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The Historic to Contemporary Challenges among International Medical Graduates Seeking to Practise in Australia

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Recruitment of International medical graduates (IMGs) continues to be central to health workforce planning in Australia with the highest number of IMGs per capita globally. Australia's effort to increase IMG numbers is due to shortages and poor distribution of health workforce caused in the 1990s, however there is a need to consider the historical contexts that have embedded IMG recruitment and movement. Using primary and secondary sources of data, this paper examines history to help understand the circumstances and issues surrounding IMGs in contemporary Australia as it grapples with meeting the ever-growing demand for IMGs, particularly in rural areas where the greatest health disadvantage occurs. The analysis reveals that despite Australia's reliance on IMGs, as a group they encounter ongoing stigma, anti-competitive behaviour, public debate, and embargos.

Keywords: International medical graduates, health workforce, medical practitioner, policy, registration, accreditation

Introduction

The predicament of International medical graduates (IMGs) in Australia throughout history is lengthy, complex, and ever developing, as highlighted by key historians and academics.[1] In addition, there are growing calls globally to consider the implications and historical contexts embedded in contemporary medical legislation governing the movement and work of IMGs.[2] Within this article we review and touch on the history of IMGs in Australia in the twentieth century, and highlight how this gives context to and envelopes the more contemporary history and experiences among IMGs as they

seek registration in the twenty-first century. Although not a panacea, the aim of the article is to focus on examining elements of the past to help understand where contemporary Australia may be heading as the country continues to grapple with meeting the ever-growing demand for and the mal-distribution of medical practitioners in the cities, throughout regional centres, and across rural outposts. This article draws on primary and secondary sources of data to provide the background and context to the discussion and includes newspaper and historical accounts as well as more recent work from seminal historians and academics.[3] Given its historical context and the paper's movement through time, the use of the term IMGs is reflective of how they may have been described at the time and is used synonymously to also differentiate the various groups of doctors within the context of the time. The initial focus of the article will be on the challenges that early IMGs encountered and will then move into discussion of the historical as well as contemporary challenges that surround and inform the registration of IMGs today.

The Lead up to the Second World War

The account of doctors migrating to Australia in the periods both prior to Australian Federation and in the lead up to the Second World War remain understudied, however there have been several attempts to quantify and understand this early period in Australia's medical history.[4] What is known is from the time of Federation in 1901 where each Australian state had its own health and medical legislation, to which periodic changes were made in what has been described as a 'piecemeal fashion'.[5] Medical practitioners at the time typically were either British immigrants, British and Scottish trained Australians, or Australians who trained at home. Non-British and non-Australian doctors, also referred to as 'foreign' doctors were also practicing in Australia as a minority group and included American, German, Canadian, French, and other European nationalities. However, the number of non-Australian doctors declined in the early twentieth century in Victoria, with changes to the *Medical Act (1908)* and other similar changes to state medical Acts across the country in the early to mid-twentieth century. In essence, medical registration across the states was then limited to those with qualifications from Australia, Great Britain, Ireland, and those countries with reciprocal registration arrangements, such as New Zealand, Canada, and Italy, which led to some non-Australian doctors having to leave.[6]

The influx of displaced persons into Australia after 1938brought a large contingent of Jewish migrants,[7] of which a small number were doctors. As refugees they struggled and fought to recreate themselves as medical practitioners 'in the face of not only financial and physical hardship but of suspicion and resentment on the part of the Australian medical profession.'[8] This opposition occurred both publicly and legislatively to guarantee competition was quashed. This, combined with the Australian population's aversion for anything un-Australian, made the ability of migrants and displaced persons to integrate with the Australian population very challenging.[9]

Doctors who arrived as displaced persons and wanted to practise had to re-qualify by attending an Australian university. Yet, if doctors were of German or Austrian origin, they were ineligible to re-qualify due to the *War Precautions Act 1914–1915*, which had restricted and interred many Germans at the time of World War I (WWI).[10] This embargo was later lifted in the *Medical Practitioners (Amendment) Act 1938* as a result of German pressure coinciding with the sesquicentennial celebration of the New South Wales (NSW) government.[11] This change in NSW legislation resulted in IMGs with outstanding qualifications being registered without retraining. However, the total number of IMGs allowed to register each year was limited to eight and included IMG's completing university retraining in Australia or those who had retrained in the UK and then immigrated to Australia.[12] Similar legislation was enacted in the states of Victoria, Tasmania, South, and Western Australia of that same year.[13] Later in 1939, the *Medical Practitioners Bill (1938)* was amended to allow 'regional registration'. Much like the compulsory schemes of today, this allowed IMGs to practise anywhere in NSW after completing a compulsory five-year placement in regional NSW, where shortages of medical practitioners was being experienced.[14]

The British Medical Association (BMA), the forerunner of the Australian Medical Association (AMA), at the time argued against such schemes as anti-Semitic.[15] Overall, forty IMGs, many Jewish, applied for registration in NSW with outstanding qualifications, of which only three—specialists with strong international reputations—were accepted in 1939 against the rigid interpretation by the BMA of the *Medical Practitioners Bill (1938).* Many doctors in NSW at the time sought legal counsel regarding their registration, and some continued to practise in Sydney without registration. Many of these unregistered medical practitioners later attended the University of Sydney to complete their three-year training to ensure they could

register. A number of doctors who could not complete their university training or were unable to re-register would go on later to work under the Regional Registration Scheme, while others travelled to what is now known as Papua New Guinea to work after the Second World War.[16]

