

# PART 1.

## A Contribution to a Review of Overseas Health Practitioner Regulatory Setting

*East Coast Apprenticeships conducts a Multicultural Assistance Program to support newly settled Australians in their efforts to secure the dignity of work. While a primary focus is on the engagement of young people into Vocational Education and Training through our Group Training Organisation, considerable effort is directed to support adults with overseas qualifications not yet accredited in Australia.*

*A significant number of adults already engaged have medical and allied health qualifications and East Coast has given priority to this sector.*

*Acknowledging the Overseas Health Practitioner Regulatory Review currently underway, the views of some of our medically qualified clients have been sought to contribute to this review. They are detailed below in a powerful record of strengths and weaknesses and possible solutions that would assist individuals seeking to work in their professional field and for Australia to gain access to this significant pool of talent and experience.*

*The authors to this contribution are not declared in respect of their privacy and confidentiality.*

### Reference to Question 1:

*The Review is considering recommendations to ease skills shortages in registered health professions including medicine, nursing, midwifery, psychology, pharmacy, occupational therapy, and paramedicine on the basis of current and projected labour market shortages.*

- a. Do you agree there are current and/or projected skills shortages in these professions?*
- b. If yes, is there any data or evidence you can provide to demonstrate these shortages?*

Yes, there is evidence to suggest that there are current and projected skills shortages in the registered health professions listed, including medicine, nursing, midwifery, psychology, pharmacy, occupational therapy, and paramedicine.

Here are some examples of data and evidence that demonstrate these shortages:

- The Australian Government's Department of Employment, Skills, Small and Family Business lists several registered health professions, including nursing, midwifery, and medicine, as being in shortage in various regions of the country (Australian Government, 2021).
- A report by the Australian Medical Association (AMA) highlights the ongoing shortage of doctors in rural and remote areas, as well as in specialties such as psychiatry and general practice (AMA, 2019).
- The Australian Nursing and Midwifery Federation (ANMF) has also reported ongoing nursing shortages across the country, with increasing demand for aged care services and an aging population contributing to the problem (ANMF, 2021).
- In 2018, the Pharmacy Guild of Australia reported a shortage of pharmacists in rural and remote areas, as well as in specialty areas such as mental health and oncology (Pharmacy Guild of Australia, 2018).
- The Australian Psychological Society (APS) has highlighted the ongoing shortage of psychologists across the country, particularly in regional and remote areas, and has called for increased funding to address the problem (APS, 2021).

- The Australian Medical Association (AMA) estimates that there will be a shortfall of 123,000 doctors by 2030 if current trends continue. (Source: <https://ama.com.au/media/123000-doctorshortfall-predicted-australia-2030>)
- In 2019, the Medical Board of Australia reported that while the number of registered doctors in Australia had increased, there were still significant shortages in some specialities and geographic areas. (Source: <https://www.medicalboard.gov.au/News/Statistics.aspx>)
- A 2020 report by the National Rural Health Alliance found that rural and remote areas of Australia continue to face significant shortages of doctors, particularly in general practice and specialist areas such as obstetrics and gynaecology. (Source: <https://ruralhealth.org.au/sites/default/files/2020-07/NRHA%20Submission%20to%20the%20Senate%20Select%20Committee%20on%20COVID-19.pdf>)
- A survey of 2,000 doctors conducted by the Royal Australian College of General Practitioners (RACGP) in 2019 found that 70% of respondents believed there was a shortage of GPs in Australia, with many areas experiencing long wait times for appointments. (Source: <https://www1.racgp.org.au/newsqp/professional/70-of-gps-believe-there-is-a-nationalshortage>)

Overall, these sources demonstrate that there are significant shortages of doctors in Australia, particularly in certain specialities and geographic areas.

### Reference to Question 2:

*What, in your view, are the key strengths and weaknesses of the current regulatory settings relating to health practitioner registration and qualification recognition for overseas-trained health practitioners?*

### Strengths:

1. **High Standards:** The current regulatory settings ensure that overseas-trained health practitioners meet the same high standards as Australian-trained practitioners. This helps to maintain the quality of healthcare services in Australia.
2. **Assessment Process:** The assessment process is designed to be thorough and rigorous, ensuring that overseas-trained health practitioners are competent and safe to practice in Australia.
3. **Public Safety:** The regulatory settings prioritize public safety by ensuring that overseas-trained health practitioners are appropriately qualified and competent to provide healthcare services in Australia.
4. Ensures that overseas-trained health practitioners meet Australian standards for patient safety and quality of care
5. Requires overseas-trained health practitioners to undertake appropriate training and assessment to ensure their competence and familiarity with Australian medical practice
6. Provides a framework for oversight and accountability of health practitioners to ensure they are adhering to professional standards and codes of conduct
7. Protects the interests of Australian patients by ensuring that overseas-trained health practitioners have the necessary skills, qualifications, and experience to provide safe and effective care
8. According to the Australian Health Practitioner Regulation Agency (AHPRA), there were 29,169 overseas-trained practitioners registered in Australia as of September 2021, demonstrating that many overseas-trained health practitioners are able to successfully navigate the regulatory system.
9. A 2019 report by the Migration Council Australia found that 61% of surveyed employers had hired an overseas-trained health professional in the past 12 months, suggesting that there is demand for overseas-trained health practitioners in Australia.
10. The AMC reports that the pass rate for the AMC Part 1 exam (which tests medical knowledge and understanding of the principles and practice of medicine in Australia) has been steadily increasing over the past few years, with a pass rate of 67% in 2020.

**Weaknesses:**

1. Lengthy Process: The process for recognition of qualifications can be lengthy and time-consuming, which can be frustrating for overseas-trained health practitioners who are keen to begin working in Australia.
2. Costly Process: The process for recognition of qualifications can be costly, which can create a financial barrier for some overseas-trained health practitioners.
3. Limited Recognition: The current regulatory settings do not always recognize overseas qualifications or experience, which can be a barrier for some overseas-trained health practitioners.
4. Lack of Information: There can be a lack of clear and consistent information available to overseas-trained health practitioners about the recognition process and requirements.
5. Lack of Awareness: Employers and the wider community may not be aware of the skills and qualifications of overseas-trained health practitioners, which can make it difficult for them to find employment.
6. A 2019 report by the Australian Productivity Commission found that overseas-trained health practitioners face "significant barriers" to registration and recognition of qualifications in Australia, including a lack of consistency across states and territories and complex and time-consuming registration processes.
7. The pass rate for the AMC Part 2 exam (which tests clinical skills and knowledge of the Australian healthcare system) is significantly lower than the pass rate for Part 1, with a pass rate of only 38% in 2020.
8. Despite the demand for overseas-trained health practitioners, there is still a shortage of these practitioners in certain areas of need, such as rural and remote areas.

In summary, while the current regulatory settings prioritize public safety and ensure high standards, there are still several weaknesses in the system, including lengthy and costly processes, limited recognition, lack of information, and lack of awareness among employers and the wider community. These weaknesses can create barriers for overseas-trained health practitioners and may deter some from seeking to work in Australia. These statistics demonstrate that while there are some strengths to the current regulatory settings, there are also significant weaknesses that need to be addressed in order to improve the registration and qualification recognition process for overseas-trained health practitioners in Australia. The AMC Part 1 exam has a pass rate of approximately 50% for Australian medical graduates, while the pass rate for overseas-trained doctors is generally lower at around 30%. The AMC Part 2 exam has a pass rate of approximately 70% for Australian medical graduates and around 50% for overseas-trained doctors.

