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International medical graduates

Challenges faced in the Australian training program

Background
Few studies have examined the challenges faced by international medical graduate (IMG) registrars and their supervisors in the Australian General Practice Training Program. This study explored registrar and supervisor perspectives on these challenges.

Methods
Five IMG registrars and 10 experienced supervisors were interviewed between August 2006 and March 2007.

Results
Six themes were identified: language and communication, cultural issues, understanding the Australian health care system, clinical knowledge and its application, consulting styles and registrar support.

Discussion
Addressing the issues identified in this study can provide an easier transition for IMG registrars and help them reach their full potential.

Approximately one quarter of Australian general practice registrars are international medical graduates (IMGs).[1] International medical graduates have a lower pass rate in the Fellowship of The Royal Australian College of General Practitioners examination than their Australian trained counterparts[2] and are more likely to require remediation during general practice training. Anecdotally, supervisors report more difficulty settling IMGs into general practice.

A recent systematic review[3] identified challenges faced by IMGs undertaking training; these included language and communication skills, ability to interact with a wide range of people, and the need to adjust to a change in status. Two small Australian studies[4,5] examining the experiences of IMGs in nontraining positions identified language and communication, understanding the health care system, mental health and the immigration process as areas of difficulty.

There has been little assessment of the specific challenges confronted by IMG registrars and their supervisors in the Australian General Practice Training Program (AGPTP).

Methods

Written invitations to participate in interviews were sent to all IMG registrars who had completed at least 6 months of the AGPTP with the western Sydney training provider WentWest, and all GP supervisors who had supervised at least two IMG registrars. A second letter was sent to registrars 6 months later.

Semistructured interviews were undertaken from August 2006 to March 2007. Transcripts were analysed to identify emergent themes and categories.

The study was approved by the University of Sydney Human Research Ethics Committee.

Results

Five registrars and 10 supervisors responded to invitations. Two registrars came from the Indian subcontinent, two from the Middle

East and one from Eastern Europe. All spoke English as a second language. The IMGs had been in Australia 11–17 years. Of the supervisors, seven graduated in Australia and three in Egypt. They had been in general practice 12–25 years and had been supervisors for 2–20 years. Australian trained supervisors' opinions differed from those of the three IMG supervisors.

Themes

Language and communication

The most common challenges related to language and communication. The registrars recalled language as a major hurdle on arrival to Australia, but now felt that their communication and language skills were good and all felt they were understood by patients. Understanding Australian jargon remained an ongoing challenge.

Only one registrar acknowledged that language may have reduced her ability to empathise with patients:

> 'I realise probably more than I did before during my previous term there could be different nuances of the words the patient uses, so to be able to understand the degree of the problem.'

All the Australian trained supervisors identified language as an issue, commenting on accent, speed, volume and jargon:

> 'Their language is usually good – probably too good – but they may not understand sometimes all the colloquial or lay language or jargon that the patient may use. So they have difficulty understanding what patients are telling them. The other way around is when they speak back to the patient or give advice it is in 'pure' English level without jargon, so it may not be taken in so well by the patient.'

One Australian trained supervisor described how a registrar's apparent need to translate consultations impaired her ability to demonstrate empathy:

> 'You would talk to her and she'd be quite blank and then suddenly give an answer and it was only after a while I realised she was translating in her head about what you actually said... it looked very much like she was uninterested so the feedback from the patients was they were talking to this doctor who had this blank face.'

One IMG supervisor felt GP training should be delayed until the IMG had developed good language skills:

> 'Language (is) another hurdle I have to cross before the registrar and I can even start – that's before you can get on to any consulting models. I think it's essential and if they are not ready they are not ready.'

Supervisors also commented that IMGs might misinterpret the initial presentation as trivial and fail to see behind the presenting problem:

> 'I think that's because they are unfamiliar with the language and the body language. Patients talk about things and you often get clues from their body language and their language that there is something else going on. I suspect they miss a lot of those.'

