



## **INTERNATIONAL MEDICAL GRADUATES OWED A DEBT**

EMBARGOED UNTIL 12:01am Monday 23 May 2022

WHILE significant improvements have been made to the lot of international medical graduates (IMGs) trying to gain registration in Australia, 10 years on from the *Lost in the labyrinth* report, IMGs still struggle with barriers to registration, according to an Editorial and a Perspective published today by the *Medical Journal of Australia*.

Emeritus Professor Neville Yeomans, from the University of Melbourne, and colleagues pointed out in their Perspective that in 2018 IMGs made up 31% of the Australian medical workforce.

IMGs are licensed by the Australian Health Practitioner Regulation Agency (AHPRA).

"We call into question the restrictions imposed by AHPRA that continue to impede many IMGs applying by the standard pathway after their success in one or both AMC examinations," Yeomans and colleagues wrote.

"When an IMG passes the AMC's examinations, they are eligible for AHPRA to give them either limited or provisional registration so that they can obtain a year of supervised practice," they wrote.

"The 'catch 22', though, is that they must first get a job offer before AHPRA will process their application.

"But hospitals and teaching general practices are likely to prefer to employ practitioners who are already registered, since there is sometimes a substantial delay between a hospital offering employment and AHPRA processing the registration.

"Numerous IMGs simply cannot get a job offer, despite passing AMC exams many months or years earlier. Such delays have a momentous impact on the viability of medical registration, given their effect on the AHPRA requirement for recency of medical practice."

Yeomans and colleagues suggested some solutions:

- IMGs who have passed both AMC examinations could be immediately provided with provisional registration by AHPRA (rather than waiting for the IMG to find a job), so hospitals or practices would have certainty they could employ them;
- the Commonwealth could provide funding to health departments for 3-month supernumerary bridging-course positions in emergency and general medicine for IMGs with the AMC certificate

"As we say at the outset, Australia owes a debt to its IMGs," Yeomans and colleagues concluded.

"The *Lost in the labyrinth* report suggested changes to how we manage the transition of an immigrant doctor to the Australian practice. Others have called for this too. It is clear there is still work to be done."

Dr Susan Douglas, a GP at the Victoria District Medical Centre in Geraldton, WA, wrote in her editorial that the *Lost in the Labyrinth* report, which was tabled in Parliament on 19 March 2012, has still had no official response from any Federal government.

"Ten years have passed and there is still no official response from the Labor or Coalition governments, despite calls from the IMG community for them to endorse the inquiry recommendations," wrote Dr Douglas.

"To add insult to injury, the federal government publishes a list of parliamentary inquiries related to health and their responses. The *Lost in the labyrinth* report is not even on the list.

"Personally, I know that many IMGs were left feeling shocked, betrayed and defeated by the government's protracted silence."

Dr Douglas acknowledged that some things have improved for IMGs in the past 10 years.



# MJA

The Medical Journal of Australia

## Media Release

"The Australian Medical Council (AMC) has developed a central portal for the repository of primary documentation, which can be shared by the Medical Board of Australia (MBA) and specialist colleges, thus streamlining the process and greatly improving efficiency," she wrote.

"Other significant improvements implemented by the AMC include expansion of the number of places for Part 2 of the AMC exam and the workplace-based assessment pathway.

"[The MBA] has also developed a clear and comprehensive set of standards for the specialist colleges for the assessment of specialist IMGs. These standards include a set of guiding principles which stipulate that assessment processes must be fair, transparent, efficient, effective and accountable, and that IMGs must be afforded procedural fairness.

"It also clearly defines the comparability standards against which IMGs are to be assessed and the steps that the colleges must follow to assess a specialist IMG's qualifications and training."

However, "a lack of transparency in the criteria and processes used by the colleges to assess the comparability of specialist IMGs qualifications and training has been a long-standing problem", Dr Douglas wrote.

"One of the [specialist college] websites included a self-assessment tool for IMGs. One of the questions was whether the IMG trained in a comparable system.

"This is the crux of the issue: how do they know if they trained in a comparable system, and what information does the college use to make this determination?

"It is only fair that the colleges provide this type of information in the public arena to enable specialist IMGs to make an informed decision about whether to pursue a career as a specialist in Australia."

All MJA media releases are open access and can be found at: <https://www.mja.com.au/journal/media>

**Please remember to credit *The MJA*.**

*The Medical Journal of Australia* is a publication of the Australian Medical Association.

---

*The statements or opinions that are expressed in the MJA reflect the views of the authors and do not represent the official policy of the AMA or the MJA unless that is so stated.*

CONTACTS:                   Emeritus Professor Neville Yeomans  
                                  University of Melbourne  
                                  Ph: 0409 361 890  
                                  Email: [nyeomans@unimelb.edu.au](mailto:nyeomans@unimelb.edu.au)