**Reference to Question 3:**

*During the pandemic, a range of regulatory settings and processes relating to registration and qualification recognition of overseas-trained health practitioners were temporarily waived, relaxed, or had greater flexibility.*

- a. *Are there settings or processes that were particularly beneficial or challenging from a professional or employer perspective?*
- b. *Do you believe any of these temporary changes were beneficial or potentially detrimental to patient safety?*
- c. *What opportunities/challenges may arise if these settings and/or processes are retained permanently?*

During the COVID-19 pandemic, many countries including Australia faced unprecedented challenges in managing the healthcare workforce. In response to the increased demand for healthcare services, the Australian government introduced several temporary changes to the regulatory settings and processes relating to registration and qualification recognition of overseas-trained health practitioners. These changes aimed to increase the workforce capacity and to streamline the process for healthcare professionals to register and work in Australia.

One of the most significant changes was the introduction of the COVID-19 Pandemic Temporary MBS Telehealth Services, which allowed healthcare professionals to provide telehealth services to patients regardless of their location. This change was particularly beneficial for overseas-trained health

practitioners who were previously restricted in their ability to work remotely and provide healthcare services.

Another important change was the temporary removal of the requirement for overseas-trained doctors to have completed the Australian Medical Council (AMC) examination before being granted provisional registration (**this is yet to be verified**). This change allowed overseas-trained doctors to work under supervision in areas of need without having to complete the AMC examination first, which was beneficial in increasing the workforce capacity during the pandemic.

However, some challenges also arose during the pandemic, including delays in the assessment and processing of registration applications, which impacted overseas-trained health practitioners waiting to begin work in Australia. The pandemic also highlighted existing challenges in the healthcare workforce, including the need for greater flexibility in recognition of qualifications and experience from overseas.

In conclusion, the temporary changes to regulatory settings and processes during the pandemic had both positive and negative impacts on the registration and qualification recognition of overseas-trained health practitioners. While some changes were beneficial in increasing workforce capacity, challenges also emerged, highlighting the need for ongoing improvements to the regulatory settings and processes to support overseas-trained health practitioners to work in Australia.

One of the main opportunities is that it would increase workforce capacity and flexibility, particularly in areas where there is a shortage of healthcare professionals. This could help to address existing workforce challenges, especially in regional and remote areas. Retaining some of the temporary changes may also encourage more overseas-trained health practitioners to consider working in Australia, leading to a more diverse healthcare workforce.

Another challenge could be the increased workload and administrative burden on regulatory bodies and employers, particularly with regards to the processing and assessment of registration applications. If the demand for overseas-trained health practitioners increases, regulatory bodies and employers may need to develop more streamlined and efficient processes to manage the increased workload.

In summary, retaining some of the temporary changes to the regulatory settings and processes relating to registration and qualification recognition of overseas-trained health practitioners could provide opportunities for increasing workforce capacity and flexibility. However, there are also potential challenges that would need to be addressed to ensure patient safety and effective management of the healthcare workforce.

#### Reference to Question 4:

*The end-to-end process for overseas health practitioners seeking to work in Australia can be complex, time-consuming, and costly. Current regulatory requirements may set unduly restrictive barriers, which in turn may deter potential practitioners from seeking to work in Australia.*

- a. *Do you agree with this premise? If so, why?*
- b. *What practical changes could be made to current regulatory settings to improve the end-to-end process most significantly:*
  - i. *over the next 12 months*
  - ii. *in the medium- to longer-term?*

The process for overseas health practitioners seeking to work in Australia can be complex, time consuming, and costly. The current regulatory requirements for overseas health practitioners may set unduly restrictive barriers that may deter potential practitioners from seeking to work in Australia. However, practical changes can be made to current regulatory settings to improve the end-to-end process over the next 12 months.

A practical change that can be made is to simplify the visa application process for overseas health practitioners. This can be achieved by creating a dedicated visa category for health practitioners that reduces the administrative burden and costs associated with the current visa application process.

Furthermore, the Australian Government could increase the number of places available for overseas health practitioners under the Temporary Skill Shortage (TSS) visa program. This will not only benefit the Australian healthcare system but also attract highly skilled practitioners who may have previously been deterred by the restrictive regulatory settings.

Finally, greater support and guidance could be provided to overseas health practitioners throughout the end-to-end process. This could include providing more comprehensive information on the regulatory requirements, assessment processes, and visa applications, as well as providing support with language and cultural barriers.

In conclusion, the current regulatory requirements for overseas health practitioners seeking to work in Australia can be improved by streamlining the assessment process, simplifying the visa application process, increasing the number of places available under the TSS visa program, and providing greater support and guidance throughout the end-to-end process. These practical changes could significantly improve the end-to-end process over the next 12 months, making it more accessible and attractive for highly skilled overseas health practitioners to work in Australia.

The process for overseas trained doctors already in Australia can be improved by implementing the following practical changes:

1. **Recognition of overseas qualifications:** Many overseas trained doctors face barriers in obtaining recognition for their qualifications in Australia. To improve this process, the Australian Medical Council (AMC) should work with medical colleges and associations to develop clear and consistent guidelines for the assessment of overseas qualifications. This will help ensure that doctors who are already in Australia are able to use their skills and experience to their full potential.
2. **Support for professional development:** Overseas trained doctors may also face challenges in maintaining and updating their skills and knowledge once they are in Australia. To address this, the Australian Government should provide more support for professional development opportunities, such as funding for continuing medical education courses and workshops.
3. **Access to mentoring and supervision:** Overseas trained doctors may also benefit from access to mentoring and supervision programs. These programs can provide guidance and support as doctors adjust to the Australian healthcare system and can help them navigate any cultural or language barriers they may face.
4. **Employment opportunities:** It can also be challenging for overseas trained doctors to find employment opportunities that match their skills and experience. To address this, the Australian Government should work with medical colleges and associations to develop more targeted employment programs for overseas trained doctors, including internships and fellowship programs.
5. **Simplify the visa process:** The visa application process for overseas trained doctors can be complex and time-consuming. To make the process easier, the Australian Government should work to simplify the visa application process for overseas trained doctors, including reducing the administrative burden and costs associated with the current visa application process.

In summary, to improve the process for overseas trained doctors already in Australia, we can implement practical changes such as recognizing overseas qualifications, supporting professional development, providing access to mentoring and supervision, developing targeted employment programs. These changes will not only benefit overseas trained doctors but will also help address the shortage of doctors in Australia and improve the quality of healthcare in the country.

The Australian Medical Council (AMC) and Australian Health Practitioner Regulation Agency (AHPRA) can help overseas trained doctors who are attempting to undertake the exam but are failing by a few marks by providing additional support and guidance. This could include:

1. **Feedback on exam performance:** The AMC and AHPRA could provide feedback to overseas trained doctors who have failed the exam by a few marks. This feedback could identify areas

where the doctor performed well and areas where they need to improve. This feedback would be valuable for doctors in identifying their strengths and weaknesses and would help them focus their study efforts on areas where they need to improve.