Despite these endeavors to resist the registration of IMGs from non-reciprocal registration counties, the Second World War and the shortage of medical practitioners, particularly in regional and rural areas ensured opportunities were made available.[17] *The National Security (Alien Doctors) Registration Act (1942)* was enacted to fill some of the practitioner void. Across Victoria and NSW, fifty-two IMGs were granted temporary registration which led to unrestricted registration of these doctors, however the act was repealed after the war and they were allowed to continue to practise.[18]

Post Second World War

Post–Second World War migration into Australia occurred at an unprecedented rate, under the immigration policy reaction to the threat of invasion from Japan in the mid-1940s. Many displaced persons migrated to Australia which included both those escaping ethnic persecution and political oppression. Both unskilled and skilled displaced persons arrived in Australia including an estimated three-hundred male and seventy female doctors.[19] These doctors were specifically recruited to come to Australia whilst residing in displaced persons camps run by the International Refugee Organisation (IRO) in Europe. The recruitment, specifically targeting doctors, was misleading and problematic in the outset as there was an inability to fulfil these contractual arrangements with the displaced IMGs. Once arriving in Australia these doctors were unable to register as medical practitioners because the academic qualifications they held were not recognised. It was argued the standard of education was dissimilar to that of Australian universities. This became a decade-long political, public, and media debate, 'as the media perspectives often closely reflect the socioeconomic climate where the IMGs work'.[20] Overall this 'provides one of the most poignant chapters of Australia's great immigration experiment'.[21]

Upon migrating to Australia, over half of the displaced IMGs were assigned to complete a mandatory work placement of two years as general laborers, with the other half being assigned into adjunct health fields such as medical orderlies, nurses or hospital cleaners.[22]

Working as medical orderlies, nurses, and hospital cleaners was said to be much more demeaning and degrading for many displaced IMGs who had specialist training. Nevertheless, a number of medical orderlies were able to practise medicine in immigration centres and often worked to assist the assessment of new migrants, because of their language skills. This employment and relationship with their Australian peers remained heavily imbalanced, as displaced IMGs were doing most of the medical assessments and reporting yet remained on nominal salaries. In addition, they were dominated and harassed by both medical and nursing staff. The exceptions were a number of younger Australian doctors who observed the wealth of experience and knowledge among this cohort of European displaced persons.[23]

The only possibility for displaced IMGs to be registered to practise in Australia was outlined by each state, who all specified 'foreign doctors' were to undergo at least three years of university training in Australia; however this still did not always guarantee registration. This was difficult for most displaced doctors as they were committed to complete their mandatory two-year work placement. In addition, medical study was only available in four major centres—Melbourne, Sydney, Adelaide, and Brisbane. These doctors also migrated with no means to pay for university courses, and most were older and had families with children to support; therefore many worked and studied simultaneously. In addition, Australian university study meant many encountered the advantage of years of practice, yet the humiliation of studying with much younger students and academics who at times knew less on a subject than they did.[24]

Another alternative to practise without undergoing further training was to practise in Commonwealth controlled territories. Nevertheless, the only territories available to displaced IMGs at the time were Papua New Guinea, Antarctica, and Macquarie Island. In the latter two territories, IMGs were only able to practise a year at a time; though many repeatedly took the opportunity over many years. Papua New Guinea saw many IMGs come to practise and stay until retirement. This would have not come to fruition had it not been for key individuals who saw the potential of many displaced IMGs and for the severe lack of interest of Australian medical graduates (AMGs) to work in Papua New Guinea and the other outer territories of Australia. Interestingly, there was great opposition to having displaced IMGs practise in the Northern Territory and the Australian Capital Territory. When questions were raised about this in parliament

in 1950 by Kim Edward Beazley senior—the member for Fremantle and key advocate of displaced IMGs being registered in Western Australia—they were dismissed or remained unanswered.[25]

The financial fear of displaced IMGs entering the workforce was palpable as general practitioners (GPs) at the time maintained a strangle hold on competition, whilst simultaneously the development of medical specialisation was occurring elsewhere in the world. This historic domination of GPs was threatened by the arrival of the displaced IMGs, many of whom were specialists in their home countries. It was suggested to have brought into question what many argued was the outdated systems in Australia.[26] Doctors who were trained within the British medical system were able to be registered to practise in Australia without requalification. Medicine studied and practised elsewhere in Europe, not part of the British Empire, was viewed as having a lower standard of medical ethics with the view these doctors skills were 'little better than witchcraft'.[27]

The then BMA efficaciously challenged government on legislation regarding this matter with what has been called its 'exclusionist' policies.[28] As such, the medico–political activities throughout this time were to safeguard the social and overall interests of the profession. This fear of 'foreign' doctors, however, was overtly observed among many displaced IMGs who experienced prejudice, antagonism, and humiliation from their Australian counterparts. This was cloaked by erroneous propaganda in the public domain to engender public opinion. It was designed to create fear, mistrust, and suspicion of the 'foreign' or 'alien' doctors who possessed such inferior standards that they should not be unfettered to practise on the innocent public.[29]

As previously discussed, this phenomenon was not new in Australia. Jewish doctors in the 1930s, much like their counterparts of postwar Europe, had met with opposition from the medical establishment. They were cast as 'alien', 'less than desirable', and 'ethically unsound' with public discourses regarding these displaced doctors bordering xenophobic. Stopping this cohort of doctors from practising was 'in the interest of Australian and British doctors and the interests of their British families'.[30]