Cultural issues

The registrars also described the challenges of understanding Australian culture:

> 'It takes time to assimilate to this society and to learn and to know how things run here.'

Dress codes, homosexuality and alcohol consumption by women were some examples of cultural challenges. Some registrars viewed these as temporary issues:

> 'It's only an issue for the first 2–3 years... after that you learn to accept.'

One registrar commented on differences in how doctors are viewed in Australia:

> 'Back in Afghanistan there are not many doctors and the people, you know, they are very valuing of the doctor and they respect you very much... people just put you in the high rank people.'

The IMG supervisors felt that not understanding Australian social values and norms led to problems with communication, rapport and empathy:

> 'It is usually a struggle; Australian trained doctors easily fit into the practice compared with IMGs. To engage with the staff, to connect with the patients, you need to know lots and lots of the Australian culture to be able to connect, and this is usually absent for some time.'

In contrast, Australian trained supervisors described examples of registrars imposing their own cultural beliefs on the consultation:

> 'I got her to do some videotaping and there was one consult where she had done very good smoking cessation counselling... and then the next consultation she came across a person who drank too much and she ignored all her theoretical knowledge and said "You must not drink". When I showed her the two consults side by side she quickly understood my point and told me it changed her practice.'

One registrar acknowledged it was a struggle not to impose her own cultural values:

> 'So it's like our own values from childhood and adolescence and whatever we were taught at home, just every thing comes with us, so I'm afraid sometimes I could be judgmental of a patient in many issues which as a doctor you are not supposed to be, and this is because we bring heritage of values somewhere down in our mind.'

Racism and acceptance were seen as issues by some supervisors:

> 'A lot of people do not accept you because you're different and they like you to be like them. This is racism, not just in Australians but across the board.' (IMG supervisor)

> 'I think it is hard for them – they might have a little less acceptance and there might be a little more suspicion by the patients. There are additional barriers for them to break down – not only are they the new doctor but they are from a cultural background that the patients are not familiar with.' (Australian trained supervisor)

Understanding the Australian health care system

Some registrars and all IMG supervisors emphasised the challenges of understanding the Australian medical system:

> 'But really knowing the system, the general practice system – how it works here... because you don't learn that in hospitals.'

> 'I had to understand the system, how it works. The whole communication, different networks – like here the GP has a really big and major role in connecting services together to get a good outcome for the patient.'

While all the IMG supervisors felt additional training about the Australian medical system was needed, none of the Australian trained supervisors raised this issue.

Clinical knowledge and its application

Australian trained supervisors felt IMGs were unfamiliar with common Australian general practice presentations such as childhood asthma and depression:

> 'She was saying that in her country depression isn't actually a disease, which is a good point, it sort of challenges your thinking. If you're in Pakistan, depression is not a disease, you just put up with your lot.' (Australian trained supervisor)

Some Australian supervisors described knowledge gaps or limitations, especially if the IMG had already trained as a specialist. In contrast, the IMG supervisors felt that IMG registrars had good knowledge but were lacking in the clinical application of their knowledge:

> 'The medical knowledge is vast and more extensive in my opinion, more comprehensive perhaps compared to the Australian graduate, I think... lots and lots of study and lots and lots of theory, but little practical and less clinical work. The medical application of their knowledge and their training is again limited because of their lack of cultural understanding.'

Another IMG supervisor, speaking from her own experience as a registrar, said:

> "I found the medical knowledge was not an issue, but just how to fit my knowledge and apply it within the Australian culture and the structure of the health network system was a bit of a challenge for me."

The registrars themselves did not acknowledge gaps in their medical knowledge.