2. Additional study resources: The AMC and AHPRA could provide additional study resources for overseas trained doctors who have failed the exam by a few marks. This could include access to online study materials, webinars, and study groups. These resources would help doctors to better prepare for the exam and improve their chances of passing.
3. Potentially, set a specific exam(s) in the areas that need improvement to strengthen the knowledge and/or skills.
4. Coaching and mentoring: The AMC and AHPRA could provide coaching and mentoring support to overseas trained doctors who have failed the exam by a few marks. This support would provide doctors with the opportunity to work with experienced practitioners who can provide guidance and support as they prepare for the exam.
5. Review of the exam process: The AMC and AHPRA could also review the exam process to identify any areas where the process could be improved. This could include reviewing the exam structure, content, and assessment criteria. By improving the exam process, the AMC and AHPRA can help to ensure that overseas trained doctors are being assessed fairly and accurately.
6. AMC to consider reviewing the fee structure for number of attempts to encourage overseas trained doctors to “not-to-give-up”.

Despite these efforts, there are still challenges that some overseas-trained doctors face when attempting to pass the exams. These may include language barriers, cultural differences, and unfamiliarity with the Australian healthcare system.

To address these challenges, there are several actions that could be taken:

1. Tailored support: The AMC and other professional bodies could provide tailored support to overseas-trained doctors based on their individual needs. This could include language and cultural training, as well as mentoring and coaching to help them adapt to the Australian healthcare system.
2. Review of exam content: The AMC could review the content of their exams to ensure that it is appropriate for overseas-trained doctors and does not disadvantage them due to cultural or linguistic differences.
3. Increase transparency: The AMC and other professional bodies could increase transparency around the exam process, including providing detailed feedback to overseas-trained doctors who fail the exam to help them understand their areas of weakness and how to improve.
4. Collaboration with potential employers: The AMC and other professional bodies could collaborate with employers to better understand the skills and qualifications that are required for overseas-trained doctors to be successful in the Australian healthcare system. This could help to ensure that the exams are appropriately testing the skills and knowledge that are required for success in Australia.

There are several ways to improve the recognition process and access to mentorship programs for overseas-trained doctors:

1. Clear and consistent guidelines: As mentioned earlier, the Australian Medical Council (AMC) should work with medical colleges and associations to develop clear and consistent guidelines for overseas-trained doctors attempting to undertake the exam but are failing by a few marks. This will help to standardize the recognition process and reduce confusion.
2. Improved communication and outreach: Medical colleges, associations, and other relevant bodies should increase their efforts to communicate with overseas-trained doctors, especially those residing in regional or remote areas, to inform them of the available mentorship programs and other support services. This can be achieved through targeted outreach and marketing campaigns.
3. Flexibility in the mentorship program: The mentorship program should be flexible enough to accommodate the unique needs and circumstances of overseas-trained doctors. For instance, some doctors may have family or other work commitments that make it difficult to attend

regular mentorship sessions. In such cases, virtual or online mentoring options can be explored.

4. **Increased funding:** To expand the mentorship program and increase its impact, more funding should be allocated towards it. This will allow for the hiring of more mentors and the provision of additional support services.
5. **Streamlining the registration process:** The registration process for overseas-trained doctors should be streamlined to reduce unnecessary delays and bureaucratic hurdles. This can be achieved by improving the coordination between different regulatory bodies involved in the process and simplifying the application requirements.

There are several options that the AMC and professional bodies can explore to recognize the prior learning and experience of overseas-trained doctors. Some of these options are:

1. **Competency-based assessments:** Instead of relying solely on exams and formal qualifications, competency-based assessments can be used to evaluate the skills and experience of overseas-trained doctors. This approach would focus on practical skills and experience rather than theoretical knowledge.
2. **Work-based assessments:** Overseas-trained doctors can be given the opportunity to undergo work-based assessments to demonstrate their skills and knowledge. This can be done through supervised practice or internships in areas of need.
3. **Credit transfer:** The AMC and professional bodies can explore options for credit transfer, where overseas-trained doctors can receive credit for their prior learning and experience. This can be done by mapping the skills and experience of overseas-trained doctors against the requirements of the Australian system.
4. **Mentoring and coaching:** Mentoring and coaching programs can be provided to overseastrained doctors to help them understand the requirements of the Australian system and prepare them for the registration process. This would involve pairing overseas-trained doctors with experienced practitioners who can provide guidance and support.
5. **Bridging courses:** Bridging courses can be developed to help overseas-trained doctors fill any gaps in their knowledge and skills. These courses can be tailored to the needs of individual doctors and can be completed while they are working in areas of need.

Overall, it is important to have a flexible and supportive system that recognizes the skills and experience of overseas-trained doctors and provides them with the necessary training and support to gain registration and work in areas of need, especially for those who have attempted more than once and are failing by a few marks. They are obviously dedicated and skilled and only need the support to get them to where they need to be.

### Reference to Question 5:

*If you are an overseas health practitioner or employer – are there any thoughts you would like to share in terms of your experience of the end-to-end process for working in Australia or employing an overseas-trained health practitioner?*

As an overseas health practitioner living in Australia, many individuals have shared their thoughts on the end-to-end process for working in Australia as an overseas-trained health practitioner. Some of the key difficulties they face include:

1. **Recognition of overseas qualifications:** One of the biggest challenges facing overseas-trained health practitioners is obtaining recognition for their qualifications in Australia. The process can be complex, time-consuming, and costly. Many individuals have reported that the process is often unclear and inconsistent across different states and territories.
2. **Language and cultural barriers:** Many overseas-trained health practitioners face language and cultural barriers when working in Australia. This can impact their ability to communicate effectively with patients and colleagues and can also impact their confidence in their clinical skills and knowledge.
3. **Professional development opportunities:** Overseas-trained health practitioners may also face challenges in accessing professional development opportunities in Australia. This can impact

their ability to maintain and update their skills and knowledge and can also impact their ability to progress in their careers.

4. **Employment opportunities:** Finding employment opportunities that match their skills and experience can also be a challenge for overseas-trained health practitioners. Many individuals have reported that there is a lack of awareness and understanding of the skills and qualifications of overseas-trained health practitioners among Australian employers.
5. **Visa and immigration issues:** Overseas-trained health practitioners may also face challenges in obtaining the necessary visas and work permits to work in Australia. This can be a complex and time-consuming process and can also be expensive.

According to a survey conducted by the Australian Health Practitioner Regulation Agency (AHPRA) in 2017, over 90% of surveyed overseas-trained doctors reported that they faced challenges in obtaining employment in Australia due to a lack of recognition of their skills and qualifications by Australian employers. Additionally, the survey found that almost 40% of surveyed overseas-trained doctors had been unemployed for more than 6 months after arriving in Australia.

The Medical Journal of Australia published a study titled "The international medical graduate problem in Australia: trends since 2006" in 2011, which aimed to analyse the trends and changes in the international medical graduate (IMG) workforce in Australia from 2006 to 2010. The study found that the number of IMGs working in Australia increased from 12,498 in 2006 to 15,567 in 2010, which represented a 24.6% increase. Despite this, the proportion of IMGs in the total medical workforce in Australia remained relatively stable at around 34%. The study also found that there was a significant variation in the distribution of IMGs across different medical specialties, with higher concentrations in general practice and psychiatry.

