Policy Document

Ethical Recruitment of International Medical Graduates (2018)

Background

The Australian Medical Students’ Association (AMSA) is the peak representative body of Australia’s medical students. AMSA believes that all communities have the right to the best attainable health. Accordingly, AMSA advocates on issues that impact health policy.

Current Situation of IMGs in Australia

International Medical Graduates (IMGs) or Overseas Trained Doctors (OTDs) are defined as doctors who enter the Australian workforce during or after their pre-vocational years [1]. IMGs practise most commonly as general practitioners [3]. Australia experiences a medical workforce shortage, especially in regional and remote areas [4]. In order to meet this demand, the Federal government has several IMG recruitment strategies, including various visa categories, and the 10-year moratorium [2, 5]. The 10-year moratorium is restricted access to Medicare benefits, which requires IMGs to work in districts of workforce shortage for at least ten years [2]. As a result, IMGs are disproportionately represented in regional and remote areas [4], making up 41% of the medical workforce there [5].

In 2014-2015, visas granted to medical practitioners were primarily from the UK (40.3%). During this same period, 29% of all applicants were from Malaysia (8.6%), India (7.7%), Sri Lanka (4.7%), Singapore (3.7%), Iran (2.3%), or Pakistan (2.3%) [6].

Several bodies have raised concern regarding Australia’s continued reliance on IMGs to fulfil workforce shortages, rather than moving towards self-sufficiency [4, 7]. The World Health Organisation and the Australian Doctors Trained Overseas Association see this need for self-sufficiency as Australia’s moral responsibility, as it adversely affects the medical workforce in developing countries [7]. The Australian Medical Association’s (AMA) position also supports the ethical recruitment of IMGs, defined as: “benefits of international recruitment and exchange of medical professionals significantly outweigh[ing] any associated burdens for developing countries” [1]. A follow-up report to Health Workforce: 2025 suggests continued reliance on IMGs to meet demands in areas of workforce shortage in the short- to medium-term, with measures to increase locally-trained doctors in areas of shortage, leading to IMG representation decreasing to 25% of Australia’s medical workforce by 2030 [8].

At various international conferences and meetings, the Australian Government has committed to move towards a medical workforce where the undergraduate and postgraduate training within Australia is adequate to meet its own health workforce needs [9-11]. However, the 2016-2017 Department of Health statistics indicate that there is an increasing trend in the recruitment of IMGs [12].

Ethical Implications of Recruitment of IMGs
In formulating an ethical position, two ethical levels were considered. On a micro-level, the rights to movement of the emigrating IMG were weighed against the career security of the individuals currently working as medical professionals. At a macro-level, the effects of IMGs' movement on the donor and recipient societies were also considered.

On an individual level, it is important to recognise the autonomy of an IMG and their right to immigrate to a country that is willing to employ them. An IMG’s individual freedom to move should not be subject to further limitations beyond pre-existing immigration law [11]. Additionally, the donor communities could receive a net gain in experience from returning migrants. In an increasingly globalised world, the sharing of ideas and experience can be beneficial for all communities involved. IMGs continue to provide a much-needed service to underserved areas in rural and remote regions of Australia. All communities have the right to the best attainable health and qualified health professionals.

Conversely, the right to the best attainable health and qualified health professionals is not unique to developed (accepting) countries such as Australia. If we are to maximise the health of our regional and remote communities by utilising the IMGs as a workforce; without careful consideration, we are, in effect, enabling a medical ‘brain drain’ to occur in the donor countries [13]. In Australia, we are privileged to have a robust healthcare system that can weather minor shortages in healthcare personnel, as well as the economic ability to provide incentives for domestic-trained medical professionals to work in regional and remote communities. For many donor countries, such as India where the doctor to patient ratio is 0.7 per 1000 population compared to 3.5 per 1000 in Australia [14], Australia must be cognisant of the role that it may play in exacerbating the shortage of medical practitioners in already stretched systems.

Position Statement

AMSA believes that:
1. The international recruitment of doctors should only be done in a fair and ethical manner, and that actively recruiting doctors from countries with more severe health workforce shortages is unethical.
2. IMGs play, and will continue to play, a crucial role in addressing medical workforce shortages, but that this should not be seen as a long-term solution to our own workforce shortage.

Policy

AMSA calls upon the Federal Government to:
1. Perform yearly detailed analyses of Australia’s recruitment strategies of healthcare workers, specifically highlighting the regions from which overseas healthcare workers are actively recruited, how long those IMGs stay in Australia, and what techniques are used for this recruitment.
2. Refrain from actively recruiting doctors from countries which have workforce shortages of their own.
3. Move towards a model that does not rely so heavily on IMGs to fill gaps in areas of workforce shortage; instead, focusing on strategies to increase retainment of domestic-trained doctors in these areas.

References


[2] Department of Health and Ageing. Inquiry into registration processes and support for overseas trained doctors, submission no. 84 [Internet]. Canberra (AU): House of


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