

POSITION STATEMENT

International medical graduates

2015, Revised 2026

International medical graduates (IMGs) are a diverse group, including Australians who have trained overseas, family-linked migrants, and those entering through skilled migration, local training, or international exchange.

Their varied backgrounds and experiences strengthen Australia's medical workforce and community fabric. IMGs become part of the local community, contributing to quality care, innovation, education, research, and the ongoing improvement of safety and standards across Australia's health systems.

The Australian Medical Association recognises the substantial contribution IMGs make as a permanent and valued part of Australia's medical workforce, particularly in providing patients with access to medical care in under-serviced communities, including rural and remote areas. Yet despite delivering essential services, IMGs can face challenges such as red tape, isolation, racism, and insufficient support and supervision.

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 43 per cent of all general practitioners (GPs)ⁱ in Australia.ⁱⁱ Recruitment of overseas trained doctors to Australia is now entrenched and compounding year on year,ⁱⁱⁱ 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.^{iv}

IMGs are a permanent and key part of Australia's medical workforce. Policy should support and strengthen both IMG and domestic pathways while improving self-sufficiency. Rural and IMG workforce incentives are also closely linked, as both groups face similar challenges in accessing professional opportunities, support, and sustainable career pathways. Policy solutions should be coordinated to address these shared barriers and promote equitable access to high-quality healthcare for all Australians.

1. Recruitment into Australia

IMGs enter the Australian medical workforce via multiple pathways — skilled migration, local training, and international exchange. Policy and support structures must recognise and address the needs of IMGs across all entry routes, ensuring equitable opportunities and outcomes.

The AMA calls for:

Ethical and transparent recruitment

- 1.1. Recruitment of IMGs must reflect Australia's obligations as an international citizen. The recruitment of doctors from developing countries should be guided by the principles of justice and fairness where the benefits of international recruitment and exchange outweigh any associated burdens for developing countries.
- 1.2. Processes for recruitment must be transparent and accountable, with IMGs provided full and accurate information about job roles, living conditions, and the availability of level 1 supervision places prior to making employment decisions.
- 1.3. Oppose exploitative or coercive employment practices. All IMGs have the right to work in psychosocially safe environments and to receive fair remuneration for their time and expertise.

Visa and registration pathways

- 1.4. Decouple visa sponsorship from individual employers to enhance IMG mobility, autonomy, and job security.
- 1.5. Simplify and expedite IMG registration by reducing duplication, administrative burden, and processing times.
- 1.6. Expand and appropriately resource competency-based assessment pathways — especially for specialists from comparable health systems — while maintaining specialist medical college leadership and standards.
- 1.7. Support colleges with resourcing to improve the speed and efficiency of applications and assessments.
- 1.8. Benchmark Australia's IMG processes against international comparators and adopt proven reforms that streamline visa and registration processes while maintaining quality.

Workforce planning and data transparency

- 1.9. Establish an independent health workforce planning and analysis agency to oversee strategic planning.
- 1.10. Improve the transparency of workforce data to inform targeted, equitable distribution and training decisions.

The 10-year moratorium

Since 1996, the 10-year moratorium on Medicare provider numbers for IMGs has been used to address maldistribution of medical professionals and support rural and remote practice. However, its original objectives — limiting immediate access to Medicare-funded private general practice and promoting IMG employment and retention in public sector roles, including public hospitals and community-based general practice — are no longer aligned with contemporary workforce needs.

The moratorium can place IMGs in demanding settings with limited preparation, professional development, and support, contributing to skill degradation and transient rural workforces.

The AMA supports progressive reduction or dismantling of the moratorium's tenure, paired with stronger incentives and supports that encourage locally trained doctors and appropriately skilled IMGs to pursue rural and remote practice.

2. Assessment and supervision

Supervision and assessment are critical to prepare IMGs for safe, independent practice. However, 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.

Policies must address the risk of deskilling among IMGs by expanding access to competency-based progression, workplace-based assessments, and structured career advice. IMGs should have clear pathways for maintaining and developing their skills throughout their careers.

The AMA calls for:

Competency-based progression and assessment reform

- 2.1. Address the risk of deskilling by expanding access to competency-based progression, workplace-based assessments (WBA), and structured career advice.
- 2.2. Simplify and standardise feedback forms submitted to specialist medical colleges at key training milestones to enhance clarity and responsiveness.

Equity and affordability in medical training

- 2.3. Ensure programs supporting IMGs are adequately funded to provide high-quality training, supervision, and assessment, maintaining rigorous standards while promoting accessibility.
- 2.4. Reduce the cost of mandatory Australian Medical Council examinations and provide fee-free, constructive feedback for all candidates, particularly for repeated attempts, while maintaining quality and safety standards.

Localised and structured support programs

- 2.5. 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.
- 2.6. Increase the availability of supervised Level 1 positions to enable safe and supported entry into practice.

Supervisor support and training

- 2.7. Set funded minimum supervision standards and equip supervisors with training and support to deliver high-quality guidance and feedback. Increase funding and provide structured training for IMG supervisors to ensure they are appropriately trained and credentialed. This will ensure IMGs

are supervised by people who have the necessary skills and knowledge, giving IMGs confidence in the quality and consistency of supervision across jurisdictions.

Transparency and equity

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

3. Cultural safety and sociocultural support

Australia's medical workforce has always been multicultural and multiracial. The AMA is committed to fostering an inclusive environment where all doctors, regardless of background, are valued and supported. The AMA rejects all forms of discrimination and celebrates the positive impact of diversity in healthcare. Enhancing sociocultural support for IMGs is important, particularly in rural areas where isolation and barriers can be greatest.

The AMA calls for:

Comprehensive onboarding and local integration

- 3.1. Provide well-resourced and comprehensive onboarding and local integration supports for IMG families, including housing, schooling, spousal employment, childcare, and community connections. Targeted support should be provided to help families access quality education and make informed choices.
- 3.2. Facilitate orientation to the Australian healthcare system and local communities to ensure a smooth transition into practice.
- 3.3. Support Primary Health Networks, local medical associations, and community organisations to coordinate information and foster social inclusion through links to cultural groups, sporting clubs, and faith-based organisations.

Supportive employment and training structures

- 3.4. Develop supportive employment and training structures that ensure appropriate supervision, fair employment conditions, and equitable access to training opportunities.
- 3.5. Provide structured career advice and professional guidance to support long-term career development.

Cultural safety and systemic change

- 3.6. Employers must provide and fund cultural safety training for all healthcare professionals, delivered within rostered work hours, to promote inclusive and respectful workplaces, and maintain safe reporting pathways for discrimination without visa or employment repercussions.

See also:

AMA IMG Literature Review

AMA Anti-Racism Position Statement

AMA Commonwealth Supported Places and Medical Workforce Supply and Distribution Position Statement

ⁱ Department of Health and Aged Care. (2024). Supply and Demand Study: General Practitioners in Australia. <https://hwd.health.gov.au/resources/primary/gp-supply-and-demand-study-compendium-august-2024.pdf>

ⁱⁱ Tsirtsakis, A. (2023). IMGs a 'simple solution' to boost GP numbers: RACGP. *News GP*.

<https://www1.racgp.org.au/newsgp/professional/imgs-a-simple-solution-to-boost-gp-numbers-racgp>.

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

^{iv} Ahpra. (2023). International health worker registration grow to pre-pandemic levels. *APHRA and National Boards*. <https://www.ahpra.gov.au/News/2022-12-20-workforce.aspx>.