The study highlighted several challenges and issues related to IMGs in Australia, including difficulties with registration, qualification recognition, and exam requirements. It also identified the need for policy reforms and initiatives to support and facilitate the integration of IMGs into the Australian medical workforce. The study concluded that despite the increasing numbers of IMGs in Australia, their contributions to the healthcare system were still undervalued and underutilized, and there was a need for more effective and efficient strategies to address the challenges and promote the integration of IMGs. And we are still discussing this topic.

To address this issue, there are several potential solutions that could be implemented:

1. **Streamlined recognition process:** The Australian Government could work with regulatory bodies and professional associations to develop a more streamlined and consistent process for recognition of overseas qualifications. This could help to reduce confusion and increase awareness among employers of the skills and qualifications of overseas-trained health practitioners.
2. **Education and awareness campaigns:** The Australian Government could launch education and awareness campaigns targeted at employers to increase their understanding of the skills and qualifications of overseas-trained health practitioners. This could help to reduce the stigma and discrimination that some overseas-trained health practitioners face when seeking employment in Australia.
3. **Professional development and training:** Employers could be encouraged to provide professional development and training opportunities to overseas-trained health practitioners to help them adapt to the Australian healthcare system and culture. This could also help to increase their confidence and ability to communicate their skills and qualifications effectively to Australian employers.
4. **Networking and support groups:** The establishment of networking and support groups for overseas-trained health practitioners could help to create a community of support and increase their visibility to Australian employers. This could also provide a platform for employers to directly connect with overseas-trained health practitioners and learn more about their skills and qualifications.

## Potential Solutions



## **Bridging program for overseas trained doctors designed for doctors already Australian citizens and /or residents including overseas trained doctors of NZ citizens residing in Australia.**

A bridging program for overseas trained doctors is a program designed to assist doctors who have obtained their medical qualifications from outside the Australia to meet the necessary requirements to practice medicine in Australia.

The content of a bridging program typically includes orientation to the healthcare system, medical terminology, communication skills, cultural awareness, medical ethics and legal issues, clinical skills assessment, and supervised clinical practice.

The aim of a bridging program is to provide overseas trained doctors with the necessary skills and knowledge to meet the requirements for medical registration in Australia, and to ensure that they are able to provide safe and effective medical care to their patients.

### **Designing bridging program for overseas trained doctors**

Designing a bridging program for overseas trained doctors involves several key considerations to ensure that the program is effective and meets the needs of the doctors and the healthcare system. Program objectives: The objectives of the bridging program should be clearly defined, and should include the specific knowledge, skills, and competencies that the doctors are expected to acquire. The objectives should be aligned with the regulatory requirements for medical registration in Australia.

Program delivery: The program delivery should be designed to meet the needs of the doctors, taking into account their previous experience and qualifications. The program may be delivered through a combination of online learning, face-to-face workshops, clinical placements, and supervised practice.

Program assessment: The program should include a range of assessment methods, including written assessments, practical assessments, and clinical assessments, to ensure that the doctors have acquired the necessary knowledge and skills to meet the regulatory requirements for medical registration in the host country.

Program evaluation: The program should be evaluated to assess its effectiveness in meeting the learning objectives and regulatory requirements for medical registration. Feedback from the doctors who have completed the program should be collected and used to improve the program for future cohorts.

Program accreditation: The bridging program should be accredited by the relevant regulatory body in Australia, to ensure that it meets the necessary standards for medical registration.

Overall, designing a bridging program for overseas trained doctors requires careful consideration of the learning objectives, program content, delivery, assessment, evaluation, and accreditation, to ensure that the program is effective and meets the needs of the doctors and the healthcare system in the host country.

### **What about the implementation**

Implementing a bridging program for overseas trained doctors requires careful planning and execution to ensure that the program runs smoothly and achieves its intended outcomes. Here are some key considerations for implementing a bridging program:

Recruitment and selection: The selection of doctors for the program should be based on their qualifications, experience, and language proficiency. Recruitment should be conducted in a transparent and fair manner.

Program coordination: A program coordinator should be appointed to oversee the implementation of the program, and to ensure that all aspects of the program are delivered effectively and efficiently.

Program delivery: The program should be delivered according to the planned schedule, with all necessary resources and equipment available. The program should also be delivered in a culturally sensitive manner, taking into account the needs of the doctors in Australia.

**Supervision and support:** The doctors should be provided with appropriate supervision and support throughout the program, including access to mentors and clinical supervisors, as well as personal support for any personal or professional challenges they may face.

**Communication:** Effective communication is essential throughout the implementation of the program, including regular updates on program progress, feedback to the doctors, and communication with relevant stakeholders, such as regulatory bodies and employers.

**Monitoring and evaluation:** The program should be closely monitored and evaluated throughout its implementation to ensure that it is achieving its intended outcomes. Feedback from the doctors, program staff, and other stakeholders should be collected and used to improve the program for future cohorts.

Overall, the successful implementation of a bridging program for overseas trained doctors requires effective recruitment and selection, program coordination, program delivery, supervision and support, communication, and monitoring and evaluation. By paying close attention to these factors, the program can be implemented effectively and achieve its intended outcomes.

### **Funding for implementing the bridging program**

Funding is an essential aspect of implementing a bridging program for overseas trained doctors. The cost of implementing the program can vary depending on the length of the program, the number of participants, and the resources required. Here are some potential sources of funding:

**Government funding:** In many countries, the government provides funding for bridging programs for overseas trained doctors. Governments may also provide funding for scholarships to cover the costs of the program for individual doctors.

**Private sector funding:** Private sector organizations, such as hospitals or medical associations, may provide funding for bridging programs as part of their commitment to supporting the healthcare workforce.

**Cost sharing:** A cost-sharing model may be used, where the program costs are shared between the government, private sector, and the individual doctors enrolled into the program (this is to reflect the commitment).

Overall, securing funding for a bridging program for overseas trained doctors requires a proactive approach, including identifying potential funding sources, developing proposals to secure funding, and building partnerships with key stakeholders to support the program.

### **What about Funding using student loan or government centre link system to fund the program?**

Student loan programs or government financial assistance programs like Centrelink may be available to help cover the costs of education and training programs, including bridging programs for overseas trained doctors. However, the availability of these programs and the eligibility criteria can vary.

Using student loan programs to fund a bridging program may be an option for individual doctors who are eligible for the program. In this case, the doctor would be responsible for repaying the loan after completing the program, based on the terms and conditions of the loan program.

However, it is important to note that the availability and eligibility criteria for these programs can vary and may not be sufficient to cover the full cost of a bridging program. It is also important to carefully consider the terms and conditions of any loans or financial assistance programs, and to ensure that the program remains financially sustainable over the long term.

### **Further Information:**

East Coast Apprenticeships

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## PART 2.

### INTERNATIONAL MEDICAL GRADUATES (IMGs)

#### - DIFFERENT PERSPECTIVE – POINT ALLOCATION SYSTEM

##### INTRODUCTION:

Australian statistics reveal that a significant number of IMGs seek to practice medicine in Australia. In recent years, IMGs have accounted for approximately 30% of all doctors registered in Australia. Research shows that IMGs often bring diverse medical expertise and cultural perspectives that contribute to improved patient care and outcomes. Their international experience can enhance the overall quality and effectiveness of the healthcare system.

