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(Overseas Trained Doctors)
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A Fair Go for IMGs in Australia:

A proposal for meaningful reforms to the Australian registration and accreditation system for IMGs

Submitted by: The IMG Inquiry Recommendation Working Group

EXECUTIVE SUMMARY

Barriers to Reforms

The current barriers to implementation of meaningful reforms in the Australian registration and accreditation system include:

1. Lack of ownership of the problem
2. Lack of independence of view
3. Lack of information/data on the nature and scope of the problem
4. Lack of evidence based approach to accreditation policies
5. Complex bureaucratic and legislative systems
6. Lack of a unified IMG presence/voice
7. Lack of access to fair due process and legal processes

Key areas of reform:

There are five main areas of reform that must be addressed to reduce these barriers, which include:

1. International Medical Graduates must have a meaningful voice in the registration/accreditation system
2. A system for the accurate collection of data on IMGs must be developed which gathers information on IMG experiences in the workplace, barriers to full registration and their role in providing Medical Services in their communities
3. All registration and accreditation organizations, including those that are contracted out by AHPRA (i.e. AMC, Specialist Colleges), must be under legislative authority to enable adherence to accreditation standards. The National Law must also be amended to enable the government to enforce adherence to these standards.
4. IMGs must have access to personal, professional and legal support to help them gain full registration.
5. The government must eliminate government policies that perpetuate the exploitation of IMGs including 19ab and 19aa of the Health Insurance Act.

Key Recommendations:

1. Formation of an IMG advisory and support agency

The mandate of the IMGASA would be to:

To provide (and/or organize) personal, professional and legal support for IMGs including:

- Provide/disseminate accurate information about the Australian registration and accreditation system to IMGs in Australia and abroad.
- Provide (and/or organize) personal guidance and advocacy to individual IMGs with limited registration preferably using case management system.
- Liaise between individual IMGs and the relevant registration/accreditation agencies regarding problems encountered by IMGs with these systems.
- To help IMGs to obtain the necessary training/education needed to obtain full registration.
- To help create a support network where IMGs can network and provide each other with support, friendship and mentorship.

- To provide advice as to where to obtain appropriate legal advice regarding employment issues and problems with registration/accreditation agencies.

To collect (and/or oversee the collection) of accurate information on IMG statistics including their experiences in the workplace and barriers to obtaining full registration including:

- Prevalence of workplace bullying including an analysis of the risk factors for workplace bullying
- Quality of orientation to Australian system and workplace
- Professional support in the workplace
- Access to appropriate professional development
- Problems with registration and/or accreditation system
- Experiences of prejudice and racism.

To liaise with key accreditation organizations regarding IMG accreditation and registration policies and to establish relationships with these organizations (i.e. AHPRA and AMC) regarding:

- Improved communication between IMGs and key registration/accreditation organizations
- Problems faced by IMGs with regard to registration/accreditation policies
- Means to prevent the use of the registration and accreditation system as a tool for exploitation and bullying
- Fair recognition of previous training, workplace experience, and skills
- Development of assessment methods appropriate to level of experience, particularly those which assess workplace performance
- Representation on relevant/key registration/accreditation committees

To advocate for the rights of IMGs and to raise public awareness about the contributions of IMGs to Australian society including:

- Service to rural and remote Australia
- Contributions to the Australian Public Healthcare system
- Role in training the future doctors for Australia
- Other contributions to Australian society

2. Support for the Senate inquiry recommendations into the administration of health practitioner registration by the Australian Health Practitioner Agency (AHPRA) including:

- That the commonwealth government seeks the support of the Australian Health Workforce Ministerial Council to identify and establish mechanisms to improve the accountability of AHPRA to the parliaments of all jurisdictions and the Australian public.
- That AHPRA as a matter of urgency establish consultative groups with professional organizations and health providers
- That the commonwealth government seek the support of the Australian Workforce Ministerial Council to undertake a regular review of the registration of overseas trained health practitioners
- That AHPRA establish key performance indicators in relation to the registration of overseas trained practitioners and provide detailed information on this matter in its annual report
- That complaints processes within AHPRA be reviewed to ensure more accurate reporting of notifications and to reduce the impact of vexatious

complaints on health practitioners including supervisor reports that are used as a tool for workplace bullying/exploitation.

