

# Supporting the cavalry

If we accept that rural and remote Australia relies on international medical graduates, we must also accept our responsibility to support them, **Dr Ayman Shenouda** writes.

**I**nternational medical graduates (IMGs) are no longer considered a temporary solution to the medical workforce problems in rural and remote Australia.

IMGs have become an integral part of their communities, many of which are in the remotest parts of the country and are not the first choice of Australian medical graduates.

Our workforce already relies heavily on IMGs – they make up almost 40% of the GP workforce in rural and remote Australia.

It is clear that the general practice workforce is likely to face continued chronic shortages, which means that IMGs will continue to play an important role in providing medical services in rural Australia, despite the so-called tsunami of Australian graduates.

So if we rely so heavily on IMGs, are we supporting them adequately?

The federal budget, while welcomed by GP organisations, did not allocate any money to support IMGs, even though the budget addressed the core issue of supporting the primary health workforce.

Several organisations have tried to support IMGs, but most of these programs are periodic or fall apart without the involvement of key individuals. The reality is that there are no well-funded programs or solid strategies to ensure consistent and ongoing support for IMGs.

After coming to Australia from Egypt in 1992 and working as a rural GP for more than 15 years – and supporting many IMGs in that time – I am in a good position to discuss some of the problems that face doctors who come to settle in Australia.

Most doctors who come to Australia are looking to secure a decent future for their families but they face insecurity from the day they start working.

Many haven't had any introduction to the health system – to Medicare billing, patients and medical culture issues – in



Dr Ayman Shenouda and his wife Dr Samiha Azai: ... IMGs sit in on their consultations to become familiar with Australian general practice.

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other words, “the way we do it in Australia”. They continuously feel under threat of losing their job or being deregistered.

One of the things I introduced in my practice to support new IMGs is three months of observation and orientation time, where they sit in consultations with myself or my wife. This helps them to become familiar with the Australian system and also helps them to learn more about Australian patients' needs and demands, and various cultural issues.

The orientation period not only gives them confidence but also helps them to pass the medical board interview before they are allowed to work in an area of need. While, despite our best efforts, some IMGs who do the orientation don't pass the interview, many do. It is clear

that orientation is a vital way to support newly arrived IMGs – benefiting both the doctors and the patients they serve.

Another problem is that doctors who pass part one of the AMC assessment and are working under supervision in general practice sometimes have to wait two or more years before they are allowed to sit the clinical exam and conclude their AMC assessment.

This means that doctors who are already working hard in a rural area and most of the time are of very good standard are not allowed to sit an exam that will determine their future.

There must be ways around this situation. If we are happy for these doctors to practise in a rural area, we must also ensure they have the opportunity to sit the clinical exam within good time and secure the certainty and security that was so important in coming to Australia in the first place.

If we honestly look at how much we rely on IMGs, and we want to address quality of care to our patients, we will find the money, time and effort to support hard-working overseas-trained doctors in rural Australia ●

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How five IMGs came to call Australia home

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