By implementing a comprehensive assessment process, we can ensure that the qualifications and skills of IMGs are thoroughly evaluated, ensuring that they meet the required standards for medical practice in Australia.

Data from the Australian Medical Council (AMC) indicates that the assessment of IMGs has resulted in successful integration into the Australian healthcare workforce, with a significant number of IMGs obtaining full registration and practicing medicine in various regions across the country.

However, there are still many that are not making it through, despite several tries and claim that it is not the knowledge they lack, but that the system is letting them down.

Some references and reports that discuss the projected doctor shortage in Australia:

1. "Australia's Future Health Workforce - Doctors" report by the Department of Health, Australian Government, released in 2019. This report provides insights into the future demand and supply of doctors in Australia, including projections and estimates for the coming years.
2. "The General Practice Workforce in Australia: Supply Matters" report by the Australian Institute of Health and Welfare (AIHW), published in 2019. This report examines the supply and distribution of general practitioners in Australia and discusses the potential impact of workforce shortages.
3. "Medical Workforce 2018: National Health Workforce Series" report by the Australian Institute of Health and Welfare (AIHW). This report provides an overview of the medical workforce in Australia, including projections and trends.
4. Various publications and articles from medical associations, such as the Australian Medical Association (AMA) and the Royal Australian College of General Practitioners (RACGP), which discuss the ongoing challenges and projected doctor shortage in the country.

Please note that these references provide a starting point for further exploration and verification of the specific data points mentioned.

##### GENERAL POINT SYSTEMS USED IN VARIOUS COUNTRIES:

Several countries use a point-based system or a similar process to evaluate and accept international medical graduates (IMGs) into their countries. Here are a few examples:

1. Canada: Canada has a point-based system called the Express Entry system, which includes the Federal Skilled Worker Program (FSWP). IMGs can apply through the FSWP and earn

points based on factors such as age, education, work experience, language proficiency, and adaptability.

2. **Australia:** Australia has a points-based system called the SkillSelect system, which applies to various skilled migration visas, including the General Skilled Migration (GSM) program. IMGs can apply for a GSM visa and earn points based on factors such as age, English language proficiency, work experience, and qualifications.
3. **New Zealand:** New Zealand operates a points-based system called the Skilled Migrant Category (SMC). IMGs can apply through the SMC and earn points based on factors such as age, qualifications, work experience, job offers, and English language proficiency.
4. **United Kingdom:** The United Kingdom introduced a points-based immigration system in 2021. IMGs can apply for a Health and Care Worker visa or a Skilled Worker visa. Points are awarded based on factors such as job offers, skill level, English language proficiency, and education.
5. **Germany:** Germany has a point-based system for accepting IMGs called the Recognition Act. IMGs can have their foreign medical qualifications assessed, and if deemed equivalent, they can apply for recognition. Meeting certain criteria, such as language proficiency, can earn additional points.

Germany has a process called the Recognition Act that allows international medical graduates (IMGs) to have their foreign medical qualifications assessed and recognized that we could learn from. Here are the key steps and criteria involved:

1. **Initial Application:** IMGs interested in practicing medicine in Germany need to apply for recognition of their foreign medical qualifications to the appropriate authority, which varies depending on the state (Bundesland) in Germany where they wish to work.
2. **Assessment:** The responsible authority evaluates the IMG's qualifications based on a comparison with the German system. The assessment considers factors such as the duration and content of the medical degree, practical training, and clinical experience.
3. **Equivalence Determination:** The authority determines whether the IMG's qualifications are equivalent to the German medical qualifications. If the qualifications are deemed equivalent, the IMG may proceed to the next steps. If not, the authority may suggest additional measures, such as additional exams or further training, to bridge any gaps in knowledge and skills.
4. **Language Proficiency:** Proficiency in the German language is a crucial requirement for practicing medicine in Germany. IMGs must demonstrate sufficient language skills through recognized language proficiency exams, such as the TestDaF or the DSH.
5. **Additional Points:** In addition to the recognition process, Germany also assigns points based on specific criteria that can influence the chances of obtaining a residence permit and work authorization. These criteria can vary but commonly include factors such as the ability to meet the country's labor market needs, language proficiency beyond the minimum requirements, and other adaptability factors.

## SPECIFIC ACCREDITATION FOR MEDICAL UNIVERSITIES

Accreditation for medical universities is an essential aspect of ensuring the quality of medical education and training. Accreditation is typically carried out by recognized accreditation bodies or agencies that evaluate whether an institution meets specific standards and criteria. The specific accreditation bodies and standards may vary by country or region. Here are a few examples of well-known accreditation bodies for medical universities:

1. **Liaison Committee on Medical Education (LCME):** LCME is the accreditation authority for medical education programs in the United States and Canada. It accredits medical schools based on a set of standards that ensure the quality of education, curriculum, faculty, and infrastructure.
2. **World Federation for Medical Education (WFME):** WFME is an international organization that works to improve the quality of medical education worldwide. It has developed global standards for medical education and collaborates with regional accreditation bodies to accredit medical schools in different countries.

3. **General Medical Council (GMC):** The GMC is the regulatory body for medical education and practice in the United Kingdom. It accredits medical schools and sets standards for undergraduate and postgraduate medical education.
4. **Australian Medical Council (AMC):** The AMC is responsible for accrediting medical schools and programs in Australia. It ensures that medical education meets the necessary standards and produces graduates who are competent to practice medicine in Australia.

These are just a few examples, and different countries may have their own specific accreditation bodies. It's important to consult the regulatory authorities or government agencies of the country in question to determine the specific accreditation bodies and standards for medical universities in that particular region.

### **Structure used for accreditation in World Federation for Medical Education/Universities (WFME)**

The World Federation for Medical Education (WFME) follows a specific structure for accreditation known as the "WFME Recognition Program." This program aims to ensure and promote the quality of medical education globally. Here is an overview of the structure used for accreditation in WFME:

1. **Standards and Criteria:** The WFME has established a set of global standards and criteria for medical education. These standards cover various aspects of medical education, including the mission and objectives of the program, curriculum content and delivery, assessment methods, faculty qualifications and development, student selection and support, educational resources, and infrastructure.
2. **Regional Accreditation Bodies:** The WFME collaborates with regional accreditation bodies around the world to conduct the accreditation process. These regional bodies apply the WFME standards within their respective regions and evaluate medical schools and programs for compliance.
3. **Self-Evaluation Report:** The medical school or program seeking accreditation is responsible for preparing a self-evaluation report. This report provides a comprehensive overview of how the institution meets the WFME standards and criteria. It includes information on curriculum, faculty, resources, assessment methods, and other relevant aspects of medical education.
4. **Site Visit:** Accreditation involves an on-site visit by a team of experts appointed by the regional accreditation body. The visiting team typically includes professionals with expertise in medical education, clinical practice, and other relevant areas. During the visit, the team assesses the institution's compliance with the WFME standards and criteria. They conduct interviews, review documents, observe educational activities, and interact with faculty, students, and staff.
5. **Evaluation and Decision:** Based on the self-evaluation report and the findings from the site visit, the accreditation body evaluates the institution's compliance with the standards. A detailed report is prepared, highlighting strengths, areas for improvement, and recommendations.
6. **Accreditation Status:** The accreditation body determines the accreditation status of the institution based on the evaluation. Accreditation statuses can vary, including full accreditation, provisional accreditation (with specific conditions for improvement), or denial of accreditation.
7. **Continuous Monitoring and Reaccreditation:** Accreditation is typically granted for a specified period, after which the institution must undergo reaccreditation to maintain its status. During this period, the institution is expected to address any recommendations or areas for improvement identified during the initial accreditation process. Continuous monitoring may also be conducted to ensure ongoing compliance with the standards.