Notwithstanding this opposition, there was a growing public sympathy in furthering the lobbying activities of unrecognised doctors,[31] in addition to frequent appeals to governments from country hospitals and districts to utilise these displaced IMGs because of shortages of doctors. Nevertheless these appeals went

unheard as the medical association was so focused on its own agenda and purpose which was not only to exclude foreign doctors from practise but to discredit them, to instill a fear and mistrust of the foreigner so that public support might be marshaled against those state governments tempted to liberalise the laws or practices governing the registration of foreign graduates.[32] Regardless of the association's agenda, Australian doctors sympathetic to their plight assisted the Unregistered Doctors Association to advocate, lobby, and fight for changes in legislation so foreign doctors could be registered.[33]

The Commonwealth viewed registration of doctors a state matter, moreover it was reluctant to mandate these changes as another political fallout for the then Menzies Liberal–Country coalition would be ominous for the party.[34] Sir Robert Menzies, prime minister and Harold Holt, the then federal member for immigration, were ever reluctant to interfere with such matters as the 'displaced doctor' issue, with the Health minister, Sir Earle Page steering the agenda. He was the former Country party leader, a doctor, and clear BMA supporter and policy sympathiser. Therefore, interfering with Sir Earle Page would mean another falling out between the two parties, which had occurred earlier with dire consequences. Sir Robert Menzies was not about to have another stoush with Sir Earle Page.[35]

The necessary changes did come later through the changing of political powers in state governments. In addition, the 1953 resolution of the Australian Labor Party (ALP) directed state Labor governments to constrain the BMAs domination on the health services. Its aim was to overcome the doctor shortage, which plagued predominantly country areas for years. When registrations of IMGs was made possible strict quotas and residential requirements needed to be maintained to ensure other unregistered practitioners did not 'flood' other states and contribute to even greater problems.[36]

However, the changes were too late for many, and the impacts of the restrictive and xenophobic policies were to be felt for decades. Approximately four hundred displaced doctors migrated to Australia post–Second World War, yet only roughly sixty were ever able to register and continue practicing. Government indecisiveness combined with the medical association's propaganda engendering public fear and mistrust resulted in persistent and lingering professional and institutional prejudices towards foreign doctors which effected many IMGs in Australia—most commonly, an inability to register as medical professionals or even to reclaim their

professional status after their two compulsory years of labour.[37] As a result further migrating to other countries occurred, such as the United States of America, Canada, and Ethiopia who allowed greater number of IMGs to register. Once they had migrated, these doctors were very successful in their chosen specialty and careers.[38]

The costliest impacts of the policies and prejudices were the suicides of five IMGs by 1956. These well-educated formerly middle-class displaced persons had much to lose when resettlement occurred.[39] Employment has been observed to be a necessary, but 'not a sufficient condition for successful settlement, as it often implies downward mobility and consequent dissatisfaction'.[40] These suicides may have in part been caused by other factors such as post-traumatic stress relating memories of war. Nevertheless obtaining protection in Australia with greater social mobility may have improved the life satisfaction of these displaced persons.[41] In addition, it has been shown that post-migration experiences are more significant in obstructing wellbeing than pre-migration physical and psychological trauma.[42] Intrinsically when confronted with the loss of their pre-migration socioeconomic status, this impacted the life satisfaction of many displaced persons including those IMGs who were displaced and unable to obtain registration in their chosen field. Therefore, being left in 'limbo' with regard to practicing medicine may have been the key cause of life dissatisfaction and subsequent death of the five displaced IMGs.[43]

History Informing Contemporary Challenges in Australia

Gaining an understanding of IMGs entering and attempting to practise in Australia in the 1930s–50s and the lingering policies and regulations which were not changed until 1974 brings to attention the many challenges which faced early IMGs in Australia.[44] In addition, the historical background of IMGs in Australia guides and provides a basis and direction to the similar challenges and complexities of registration which are faced by IMGs today. These persistent and lingering professional and public prejudices towards 'foreign' doctors may continue to have an effect on IMGs today.[45]

In 1973, *The Health Insurance Act 1973* was passed and remains a key piece of legislation today, part of which regulates IMGs practising in Australia. Although enacted in 1973, this legislation was not used specifically for IMG regulation until the late 1990s. One

year later, in 1974, the abolition of the *Immigration Restriction Act 1901* also known as the 'White Australia' policy occurred, although it had been not been systematically enforced since the early 1960s. This change in legislation eased migration processes and enabled many individuals including medical graduates across the globe to immigrate to Australia.[46] To counterbalance this increase in foreign medical professionals, the government maintained a quota of IMGs practising in Australia, with the AMA proposing a restriction of 130 per annum.[47]

A decade later, in 1984, the Australian Medical Council (AMC) was established for medical education and training.[48] It was organised to develop 'accreditation standards, policies and procedures for medical programs of study… and for assessment of international medical graduates for registration in Australia'.[49] The establishment of the AMC was then followed by several restrictions implemented in the 1990s to reduce the medical workforce,[50] informed by a federal government sub-committee, the Medical Workforce Supply Working Party. Specifically, in 1992 the working party documented concern at Australia's 'persistent over-supply of doctors', with 'doctor/patient ratios rising by around sixty-seven percent over a twenty year period'.[51] In that same year, the Commonwealth Government conducted an inquiry into a national competition policy for Australia. The inquiry produced the *Hilmer Report 1993*, a national competition policy review and led to the enactment of the *Commonwealth Competition Policy Reform Act 1995.* The reform had implications for industries nationwide, including health.[52] Under the agreement, each Australian state and territory had enacted competition codes mirroring part IV of the *Trade Practices Act 1974*, which concerned the anti-competitive restrictions. These codes gave the

