



Australian Indian Medical Graduates Association.Inc

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AHPRA-MELBOURNE
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To,

Medical Board of Australia.

Re. Consultation- Guidelines-Supervised practice for international medical graduates.

AIMGA, formerly Overseas Medical Graduates Association, has been involved with IMG registration, bridging courses & helping IMGs to take AMEC examinations since 1992. The association had few meetings with AMC & formulated guidelines for part 1 & part 2 AMEC examinations. Finally in consultation with AMA the association managed to have a separate pathway for specialist with training positions in hospitals.

AIMGA represents locally qualified doctors of Indian origin who are practicing in NSW as well as IMGs from India.

Thank you very much for seeking feedback about the changes to the guidelines.

1. AIMGA feels the proposed restriction to a maximum of four IMGs a supervisor is no reasonable. AIMGA's opinion is that only 3 IMGs per supervisor or co supervisor is reasonable. The supervisor will be able to spare more time if there are only 3 IMGs per supervisor. Since the supervisor my appoint board approved supervisor the work load may be reduced per supervisor or co- supervisor.
2. The proposal that level one IMG should consult the supervisor at the time of consultation before the patient leaves is unreasonable. It is a heavy burden on the supervisor to be present at the time of consultation. It is too time consuming & not practical. According to the IMG feedback the association received this restriction is one of the major obstacles for IMGs to get a suitable post. Most to the supervisor rejects level one IMG applications for that reason. In the experience of the IMGs the same supervisor accepts the applications of level two & above IMGs. It is easier for supervisor to supervise them since it is not necessary for the supervisor to be physically present at the time of consultations.
AIMGA would like to request Medical Board to abolish level 1 IMGs. It is reasonable to specify that the minimum requirement for IMGs should discuss with the supervisor at the end of each session.
3. AIMGA feels it is not reasonable to require that if the position is in a general practice, the practice(not the position) must be accredited to RACGP standards for General Practice(4th edition). But it is reasonable to require the supervisor should be a Vocational Registered General Practitioners. There are many senior GPs who have vast experience in general practice who are vocationally registered but not accredited to RACGP standards due to lack of time. But they are experienced & attend meetings & conferences to keep in touch with any changes in medicine. We must utilize their vast experience to train the IMGs.

The other issues which are not related to the above feedback but concerning the IMGs are the following.

The conditions 19 A & B where the IMG is a permanent resident or citizen of this country is required to work in rural area on a 10 year moratorium when the IMG on working visa is allowed to work anywhere in the country. This disadvantages Australian resident. The condition should be same for any IMGs either on work visa or permanent resident here. Many IMGs have preferred stay on temporary visa for the reason that they are allowed to work anywhere in the country. Whereas local resident IMGs have to work very hard to meet both family needs & rural practice needs.

AIMGA requests the Medical Board to kindly look into the matter & help the present resident AMC certificate holders gets preference over temporary visa holders.

International medical graduates get the employment in this country on a 457 work visa. There are number of IMGs in the country looking for a job. There is no need to get foreign graduates to work to fulfill the vacant places.

AIMGA requests the medical board recommend to the Federal Government to exclude medical graduates obtaining 457 visa as the purpose of the visa is to get foreign workers when there are not enough workers to fill the vacancies. But there are large number of resident IMG are unemployed.


Another difficult burden on resident IMGs is to write IELTS every 2 years. It is fair enough for them to obtain pass marks when they apply for the first time. But to write again after 2 years is not necessary. Once the pass & live in this country their language skill is expected to improve not deteriorate. So it is unnecessary financial & mental burden on IMGs.

AIMGA requests medical board to recommend concerned authorities to exempt permanent resident IMGs from writing the IELTS every 2 years.

Once again thank you very much for seeking feedback from AIMGA.

We hope medical board will offer some help to lot of resident IMGs who are unemployed & struggling with financial burden.

Yours truly,



Prabha Chandra,
President, AIMGA