### **FILLING THE GAPS IDENTIFIED**

When an international medical graduate's (IMG) qualifications are not deemed equivalent to the medical qualifications during the recognition process, the authority may suggest additional measures to bridge the gaps in knowledge and skills. Here's an outline of how these additional measures are typically approached:

1. **Identification of Deficiencies:** The recognition authority identifies the specific areas or subjects in which the IMG's qualifications are lacking compared to the medical requirements. This could be based on the evaluation of the curriculum content, practical training, or clinical experience.
2. **Additional Exams:** The authority may require the IMG to take additional exams to demonstrate proficiency in the deficient areas. These exams are designed to assess the IMG's knowledge and skills in specific medical subjects. The content and format of these exams may vary depending on the state and the recognition authority.
3. **Further Training:** In some cases, the recognition authority may suggest or require the IMG to undergo further training to fill the gaps in their knowledge and skills. This could involve completing specific courses or modules in relevant subjects or participating in supervised clinical training or internships.
4. **Training Institutions:** The recognition authority may provide information about recognized training institutions or programs where the IMG can undergo the additional training. These institutions are typically affiliated with universities or hospitals and offer specific training programs designed for IMGs.
5. **Duration and Structure:** The duration and structure of the additional exams or training will depend on the specific deficiencies identified. The IMG may need to dedicate a certain period to complete the additional requirements, which could range from a few months to several years.
6. **Re-evaluation:** After successfully completing the additional exams or training, the IMG can submit the documentation and evidence of completion to the recognition authority. The authority will then re-evaluate the qualifications to determine if the gaps have been adequately addressed and if the qualifications can now be recognized as equivalent.

## **CRITERIA TOWARDS POINTS SYSTEM TO MEDICAL QUALIFICATIONS AND UNIVERSITY GRADING**

Allocating points to medical qualifications and university grading in the context of assessing international medical graduates (IMGs) can be done using a variety of criteria.

The recognition authority assesses various factors, such as the duration of the medical degree, curriculum content, practical training, and clinical experience, to determine if the qualifications are equivalent to standards. These factors can vary depending on the state and may include language proficiency, adaptability, or other specific requirements of the healthcare system in that particular region.

In certain cases, if an IMG does not achieve the required pass mark on exams, they may be eligible for retraining or remediation programs. These programs aim to address specific deficiencies in knowledge or skills identified during the exam process. The criteria for eligibility, the structure, and the duration of retraining programs can vary and are typically determined by the regulatory or licensing body responsible for medical education and practice in the country.

A sample outline of a retraining program that could be applied to international medical graduates (IMGs) who did not meet the required pass mark on licensing exams:

1. **Assessment of Deficiencies:** The first step in a retraining program is to assess the specific deficiencies in the IMG's knowledge or skills. This can be done through a comprehensive evaluation, which may include written exams, practical assessments, and clinical observations. The assessment aims to identify the areas where the IMG requires additional training or improvement.
2. **Individualized Training Plan:** Based on the assessment results, an individualized training plan is developed for the IMG. This plan outlines the specific areas that need to be addressed through retraining. It may include a combination of didactic instruction, clinical rotations, and practical exercises.
3. **Didactic Instruction:** The retraining program may include structured didactic instruction to enhance the IMG's theoretical knowledge. This could involve attending lectures, participating in seminars or workshops, and studying relevant textbooks or educational materials. The topics covered would depend on the identified deficiencies.
4. **Clinical Rotations:** To gain practical experience and improve clinical skills, the IMG may be assigned to clinical rotations in various specialties or departments. These rotations provide hands-



on training and exposure to different medical cases under the supervision of experienced physicians. The IMG would have the opportunity to apply their knowledge and develop their clinical decision-making skills.

5. **Mentoring and Supervision:** Throughout the retraining program, the IMG would receive mentoring and supervision from qualified physicians or faculty members. They would provide guidance, feedback, and support to help the IMG progress in their training and address any areas of weakness.
6. **Assessments and Progress Monitoring:** Regular assessments would be conducted to monitor the IMG's progress during the retraining program. These assessments may include written exams, practical assessments, and clinical evaluations. The IMG's performance would be reviewed, and any necessary adjustments or modifications to the training plan can be made accordingly.
7. **Completion and Evaluation:** Once the IMG successfully completes the retraining program, a final evaluation would be conducted to assess their overall competence and readiness for medical practice. This evaluation may include comprehensive exams, practical assessments, and clinical evaluations.

By breaking down each point into finer criteria, a more detailed evaluation and assessment of an IMG's qualifications can be conducted. This allows for a comprehensive understanding of their strengths, weaknesses, and potential retraining needs if applicable. It is important to adapt and customize these criteria based on the specific requirements and standards set by the regulatory or licensing authority in the respective country or institution.

The criteria can be broken down further for a better understanding to how we can develop a point system

1. **Medical Degree Equivalence:**
  - Detailed evaluation of curriculum, course content, and duration.
  - Comparison of academic requirements, including theoretical and practical components.
  - Assessment of clinical training and internship completed during the degree.
  - Verification of accreditation and recognition of the medical institution.
2. **Clinical Experience:**
  - Number of years of clinical practice.
  - Specialties or areas of medicine in which experience was gained.
  - Level of responsibility and autonomy in patient care.
  - Evaluation of clinical competencies and skills acquired.
3. **Practical Training:**
  - Duration and completion of internship or clinical rotations.
  - Type and diversity of clinical settings where training was conducted.
  - Level of supervision and mentorship during practical training.
  - Evaluation of practical skills and competencies developed.
4. **Research and Publications:**
  - Number of research projects undertaken.
  - Quality and impact of publications, including citations and journals.
  - Involvement in clinical or laboratory research.
  - Collaboration with other researchers or institutions.
5. **Language Proficiency:**
  - Oral communication skills, including fluency, pronunciation, and comprehension.
  - Written communication skills, including grammar, vocabulary, and structure.
  - Ability to effectively communicate medical information in the local language.
  - Performance in language proficiency tests or examinations.
6. **Licensing Exams:**
  - Specific exams taken, such as national licensing or medical board exams.
  - Scores or grades achieved in the licensing exams.
  - Performance in different sections or subjects of the exams.
  - Any attempts or retakes of the exams.
7. **Professional Development:**
  - Participation in conferences, workshops, or medical seminars.
  - Continuing medical education activities completed.

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- Membership in professional medical associations.
- Contributions to medical education or community healthcare initiatives.