> Australian Competition and Consumer Commission (ACCC), an independent, statutory authority responsible for monitoring compliance with, and enforcement of the [*Trade Practices Act 1974*]… authority to sanction anti-competitive behaviour provided that a clear public benefit can be shown.[53]

Working within the new codes a restriction was imposed on the number of medical practitioners able to practise in Australia. Subsequently, medical school graduates were restricted from 1,200 to 1,000 per year and only two hundred IMGs were permitted to register per annum. It was anticipated these restrictions would reduce medical practitioners by 7,500 in Australia by 2025 and reduce the forecasted

over-supply while still meeting the growing need of medical practitioners into the future.[54] In actual fact the limited medical school places led to an on-going under production of medical graduates in Australia,[55] and, combined with an ageing medical workforce and the growth in population, has created practitioner shortages which exist today. This has in turn led to a number of Australian policy responses including a greater reliance on IMGs[56] and consequently a relaxation of skilled migration for IMGs and permission for temporary resident IMGs to enter Australia and work in greater numbers.[57] To curb the influx and redistribute the large numbers of practitioners coming onto the scene, the function of section 19AB of *The Health Insurance Act 1973,* also known as the *10-year moratorium* was implemented on 1 January 1997. Through restricted access to Medicare provider numbers and subsequent cash rebates, as well as the ability to practise independently the scheme aimed to ensure IMGs worked in areas where there are underserved populations who experience a maldistribution of medical practitioners and services.[58] These restrictions were to stay in place until ten years of compulsory rural placement had been fulfilled, with more recent legislative changes seeking to ensure IMGs serve in workforce shortage areas in rural and regional communities.[59]

Since its inception, the 10-year moratorium has been argued to be anti-competitive and aimed to safeguard local doctors from foreign competition, which had been one of the many issues from the 1940s.[60] These types of compulsory service schemes were also condemned in the past as breaching an individual's human right to choose the location of employment. However, these allegations were refuted by others who stated participants of any such schemes were fully cognizant of the obligations when choosing to participate.[61] Though such an argument could also have been made with regards to the moratorium and new accreditation and registration system, upon their introduction they were highly complex and viewed as discriminatory—in most cases an 'IMGs ability to work [in Australia] was largely determined by their visa status rather than their qualifications'.[62] The implementation of the moratorium led to a twenty-one day hunger strike among IMGs in NSW with similar hunger strikes being held in 1997 in front of the Victorian and Federal parliaments, and in 1999 a nineteen-day hunger strike by forty IMGs.[63] Aimed at lobbying governments for changes to the system, the strikes prompted the NSW government to commission a research report into the employment concerns raised by IMGs in the state.[64]

The report, *The Race to Qualify,* issued thirty-two recommendations and confirmed that the 'differential treatment of IMGs holding temporary visas from those on permanent visas could be considered unlawful discrimination'.[65]

The recommendations from the inquiry led to the introduction of the five-year Overseas Trained Doctor scheme in 1999, which was revamped in July 2010.[66] The principal objective of the scheme was the scaling of workforce incentives. This scaling reduces the time an IMG is ineligible to access a Medicare provider number, by electing to live and work in more remote areas. Subsequent to this scheme's introduction an additional inquiry was conducted by the ACCC and the Health Workforce Official Committee. They submitted a report in 2005 on the role of the specialist's medical colleges in the assessment of IMG qualifications and accreditation.[67] The report outlined that there was a 'lack of procedural fairness, lack of transparency, unreasonably restricted entry to college Fellowships, and rigid assessment processes based on similarities of programs rather than competency-based assessment'.[68] Twenty recommendations were provided with the findings, which included the development of competency-based criteria for assessing IMG qualifications. However, the recommendations were unable to be enforced. This inability was due to each specialist body being self-regulated, while there were no external processes to guarantee recommendations were implemented.[69]

The Impact of the Patel Case

Since the development of the five-year Overseas Trained Doctor scheme, a number of significant changes were brought about in 2005. These were largely prompted by Dr Jayant Patel, an IMG who was implicated with eighty-seven deaths occurring at the Bundaberg Base Hospital in Queensland between 2003 and 2005.[70] In 2010, Patel was found guilty of criminal negligence resulting in three deaths and one case of grievous bodily harm, and sentenced to seven years in jail.[71] Subsequently Dr Patel appealed his conviction, which was upheld in the Australian High Court on 24 August 2012. In November 2012, Patel was ordered for separate retrials for each case, however, was acquitted over the death of a patient in March 2013. On bail he was awaiting the remaining retrials for manslaughter and grievous bodily harm; however, these charges were dropped in November 2013.[72]

As a result of the Dr Patel case, a single National Registration

and Accreditation Scheme (NRAS) was announced in July 2006 at the Council of Australia Governments (COAG). This scheme was first enacted in Queensland as the *Health Practitioner Regulation National Law Act 2009 (Qld)* with other states and territories enacting similar bills between 2009 and 2010. The newly formed Australian Health Practitioner Regulation Agency (AHPRA) and registration process was to decrease bureaucracy, increase the ease in movement of health professionals, and protect the public.[73] As part of the national accreditation process it also focusses on the education and training of health professionals, which includes IMGs.[74] This process is administered by the AMC, which assesses IMGs seeking to practise medicine in Australia.[75]

