesis of International Medical Graduate Recommendations Classified by Pathway

### All pathways

| | |
|---|---|
| **Simplify visa processes** | Streamline the visa application process to ease the transition for IMGs. Allow for greater coordination between various visa classes on one hand, and the requirements in the assessment, registration and employment process, on the other. |
| **Faster processing and better communication with Ahpra** | Require Ahpra to speed up processing, and provide a more user-friendly service that respects IMGs and does not treat them as second-class citizens. |
| **Provide clear information about pathways** | Provide a central point or website with clear, non-confusing information on all pathways so that IMGs can easily understand what they are eligible for, as well as requirements, timelines and costs for each pathway. |
| **Streamline the application process** | Simplify the documentation, reduce duplication and streamline bureaucratic processes across pathways. This includes providing a single point for document submission with appropriate distribution, rather than having to provide the same documents multiple times at different times in the process. |
| **Reduce financial barriers** | Lower the costs associated with assessment and registration processes, including exam fees and related expenses, to make the pathway more accessible and reduce financial hardship. |
| **Modify the moratorium** | Revise the 10-year moratorium requirement for working in regional/rural areas, as it is simply too long, and imposes too much isolation, career costs and family stress. |

| | |
|---|---|
| **Enhance support and training** | Introduce online modules and onboarding programs to help IMGs adjust more effectively to the Australian healthcare system. Such programs can assist IMGS to be effective as quickly as possible, and to not feel like a burden to colleagues in early stages. |
| **Increase supervision quality** | Increase supervision quality: Improve supervision quality to ensure proper guidance and professional development for IMGs. This involves providing better recruitment and training for supervisors, as well as managing the performance of those supervisors. |
| **Anti-discrimination measures** | Train staff within healthcare services and regulatory bodies on the importance of minimising discrimination for supporting a diverse workforce and ensuring IMGs can work in a tolerant and collaborative environment. |
| **Take the family into account** | Adopt measures to ease the impact on families, such as relaxing or adapting Moratorium requirements for families so that spouse career and children's schooling needs are considered. |
| **Feedback and adjustment mechanisms** | Establish mechanisms for IMGs to provide feedback to organisations that deal with them, and set up longitudinal metrics for continuous improvement in the assessment and integration processes for IMGs. |
| **Increase IMG representation on boards, committees and advisory groups** | Ensure that the perspectives of IMGs are adequately represented in decision-making processes and ensure that policies and procedures are informed by the experiences of those directly affected. |

## Standard Pathway

| | |
|---|---|
| **Regulate or accredit bridging courses** | Provide some means for IMGs to distinguish quality of bridging courses, and ensure that course content actually aligns with AMC assessment requirements. |
| **Clarify exam requirements** | Clearly outline exam content coverage and grading criteria, so candidates know how to prepare. |
| **Update exam resources** | Provide up-to-data resources for exam preparation, including study materials and practice exams. |
| **Reconsider exam pass rates** | Re-examine the pass mark in light of the discrepancy in pass rates between the Clinical Exam and Workplace-Based Assessment, and ensure alignment with the appropriate standards for Australian graduates. |
| **Better exam feedback** | Provide clearer feedback on exam performance to help IMGs understand areas for improvement |
| **Encourage hospital hiring** | Increase hospitals hiring of IMGs by 1) improving their understanding of the process; 2) discouraging them from requiring PR/citizenship or Australian experience as employment prerequisites; and 3) instituting standardised hiring policies embedding these principles |
| **Coordinate hospital rotations** | Ensure IMGs experience required rotations in their first year to prevent time wastage and streamline their pathway into the workforce. |
| **Provide support in rural areas** | Given the challenges in this area, such as a lack of amenities and professional isolation, provide dedicated support measures, including housing, educational support for families, and community integration programs. |
| **Increase Work-Based Assessments** | Increase the availability of Work-Based Assessments (WBA). |
| **Simplify booking exams** | Make the booking process for AMC Clinical Exams more efficient, fair and transparent. |
| **Widen observership programs** | Improve the availability of observership programs to help IMGs acclimate to the Australian healthcare system. |
| **Establish support networks** | Set up formal support networks that include both professional and social integration. This could include mentorship programs and community support groups. |

## Competent Authority

| | |
|---|---|
| **Reduce bureaucratic delays** | Process applications as they are submitted rather than batching them, to speed up the registration and integration process. |
| **Address favouritism** | Recognise and address the challenge of preferential treatment within the Australian healthcare system that disadvantages IMGs without local connections. |
| **Direct support contact** | Offer a non-biased point of contact for IMGs to receive guidance throughout the registration process. |
| **Improve integration into training schemes** | Incorporate IMGs into hospital lectures, grand rounds, and study groups early to foster integration and peer relationships. |
| **Equivalence for Specialists** | Expand pathways based on equivalence of specialist qualifications for countries with similar medical systems. |
| **Standardised shadowing periods** | Implement shadowing periods at the beginning of employment to familiarise IMGs with the Australian healthcare system. |
| **Facilitate short-term placements** | Allow full overseas registration to be equivalent to Australian registration for short-term placements without extensive supervision requirements. |