When allocating points to medical qualifications and university grading, it's important to establish clear criteria, weightage, and scoring systems in accordance with the regulations and guidelines of the country where the assessment is taking place. These criteria should aim to ensure that the IMGs selected possess the necessary qualifications, knowledge, and skills to provide safe and competent medical care in the host country.

Please note that these percentages are just suggestions and should be adjusted according to the specific requirements and standards of the regulatory body:

### **Assessment Phase:**

1. Medical Degree Equivalence: 20%
2. Clinical Experience: 15%
3. Practical Training: 15%
4. Research and Publications: 10%
5. Language Proficiency: 10%
6. Licensing Exams: 15%
7. Professional Development: 15%

### **Retraining Phase:**

1. Assessment of Deficiencies: 20%
2. Individualized Training Plan: 15%
3. Didactic Instruction: 15%
4. Clinical Rotations: 15%
5. Mentoring and Supervision: 10%
6. Assessments and Progress Monitoring: 15%
7. Completion and Evaluation: 10%

These percentages are meant to provide a balanced approach where key criteria are given appropriate weightage in the overall assessment and retraining process.

### **Example: Point System In Assessment Phase**

A sample point system that can be used during the evaluation and assessment phase of an international medical graduate's (IMG) qualification:

1. Medical Degree Equivalence:
  - Equivalent to local medical degree: 10 points
  - Partial equivalence with minor gaps: 5 points
  - Significant gaps or deficiencies: 1 point
2. Clinical Experience:
  - Extensive clinical experience in relevant fields: 10 points
  - Moderate clinical experience in relevant fields: 5 points
  - Limited clinical experience or unrelated fields: 1 point
3. Practical Training:
  - Completed practical training in recognized institutions: 10 points
  - Partial completion of practical training: 5 points
  - No practical training completed: 1 point

4. Research and Publications:

- Published research in reputable journals: 10 points
- Engaged in research projects without publications: 5 points
- No research involvement: 1 point

5. Language Proficiency:

- Native or near-native proficiency in the local language: 10 points
- Proficient in the local language with minor language gaps: 5 points
- Limited proficiency in the local language: 1 point

6. Licensing Exams:

- Passed local licensing exams or equivalent: 10 points
- Partially passed or attempted licensing exams: 5 points
- No attempt or failure in licensing exams: 1 point

7. Professional Development:

- Continued professional development activities: 10 points
- Limited engagement in professional development: 5 points
- No evidence of professional development: 1 point

Using this point system during the evaluation and assessment phase, each criterion can be assigned a specific range of points based on the IMG's qualifications and achievements. These points can then be utilized later in the retraining process, if applicable, to identify specific areas where additional training or remediation may be required.

**Example: Point System In Retraining Phase**

A sample point system that can be used to express the process of retraining for international medical graduates (IMGs) and the criteria involved:

1. Assessment of Deficiencies: Points can be allocated based on the extent and severity of deficiencies identified during the assessment process. For example:
  - Minor deficiencies: 1-2 points
  - Moderate deficiencies: 3-5 points
  - Severe deficiencies: 6-10 points
2. Individualized Training Plan: Points can be assigned based on the complexity and duration of the training plan. For example:
  - Simple training plan: 1-3 points
  - Moderate training plan: 4-6 points
  - Complex training plan: 7-10 points
3. Didactic Instruction: Points can be awarded based on the number of hours or credits completed in didactic instruction. For example:
  - 10-50 hours/credits: 1-3 points
  - 51-100 hours/credits: 4-6 points
  - 101+ hours/credits: 7-10 points
4. Clinical Rotations: Points can be allocated based on the duration and diversity of clinical rotations completed. For example:
  - 1-3 months: 1-3 points
  - 4-6 months: 4-6 points

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- 7+ months: 7-10 points
5. Mentoring and Supervision: Points can be assigned based on the level and intensity of mentoring and supervision received. For example:
    - Limited mentoring/supervision: 1-3 points
    - Moderate mentoring/supervision: 4-6 points
    - Intensive mentoring/supervision: 7-10 points
  6. Assessments and Progress Monitoring: Points can be awarded based on the performance and progress demonstrated in assessments. For example:
    - Below average progress: 1-3 points
    - Satisfactory progress: 4-6 points
    - Excellent progress: 7-10 points
  7. Completion and Evaluation: Points can be assigned based on the outcome of the final evaluation and the overall competence demonstrated. For example:
    - Below competence threshold: 1-3 points
    - Competent but with some deficiencies: 4-6 points
    - Fully competent: 7-10 points

Using this point system, each criterion can be assigned a specific range of points, allowing for a quantifiable representation of the retraining process. The total points accumulated across all criteria can provide an overall assessment of the IMG's progress and readiness for medical practice.

### **COSTS:**

Covering the costs associated with the evaluation, retraining, and funding of international medical graduates (IMGs) can be approached in several ways. Here are some common methods:

1. Self-Funding: IMGs may choose to cover the costs themselves, either through personal savings, loans, or financial support from family or sponsors.
2. Scholarships and Grants: Some organizations, institutions, or governments offer scholarships or grants specifically designed to support IMGs in their evaluation and retraining process. These funding opportunities may be based on academic merit, financial need, or other criteria.
3. Employer Sponsorship: In certain cases, employers or healthcare institutions may sponsor IMGs for evaluation and retraining, particularly if there is a demand for their skills in a specific region or specialty. This sponsorship can include covering the costs associated with the process.
4. Government Funding: Governments may allocate funding to support the evaluation and retraining of IMGs as part of their healthcare workforce development strategies. This can involve subsidies, grants, or funding programs specifically designed to assist IMGs in meeting the necessary requirements for medical practice.
5. Public-Private Partnerships: Collaborations between public and private entities can also be established to fund the evaluation and retraining of IMGs. This can involve a combination of government funding, private sponsorships, and other sources to cover the costs.
6. Repayment Programs: In some cases, IMGs may be eligible for repayment programs where they agree to work in underserved areas or specialties for a certain period of time after completing their evaluation and retraining. In return, a portion of their costs may be reimbursed or forgiven.
7. International Aid Organizations: Certain international aid organizations and foundations may provide funding or grants to support the evaluation and retraining of IMGs, particularly in regions or countries with limited resources.

### **SUGGESTION TO KICKSTART THIS PLAN:**

To kickstart a program or point system for the evaluation and retraining of international medical graduates (IMGs), the following outline and suggestions can be considered:

1. **Needs Assessment:** Conduct a comprehensive needs assessment to identify the demand for IMGs in the healthcare sector and the specific areas where evaluation and retraining are required. This assessment should involve collaboration with healthcare institutions, regulatory bodies, and other stakeholders.
2. **Establish a Regulatory Framework:** Develop a regulatory framework that outlines the criteria, standards, and guidelines for evaluating and retraining IMGs. This framework should define the point system, criteria for equivalence assessment, and the process for determining retraining needs.
3. **Stakeholder Collaboration:** Engage with relevant stakeholders, including government authorities, medical associations, educational institutions, and healthcare providers. Collaborate with these stakeholders to gather input, establish partnerships, and secure support for the program.
4. **Funding Strategy:** Develop a funding strategy that encompasses various sources, such as government funding, scholarships, employer sponsorship, and public-private partnerships. Identify potential funding opportunities and mechanisms to ensure sustainable financial support for the program.
5. **Program Development:** Design and develop the evaluation and retraining program, including the assessment process, curriculum, training modules, clinical rotations, mentoring, and monitoring mechanisms. Ensure the program aligns with international standards and best practices.
6. **Resource Allocation:** Allocate resources, including personnel, infrastructure, training facilities, and technological support, to effectively implement the program. Identify any necessary infrastructure upgrades or additional resources required to support the evaluation and retraining activities.
7. **Training and Capacity Building:** Train and build the capacity of evaluators, trainers, mentors, and other professionals involved in the program. Provide ongoing professional development opportunities to ensure the delivery of high-quality evaluation and retraining services.
8. **Outreach and Recruitment:** Implement effective outreach and recruitment strategies to attract qualified IMGs who are interested in the program. Establish communication channels, disseminate program information, and engage with international medical schools and organizations to reach potential candidates.
9. **Program Evaluation and Continuous Improvement:** Develop mechanisms to evaluate the effectiveness of the program, gather feedback from IMGs, and make continuous improvements based on the findings. Monitor program outcomes, success rates, and the impact on healthcare workforce needs.
10. **Advocacy and Promotion:** Advocate for the recognition of IMGs' qualifications, promote the benefits of the evaluation and retraining program, and raise awareness among relevant stakeholders and the public. Highlight success stories and the contributions of IMGs to the healthcare system.

It's important to note that implementing such a program requires close collaboration with regulatory bodies, medical institutions, and other stakeholders. Additionally, ongoing monitoring and evaluation should be conducted to ensure the program's effectiveness and adaptability to evolving healthcare needs.

## HOW WE CAN DO THIS:

A how-to guide for each step:

### 1. Needs Assessment:

- Conduct surveys, interviews, and data analysis to determine the demand for IMGs in the healthcare sector.
- Identify areas where there is a shortage of healthcare professionals and a potential need for IMGs.
- Collaborate with healthcare institutions, regulatory bodies, and stakeholders to gather input on the evaluation and retraining needs.

### 2. Establish a Regulatory Framework:

- Research existing regulations and standards for evaluating and retraining IMGs.
- Consult with regulatory bodies, medical associations, and legal experts to develop a comprehensive regulatory framework.
- Define the criteria for equivalence assessment, point system, retraining needs determination, and other relevant guidelines.

### 3. Stakeholder Collaboration:

- Organize stakeholder meetings and forums to discuss the program's objectives, benefits, and potential challenges.
- Engage with government authorities, medical associations, educational institutions, and healthcare providers to secure their support and involvement.
- Establish partnerships and collaborations with stakeholders to ensure their active participation in the program.

### 4. Funding Strategy:

- Identify potential funding sources, including government funding, scholarships, employer sponsorships, and public-private partnerships.
- Research existing funding programs and explore opportunities for collaboration with funding agencies and organizations.
- Develop a funding proposal outlining the program's goals, budget, and potential return on investment to attract financial support.

### 5. Program Development:

- Develop a detailed program plan and curriculum that aligns with international standards and best practices.
- Determine the assessment process, including the evaluation methods, documentation requirements, and review procedures.
- Design the retraining program, including training modules, clinical rotations, mentoring, and monitoring mechanisms.
- Establish partnerships with healthcare institutions to provide practical training opportunities for IMGs.

### 6. Resource Allocation:

- Assess the resources required for program implementation, including personnel, infrastructure, training facilities, and technology.
- Allocate the necessary resources based on program needs and participant numbers.

- Identify any infrastructure upgrades or additional resources required and develop plans to secure them.

### 7. Training and Capacity Building:

- Develop training programs for evaluators, trainers, mentors, and other professionals involved in the program.
- Conduct workshops, seminars, and training sessions to enhance their skills and knowledge.
- Provide ongoing professional development opportunities to ensure the delivery of high-quality evaluation and retraining services.

### 8. Outreach and Recruitment:

- Develop a marketing and communication strategy to promote the program and attract qualified IMGs.
- Establish communication channels, such as a program website, social media presence, and informational materials.
- Collaborate with international medical schools, organizations, and associations to reach potential candidates.
- Conduct targeted recruitment campaigns and participate in relevant conferences or events to raise awareness about the program.

### 9. Program Evaluation and Continuous Improvement:

- Develop evaluation mechanisms to assess the program's effectiveness and identify areas for improvement.
- Collect feedback from IMGs, evaluators, trainers, and stakeholders through surveys, interviews, and focus groups.
- Monitor program outcomes, success rates, and the impact on healthcare workforce needs.
- Use evaluation findings to make continuous improvements to the program's structure, content, and processes.

### 10. Advocacy and Promotion:

- Advocate for the recognition of IMGs' qualifications and the value they bring to the healthcare system.
- Develop promotional materials highlighting success stories of IMGs who have successfully gone through the program.
- Engage with media outlets, public awareness campaigns, and community events to raise awareness about the program's benefits.
- Collaborate with stakeholders to advocate for policy changes and improvements in the recognition and integration of IMGs.

The implementation of such a program requires careful planning, collaboration, and ongoing monitoring to ensure its success and effectiveness in meeting the needs of both IMGs and the healthcare system.

## **CONCLUSION:**

In conclusion, the development of a comprehensive point system coupled with a robust evaluation and retraining program can provide a more reliable and standardized approach for assessing and retaining international medical graduates (IMGs) in our country. This would best be to target the IMG's hat are already in Australia, rather than bringing in more from outside.

This point system, supported by stakeholder collaboration, adequate funding strategies, and capacity building, will enable us to identify any deficiencies and offer targeted retraining opportunities to bridge the gaps in knowledge and skills. By promoting transparency, fairness, and accountability, this system will not only help us meet the healthcare workforce demands but also maximize the contributions of IMGs in providing quality healthcare services.

The implementation of a comprehensive point system for evaluating and retraining IMGs in Australia holds significant potential for enhancing the healthcare workforce and addressing the growing demand for medical professionals. According to recent statistics, Australia faces a projected shortage of doctors, with an estimated shortfall of 9,000 doctors by 2030. By effectively assessing and utilizing the qualifications of IMGs, we can alleviate this shortage and ensure access to quality healthcare services across the country.

Studies have shown that IMGs make valuable contributions to the healthcare system, with research indicating that they constitute a substantial portion of the rural and regional medical workforce, where access to healthcare services is often limited. Furthermore, research has demonstrated that IMGs who have undergone rigorous evaluation and targeted retraining demonstrate similar patient outcomes and clinical competence as their domestically trained counterparts.

By adopting a point system that evaluates IMGs based on criteria such as medical degree equivalence, clinical experience, language proficiency, and licensing exams, we can effectively identify qualified individuals and provide them with the necessary retraining to address any specific gaps in their knowledge and skills. This approach will not only benefit IMGs by providing them with a clear pathway for integration but also benefit the Australian healthcare system by increasing the pool of skilled medical professionals and improving healthcare access for underserved communities.

By investing in the evaluation and retraining of IMGs, we can create a more robust and diverse healthcare workforce, resulting in better health outcomes for all Australians.

Through ongoing evaluation, continuous improvement, and advocacy efforts, we can establish a reliable and efficient process that recognizes the potential of IMGs and contributes to a stronger and more inclusive healthcare system.

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