IMG BREAKOUT SESSION
(facilitated by Brett Lennon, Australia)

This session produced a wide-ranging discussion along a number of themes. Prior to each session, an author had been invited from each country to prepare a paper outlining the different employment and recruitment processes used in engaging IMGs in each country. The authors were asked to summarise their papers prior to the plenary discussion.

Participants raised the following issues during discussion in response to key questions:

Question:

How successful do member countries consider they have been in recruiting IMGs to meet shortages in the physician workforce, both in terms of the quantity and quality of physicians obtained?

- it is difficult to measure the 'success' or otherwise of recruiting IMGs, given that no country has clearly articulated a policy of how many IMGs it requires;
- the notion of 'success' is also influenced by quality, ie is it the number of IMGs employed which constitutes success, or is it the ease with which they are adapt to their host country and the support with which they are provided? In particular, participants noted the disparity of time spent on the education and training of local medical graduates, as opposed to IMGs, who receive very little;
- additionally, there is sometimes a disparity between the entry and practice requirements for different IMGs (such as those entering for a specific, as opposed to open-ended, time period);

Question:

What role is now envisaged for IMGs in meeting member countries' future physician workforce needs?

- while many nations have either built new medical schools or increased the number of medical school places at existing medical schools, the lead and lag time between the introduction of new medical school places and the presence of those graduates in the workforce will affect the policies regarding IMGs;
- many countries face the issue of potential inconsistencies as a result of federalism (ie policies of individual states or provinces within a country may vary);
- a number of initiatives have been introduced to encourage students from rural areas to enter medicine. As local medical graduates from a rural background are more likely to stay in rural areas than IMGs, this may affect IMG policies;

Question:

What opportunities are there for collaborative action among member countries?

- recruiting to training programs, rather than the workforce, is more likely to fulfil individual ambitions of IMGs;
- member countries should share information and research with each other;
- identify gaps in knowledge which need to be filled;
- there is difficulty in obtaining information in many instances – countries need to improve their datasets;
- even though member countries are competitive in terms of recruiting IMGs, there is still merit in developing and using common language and information;
- additionally, member countries recruit from different supplier nations, so that competition is not always direct;
- share policies (both explicit and implicit) about why countries have IMGs;
- the Commonwealth Code aims to stop active recruitment, but not the individuals wishing to migrate (which is the majority of IMGs).

ISSUES FOR DISCUSSION AT FUTURE CONFERENCES

- Common definitions regarding IMGs (noting in particular the different reasons practitioners have in seeking employment and/or training in other countries)
- Disentangling some IMGs from others – again, this relates largely to reasons for moving to another nation
- Invite presenters from countries which traditionally act as supplier nations of IMGs for member countries
- Migration of international workforce as a whole, and is medicine different as a subset
- Brain drain versus brain push (ie people voluntarily moving from one country to another, as opposed to being the target of specific recruitment campaigns)
- How well are the needs of IMGs met?