In addition to the events stemming from the Dr Patel case, *Lost in the Labyrinth*, an extensively detailed Parliamentary inquiry regarding IMGs was published in March 2012.[76] The inquiry was conducted by the Standing Committee on Health and Ageing between December 2010 and March 2012, where 184 submissions were received from key informants, peak bodies, stakeholder organisations, government bodies, and individuals across Australia. In addition, 22 public hearings were held between February 2011 and January 2012 to gather further evidence. The objective of the inquiry was

> to explore the registration process and support available for those [IMGs]… and to explore ways to remove impediments and promote pathways for [these] doctors to achieve their full Australian qualification, particularly in regional areas, without lowering the necessary standards required by colleges and regulatory bodies.[77]

From the inquiry, there were forty-five recommendations made to improve IMGs' experiences and achieve Australian qualification. One such outcome, promoted by the federal government, was the commencement of an Overseas Trained Doctor National Education and Training program (OTDNET) in 2013. Also as a result of the inquiry, research was conducted and published showing formal complaints to medical regulatory authorities were twenty-four percent higher among IMGs than non-IMGs, which attracted forty-one percent higher odds of adverse findings.[78] This research has provoked debate and prompted doctors to call upon 'the government to place an embargo on new international medical graduates entering Australia until it provides adequate support during their practise, training and accreditation'.[79] Thus, it is within the context and in light of the Parliamentary inquiry, public debate regarding IMGs in

Australia continues to be deliberated.[80]

Conclusion

The movement, implementation, and overall history of IMGs in Australia is lengthy, complex, and ever developing. The central motivation for IMGs to migrate to another country in a permanent or temporary capacity is often for the lifestyle opportunities and increased prospects for family.[81] Many IMGs regard migration as a temporary measure, yet for some it becomes a more permanent move, including those who cannot or do not wish to return home due to the risk of violence and political instability.[82] Unfortunately the situations in which these foreign practitioners have found themselves living within Australia has often been less than ideal. Limited experience with migrants and IMGs coupled with stigma and negative media scrutiny, such as the Dr Patel case, has incited intolerance among the Australian public.[83] Moreover, IMGs have faced numerous iterations of restrictive government legislation which impact on their ability to migrate, work, and settle within Australia, as well as varying attitudes within the medical profession in the context of these policies. These challenges have restricted migrant acceptance within communities, where antagonism, stigma, and rejection produce poor long-term acculturation, quality of life, and poorer health of migrants.[84]

Such racial challenges have been well-documented with regard to many other professional migrants when seeking employment. For example, Li Zong has written about various migrant professionals in Canada and in the UK encountering 'unequal opportunity, devaluation of foreign credentials, and racism'.[85] However, there remains very little discourse around similar experiences that may be faced by IMGs within Australia,[86] though it has been indicated by some authors that a number of IMGs who are unable to gain registration as medical practitioners in Australia and Canada are employed as taxi drivers, general labourers, or in adjunct health occupations.[87]

This paper has documented the increasing dependence upon IMGs to meet demands caused by a worldwide shortage of doctors, specifically in Australia. The country continues to experience a shortage of doctors that has been triggered by inadequate numbers of local medical graduates completing training in the past. International medical recruitment remains essential to sustain rural access to health services where regions experience the lowest levels of health access, the highest levels of medical practitioner maldistribution, and

the greatest health disadvantage in Australia.[88] Unfortunately, the retention of IMGs in rural and remote areas remains problematic[89]—it is reported that IMGs seek to relocate into more metropolitan areas once compulsory service obligations are complete.[90] As such, continued recruitment of new IMGs remains an implausible solution. It has been observed as 'a quick fix and/or a distraction from other home-built solutions to health resources management'.[91] The current challenge remains centred on meeting the health needs of the Australian public, while ensuring the current needs of both locally trained medical graduates and IMGs are being equally met in this time of ever increasing globalisation of the health care workforce.

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1 Peter Winterton, "Alien Doctors: The Western Australian Medical Fraternity's Reaction to European Events 1930–50", *Health and History* 7, no. 1 (2005): 67–85; John Weaver, "'A Glut on the Market': Medical Practice Laws and Treatment of Refugee Doctors in Australia and New Zealand, 1933–1942", *Australian and New Zealand Law and History Society Journal* (2009): 32–8; Fallon Mody, "'The Intellectual Boys Are the Ones in a Mess': The Unregistered Doctors Association in Victoria, 1951–56", *Health and History* 17, no. 1 (2015): 17–36; James A. Gillespie, *The Price of Health: Australian Governments and Medical Politics 1910–1960* (Cambridge: Cambridge University Press, 2002), 1–361; Diana Dyason, "The Medical Profession in Colonial Victoria, 1834–1901", in *Disease, Medicine and Empire: Perspectives on Western Medicine and the Experience of European Expansion*, edited by Roy MacLeod and Milton Lewis (London: Routledge, 1988), 194–216; Moira Joan Salter, *Studies in the Immigration of the Highly Skilled* (Canberra: Australian National University Press, 1978), 1–208; John Murray Last, "Migration of British Doctors to Australia", *British Medical Journal* 2, no. 5359 (1963): 744–5; Milton J. Lewis, "Medicine in Colonial Australia, 1788-1900", *Medical Journal of Australia* 201, no. S1 (2014): S5–S10; Tony S. Pensabene, *The Rise of the Medical Practitioner in Victoria* (Canberra: Australian National University, 1980), 1–219; Egon F. Kunz, *The Intruders: Refugee Doctors in Australia* (Canberra: Australian National University Press, 1975), 1–139; Suzanne D. Rutland, "An Example 'Intellectual Barbarism': The Story of 'Alien' Jewish Medical Practitioners in Australia, 1933–1956", *Yad Vashem Studies* 18 (1987): 233–57; Vicki Adele Pascoe, "The Lucky Country: IMGs and the History of Ethnocentrism, Xenophobia and Racism", in *Australia's Toxic Medical Culture: International Medical Graduates and Structural Power*, edited by Vicki Adele Pascoe (Singapore: Springer Singapore, 2019), 43–62; John Weaver, "Pathways of Perseverance: Medical Refugee Flights to Australia and New Zealand, 1933–1945", in *Doctors Beyond Borders: The Transnational Migration of Physicians in the Twentieth Century*, edited by Laurence Monnais and David Wright (Toronto: Toronto University Press, 2016), 42–72.