## Specialist Pathway

| | |
|---|---|
| **Transparent and objective assessments** | Standardise the assessment processes within the Specialist Colleges to ensure they are objective and transparent. |
| **Peer review and supervision improvements** | Create a more supportive and structured peer review process, including better education for reviewers about the qualifications and experience of IMGs. |
| **Streamlined pathway for advanced specialists** | For specialists from similar medical systems, or specialists who have significant post-specialisation experience, provide a streamlined pathway that recognises their expertise and minimises redundant evaluations. |
| **Research pathways for SIMGs** | Establish pathways that integrate research achievements, such as a clinical PhD, into the registration process, recognising academic contributions. |
| **Adjust the Moratorium for Specialists** | Modify the duration and conditions of the Moratorium to better reflect the particular specialties and sub-specialties of IMGs – these conditions are currently often too high level and general. |

# Appendix
## Survey questions associated with the figures

The following are the full questions that relate to the figures included in this report.

**Figure 1, Page 9**

What were the main factors that influenced your choice to seek work in Australia? (Rank from 1 most important to 5 least important)

- Economic factors (e.g. better living standards, better pay)
- Environmental factors (e.g. location, living options, climate, etc.)
- Family or relationship factors (e.g. reunion with family members or coordinate work with partner's career)
- Political factors (e.g. freedom from persecution, more stable political environment)
- Work-related factors (e.g. improved working environment and workload, better career opportunities)

**Figure 2, Page 11**

Based on your experience, which personal qualities will help IMGs to succeed in their journey to practise medicine in Australia? (Rank the following factors from 1 most important to 6 least important).

- Adaptability (e.g. ability to adapt to new cultures, situations and professional challenges)
- Fluency in English
- Hard work (e.g. willingness to apply oneself and work hard towards one's objectives)
- Willingness to learn (e.g. willingness to assess one's own competencies and learn new skills as necessary)
- Medical skills (e.g. depth of knowledge and skills that can form the foundation of practice in the new country)
- Network building skills (e.g. ability to build social and professional networks to provide resources and support during the adjustment process)

**Figure 3, Page 15**

What factors led to delays on the Standard Pathway? (Select all that apply)

- Getting accurate information when applying
- Obtaining verification of qualifications
- Passing the AMC MCQ exam
- passing the AMC Clinical exam
- Securing an employment offer in order to apply for Limited Registration
- Gaining a place in a Workplace-Based Assessment program
- Personal factors unassociated with the Standard Pathway process
- Difficulty getting the rotations in the core fields (ED ,Medicine, Surgery) to fullfil the requirement for the general registration through standard pathway
- Other

**Figure 4, Page 19**

What factors led to delays on the Competent Authority pathway?

- Difficulty obtaining accurate information when applying
- Difficulty obtaining verification of qualifications
- Difficulty with the registration process
- Difficulty securing an employment offer as a doctor in Australia
- Personal factors unrelated to the Competent Authority pathway process
- Other

**Figure 5, Page 22**

What factors led to delays on the Specialist pathway?

- Obtaining accurate information on the pathway
- Obtaining verification of qualification
- Slow specialist medical college processes for interim assessment of comparability
- The registration process from the Medical Board and Ahpra
- Obtaining clear information about college additional requirements
- Completing additional requirements required by a specialist medical college (i.e. additional training, examinations or supervised practice)
- Securing an employment offer
- Personal factors unrelated to the Specialist pathway process
- Other

**Figure 6, Page 28**

How would you rate your overall job satisfaction?

- Very satisfied
- Moderately satisfied
- Neither satisfied nor unsatisfied
- Moderately dissatisfied
- Very dissatisfied

**Figure 7, Page 33**

Did your move to Australia require you to live apart from one or more family members for more than a year?

- Yes
- No

**Figure 8, Page 34**

Please indicate your level of agreement with the following statement: "I believe international medical graduates in Australia are significantly disadvantaged by the prejudice and discrimination within the medical profession".

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

**Figure 9, Page 36**

What are barriers to gaining further qualifications or further specialisation? (Select all that apply).

- ○ Not interested or motivated to pursue further training
- ○ Concerns about low likelihood of acceptance into training program
- ○ Doubts about whether further training makes financial sense
- ○ Limited training opportunities in geographic area
- ○ No barriers
- ○ Barriers unrelated to training
- ○ Other

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