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Goresh (comment at [this page](#)) is right.

Australia's convoluted at best, impossible at worse, system for a practice to employ an international medical graduate is insane. Anybody who argues otherwise, then explain why nationwide Australia has practices screaming out for doctors, yet large numbers of unemployed experienced international medical graduates exist, most willing to work anywhere at all ?

These doctors have passed the Australian Medical Council's MCQ test to work in Australia as a doctor, albeit conditionally, and passed the Department of Immigration's test to live and work here. Yet when they arrive, after investing thousands of dollars jumping through the many hoops of Australia's medical system, they remain unemployed, often long term.

This is nothing short of misleading & deceptive conduct by the Australian government. Australia looks ridiculous in the eyes of international medical graduates who are brave enough to begin what is all too often a road to a financial stress and wasted talent.

I know of metropolitan practices that have closed their doors due to the inability to employ available international medical graduates. The rules are so convoluted that few practice managers understand all of them. Most are so challenged by the interplay between District of Workforce Shortage, Area of Need, medical board registration, visa sponsorship, uncertain prospect of supervisory requirements, etc, that they resign to the fact that it's just too hard to take on international medical graduates. So they wait in vain for an unconditionally registered GP to come along, who rarely do, because just about every practice in Australia is waiting as well.

The Grattan Institute would do well to focus on simplifying the system associated with employing experienced international medical graduates with a view to delivering equilibrium between supply and demand. This would include minimising the silo effect of having a multitude of contact points for different steps of the process [eg. AMC, AHPRA, RACGP, ACRRM, federal (DWS) and State health (AoN) authorities both dictating where doctors can work]. Even within the AMC, an international medical graduate speaks to one person about one part of the AMC process, who knows nothing of another part of the AMC process. Inquiring doctors, who are by and large an intelligent group of people, walk away with head spinning.

Employers need to be spared, or at least assisted with, the onus of supervision. Surely much of the supervisory duties can be centralised, perhaps engaging government-funded travelling supervisors to take responsibility for numerous practices in a region. Inadequate supervisory capacity, either in the eyes of AHPRA or simply not enough hours in a day, is a major reason why practices cannot or choose not to employ international medical graduates.

And, rather than having a complex web of DWS and AoN rules which result in willing doctors being unable to work at all, surely an incentive-based or penalty-based system can be developed to bring equilibrium to this irrational situation of high demand for doctors and over supply of doctors. As a patient, would you prefer to see a doctor now who may have 5 years practical experience outside of Australia but has passed our frontline competency tests, or see no doctor at all for 2 weeks? What our system says is that the doctor is good enough to work as a doctor in Australia, but not good enough to solve the doctor shortage problem. It's nothing more than an oxymoron.

Here's a single example of the ineffectiveness of Australia's mind-numbing system. An international medical graduate who has been granted medical board registration, but is overseas, must travel to Australia to physically present ID to an AHPRA office, then wait up to 6 weeks for a Medicare Provider Number. This means an international medical graduate has two choices (1) spend two or three thousand dollars on travelling to Australia to show some ID then return home, or (2) relocate to Australia at that point, and spend up to 6 weeks waiting to start work. Why on earth wouldn't you allow a doctor to show ID at an Australian embassy? AHPRA's answer to me on this was that the embassy may not know what to do! Goodness me.

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