2 Gillespie; Pascoe, "The Lucky Country"; Julian M. Simpson, Stephanie J. Snow, and Aneez Esmail, "Providing 'Special' Types of Labour and Exerting Agency: How Migrant Doctors Have Shaped the UK's National Health Service", in *Doctors Beyond Borders: The Transnational Migration of Physicians in the Twentieth Century*, edited by Laurence Monnais and David Wright (Toronto: Toronto University Press, 2016), 208–29.
3 Winterton; Weaver, "'A Glut on the Market'"; Mody; Gillespie; Dyason; Salter; Last; Lewis; Pensabene; Kunz; Rutland; Thelma Hunter, "The Politics of National Health" (PhD thesis, Australian National Univeristy, 1969), 1–381.
4 Dyason; Salter; Last; Lewis; Pensabene.
5 Salter.
6 *Ibid.;* Pensabene; Kunz; Rutland; Hunter; Dyason; Last; Lewis; Mody; Gillespie, 1–61.
7 Cyril Joseph Cummins, *A History of Medical Administration in NSW 1788–1973* (Sydney: New South Wales Department of Health, 2003), 1–216.
8 Rutland, 235.
9 Daniel Terry, "Health and Wellbeing of International Medical Graduates: Acculturation into the Tasmanian Rural and Remote Context" (PhD thesis, University of Tasmania, 2014), 1–352; Robyn Iredale, "Luring Overseas Trained Doctors to Australia: Issues of Training, Regulating and Trading", *International Migration* 47, no. 4 (2009): 31–65.
10 Peter M. McDermott, "Internment During the Great War–a Challenge to the Rule of Law", *University of New South Wasles Law Journal* 28, no. 2 (2005): 330–63.
11 Rutland.
12 Terry; Kimberly Oman, Robert Moulds, and Kim Usher, "Specialist Training in Fiji: Why Do Graduates Migrate, and Why Do They Remain? A Qualitative Study", *Human Resources for Health* 7, no. 1 (2009): 9–19.
13 Weaver, "'A Glut on the Market'".
14 Rutland.
15 Iredale.
16 Kunz; Terry.
17 Mody.
18 *Ibid.;* Weaver, "'A Glut on the Market'"; Kunz.
19 Kunz; Terry.
20 Gil–Soo Han, "International Medical Graduates in Australian News: A Media Narrative Analysis", *Journal of Health Organization and Management* 24, no. 3 (2010): 237–57, 238.
21 Kunz, 6.
22 *Ibid.*
23 *Ibid.*
24 *Ibid.;* Daniel Terry, et al., "International Medical Graduates in Australia: A Historical Perspective (1930–1950s)", *The Medical Journal of Australia* 197, no. 2 (2012): 84–6.
25 Kunz.
26 *Ibid*; Bryan Gandevia, "A History of General Practice in Australia", *The Medical Journal of Australia* 2, no. 7 (1972): 381–5.
27 Kunz, 39.
28 *Ibid.* Hunter.
29 Kunz; Iredale.
30 "Letter to the Editor", *The Sydney Morning Herald*, 27 November 1939, 5.
31 Winterton; Mody.
32 Kunz.
33 *Ibid.*
34 *Ibid.*
35 *Ibid.*
36 *Ibid.*
37 Val Colic–Peisker and Farida Tilbury, "Employment Niches for Recent Refugees: Segmented Labour Market in Twenty–First Century Australia", *Journal of Refugee Studies* 19, no. 2 (2006): 203–29.
38 Kunz.
39 Val Colic–Peisker, "Visibility, Settlement Success and Life Satisfaction in Three Refugee

