

Overview of barriers and enablers to employment for International Medical Graduates from a Refugee Background in Qld

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International Medical Graduates From a Refugee Background (IMG-FRB) face many barriers to reenter the medical profession more than any other IMGs, essentially due to their refugee background and as well due to the complexity of rules from the medical governing bodies. In fact, their refugee journey and special living circumstances once in Australia distinguish them from other IMGs, who carefully planned to seek employment in Australia. Therefore, a program to help them overcome these barriers would aim to mitigate as many as possible of these challenges.

The Medical Board Australia (The Board) distinguishes three pathways for IMGs seeking to work in Australia, the specialist pathway, for IMGs who hold a medical specialty recognised by an Australian medical college; the Competent Authority pathway, for IMGs from the UK, New-Zealand and Canada, and the Standard pathway for all other IMGs. IMGs on the two first pathways are not required to sit AMC examinations. To get to work as doctor in Australia, depending on the pathway the IMGs is on, must

1. Pass Australian Medical Council (AMC) Examinations (Standard pathway)
2. Meet AHPRA (Medical Board Australia) registration standards
3. get an employment offer before applying to AHPRA (the Board) for registration

Most IMG-FRB are on the standard pathway because even those who are specialists in their home countries, find that their specialty is not recognised by Australian Medical Colleges. Barriers that are specific to IMG-FRB in passing AMC examinations, meeting AHPRA registration standards and securing a job offer can be situated at three different systemic levels:

- Sitting Australia Medical Council (AMC) examinations,

AMC examinations are difficult, the AMC MCQ CAT exam (AMC1) passing rate is just under 50% and the AMC Clinical exam (AMC2) hovers around 5%; and expensive, AMC1 is \$2,550 and AMC2 is \$2750, for one attempt. This is very prohibitive for IMG-FRB. IMG-FRB when they are resettled or granted asylum in Australia, they are in financial hardship and may have little English. For many of them, English is their 2nd or nth language. Providing for their families and for themselves and acquiring good English become their first priority. Basically, in these settings, to afford the costs of AMC examinations and to spare quality and quantity time to study for these exams become quasi-impossible. As a result, they keep pushing and holding back their appearance in the AMC examinations; and time begins to run against them, which badly impacts on meeting the Board registration standards.

- Getting into the workforce,

HHS and other private medical (private hospitals or general practice) recruiters are interested in candidates that are “uncomplicated” in terms of AHPRA registration requirements. IMGs on competent authority, specialist pathways and IMGs who have passed both AMC examinations with no recent gap in practice are privileged candidates for medical recruiters (HHS and other private medical recruiters). Therefore, it is unlikely even after passing both AMC examinations to secure a position, a condition to start AHPRA registration process, that they IMG-FRB is offered a position. This is true because it is extremely difficult for the IMG-FRB to meet all three conditions which are commonly requested in medical job advertisement, that is having six-month experience *in Australia or comparable health system*, having passed *both* AMC examinations *with no gap or a*

gap in practice less than 6 months, having a general registration with APHRA or **being on a competent authority pathway**. Hence this inherently disadvantages IMG-FRB due to their specific circumstances.

- Meeting the Board registration standards,

When IMGs get a job offer, they can apply to AHPRA (the Board) for registration. The board assess them against its registration standards, continuing professional development, criminal history, English Language Skills, recency of practice and professional indemnity insurance arrangements. Some of these standards are very difficult to satisfy for IMG-FRB just because they are refugees.

- Recency of practice, the 2-year cut-off for experienced doctors (with at least 2 years of practice in their home country) are excluding for IMG-FRB especially considering time spent in refugee camps, learning English to a level of sitting AMC examinations and other extenuating circumstances. Other IMGs can always go back to their home country to refresh their recency of practice when it is approaching the two years, but IMG-FRB cannot go back to their countries for fear of persecution and war.
- English proficiency requirements, an overall band score of 7 with no individual band under 7 in IELTS and similar in OET or PTE is not always achievable for a first time English learner in less than two years.
- Supervision requirements: The Board is very specific to who can supervise and what supervision is required for an IMG entering the Australian medical workforce. This makes it difficult for small hospitals to hire IMGs, as depending on the IMG's gap in practice and the responsibility involved in the position offered it can be a further barrier.

What can help IMG-RBG to overcome these barriers?

A. To sit Australia Medical Council (AMC) examinations

1. Take advantage of the Commonwealth government Adult Migrant English Program (AMP) at TAFE to learn English,
2. Set a fund to help IMG-FRB with assessments, study and examination processes. This fund can be accessed as a FEE-HELP to pay for bridging courses and examination fees.
3. Allow IMG-FRB to be on AUSTUDY/Newstart Allowance without job net requirements when they are actively studying for AMC examinations

B. To get into the workforce for those who passed AMC examinations (AMC1 or/and AMC2),

IMGs are eligible for a 4-year limited registration with the Board, after passing their AMC 1 examination. The Board requires them in this 4-year registration to gain the AMC Certificate by sitting AMC2 examination or through the Work Based Assessment (WBA) program and be granted general registration. IMGs with AMC certificate (passed both AMC 1&2) are eligible for one-year provisional registration with the Board, which at the end of it, they are granted general registration. Both kind of registration allow IMGs to work in hospital and general practice (with some restrictions) under supervision.

For IMGs with more than two years gap in practice, which is the case for most IMG-FRB, the Board recommends that they get a junior position in teaching or big hospitals that provides structured

support to their trainees. As for a such position, the Board waives the recency of practice registration standard requirement but requests the employing facility to provide extra support (study plan to close the gap) to the IMG, which is mostly covered with attending educational workshops and learning opportunities within the hospital. Moreover, for IMGs with AMC1, a junior position in teaching or big hospitals that provides structured support to their trainees, the Board considers it as the ideal pathway to get ready for the AMC2. In fact, during this placement, they re-sharpen their medical knowledge and learn the Australian way of practicing medicine as well as improving their communication skills. Unfortunately, junior positions in major hospitals are very competitive and for IMG-FRB it becomes quasi impossible to get because of the already stated discriminating factors.

With AMC2 passing rate sitting at around 5%, it is clear that IMG-FRB are less likely to pass it considered their well-known disadvantaging circumstances. Therefore, a JMO position in a major hospital as the Board recommends is the ideal pathway for IMG-FRB to get to general registration and to fully enter the Australian medical workforce.

This pathway will remove all the previous stated barriers for IMG-FRB to enter the medical workforce as it

- allows enough time to study and get ready for the AMC2 exam. 4 years without worrying about long gap in practice,
- allows accessibility to the best educational, teaching and mentoring environment,
- alleviates worries to provide for her/his family and her/himself whilst attempting to pass the AMC2 and paying for it becomes not an issue
- where recency of practice would be an issue to meet registration standards, it resolves it,
- it resolves tougher supervision requirements as in teaching and major hospitals the Board considers that adequate supervision is always provided,
- opens to new opportunities for the IMG-RFB, such as
 - a. once the IMG-FRB has an Australian hospital experience, she/he becomes eligible for the Work Based Assessment as an alternative to AMC2 exam and can gain the general registration within 12 months
 - b. after 6 months on this pathway, the IMG-FRB gets the possibility to apply for employment to other hospitals as most of them requires a 6-month experience in Australia or from competent authority
 - c. improving English language
- allows the IMG-FRB with AMC certificate to gain general registration within 12 months

General practice placements are also a possibility, but they are more demanding, and the Board is very strict with meeting supervision requirements, a supervisor must be a fellow of RACGP or ACRRM and cannot supervise more than two doctors. Moreover, a PESCI is must for any general practice position.