3. **Formation of an independent appeals and advisory body which would hear appeals involving allegations of unfair and/or unlawful treatment by the Medical Board and/or other accreditation authorities including the Specialist Colleges.**

4. **A commitment by the Commonwealth Government to phase out 19ab of the Health Insurance Act over the next ten years, and to reform 19aa of the Health Insurance Act to eliminate discrimination against IMGs based on immigration status.**

The Challenge: The committee has heard extensive testimony on the complex nature of the problems facing International Medical Graduates (IMGs). In fact the root causes of these problems are not complex. These include: 1. Lack of accountability 2. Conflicts of interest 3. Prejudice and discrimination. While the roots of the problem are not complex, the road to improving the system is. Some of the major barriers to improving the current system include:

1. Lack of ownership of the problem
2. Lack of independence of view
3. Lack of information/data on the nature and scope of the problem
4. Lack of evidence based approach to accreditation policies
5. Complex bureaucratic and legislative systems–
6. Lack of a unified IMG presence/voice
7. Lack of access to fair due process and legal processes

Lack of ownership of the problem: One of the major barriers is that for the large part, the current organizations involved in registration and accreditation do not take any ownership of the problems with the system. The Medical Board has stated that addressing the challenges faced by IMGs is not part of their mandate. In response to a question raised by Ms Jill Hall regarding the voice of IMGs in the current system, Dr. Joanna Flynn responded
Our job is not to address the wider issues around the difficulties that IMG's face.
Also, when asked about consultation with the IMG sector, Dr. Flynn responded *The Board's primary stakeholders are the public.* In view of this testimony it is clear that the Board does not believe that they have any responsibility to consult with IMGs about their policies despite the fact that they have a huge impact on the professional lives of IMGs.

The Department of Health and Ageing has also absolved itself of any responsibility for fixing these problems and based on their claim that the professions are "self regulated".
The Medical profession or the health professions generally have an independent system of regulation, registration and accreditation. That is firmly established.
This statement is in fact incorrect as under the National Law AHPRA is ultimately accountable to the Government for its registration and accreditation policies, particularly those that directly impact on the delivery of Medical services!
Finally, the AMC has stated with regards to the specialist IMGs
The AMC does not recognize specialist qualifications – we are just a clearing house.

Lack of independence of view: The current system has evolved to limit professional competition by excluding IMGs from the Medical workforce. Historically, powerful Medical interest groups including the specialist Colleges have maintained control over the registration and accreditation of IMGs. This has been largely accomplished by populating accreditation registration organizations largely with representatives from the Colleges.

This arrangement persists to the current day. The AMC has a large number of senior College representatives on its council. Similarly the majority of medical members of AHPRA have previously held senior positions in the Colleges and/or the AMC. Not only is this arrangement a serious conflict of interest but it also represents an absence of any independence of view. For example, it is very unlikely that the president of the Medical Board, who is also past president of the AMC, is going to have an unbiased view of AMC policies! Similarly, the AMC is unlikely to challenge the opinion of its past president!

Currently there is a review being conducted on the role of the Specialist Colleges in the accreditation of IMGs. This review is an important opportunity to provide a comprehensive and impartial review of the current system. Of concern however is the fact that the two people conducting the review, are former senior executives in the College of Surgeons. Again, this highlights the challenge of obtaining an independent unbiased opinion on the role of the Colleges in assessing their potential competitors.

