

POSITION STATEMENT

CONSULTATION DRAFT

International Medical Graduates

2015. Revised 2025

Introduction

International Medical Graduates (IMGs) are a diverse cohort of overseas trained doctors who have completed their primary medical degree and/or specialist training overseas. The Australian Medical Association (AMA) recognises the substantial contribution that IMGs make as a permanent and valued element of Australia's medical workforce, particularly in providing patients with access to medical care in under-served communities including rural and remote areas.

IMGs are a valued and permanent part of Australia's medical workforce. Despite challenges such as red tape, isolation, racism, and insufficient support and supervision, IMGs deliver necessary medical services and contribute to health care delivery to communities across Australia. The AMA calls for a fairer employment system for IMGs, appropriate national medical workforce planning, and resources to improve supervision and professional and socio-cultural support for IMGs.

IMGs as Part of Australia's Medical Workforce

Australia's medical workforce is maldistributed both geographically and by specialty. IMGs currently comprise 53 per cent of the rural medical workforce, and 56 per cent of all General Practitioners (GPs) in Australia.¹ Recruitment of overseas trained doctors to Australia is now entrenched and compounding year on year,² with 42,056 IMGs registered as medical practitioners in 2021–2022 — an increase of more than 13 per cent compared to recruitment rates prior to the COVID-19 pandemic.³

It is clear IMGs are now a permanent and key part of Australia's medical workforce rather than a short-term solution to address geographic maldistribution of medical professionals. Noting Australia is unlikely to achieve complete medical workforce self-sufficiency in the short to medium term, efforts and policy development should be calibrated to supporting and strengthening both our IMG and domestic workforce, whilst taking steps toward improving self-sufficiency.

Recruitment into Australia

The recruitment of IMGs must have regard to Australia's obligations as an international citizen. The recruitment of doctors from developing countries must be based on the principles of justice and fairness where the benefits of international recruitment and exchange of medical professionals significantly outweigh any associated burdens for developing countries.

Australia has an obligation towards IMGs entering Australia to work to ensure that processes for recruitment are transparent and accountable to individual IMGs. Potential recruits must make the decision to work in Australia based on full and accurate information relating to the position to be filled and other conditions which may affect their work, life, and living conditions including availability of level 1 supervision places.

¹ Tsirtsakis, A. (2023). IMGs a 'simple solution' to boost GP numbers: RACGP. *News GP*. Retrieved 4/12/2023 from: <https://www1.racgp.org.au/newsgp/professional/imgs-a-simple-solution-to-boost-gp-numbers-racgp>.

² RACGP. (2021). GP Workforce. *General Practice Health of the Nation*. Retrieved 4/12/2023 from: <https://www.racgp.org.au/health-of-the-nation/chapter-2-general-practice-access/2-2-gp-workforce>.

³ AHPRA. (2023). International health worker registration grow to pre-pandemic levels. *APHRA and National Boards*. Retrieved 4/12/2023 from: <https://www.ahpra.gov.au/News/2022-12-20-workforce.aspx>.

The AMA strongly opposes exploitative or coercive employment practices targeting individual IMGs. All IMGs have the right to work in psychosocially safe environments and to receive fair remuneration for their time and expertise.

The ten-year moratorium

Since its introduction in 1996, the ten-year moratorium on Medicare provider numbers for International Medical Graduates (IMGs) has been used by the Commonwealth Government to address the maldistribution of medical professionals and support the rural and remote medical workforce. Originally, the policy aimed to limit the number of IMGs entering general practice, reduce Medicare expenditure, and encourage uptake of salaried roles within the public health system. However, these objectives are arguably no longer relevant.

Today, the moratorium often results in IMGs being placed in some of the most professionally demanding clinical settings, frequently with limited preparation, restricted access to professional development, and inadequate support or supervision. For some, this leads to skill degradation—particularly in specialist procedures—due to limited employment opportunities and insufficient caseloads, ultimately affecting their recency of practice. The policy also contributes to a transient medical workforce in rural and remote Australia.

