

Most locally trained doctors have no idea what IMGs endure



Dr Craig Lilienthal.

I suspect few local graduates fully appreciate the challenges IMGs face in coming to work in Australia.

In fact, the difficulties they face are staggering, and not enough is being done to help them.

The result is that they are invariably stressed to a level we cannot appreciate. Clearly this has a negative effect on their health and welfare.

Those of us panel doctors who work with doctors' health services across Australia - and deal with stressed medical practitioners on a daily basis - do receive calls from IMGs.

However, they seem reluctant to use this service for fear that if they complain about anything, they will lose their precarious foothold in this country.

Given that [56% of GPs](#) and 30% of other specialists currently practising in Australia are IMGs, we would have expected higher rates of calls from this group.

We need to reassure IMGs and local graduates alike that doctors' health services are here to help them - that they are independent, totally confidential and can be accessed anonymously.

Clearly, Australia needs these practitioners. We actively recruit them and yet we make it very difficult for them to practise here.

We often compound their difficulties by sending them to the most remote regions of our country - to communities with complex needs, heavy workloads and with minimal support or supervision - where our locally trained doctors won't go.

Doing more for IMGs

So, what are the problems they face and why aren't we doing more to support them?

The first problem is that there is a huge gap between their expectations around coming to Australia and what they actual experience when they get here.

I will not dwell on the problems of racism and sexism that exist here, although many of us try to deny they exist.

Nor will I detail the linguistic, cultural and societal barriers that IMGs have to deal with.

I seek to focus on the administrative burdens heaped on our new colleagues - the difficult, tiresome, expensive, unsympathetic, bureaucratic, frustrating and expensive hurdles placed in their way.

There are six major bureaucracies every IMG must negotiate before being able to gain employment as a medical practitioner in Australia:

1. Australian Medical Council (qualifications)
2. Department of Home Affairs (with its complex visa requirements)
3. Medical Board of Australia (registration)
4. AHPRA (more registration)
5. Specialist colleges (standards and supervision)
6. Medicare (prescriber and provider numbers).

And then there are the employers and practice owners, some of whom impose difficult contractual conditions on IMGs.

These bureaucracies have set rules, are inflexible and demand high fees for their services. If an IMG fails any examination placed before them by any of these bodies, they have to throw a double-six to start again - and pay again - to resit the relevant test.

The whole process is complex and expensive, and most IMGs are obliged to spend tens of thousands of dollars to get across the line.

Once these doctors are granted approval to work here, they have to find a practice that will accept them, with restrictions as to where, when and how they might practise and how they are to be supervised.

Further, they are often poorly remunerated, may face workplace issues imposed on them by their employers, and often have no access to Medicare for their own personal health needs.

If they need to leave their employment for any reason, such as finding themselves in a situation in which the conditions or supervision are less than satisfactory, or if they

upset their employer for any reason, they have to go back to the above bureaucracies and start their application process again.

There can be huge time delays and loss of income.

No local, homegrown, free-range Aussie medical practitioner would accept, let alone tolerate, these conditions.

The stigma of being an IMG

How many doctors know that IMGs don't want to be called "IMGs" because of the stigma attached to this label?

Yes, most Aussie doctors look down on IMGs, and the IMGs know it.

Sadly, no-one has come up with a more acceptable title that does not make IMGs feel like outsiders while living and working in their adopted country.

Even worse, IMGs are not all the same. They come from diverse backgrounds with diverse qualifications and life experiences, and yet we herd them all under the same, biased umbrella.

Other important issues IMGs face include:

Racism and sexism - alive and well in Australia.

Language difficulties - even for those who speak English on arrival.

Cultural issues - adjusting to our culture (cringeworthy to some, at best).

Lack of peer support - often dislocated from their families and friends without local faith or cultural support, and often working in isolated environments without easy access to a network of professional peers.

Societal issues - many come from highly structured, hierarchical societies and often have difficulty coping with our egalitarian ways and lack of respect for authority and social standing.

Separation from families - including concern about their families in their home countries, owing to political upheaval, health issues, wars and dictatorships.

Studies here and abroad

A number of well-researched papers have been published setting out in detail the difficulties faced internationally by IMGs, but little seems to have been done to address these issues or make things easier for them anywhere in the Western world, let alone here.

The AMC recently held a conference in Melbourne to air these problems, but only half of the six bureaucracies involved in this debacle even bothered to turn up. Welcome to Australia.

Speakers representing IMGs, along with the RACGP, the AMA and Doctors' Health Services (Drs4Drs), all called for more support for this group.

Why won't any of the bureaucracies accept ownership of this group and try to iron out the speed bumps that make their transition into our country so difficult?

Clearly, we need their services, and yet we make it so hard for them to succeed.

I don't know what the solutions are, but it's about time the powers that be made the health and wellbeing of IMGs a priority.

Dr Craig Lilienthal is a later-career GP in Sydney.

Read more: [IMGs, we need you, but why do we treat you so mean?](#)

If this article has raised issues for you or you are concerned about someone you know, you can call the following support services 24 hours a day, seven days a week:

State- and territory-based doctors' health services:

- ACT: 1300 374 377
- NSW: 02 9437 6552
- NT: 08 8366 0250
- Queensland: 07 3833 4352
- SA: 08 8366 0250
- Tasmania: 1300 374 377
- Victoria: 1300 330 543
- WA: 08 9321 3098

Mental Health Support Line (telepsychology):

- 1300 374 377 (Drs4Drs)

Other services:

- Lifeline: 13 11 14
- Beyond Blue: 1300 224 636
- Suicide Call Back Service: 1300 659 467