Lack of accurate information on the scope of the problem: To compound the problem, there is lack of reliable and accurate data on the severity and scope of problems facing IMGs. Most of the evidence heard in the inquiry has been anecdotal and only represents a small percentage of the total IMG population. There have been differences in opinion voiced about the likely scope of these problems. For example, the Medical Board has stated that it believes that these problems affect only a small percentage of IMGs. In contrast, organizations like Australian Doctors Trained Overseas claim that they believe that these are common problems particularly in remote and rural areas, but that the vast majority of IMGs are unwilling to come forward.

Up until very recently, there has been no system to identify IMGs let alone gather meaningful information about their experiences and challenges. The lack of information on the scope of these problems makes it very difficult for the committee to make well-informed recommendations.

Lack of evidence based accreditation practices and different standards for burden of proof of competence for IMGs and Australian trained doctors: Currently the accreditation policies in place that have been problematic (i.e. PESCIs) have not been based on sound evidence. Rather, they have been put in place in an ad hoc fashion as a reaction to individual cases like the Jayant Patel case. While the Patel case was a tragic example of the impact of a rogue doctor in a dysfunctional system, there is no evidence that this tragedy was related to his training or credentials. In fact he obtained his training in developed countries like the UK and the US, which have similar if not higher standards of surgical training.

For example what I the evidence that doctors who have been successfully practicing in Australia for many years are a risk to the public if they don't obtain their Australian qualifications within four years? This requirement has caused significant hardship for many IMGs who have been working in their communities successfully for many years before the change of rules. The committee has heard

about the hurdles that these IMGs face in trying to obtain their specialist qualifications particularly as many are working alone in their community and cannot take time off to gain the additional credentials they need. The irony is that the additional training they have been asked to pursue is often not relevant to their practice. This policy is particularly unfair in that these rules have changed after many IMGs had made the decision to move themselves and their families to Australia.

What is the evidence that the PESCIs are an appropriate screening tool particularly for experienced IMGs already working for years in the community? The committee has heard that this assessment is subject to a lack of reliability and consequently is not a fair high stakes assessment tool. Also why do doctors who have successfully worked in their communities for many years need to be assessed at all? Many of the senior doctors working in Australia have not had to undergo any type of formal exams/assessment since Medical School. Why isn't AHPRA assessing their competence?

What is the evidence that IMGs need to score a band score of seven or higher on the ILETS, and or get high scores in all domains of the OET in one sitting to effectively communicate with English speaking patients? The English language policy has been a huge barrier for many IMGs trying to enter the Australian workforce. It has also resulted in the loss of a number of IMGs that have worked for many years in Australia with no complaints about their communication skills who have been lost to the Australian workforce.

What is the evidence that IMGs who pass the test lose their English skills and need to take the test again in two years time? A number of doctors including those who have recently worked in Australia and passed previous tests have been asked to retake the English test. In fact the committee has heard from one of these IMGs, Dr. Michael Galak, who was asked to take an English test after working for twenty five years in Australia.

Complex bureaucratic and legislative requirements - This is one area where there is broad agreement that the complex nature of the system has significantly contributed to the problems. The complex nature of the system has also made it difficult to gather accurate information and address the core causes of the problem described above. While this report has been critical of the actions of AHPRA to date, the formation of a national registration and accreditation system has the potential to improve the system of IMG accreditation by standardizing registration and accreditation processes and policies.

The current legislative requirements, or rather the lack of legislative authority, have also been a major impediment. With the exception of AHPRA, the other major accreditation players, the AMC and specialist colleges are not under direct legislative authority. Consequently the government has no ability to direct these organizations to address these problems even though they directly impact on public health. They are also unable to ensure adherence to National Law standards with respect to Accreditation.

In theory the AMC and specialist colleges should be accountable through their relationship with AHPRA in the new system. Unfortunately, there are major concerns about the lack of accountability of AHPRA to the public and government. These concerns were highlighted in the report tabled by the senate inquiry into AHPRA. In theory AHPRA is supposed to meet the accreditation standards set out in the National Law with respect to efficiency, fairness, transparency and stakeholder consultation. The lack of clarity as to the role of the government in challenging and directing AHPRA with respect to adherence to these standards is far from clear however. The lack of clarity in the legislation and the failure to challenge AHPRA on its adherence to the National Law has meant that AHPRA is currently largely unaccountable for its actions.

