

# Australian Indian Medical Graduates Association Inc

Voice of Australian Indian Doctors

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## AIMGA President Corner

Dear Friends,

Welcome to the 2<sup>nd</sup> edition of the Australian Indian Medical Graduates Association Newsletter.

A significant milestone in the history of the AIMGA has now been accomplished; the Association has now officially established a new sub-committee of second generation Indian/Australian medical practitioners.

In future, this subcommittee will establish a new wing of AIMGA, working under the umbrella of the main body, with their own objectives, CME activities, interstate and overseas conferences.

Similarly a new committee of International Medical Graduates has been formed. This committee will be able to forward the difficulties they are encountering in getting full Medical Registration. Where possible, AIMGA will represent them to various Government authorities and Australian Medical Board.

This year we have been extremely fortunate to have one or two sponsored CME meeting each month and the calendar of CME meetings for 2013 is already full; I hope you found them like me, to be both interesting and enjoyable.

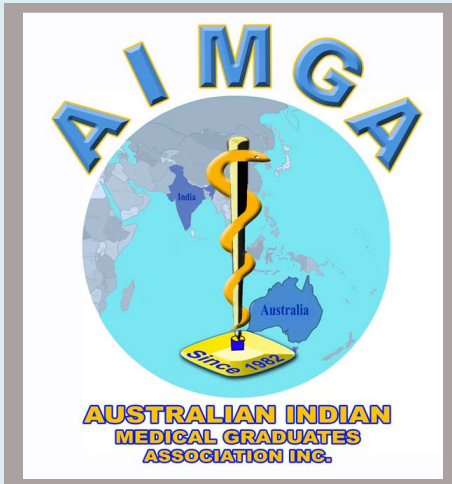
On the 12<sup>th</sup> May, AIMGA was a proud participant in the Mother's Day Classic Walk of 5km at Parramatta Park to raise funds for Breast Cancer Research Foundation. A documentary on public awareness of breast cancer was produced on Mother's Day by our second generation of Young Doctors of AIMGA.

Thank you once more, to all members, for taking the time and trouble in completing the members survey. The results are being processed and will be used as a guide in formulating the future guidelines and strategies of AIMGA.

I look forward to seeing you all at the next CME meeting.

**Dr Purushottam Sawrikar**

**President  
AIMGA**



**AIMGA Participated Mother's Day Classic 2013**

**To create breast cancer  
Awareness in Community  
-more news on next pages**

## **Editor's comments:**

Dear Colleagues

Welcome to our 2nd quarterly newsletter of 2013. It has already started to shape up as an exciting though challenging year to look forward to. We are hoping for your active contribution and interest in our progress.

With the determination and commitment of our president Dr Sawrikar AIMGA is proudly marching in new directions. In his 1st 6 months he has released an invaluable CD with common topics of health and illness for free distribution to your patients. He is now busy with producing a directory of Indian doctors in Australia. Please help if you can. A long waited subcommittee of our younger colleagues was formed recently which will refresh and enhance the AIMGA even more. AIMGA remains committed to assist IMGs in their struggle to find professional recognition in Australia.

Please read the letter addressed to each of you elsewhere in this newsletter to form a national organisation of Indian doctors. This will likely lead to a proposed international conference of Global Association of Physicians of Indian Origin (GAPIO) in Sydney.

Let's unite to make an impact in the four corners of the world. Lastly but not the least we want to communicate with you and what better way than write to us. It is your organisation which serves you as you want it to.

Kind Regards,  
Dr Shailja Chaturvedi  
AIMGA

## **Mandatory notification of impaired health practitioners**

- On 1<sup>st</sup> July 2010, the mandatory reporting of health practitioner was introduced as part of the National Registration and Accreditation Scheme. This means that all registered health practitioners are now legally required to report any other registered health practitioner who has behaved in a manner that constitutes 'notifiable conduct', that is
- Practiced the practitioner's profession while intoxicated by alcohol or drugs; or
- Engaged in sexual misconduct in connection with the practice of the practitioner's profession; or
- Placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment; or
- Placed the public at risk of harm because the practitioner has practiced the profession in a way that constitutes a significant departure from the accepted professional standards.



### **CME Activities:**

Following are the dates for the future CME activities to note in your Diaries. Prior notification/invitation for each meeting will be sent as before as these dates can change under certain circumstances.

21<sup>st</sup> June: Dermatology

19<sup>th</sup> July: Avant Medical  
Defense & NSW Health  
Promotion

30<sup>th</sup> August: Cardiology

27<sup>th</sup> September:  
Gynecology

25<sup>th</sup> October: Breast Cancer

9<sup>th</sup> November Annual  
Dinner



### **Overseas Conference**

#### **South America from**

**2<sup>nd</sup> September To**

**20<sup>th</sup> September 2013.**

**Please contact**

**Dr Prabha Chandra**

**0403 216 220**

**For details.**

## **A Case Report by Dr Anju Agarwal**

A healthy 53 years old lady came with all flu symptoms and getting worse in spite having three courses of antibiotics.

