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Sharon Bryant A/g Secretary
Standing Committee on Health and Ageing
PO Box 6021
Parliament House
CANBERRA ACT 2066

Dear Ms Bryant,

Thank you for the opportunity to contribute to the debate about International Medical Graduates, and how to best assist them to integrate into the Australian medical workforce, while ensuring maintenance of standards and patient safety.

I am the Director of Medical Services at Hollywood Private Hospital, operated by Ramsay Health Care. Hollywood is the former Hollywood Repatriation General Hospital in Perth Western Australia, and was the first major hospital in Australia to integrate medical teaching and training into a large private hospital. Our junior medical staff positions are accredited by the Postgraduate Medical Council of Western Australia, and our registrar positions are accredited by their relevant specialist colleges.

What follow are my own reflections, based upon a personal interest over many years to provide assistance to IMGs on their path to unconditional registration.

International Medical Graduates form a substantial part of medical workforce in Western Australia, and we see a significant number of them at Hollywood through a secondment arrangement we have with neighbouring Sir Charles Gairdner Hospital. We are able to offer them a more relaxed work environment which is more measured than the hectic pace of a public hospital, whilst still providing a good mix of medical and surgical patients, with acute and elective presentations. Over many years have been able to 'rescue' some of the IMGs who have been struggling to find their way around the system.

I think of the IMGs in the following categories:

1. Relatively recent graduates who have relocated to Australia for lifestyle issues. These doctors are generally have a good contemporary knowledge base, but they are inexperienced and naïve in the system of Australian hospital practice;

2. More remote graduates with many years of experience, and who may have been practicing for some years either as a GP or as a specialist. These people are seeking to work towards general registration with a view either to becoming a GP in the community, or a hospital generalist/career medical officer. These doctors, likewise are often naïve in the ways of Australian medicine;
3. Specialists who are wishing to work in their specialty area. They are usually several years post-graduation, and frequently have practiced in a specialty area for several years.

Recent Graduates

In order to obtain conditional registration they must verify their degree and internship, pass an English language test and have passed the Australian Medical Council multi-choice examination, and have the offer of employment in an area of need. It is my impression that if they have completed their medical degree in English, they have a high success rate of passing the AMC MCQ on their first attempt. There is a significant wait time for the successful candidates to undertake the AMC clinical exam. In my experience, those candidates who are more likely to be successful in the clinical exam are those who are currently working in the system.

The significant barriers which these IMGs encounter relate to access to educational resources (although these are now much more readily available on line), access to 'study groups', and advice on getting a job in the hospital system. One of the key barriers in job seeking is that referees may not be current, and they are almost certainly unknown to the employing hospital. Therefore for a hospital to offer an 'unknown' a position is high risk recruitment. Most hospitals have mitigated this risk through the interview process, which includes a mini clinical exam, with some realistic case scenarios. However, I have many IMGs tell me that they cannot even get an appointment with an employment officer in the public hospitals in Perth to discuss their options.

The other major barrier is timing of the clinical exam following successful completion of the MCQ. This frequently is in excess of 2 years, which is totally unacceptable.

From my perspective, as a private hospital, we do not have 'area of need' status with the medical board, under which we can obtain conditional registration to employ IMGs post MCQ but pre-clinical exam.

Generally speaking, with this cohort, once they have passed the AMC MCQ and have a position as a resident medical officer in a hospital, they are likely to succeed, and integrate well into the system. Some of them will go on to

general practice and a great number of them will enter into and progress through specialist training.

More Mature Graduates – General Stream

These doctors need to go through the same process as the recent graduates, and will ultimately involve working as a resident medical officer on rotation in a public hospital. These doctors do tend to struggle, both with the MCQ and the clinical exam. This is partly because of the breadth of 're-learning' they need to do in areas where they may not have worked for may years, and partly because they will be required to undertake employment as resident medical officers, and this will frequently involve rotations through nights, relief terms and shift work. This can be quite a culture shock for a senior practitioner who is suddenly finding him or herself in a junior role and it can be a bit challenging as the body ages! However, generally once they have accessed the system, and learnt what is required of them, they integrate well. Most of these doctors will enter into general practice in the community.