Communities in Australia", *Ethnicities* 9, no. 2 (2009): 175–99.
40 Colic-Peisker, 94.
41 *Ibid.*
42 Farida Fozdar, "'The Golden Country': Ex–Yugoslav and African Refugee Experiences of Settlement and 'Depression'", *Journal of Ethnic and Migration Studies* 35, no. 8 (2009): 1335–52.
43 *Ibid.*
44 Terry, 84–6.
45 Angela Durey, "Settling In: Overseas Trained Gps and Their Spouses in Rural Western Australia", *Rural Society* 15, no. 1 (2005): 38–54; Marisa T. Gilles, John Wakerman, and Angela Durey, "'If It Wasn't for OTDs, There Would Be No Ams': Overseas–Trained Doctors Working in Rural and Remote Aboriginal Health Settings", *Australian Health Review* 32, no. 4 (2008): 655–63.
46 Terry; Kevin M. Dunn, "Repetitive and Troubling Discourses of Nationalism in the Local Politics of Mosque Development in Sydney, Australia", *Environment and Planning D: Society and Space* 23, no. 1 (2005): 29–50; James Forrest and Kevin Dunn, "Attitudes to Diversity: New Perspectives on the Ethnic Geography of Brisbane, Australia", *Australian Geographer* 42, no. 4 (2011): 435–53; Winnifred R. Louis, et al., "Speaking out on Immigration Policy in Australia: Identity Threat and the Interplay of Own Opinion and Public Opinion", *Journal of Social Issues* 66, no. 4 (2010): 653–72.
47 Terry; Bob Birrell and Lesleyanne Hawthorne, "Medicare Plus and Overseas–Trained Medical Doctors", *People and Place* 12 (2004): 84–99.
48 Australian Medical Council, "International Medical Graduates Home", *Australian Medical Council*, http://www.amc.org.au (accessed 24 November 2018), 2018; Bob Birrell and Andrew Schwartz, "Assessment of Overseas-Trained Doctors: The Latest Chapter", *People and Place* 15, no. 3 (2007): 67–75; Neal A. Spike, "International Medical Graduates: The Australian Perspective", *Academic Medicine* 81, no. 9 (2006): 842–6; Medical Board of Australia, *IMG Update* (Canberra: Medical Board of Australia, 2010); Australian Medical Council, *Registration Issues Paper for the Medical Board of Australia* (Canberra: Australian Medical Council, 2009), 1–42.
49 Australian Medical Council, *Registration Issues Paper*.
50 Catherine Harding, et al., "Comparing Patients' Perceptions of IMGs and Local Australian Graduates in Rural General Practice", *Australian Family Physician* 39, no. 4 (2010): 231–3; Katie J. Elkin and David M. Studdert, "Restricted Career Paths for Overseas Students Graduating from Australian Medical Schools: Legal and Policy Considerations", *Medical Journal of Australia* 192, no. 9 (2010): 517–19.
51 Lesleyanne Hawthorne and Bob Birrell, "Doctor Shortages and Their Impact on the Quality of Medical Care in Australia", *People and Place* 10, no. 3 (2002): 55–67, 55.
52 National Competition Council, "National Competition Policy", *National Competition Council* http://ncp.ncc.gov.au/pages/competitive_neutrality (accessed 24 November 2018), 2007; Frederick G. Hilmer, *National Competition Policy Review*, report prepared for the Federal Government of Australia, 1993, 1–21.
53 Monica Pflaum, "The Australian medical workforce", (Canberra: Department of Health and Aged Care, 2001), 1–123, 59.
54 Australian Institute of Health and Welfare.
55 *Ibid.;* Harding, et al.
56 Deloitte Access Economics, *Review of the Rural Medical Workforce Distribution Programs and Policies* (Sydney: Deloitte Access Economics, 2011), 1–61.
57 Harding, et al.; Hawthorne and Birrell; Caroline Laurence, "Overseas Trained Doctors in Rural and Remote Australia: Do They Practise Differently from Australian Trained Doctors?" (PhD thesis, University of Adelaide, 2008), 1–219; Bob Birrell, "Australian Policy on Overseas–Trained Doctors", *Medical Journal of Australia* 118, no. 11–12 (2004): 635–9; Lesleyanne Hawthorne, Graeme Hawthorne, and Brendan Crotty, *The Registration and Training Status of Overseas Trained Doctors in Australia: Final Report* (Melbourne: Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne, 2007), 1–157.
58 Rural Health Workforce Australia, *Parliamentary Inquiry into Overseas Trained Doctors:*

The 10-Year Moratorium, report edited by Kim Webber in submission to the Health Standing Committee (2011), 1–19.

59 Department of Health, "Health Workforce Program", *Department of Health*, https://www1.health.gov.au/internet/main/publishing.nsf/Content/special-approved-placements-program (accessed 24 March 2020), 11 March 2020.

60 Mark Metherell, "A Bitter Pill to Swallow When a Doctor Feels Double–Crossed", *The Sydney Morning Herald*, 13 October 2009; Melissa Sweet, "Australia Operates 'Closed Shop' to Doctors from Overseas", *British Medical Journal* 339, no. 7731 (2009): 1166.

61 Seble Frehywot, et al., "Compulsory Service Programmes for Recruiting Health Workers in Remote and Rural Areas: Do They Work?", *Bulletin of the World Health Organization* 88, no. 5 (2010): 364–70; David Chee Kit Lim, "Prescibing Practices of Austrlian Dispensing Doctors" (PhD thesis, Curtin University, 2010), 1–156.

62 Susan Douglas, "The Registration and Accreditation of International Medical Graduates in Australia – a Broken System or a Work in Progress", *People and Place* 16, no. 2 (2008): 28–40, 30.

63 Terry; Iredale; Han.

64 Douglas; Australian Doctors Trained Overseas Association, *The Race to Qualify: Report of the Committee for the Review of Practices for the Employment of Medical Practitioners in the NSW Health System* (Sydney: Australian Doctors Trained Overseas Association, 1998).