Lack of unified IMG voice – The lack of a unified IMG voice has also significantly contributed to the current situation. IMGs represent a large and extremely heterogeneous group. In addition up until very recently, there has been no effective means to even identify IMGs. Consequently, even if the government, registration and/or accreditation agencies did want to consult with IMGs there is currently no one group that is representative of the IMGs as a whole to consult with.

Lack of access to fair due process – The committee has received numerous submissions from IMGs who have been the subject of severe workplace bullying and exploitation at the hands of employees, some of whom are also been the IMG's supervisors! The testimony of Dr. Ayman Shenouda provides detailed information into the scope and nature of this exploitation. Unlike Australian doctors who are the subject of workplace bullying, IMGs have much more to lose than just their jobs. They also face the ruin of their medical career and the prospect of uprooting their families and moving away from their homes. Given the vulnerable position of IMGs there are strong grounds for concern that bullying is widespread problem amongst IMGs. Their lack of influence means that they are unlikely to report the bullying and access fair due process.

The lack of a fair appeals process has been a common theme throughout this inquiry particularly at the hands of the specialist colleges. A number of themes have emerged regarding the current appeals processes including: Failure to follow fair process 2. Inability to challenge unfair and/or irrational accreditation policies 3. Prohibitive costs of the appeals process 4. Conflicts of interest. 5. Failure to adhere to the principles of natural justice. Many of these problems have also been reported in the 2005 report on the Specialist Colleges and Race to Qualify reports.

Section 19AB – Health Insurance Act, 1973

As has been clearly outlined in the submissions of ADTOA and various other peak bodies, organisations and individuals, s19AB actually serves to create discrimination.

Its clear effect is to take an otherwise homogenous group of doctors and subdivide them based on place of birth. There is a sidestepping of the concept of

'natural justice' with such a legislative approach - as well as a direct contravention of s10 of the Racial Discrimination Act, 1975.

Sadly, it has been logistically and financially impossible to pursue this thought the courts, but the prima facie case is compelling and needs to be considered by the members of this committee.

The effect of such federally legislated discrimination (and the sidelining of legislation designed to protect the right of equality) has been to send a clear signal to all involved with Overseas Trained Doctors (a term that is factually incorrect as many *Australian* trained Doctors fall under the remit of s19AB). The message is: "anything goes".

And it has been heeded by players big and small – as this Hearing has discovered. From the AMC, colleges, medical boards and AHPRA all the way across the board to individual hospitals and general practices.

A term used in one hearing was that of a 'registration jungle'. It is so – and does not end with registration....there are a further ten years of discrimination - with no avenue of redress - to endure beyond that. The 'jungle' is populated by those who seek to benefit from overseas born doctors. These doctors have little by way of advocacy and suffer from the effective removal of a basic human right (Part 1 of Article 23 of the Universal Declaration of Human Rights).

Many of the major players – including the RACGP, AMA and RDAA – have *now* labeled s19AB and the ten-year moratorium 'discriminatory'.

Another international implication of s19AB is that it serves to breach Australia's undertakings regarding both the World Health Organisation Global Code of Practice on the International Recruitment of Medical Personnel and the United Nations World Health Assembly resolution WHA57.19. These state that developed nations are to ensure that they are able to fulfill their population's medical needs without the need to import doctors from developing nations – as occurs widely in Australia, in breach of the guarantees given.

And, besides all of the above, on a purely pragmatic level – s19AB simply hasn't worked. The very ill it was meant to cure – the rural health workforce – is still in crisis, directly resulting in avoidable illness and death of patients.

All of the above presents a compelling case for change. The message must be unambiguous and led from the front – federally. It is only in this way that meaningful policy will flow down to all the stakeholders, the doctors involved and – most importantly – the patients.