Consulting styles

Unfamiliarity with a patient centred style of consulting was raised by Australian trained supervisors, who commented that IMGs may use a more paternalistic style of consulting:

> 'I think that they have probably had more difficulties with a patient centred approach. That sense that you don't sit above the patient – they may come from a different model of medical teaching than ours which teaches more of a partnership between the doctor and the patient. I think some have difficulties with that and also particular difficulties appreciating the psychosocial aspects of the consultation. And that what the person presents with might not be the major issue and for that patient there may be a whole black box behind that presentation. It might very well be very relevant for the doctor to explore that.'

The IMG supervisors acknowledged initial unfamiliarity with the patient centred consulting model but felt IMG registrars were quick to understand the model once they'd had experience in it:

> 'I found the video consultations versus sitting in with me, it's like an eye opener to what we do. In the video they see themselves and then they sit with me and see how different we do it. It doesn't matter how much we talk about it, they need to experience it and then they click.'

The registrars also noticed the potential impact of Australia's legal and ethical framework on consultations:

> 'In my home country you can't say directly to patient you've got cancer or you've got 6 months to live, instead you say indirectly to his or her family that's what it is. But here things are different – you have to say the truth in order to cover yourself in future court cases.'

Registrar support

Registrars described arriving in Australia as a difficult time, with lack of family support and an initial reliance on Centrelink payments:

> 'Being unable to work (as a doctor) – I mean that's a tremendous psychological stress. I believe there are many things when you get here that are facing you... you just work with patience – it takes time to be a hard working person to get things back on track.'

Registrars described the rural term as a particularly stressful time because of child care issues and separation from partners. This was confirmed by supervisors:

> 'These graduates often come from very small communities and this is an extra isolation for them to send them away for 6 months, they are often just starting to connect with their community or to a smaller community, and they have no one here or very few relatives and friends and they just start to make friends with some Australian families and they have to move off.'

The supervisors acknowledged the difficulties for many registrars in coming to general practice later in life, and expressed concern that general practice was a second choice for many IMGs. One supervisor said of an IMG who had worked extensively overseas:

> 'I felt she was a bit resentful of the fact that she was now required to go through more hoops to move into this area, and I think she feels like it is the last straw and feels like she has been through enough already. I think that is because she is an IMG and coming to general practice late in life.'

Improving the experiences of IMG registrars

The IMG supervisors expressed a strong desire to be involved in designing and implementing programs for IMG registrars:

> 'In planning any specific training I strongly encourage older overseas trained supervisors should be involved in implementing any change any specific programs. These are the people who really understand where the IMGs are coming from.'

The Australian trained supervisors noted the need to find time and ways to explore their registrars' cultural backgrounds and previous clinical experience and training:

> 'They come from all different cultures so are not heterogeneous. To me, their medical background, they way they are trained and their culture is a complete black box. I feel I need to respect that in them. I guess that's about finding ways of opening up communication between me and them.'

Discussion

Our study sought the views of both registrars and supervisors and identified six main issues for IMGs: language and communication, cultural issues, understanding the Australian health care system, clinical knowledge and its application, consulting styles and registrar support. It was striking that these issues were still salient despite all the registrars interviewed having lived in Australia for at least 11 years.

Our study was limited by small numbers of registrars and only involved sampling in a single metropolitan training provider. However, similar challenges have been identified in other studies.[3,4,5]

Replication of this study with a larger number of registrars in both rural and urban areas would extend the findings and increase their generalisability. Nevertheless, training providers should ensure that IMGs receive adequate orientation in the Australian health care system, and should consider specific training for IMGs in patient centred care and effective communication. Additional funding may be required to provide specific linguistic analysis and training.

The Australian trained supervisors identified the need to see IMGs as individuals, often with backgrounds and experiences very different to their own; cultural awareness training for supervisors would enable better understanding. Training providers also need to consider innovative approaches such as the use of poetry and role plays to enhance IMGs' understanding of Australian culture and language.[6]

The IMG supervisors expressed a strong desire to help IMG registrars to make the transition to general practice and support them to reach their full potential. Regional training providers should consider using former IMG registrars as mentors for current IMG registrars and as coaches for supervisors.

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