If they have not been working for any extended period, they often require close supervision (not unlike interns), and can sometimes have a lot of difficulty learning the Australian way. Culturally, occasionally, some of the male doctors can have difficulty working with women, and some can really struggle with taking advice from the nursing staff and working in a multidisciplinary team.

Specialist Practitioners

This process is well set out by the Australian Medical Council and the specialist colleges.

If the AMC/specialty college process deems that the international specialist's training is equivalent, then the specialist generally is required to undertake peer supervised practice for a specified period. Currently, realistically this can only be done in a public hospital within a departmental structure.

I have seen a number of internationally trained specialists who have unrealistic expectations of what lies in store for them if the Australian specialty college does not consider their training equivalent to the Australian standard. Essentially it often means completing a whole training program again, or most of a training program, and they are required to compete with local graduates for a place on a training program. Frequently these doctors fail to requalify as a specialist in the time frames granted, and may also run out of time to go down the general registration pathway. My advice to those doctors whose specialty qualifications do not meet the Australian standard, generally is to go

down the path of seeking general registration. This gives them more flexibility, and if they want to subsequently retrain in their specialty area, they can undertake this training through the system. This also can be quite distressing for a senior doctor with many years of experience.

The processes which IMG specialists need to go through are quite explicitly stated in the documentation from the AMC and the colleges, but I suspect there is uneven application of the processes. I have known some specialists who have been required only to do peer mentored practice, and other experienced practitioners who are at least as well qualified, from similar institutions in the same country, who have been required to complete the college fellowship exams and then undergo mentored practice.

Funding

Many of the IMGs are working in low skill, low paid positions prior to passing the MCQ and obtaining conditional registration, for example recently I have encountered IMGs working as phlebotomists, couriers and cleaners. They frequently cannot afford to pay up front for a full cost-recovery educational course. The Commonwealth should consider the cost of a bridging course for IMGs Vs the cost of training a doctor de novo, in association with the states, and perhaps considering some sort of payback through rural and regional rotations where this is appropriate.

Currently in Western Australia, there is not an integrated or comprehensive service to assist IMGs. The Postgraduate Medical Council of WA has an interest in this area, but would need to much better resourced to make a real difference and materially assist the IMGs down their pathways.

I currently see one or two IMGs most weeks and provide some counselling and information about how they can get entry into the system. The general feedback I get is that it is almost impossible for them to get an audience with anyone at a senior level in the public sector.

I believe we need:

- A dedicated contact person within either the PMCWA, some other division of the Department of Health WA or the Commonwealth Department of Health and Ageing located in WA. This person needs to have extensive knowledge of the hospital system in WA, medical board requirements and contacts within medical employment services in the public and private hospitals.
- Comprehensive and up to date information resources for IMGs,

- User friendly employment services in our hospitals (or at least access to someone in a senior position who can provide information, encouragement and direction),
- Formal training programs for both the MCQ and the clinical examination (keeping in mind that most of them are required to work to keep body and soul together while they are studying),
- Greater access to the AMC clinical examination – the current situation is simply unacceptable,
- Greater recognition of how the private sector can assist if it were properly resourced,
- Better realisation that "area of need" is probably not the most appropriate category of medical board registration for IMGs prior to them completing the AMC requirements, but perhaps "special needs – IMG training" would be more appropriate. This would allow the private hospital sector greater flexibility to employ, train and mentor IMGs with the intended outcome of general registration, and
- Financial support for the employing agencies with regard to decreased productivity relating to training an IMG and the direct cost of providing hands on training, at least for the first year that they are working.

Thank you again for the opportunity to make comment.

Yours sincerely

Dr Margaret Sturdy
Director of Medical Services