KEY RECOMMENDATIONS

We acknowledge the difficult challenge the committee faces in coming up with constructive recommendations that address these barriers in a practical and effective manner. While on the surface it may seem that only a relatively small percentage of the total IMG workforce are affected it needs to be understood that these IMGs are in fact the backbone of medical care in rural Australia. To minimize these problems, is to turn your back to rural and remote Australia.

We believe that the best way forward is to provide IMGs with the support to enable them to effectively challenge the current barriers described above. There are five main areas of reform, which are critical for meaningful change:
1. IMGs must have a meaningful voice in the system
2. All registration and accreditation organizations, including private organizations that are contracted out by AHPRA (i.e. AMC, Specialist Colleges) must be under legislative authority to be able to enforce adherence to registration/accreditation standards
3. A method of accurately collecting data on IMGs including the barriers and problems they face in their workplaces must be developed
4. IMGs must have access to personal, professional and legal support to help them gain full registration and cope with the stressors of the system.
5. The government must eliminate government policies that perpetuate the exploitation and unfair treatment of IMGs including 19ab and 19aa of the Health Insurance Act.

1. Formation of an International Medical Graduate Advisory and Support Agency

In view of these needs we would like to propose that the government advocate for the formation of an International Medical Graduate Advisory and Support agency. This organization would have two broad mandates: The agency would provide advice to key registration/accreditation organizations as well as the jurisdiction and commonwealth governments. The support agency would provide guidance and support services to IMGs The specific roles of the organization would include:
1. To provide (and/or organize) personal, professional and legal support for IMGs
2. To collect (and/or oversee the collection) of accurate information on IMG statistics and the barriers they face to gaining access to the medical workforce and integration into Australian society
3. To liaise with key accreditation organizations regarding IMG accreditation and registration policies and to establish relationships with these organizations (i.e. AHPRA and AMC).
4. To advocate for the rights of IMGs and to raise public awareness about the contributions of IMGs to Austrian society.

<u>Provide (and/or organize) personal, professional and legal support for IMGs</u>

- Provide/disseminate accurate information about the Australian registration and accreditation system to IMGs in Australia and abroad.
- Provide (and/or organize) personal guidance and advocacy to individual IMGs with limited registration preferably using case management system.
- Liaise between individual IMGs and the relevant registration/accreditation agencies regarding problems encountered by IMGs with these systems.
- To help IMGs to obtain the necessary training/education needed to obtain full registration.
- To help create a support network where IMGs can network and provide each other with support, friendship and mentorship.
- To provide advice as to where to obtain appropriate legal advice regarding employment issues and problems with registration/accreditation agencies.

The agency would play a central role in the dissemination of key information about the Australian registration and accreditation system. This service would be in conjunction with the Dr. Connect website resource.

A central mandate would be to provide/facilitate support and guidance for IMGs struggling with the system. The nature and degree of support would largely depend on the level of funding. Support would take a number of forms. First the agency would provide information and guidance to IMGs regarding navigating the Australian system. Ideally, this would be in the form of a case manager system. It would be reasonable for employers who recruit IMGs to contribute a stipend towards this service.

It would also provide/organize support for IMGs who are experiencing serious stress/distress particularly those whose stress has arisen from their struggles with the system. It would be helpful to have access to services like Headspace, which has made a submission to the enquiry.

In addition it would be important for IMGs to support one another in the form of a support network/group. Sharing your experiences with someone who has also had similar experiences can go a long way to alleviating feelings of depression and anxiety.

A key area that requires attention is access to legal advice regarding individual cases and the legality of accreditation policies. It is our opinion that a number of the current accreditation policies are in violation of human rights laws. In reality, IMGs cannot challenge these policies in the courts, as they do not have the hundreds of thousands of dollars needed to launch a lawsuit. Nonetheless, it would still be very helpful to have access to legal advice on human rights issues. This information could be used to discuss these issues with relevant organizations as well as advise the government.

