

I have been in Australia for just more than 2 months and my perception of the situation could be limited by my inexperience. I would like to approach the whole situation about the services of IMGs from the perspective of the Australian public and the authorities- both health authorities and otherwise.

My understanding from statistics and interactions with some of the people here is that there is a shortage of doctors in Australia. The question is how the IMG workforce can be effectively used to meet this need. There are some issues with regard to this

1. Unfortunately the standard of IMGs is not uniform. Most of them are among the top 10% of the intelligent cream of their country. But, the access to knowledge, the level of training, social and cultural factors all can undermine the training to be a physician. This means that the Australian authorities have to ensure that the public are not only provided an acceptable level of care, but also protected from inappropriate care. Many steps have been taken to deal with this and the AMC MCQ is probably a good step to screen those who are applying for general registration. In my opinion, it must continue with the current pattern of asking questions from the clinical subjects and focus on case scenarios that would test the application of knowledge rather than rote learning- "cheating from memory".
2. The next step after AMC MCQ is more difficult. The services of many of these intelligent doctors cannot not be used immediately because of their lack of exposure to the Australian work culture, understanding of the system, lack of skills- clinical and interpersonal including interview skills and personal struggles such as anxiety and insecurity due to financial difficulties. In other words, in my opinion, they have proved intelligence by passing their AMC, but you need assurance that they are safe doctors and capable of providing acceptable standards of care. How can this be done? I have a suggestion.
  - All those who clear the AMC should have about 2 weeks of clinical orientation in batches of 25 or so in different parts of the country. During this time they are given classes of orientation to the Australian health culture, health systems, patient centered interviewing skills (something which is almost non-existent in many countries where the doctor- patient relationship is prescriptive with hardly any place for discussions and identification of the ideas, concerns and expectations of the patient), ward rounds, case presentation skills (teaching them how to present a case or refer one or report), use of skill labs to train basic skills etc. The basic purpose for this exercise is not for the IMG to get a job, but for the Australian public to be well served. So I am of the opinion that this will be money well spent by the government to invest in health of the public.
  - At the end of the orientation there should be an evaluation. This could be via an OSCE and a viva- an equivalent of a PESCI maybe. This could be one that is paid for by the doctors.. At the end of the evaluation, the doctor could be classified into
    - a. Able to work with minimal supervision (with levels according to the PESCI results now)

- b. Able to work with supervision at the level of an intern in a hospital
- c. Need further improvement in knowledge and application. Advice to attend another exam
- Those who are allowed to work should go through the AMC part 2 or get into GP pathway or the specialist pathway. The marks they got for AMC MCQ and the test at the end of 2 weeks of training should be considered in the AMC 2 to assess them.
- The results of the end of training assessment should be accepted in all the states. Currently the PESCI results are valid only for one state. This is very strange as it implies that either the standard of medical care is different in each state or that the standard of assessment is different in each state. This will deprive the public of IMGs who have been shown to have an acceptable standard in one state, but cannot be employed in another state with a shortage of doctors till they go through PESCI again.

The advantage of such a system is that the doctors are trained before they are assessed. This training will give dividends in the level of care provided by them, in reducing the turn over of those who go for exams and shorten the time before they move ahead in their career pathway.

To conclude, the services of IMGs will play an important role in meeting the current shortage of doctors in Australia. With the AMC MCQ and a brief period of training by the government with an assessment at the end of it, the process of getting their services that is safe and of appropriate standards, can be facilitated.