

## **The Orbona Foundation submission in response to the Interim Report of the Independent Review of Overseas Health Practitioner Regulatory Settings**

Provided 25/6/23 via email: [HealthRegReview@finance.gov.au](mailto:HealthRegReview@finance.gov.au)

While this submission has not observed the deadline, if the content raised is not well captured elsewhere, we request that our submission be considered for acceptance as an act of good-faith. It is our hope that these matters are familiar having perhaps been substantially disclosed to the review in prior submissions from the AMC. The opportunity to provide a submission to the Independent Review was not completely in our organisation's awareness until 20/6/23. From consultation with national and state LGBTIQ+SB health organisations it is likely that The Orbona Foundation will be the only LGBTIQ+SB organisation with specialised knowledge and immediately available capacity to undertake a submission to the Independent Review.

### **ISSUES TO BE CAPTURED IN THE INTERIM REPORT**

- **PREJUDICIAL PRIOR LEARNING IS NOT ADDRESSED WITHIN THE CURRENT PATHWAYS FOR ENTRY TO THE AUSTRALIAN HEALTH WORKFORCE**
- **47% of International Medical Graduates obtained their primary medical qualification in a country that criminalises homosexuality, this translates to 24% of all current Australian General Practice FTE**
- **This overseas training included harmful unscientific misrepresentations of LGBTIQ+SB People.**
- **Similar demographic patterns are likely to be present within adjacent health craft groups**
- **REFORM OF COMPETENCY CRITERIA HAS BROAD SUPPORT IN THE LGBTIQ+SB COMMUNITY**

### **RECOMMENDED REFORMS**

1. **ESTABLISH EVIDENCE BASED SYSTEMS TO ASSESS AND REMEDIATE PREJUDICIAL PRIOR LEARNING.**
2. **MANDATE THAT EACH RESPONSIBLE BODY CREATE RISK ASSESSMENTS TO DILIGENTLY QUANTIFY THE RISK AND THEN ESTABLISH COMPREHENSIVE RISK TREATMENT AND MITIGATION STRATEGIES WITH MEASURABLE OUTCOMES**
3. **LGBTIQ+SB ACADEMIC AND CONSUMER VOTING REPRESENTATION ON EACH RESPONSIBLE BODY**

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transforming LGBTIQ+ health



**If this submission is deemed to be excessive in length, please sever the final page or final two pages in whatever manner pleases the Independent Review.**

The Australian Medical Council (AMC) is responsible for the International Medical Graduate (IMG) Pathway for the safe entry of foreign doctors to the Australian Health workforce. On 2/5/23 the data below and a request to add diversity to the AMC in order to assist in addressing the issue was conveyed to the AMC.

23 organisations have expressed support for requests to address LGBTIQ+SB content in medical curricula. Individual clinicians and clinics have expressed support, and several organisations have made an undertaking to take the issue to their leadership team for consideration. This support is yet to be conveyed to the AMC as the consultation process is not yet complete, however the existence of the Independent review has altered timelines and process.

There is broad support in the LGBTIQ+SB community for increased competence of medical practitioners in relation to their specific needs and to address prejudicial prior learning. The Australian Medical Association<sup>1</sup> and the Australian Medical Student Association<sup>2</sup> have published position statements calling for the AMC to establish graduate outcome standards relating to LGBTIQ+ health knowledge.

The AMC are considering their first specific LGBTIQ+SB health standard<sup>3</sup>. This is much welcomed progress, and indicative of evolving attitudes following removal as a mental health condition in the Diagnostic and Statistics Manual in 1974.

Four questions are worth considering here. Does this meet the expectations of the community? What is the objective evidence base for this modest reform and are there obvious gaps? Is this likely to deliver safe competent care for the LGBTIQ+SB community? How will we actively and objectively measure outcomes to inform quality improvement?

The benchmark for a best practice in addressing issues related to disparate health outcomes and cultural competence with a specific population is appropriately established by the AMC's process in relation to Aboriginal, Torres Straight Islander and Māori People. The contention is that by analogy, a similar process ought to be applicable in establishing standards and cultural change in relation to LGBTIQ+SB Populations.

