



QUEENSLAND GP ALLIANCE

International Medical Graduates – Quality, Standards, and Support Position Statement (July 2004)

Terminology

For the purposes of this statement, all doctors with medical qualifications attained outside Australia shall be referred to collectively as International Medical Graduates (IMGs). This is increasingly becoming the accepted term for this group of medical practitioners.

Preamble

There is a well-documented shortage of doctors internationally, including Australia, where IMGs play a crucial role in addressing medical workforce shortages. Currently rural workforce data shows that 41 per cent [n=388] of rural and remote GPs are overseas trained, and of these 54 per cent [n=211] are Australian citizens or permanent residents. In Queensland, it is estimated that there are over 1,000 IMGs practising medicine, which represents approximately 25 per cent of the general practice workforce.

Historically, IMGs in Australia came from predominantly Western and English speaking backgrounds. This is distinct from the current influx of IMG recruits from an increasingly diverse array of countries with differing disease demographics, languages and cultures.

Furthermore, it should be noted that immigration arrangements enable IMGs to work in Australia under 'temporary' visas for up to four years (with ability to reapply upon completion) without the application of vetting mechanisms or preparatory support.

The medical profession has a responsibility to inform and impress upon governments the mounting relevance of sufficient policy to address this trend, in a fashion that both ensures professional and personal support for internationally recruited doctors, and in turn the maintenance of clinical quality, and patient safety.

Quality, Standards, and Support

Recognising the irregularity in the standards applied, and the support offered to IMGs, this paper has been developed as a unified, overarching statement of principle on the standards and quality elements that should apply to IMGs wishing to enter general practice or rural medicine in Australia. This paper has been developed in acknowledgement of the significant amount of work

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required to define the processes, legalities, and funding elements necessary for the issues described to be suitably executed. This work will need to be progressed with State medical registration boards, Colleges, workforce agencies, Divisions of General Practice, Australian Medical Association, Rural Doctors Association of Australia, and Governments.

The Queensland General Practice Alliance (the Alliance) believes that the relevant colleges should identify the standards applied to IMGs, and that these standards should be congruent with those expected of Australian graduates. Commensurate with this criterion is the need for Governments to ensure all IMGs are afforded the same degree of professional and social integration opportunities available to Australian medical graduates.

In order to facilitate the development of these principles, the Alliance puts forth that the following sequence of safety and quality procedures must be applied and provided to all IMGs before, during, and subsequent to arrival in Australia.

1. Prior to arrival, a preliminary assessment comprising of a qualification and "good standing" check, language testing, reference check, and utilisation of an online assessment tool;
2. Following successful completion of the above, an IMG applying for a GP position in Australia will undergo clinical, communication and cultural skills assessment upon arrival, to ensure the IMG candidate is matched with an appropriate job placement. These elements should be linked to state medical board registration;
3. A standard and accredited orientation program, comprising specific orientation to rural medical practice and introduction to the Australian healthcare system and general practice.
4. An IMG would then be placed to an Area of Need, District of Workforce Shortage or similar GP position, and would be supervised for 12 months by an Australian recognised practitioner (a 'supervisor'). This would be direct supervision where possible, or via remote supervision where necessary, utilising existing and proven mechanisms (such as the Remote Vocational Training Scheme arrangement). The supervisor would report on progress (against a standardised set of skills) and outcomes with a registering body that would, at the end of the period, issue corresponding right to unrestricted practice in areas of need, admission to further bridging or training, or in extreme circumstances - the denial of application for registration;
5. IMGs must enter a fellowship preparatory program and attain fellowship within a specified period; and
6. IMGs may be offered an additional period of six months local supervision if required.

The Alliance acknowledges a need to develop these programs:

- Appropriate for the individual IMG;
- Acknowledging the need to develop Recognition of Prior Learning processes;

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- With regard to the intended mode of practice and tenure;
- Understanding that safety and quality procedures 4 - 6 would not be applicable for short term IMG locums.
- Under the auspices of the relevant colleges; and
- With regard to adequate and appropriate accreditation, remuneration, training, and support for the supervisors and mentors involved.

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