<u>Collect and collate statistics on work conditions and barriers to full registration faced by IMGs including the following:</u>

- Prevalence of workplace bullying including an analysis of the risk factors for workplace bullying
- Quality of orientation to Australian system and workplace
- Professional support in the workplace
- Access to appropriate professional development
- Problems with registration and/or accreditation system
- Experiences of prejudice and racism.

It is critical that the government has accurate statistics regarding IMGs working in Australia including their level of training, and location. In addition it is important for the government to gain accurate information on the scope and nature of the problems that IMGs face in their workplace as well any barriers they face to gaining full registration. In addition it is critical to identify IMGs to be able to inform them of the available supports and resources available to them.

Currently AHPRA has the ability to collect information to identify those IMGs. This information could be used to create a central database of iMGs with limited registration. These IMGs could then be sent information and surveys that would enable the collection of this data.

<u>Liaise with key registration and accreditation agencies regarding:</u>

- Improved communication between IMGs and key registration/accreditation organizations
- Problems faced by IMGs with regard to registration/accreditation policies
- Means to prevent the use of the registration and accreditation system as a tool for exploitation and bullying
- Fair recognition of previous training, workplace experience, and skills
- Development of assessment methods appropriate to level of experience and particularly those which measure workplace performance
- Representation on relevant/key registration/accreditation committees

Currently IMGs have no meaningful input into the registration and accreditation policies that govern their professional lives. This is inappropriate and contravenes the national law, which calls for consultation with key stakeholders. In fact the AMC is currently conducting a review of the current PESCI and assessment methods used to assess IMGs already in practice. Despite the widespread publicity on the problems with the PESCI and lack of IMG consultation, IMGs have still been shut out of the process. Many IMGs in Australia are academics with extensive experience in Medical Education and assessment. These IMG experts could provide very valuable input into the development of fair and rational accreditation standards and processes.

We would recommend that meaningful consultation with iMGs about accreditation issues be mandatory for contracting out to organizations like the AMC who have been contracted out by the Medical Board to accredit IMGs. The AMC is not a permanent feature of the accreditation system. We would suggest that the government not renew the AMC's contract in two years if it fails to demonstrate meaningful collaboration with IMGs in the next year. In fact the government could organize a consortium similar to the very successful GPET

model to accredit IMG qualifications utilizing Medical education experts that are not currently affiliated with the current system.

A central IMG advisory council would be strategically positioned to communicate with these key organizations with regards to IMG registration and accreditation issues as well as report to the government on these organizations performance in these areas.

To build partnerships with key organizations involved in the training of rural doctors and the delivery of rural healthcare (i.e. GPET, ACRRM, Rural Doctors Network) regarding improving the delivery of healthcare to rural and remote regions:

- Development of training schemes for IMGs working in rural areas for GPs and specialists that leads to Australian qualifications.
- Successful integration of IMGs and their families into rural communities
- Incentive programs aimed at IMG retention in rural communities.

As previously mentioned the fates of IMGs and rural Australians are inextricably intertwined. Unlike other professional bodies largely based in urban Australia, rural educational and workforce organizations understand the vital roles that IMGs play in the delivery of healthcare in rural Australia. They also have a vested interest in reducing the barriers to entry of competent IMGs to the rural workforce. A central IMG advisory agency could build important partnerships with these rural organizations and work together toward common goals.

Raise public awareness about the contributions of IMGs to Australian society

- Service to rural and remote Australia
- Contributions to the Australian Public Healthcare system
- Role in training the future doctors for Australia
- Other contributions to Australian society

Not only do IMGs work in areas that Australian doctors are unwilling to service but many also have advanced skill sets that greatly enhance the quality of healthcare in those communities. For example a large percentage of rural IMG GPs have advanced skills in areas like surgery, emergency medicine, critical care, anaesthesia and Obstetrics. Only a small percentage of Australian trained GPs have these skill sets. Also in view of the explosion in the number of learners it will be increasingly challenging to train future GPs adequately in these areas. In addition, to date AHPRA has not taken these special skill sets into consideration. This makes it impossible for AHPRA to make an informed decision on the impact of losing an IMG on the community, which is an important part of its mandate in assessing what is in the best interests of the public good.