Pretty simple, antibiotics in flu would have done nothing and she needed to go home, rest and take vit C tablets

She had rhinorrhoea, cough, wheeze, diarrhea, and nausea, tummy aches, dizzy, tired, hot and cold...

When I kept my hand over her tummy, there was a mass coming from pelvis...???

She had been having irregular periods for last 2-3 year and had stopped using condoms after she turned 50.

UPT turned to be + ve !!!

The two diagnosis co-incidental or related???

Urgent Pelvic U/S showed H.Mole and everything made sense. She had storm of hormones starting from tummy and intoxicating all her body.

After having extensive surgery and chemotherapy she is back to her 100 % vibrant life.....a happy ending and feel good story.

## **Proposal for a National Body of AIMGA**

**Dear colleague,**

You are part of a very significant community in Australia which is rapidly becoming more visible in the field of medicine. There are just about 3 generations of Indian doctors who are helping to sustain the valuable health services in Australia. Despite the newly created medical school in every state Australian government continues to recruit graduates from India with little consideration of their personal satisfaction.

Australian Indian Medical Graduate Association (AIMGA) has been striving for over three decades to safeguard the interest of our colleagues of Indian origin. Indian doctors make one of the largest group of professionals who work outside their homeland. They are highly regarded both academically and clinically and yet miss out on appropriate acknowledgement of their credentials. AIMGA has concerns about the fairness of the recognition of our contribution. These and many other issues have directed us to write this letter to you.

What we are proposing is that we form a national association of Indian doctors for our visibility and recognition and be the equal partner in planning the health services of Australia. Unless we speak up we will remain at the service level of a worker who is only there to earn a living. Being a doctor is far more personal and emotional issue where we continue to give the best we have to save our patients. A job satisfaction for a doctor is vastly different from wage earner. AIMGA is inviting expression of interest from the medical community of Indian doctors around you to consider our proposal. We plan to have a meeting in the 2nd week of November in Sydney to discuss the need for a national body of AIMGA. Looking forward to your response,

Dr Shailja Chaturvedi

### **New Members:**

AIMGA Executive would like to welcome new members and old members who have renewed their membership and look forward to their support and participation in all AIMGA activities through the years.

AIMGA is looking for a member to represent it at the next GAPIO conference in LA (USA) in the 1st week of July with paid accommodation. Please contact AIMGA Administration for further details.

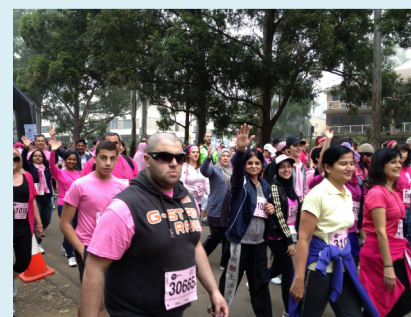


## Is It Possible to Achieve a Full Range of Movements After Repair of Flexor Tendon/s in “No Man’s Land”?

(Paper presented By Dr Hari Kapila on 12<sup>th</sup> Triennial congress of the IFSSH in India March 2013)

The aim of the operating surgeon and the patient is to obtain an optimal functioning hand, so that the patient may go back to pre-injury duties/lifestyle. Flexor tendon injuries are not easy to treat as such, but it is even more difficult when the flexor tendons (superficial is and profundus) are severed in no man’s land (in a confined space/flexor tendon sheath and fibrous pulley system). Dr Sterling Bunnell (leading hand surgeon from America) in the early 1920s made a statement, that one cannot join a severed tendon in this area as the tendon repair will become adherent to the flexor tendon sheath and compromise results. Since then, various hand surgeons all over the world took up the challenge and repaired the tendons meticulously with (in some cases without) closing the flexor tendon sheath and compared the results with delayed or two staged tendon grafting. In my personal experience of repairing flexor tendons for over 40 years, I could say that it may be possible in some cases to obtain almost a full range of movements after repairing tendon/s. The type of injury, age and commitment of the patient, experience of the surgeon and the level of hand therapy given, are some of the main factors in obtaining a high success rate.

**Corresponding Author: Hari Kapila**



**AIMGA Participated Mother's Day Classic 2013 Held at Parramatta Park**

### AIMGA Young Doctors Committee



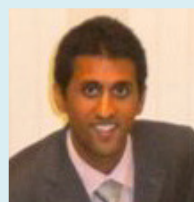
Dr Neeru Agarwal



Dr Smariti Kapila



Dr Ritu Gupta



Varun Chandra



Dr Archana Bakal



Dr Muralidharan

This newsletter has been prepared by News letter Committee, in conjunction with the AIMGA Executive committee.

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