The AMA calls for:

1. Ethical and Transparent Recruitment
 - Recruitment processes must be transparent, with IMGs provided full, accurate information about job roles, living conditions, supervision availability, and employability and pathway expectations prior to making employment decisions.
2. Visa and Sponsorship Reform
 - Decoupling of visa sponsorship from individual employers to enhance IMG mobility, autonomy, and job security.
3. Streamline and Modernise Registration Pathways
 - Simplify and expedite the IMG registration process by reducing duplication, administrative burden, and processing times.
 - Expand fast-track and competency-based assessment pathways, particularly for specialists from comparable health systems.
 - Benchmark Australia's IMG processes against international comparators (e.g., UK, Canada, NZ) and adopt proven reforms that reduce duplication and facilitate lower cost, streamlined visa and registration processes.
4. Improve Workforce Planning and Data Transparency
 - The Federal Government establish an Independent Health Workforce Planning and Analysis Agency to oversee strategic workforce planning.
5. Re-evaluating the 10 Year Moratorium
 - That the Commonwealth progressively dismantle or reduce the tenure of the ten-year moratorium, while establishing stronger incentives and support mechanisms to encourage more locally trained doctors and appropriately skilled IMGs to pursue careers in rural and remote practice.

Assessment and supervision

Supervision and assessment are critical in preparing IMGs for independent practice in Australia. However, the quality of supervision varies widely—from highly supportive and educational to inadequate or absent. There is an urgent need for properly funded minimum standards for supervision. Additionally, supervisors must be equipped, supported, and trained to deliver high-quality guidance and feedback, ensuring IMGs can provide safe and effective care to the Australian community for the level they are expected to provide.

The AMA calls for:

1. Competency-Based Progression and Assessment Reform
 - Advocate for a shift from time-based to competency-based supervision and progression models.
 - Expand access to Workplace-Based Assessments (WBA) as a flexible and practical evaluation pathway.
2. Equity and Affordability in Medical Training
 - Reduce financial barriers, for example by subsidising or lowering fees for the Fellowship Support Program (FSP) and Practice Experience Program (PEP) for general practice.
 - Decrease the cost of mandatory examinations and ensure the provision of fee-free, constructive feedback for all candidates, particularly those facing repeated exam failures.

3. Localised and Structured Support Programs

- Invest in and expand localised pre-internship, internship, workplace based assessment, and mentorship programs to better prepare candidates for clinical practice and examination success. An example of this is the Hunter New England Local Health District Workplace Based Assessment Program.
- Improve transparency and availability of supervised Level 1 positions to ensure safe and supported entry into the Australian healthcare system.

4. Enhanced Supervisor Support and Training

- Increase funding and provide structured training for IMG supervisors to ensure consistent credentialing and high-quality supervision across jurisdictions.

5. Streamlined Communication and Feedback Mechanisms

- Simplify and standardise feedback forms submitted to specialist medical colleges at key training milestones to enhance clarity and responsiveness.

6. Enhanced Transparency and Equity

- Improve transparency in assessment criteria, feedback mechanisms, and decision-making processes across all medical colleges and regulatory bodies.
- Ensure fair and consistent recognition of prior overseas training and qualifications.

Sociocultural support for IMGs

Supporting IMGs is vital to Australia's healthcare system. IMGs face challenges including isolation, poor supervision, limited orientation, and barriers to healthcare and education for their families. Many also experience racism, discrimination, and higher notification rates, often compounded by intersecting identities. Enhancing sociocultural support in rural areas benefits both IMGs and domestic doctors. The AMA maintains a zero-tolerance stance on racism and all forms of discrimination in healthcare.

The AMA calls for:

1. Comprehensive Onboarding and Local Integration

- Establish resourced onboarding programs to support IMGs and their families with housing, schooling, spousal employment, and community access.
- Facilitate orientation to local communities and the Australian healthcare system to ensure a smooth transition into practice.
- Provide targeted support for IMG families, including access to quality education, childcare, and employment opportunities for partners.

2. Collaborative Community Engagement

- Support Primary Health Networks (PHNs), local medical associations, and community organisations to provide coordinated, locally relevant information and support.
- PHNs and other organisations should foster connections with local cultural groups, sporting clubs, and faith-based organisations to enhance social inclusion and wellbeing.

3. Supportive Employment and Training Structures

- Develop policies and support packages that ensure appropriate supervision, fair employment conditions, and equitable access to training opportunities for IMGs.
- Provide structured career advice and professional guidance to support long-term career development.
- Establish clear pathways for IMGs to report discrimination without fear of visa or employment repercussions.

4. Cultural Safety and Systemic Change

- Mandate cultural safety training for all healthcare professionals to promote inclusive and respectful workplaces.
- Drive cultural change within the medical profession to eliminate racism and discriminatory behaviours.

Further reading:

[AMA IMG Literature Review](#)

[AMA Anti-Racism Position Statement](#)

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