Governance and Membership - To be effective, the organization would need to be under the direction of IMGs who represent the positions of key IMG groups including GPs, specialists, hospital based doctors, unemployed permanent resident doctors etc. We would consult with the broader IMG population and the government regarding the governance structure of the agency. While the organization would need to be under the direction of IMGs it would also include

representation by key stakeholders particularly those involved in the rural health workforce. It would also work closely with the state and commonwealth governments regarding workforce issues which impact on IMGs.

Funding – The agency would be supported by a combination of government and self- funding. We feel it is appropriate that $100.00 of each IMG's registration fee be invested in the agency annually. AHPRA is a huge organization that can absorb the loss and given that a lot of the barriers have arisen from the unilateral actions of AHPRA, we believe it is appropriate that they contribute to fixing these problems. We would also ask that the government match this amount for the next five years. It may also be appropriate to ask prospective employers to pay a proportion of the fees for helping new IMGs to navigate the barriers. During the next five years the agency will explore other avenues of funding with the goal to becoming primarily self funded in the next ten years.

2. We strongly recommend that the committee support the following recommendations of the Senate Inquiry into AHPRA.

6.22 The committee recommends that the commonwealth government seek the support of the Australian Health Workforce Ministerial Council to identify and establish mechanisms to improve the accountability of AHPRA to the parliaments of all jurisdictions and the Australian public.
This recommendation is central to the success of all other recommendations. It is critical that the government improve the accountability of AHPRA both to the public and the Health Professions that it regulates. Similarly, the government must ensure that this accountability extends to other organizations involved in accreditation.
6. 24 That AHPRA as a matter of urgency establish consultative groups with professional organizations and health providers
We recommend that the advisory agency be the primary consultative group that liaises with AHPRA, and/or makes recommendations regarding the appropriate IMG consultative group, and that it also reports to the Ministerial council as well as to the broader IMG community
6.17 The committee recommends that the commonwealth government seek the support of the Australian Workforce Ministerial Council to undertake a regular review of the registration of overseas trained health practitioners
The advisory agency would provide the Ministerial council with information regarding the performance of AHPRA regarding adherence to accreditation standards from an imp perspective and on the quality of consultation with IMGs.
6.18 The committee recommends that AHPRA establish key performance indicators in relation to the registration of overseas trained practitioners and provide detailed information on this matter in its annual report.
These key performance indicators should be developed in consultation with IMGs preferably the central IMG advisory group. A key focus would be on the adherence to accreditation standards of fairness, transparency, fair due process as well as the potential for breeches in human rights laws.

6.20 The committee recommends that complaints processes within AHPRA be reviewed to ensure more accurate reporting of notifications and to reduce the impact of vexatious complaints on health practitioners.
We would also recommend that this review also include cases where IMGs allege that supervisor reports have been used as a tool for workplace bullying. We would also recommend that AHPRA establish clear policy including harsh consequences for those doctors who have made vexatious complaints including those against IMGs.

3. Formation of an independent appeals and specialist advisory body-
We strongly recommend that the inquiry recommend that an independent appeals and advisory body be formed in conjunction with the IMG advisory council. The body would serve two main roles. First to hear appeals involving allegations of unfair and/or unlawful treatment at the hands of the registration/accreditation system. Secondly, to provide recommendations regarding the recognition of qualifications of IMG specialists, including GPs and Family Physicians whose qualifications are not recognized by the Specialist Colleges. The committee would be made up of independent legal and medical experts including doctors who have Australian and International qualifications. The nature and outcomes of the cases brought to the appeals body would be reported to the IMG advisory council who would then report to the Ministerial Advisory Council.

4. A commitment by the Commonwealth Government to phase out 19ab of the Health Insurance Act over the next ten years, and to reform 19aa of the Health Insurance Act to eliminate discrimination against IMGs based on immigration status.