65 Douglas, 30.

66 Deloitte Access Economics; Rural Health Workforce Australia.

67 Douglas.

68 Han.

69 Douglas.

70 Pascoe, "The Lucky Country"; Birrell and Hawthorne; Karina Harvey and Thomas Faunce, "A Critical Analysis of Overseas-Trained Doctor (OTD) Factors in the Bundaberg Base Hospital Surgical Inquiry", *Law in Context* 23, no. 2 (2005): 73–90; Bob Birrell and Andrew Schwartz, "Accreditation of Overseas Trained Doctors: The Continuing Crisis", *People and Place* 14, no. 3 (2006): 37–47; Katie Elkin, Mathew J. Spittal, and David M. Studdert, "Risks of Complaints and Adverse Disciplinary Findings against International Medical Graduates in Victoria and Western Australia", *Medical Journal of Australia* 197, no. 8 (2012): 448–52; James Dunbar, Prasuna Reddy, and Stephen May, *Deadly Healthcare* (Bowen Hills: Australian Academic Press, 2011), 1–192; Vicki Adele Pascoe, "Introduction: Welcome to Australia, the Land of a Fair Go for All", in *Australia's Toxic Medical Culture: International Medical Graduates and Structural Power*, edited by Vicki Adele Pascoe (Singapore: Springer Singapore, 2019), 1–18.

71 Christine Flatley, "Jayant Patel Appeal to Be Heard in March", *The Australian*, 24 November 2010.

72 Pascoe, "Introduction"; Cirrus Media, "Patel to Face New Trial after Manslaughter Conviction Quashed", *Medical Observer*, 24 August 2012; Amy Remeikis, "Patel to Face Retrial in November", *Brisbane Times*, 31 Aug 2012; Cirrus Media, "Jayant Patel Acquitted of Manslaughter", *Medical Observer*, 14 March 2013.

73 House of Representatives Standing Committee on Health and Ageing, *Lost in the Labyrinth: Report on the Inquiry into Registration Processes and Support for Overseas Trained Doctors*, report prepared for the Department of Health and Ageing (2012), 1–259; State Government of Queensland, *Health Practitioner Regulation National Law Act* (2009), 1–362.

74 *Ibid.*

75 Birrell and Schwartz, "Assessment of Overseas-Trained Doctors"; Birrell and Schwartz, "Accreditation of Overseas Trained Doctors".

76 House of Representatives Standing Committee on Health and Ageing, *Lost in the Labyrinth*.

77 House of Representatives Standing Committee on Health and Ageing, *Registration Processes and Support for Overseas Trained Doctors – Launceston Hearing*, transcript prepared for the House of Representatives Standing Committee on Health and Ageing (2012), 1–36.

78 Elkin and Studdert.
79 Dubravska Cesta, "Support Mounts for Embargo on IMGs", *Medical Observer*, 23 October 2012.
80 House of Representatives Standing Committee on Health and Ageing, *Lost in the Labyrinth*.
81 Durey; Gilles, Wakerman, and Durey; Angela Durey, et al., "Overseas Trained Doctors in Indigenous Rural Health Services: Negotiating Professional Relationships across Cultural Domains", *Australian and New Zealand Journal of Public Health* 32, no. 6 (2008): 512–18; Lesleyanne Hawthorne, Bob Birrell, and Doris Young, "The Retention of Overseas Trained Doctors in General Practice in Regional Victoria" (Melbourne: Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne, 2003), 1–100; Douglas Klein, et al., "Push, Pull, and Plant: The Personal Side of Physician Immigration to Alberta, Canada", *Family Medicine* 41, no. 3 (2009): 197–201.
82 Hawthorne, Birrell, and Young; Klein, et al.; Richard Brown and John Connell, "The Migration of Doctors and Nurses from South Pacific Island Nations", *Social Science & Medicine* 58, no. 11 (2004): 2193–210; Judith T. Shuval, "The Reconstruction of Professional Identity among Immigrant Physicians in Three Societies", *Journal of Immigrant Health* 2, no. 4 (2000): 191–202.
83 Dunn; Forrest and Dunn; Louis, et al.
84 Han, 237—41; Harvey and Faunce; House of Representatives Standing Committee on Health and Ageing, *Lost in the Labyrinth*; Winnifred R. Louis, Richard N. Lalonde, and Victoria M. Esses, "Bias against Foreign–Born or Foreign–Trained Doctors: Experimental Evidence", *Medical Education* 44, no. 12 (2010): 1241–7; Charles Mpofu, "Immigrant Medical Practitioners' Experience of Seeking New Zealand Registration: A Participatory Study" (Masters thesis, Auckland University of Technology, 2008), 1–132.
85 Li Zong, "International Transference of Human Capital and Occupational Attainment of Recent Chinese Professional Immigrants in Canada" (Edmonton, Canada: Prairie Centre of Excellence for Research on Immigration and Integration, 2004), 1–12.
86 Han, 237—41; Louis, Lalonde, and Esses.
87 Colic-Peisker; Abdulhamid Hathiyani, "Professional Immigrants on a Road to Driving Taxis in Toronto", *Our Diverse Cities* 4, (2007): 128–33.
88 Deloitte Access Economics; Anthony Scott, et al., "Getting Doctors into the Bush: General Practitioners' Preferences for Rural Location", *Social Science & Medicine* 96, (2013): 33–44.
89 Daniel Terry, Ed Baker, and David Schmitz, "Community Assets and Capabilities to Recruit and Retain Gps: The Community Apgar Questionnaire in Rural Victoria", *Rural and Remote Health* 16 (2016): 3990.
90 Lim; Harvey and Faunce; Deborah J. Russell, et al., "The Value of Survival Analyses for Evidence–Based Rural Medical Workforce Planning", *Human Resources for Health* 11, no. 1 (2013): 65–74.
91 Organisation for Economic Co–operation and Development, *International Migration Outlook Annual Report* (Danvers: Organisation for Economic Co–operation and Development, 2007), 1–399, 200.