A sample of 5,890 medical practitioners in Australia<sup>4</sup> was cross-referenced with information on criminalisation of homosexuality obtained from the Human Dignity Trust<sup>5</sup>. India

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<sup>1</sup> Australian Medical Association [internet] LGBTIQ+ Health Position Statement; 2021 [cited 21/06/23]; <https://www.ama.com.au/articles/lgbtqia-health-2021>

<sup>2</sup> Australian Medical Student Association [internet]. LGBTIQ+ Health Position Statement; 2019 [cited 21/6/23]; [https://amsa.org.au/common/Uploaded%20files/AMSA/Policy/F/LGBTQIA%20Health%20\(2019\).pdf](https://amsa.org.au/common/Uploaded%20files/AMSA/Policy/F/LGBTQIA%20Health%20(2019).pdf)

<sup>3</sup> Australian Medical Council [internet] Review of Accreditation Standards for Primary Medical Programs (medical schools); 2022 [cited 21/6/23] <https://www.amc.org.au/review-of-accreditation-standards-for-primary-medical-programs-medical-schools/>

<sup>4</sup> Yeomans ND. Demographics and distribution of Australia's medical immigrant workforce. *J Migr Health*. 2022 Apr 18;5:100109. doi: 10.1016/j.jmh.2022.100109. PMID: 35519078; PMCID: PMC9062262.

<sup>5</sup> Human Dignity Trust [internet] Map of Countries that Criminalise LGBT People; 2023 [cited 21/06/2023] <https://www.humandignitytrust.org/lgbt-the-law/map-of-criminalisation/>;

contributes 21.3% of all IMGs practicing in Australia, decriminalisation was achieved in India via judicial process in 2018. India's National Medical Commission has initiated a process systematically reviewing medical curricula and texts to remove unscientific and harmful misrepresentations of homosexuality<sup>6</sup>. Graduates from a revised course are unlikely to be captured in the 2020 dataset. From this we derive that 47% of IMGs in Australia graduated in a country where homosexuality is a crime and thus are high risk for prejudicial prior learning.

Removing unscientific depictions is welcome progress. It does not remedy entrenched past prior learning learnt within a community with high rates of false and prejudicial beliefs. **Data on cohorts of graduates from countries with high rates of homophobia is required in order to assess this risk diligently. Importantly this includes some countries currently considered competent authorities.**

There is limited data assessing homophobia in the Australian medical setting. A study of first year medical students in the USA found 82% held at least some degree of implicit bias against gay and lesbian people, and 46% expressed explicit bias<sup>7</sup>. The International Review of Psychiatry Commission: Sexual Minorities and Mental Health: Global Perspectives<sup>8</sup>; the journal article: Implicit Bias Against Sexual Minorities in Medicine: Cycles of Professional Influence and the Role of the Hidden Curriculum<sup>9</sup> and the text Culture, Diversity and Health in Australia: Towards Culturally Safe Health Care<sup>10</sup> provide a useful outline of the issues. These issue requires a thoughtful and considered response.

**In one of the few studies providing LGBTIQA+SB suicide data, 24% of all suicides in the 12–14-year-old age bracket were LGBT<sup>11</sup>. It is imperative that health clinicians in every community are competent and able to demonstrate public health strategy and leadership to address LGBTIQA+SB youth suicide. I can provide more detailed information if this would assist the Independent Review.**

Thank you for courageously considering vital safety concerns for LGBTIQA+SB Australians.

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<sup>6</sup> Human Rights Watch [internet] India's Medical Curriculum gets LGBTI Update; 2021 [cited 21/6/23] <https://www.hrw.org/news/2021/10/18/indias-medical-curriculum-gets-lgbti-update>

<sup>7</sup> Burke SE, Dovidio JF, Przedworski JM, et al. Do contact and empathy mitigate bias against gay and lesbian people among heterosexual first-year medical students? A report from the Medical Student CHANGE Study. *Acad Med.* 2015;90:645–651

<sup>8</sup> Bhugra, D. *et al.* IRP commission: sexual minorities and mental health: global perspectives. *Int Rev Psychiatry.* 2022 May-Jun;34(3-4):171-199. doi: 10.1080/09540261.2022.2045912. Epub 2022 Apr 26. PMID: 36151836.

<sup>9</sup> Fallin-Bennett K. Implicit bias against sexual minorities in medicine: cycles of professional influence and the role of the hidden curriculum. *Acad Med.* 2015 May;90(5):549-52. doi: 10.1097/ACM.0000000000000662. PMID: 25674911.

<sup>10</sup> T. Dune, K. McLeod, R. Williams (Eds.), [\*Culture, Diversity and Health in Australia: Towards Culturally Safe Health Care\*](#), Routledge/Taylor and Francis, London, UK, 213-231

<sup>11</sup> Ream GL. What's Unique About Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth and Young Adult Suicides? Findings From the National Violent Death Reporting System. *J Adolesc Health.* 2019 May;64(5):602-607. doi: 10.1016/j.jadohealth.2018.10.303. Epub 2019 Jan 31. PMID: 30711364.