

ERG2025-19 Final Report: Beyond the Lingo: The training experiences of Culturally and Linguistically Diverse registrars on the RACGP' Fellowship Support Program.

Aim and objectives

This project aimed to explore the experience of Culturally and Linguistically Diverse (CALD) registrars navigating different stages of the Fellowship Support Program (FSP) and understand the development of professional identity and cultural integration. CALD registrars were defined as registrars 'who were born in non-English speaking countries and/or [for whom] English is not the main language spoken at home'. This was expected to inform the College of registrar needs and expectations of the program, which is important since the FSP is one of the fastest growing GP training pathways within the RACGP.

Objectives included:

1. Describe how registrars perceived enablers and barriers to learning on the program.
2. Describe how registrars perceived strategies of inclusion on the program.
3. Describe how FSP training experiences impacted on professional identity formation.
4. Describe how FSP training experiences impacted on acculturation of registrar.
5. Describe registrar perceived impact of personal histories on individual training experiences.
6. Describe registrars perceived impact of FSP on their well-being while training.
7. Provide Registrars, Medical educators and Supervisors with a review of CALD training perspectives.

Methods:

The project involved in-depth qualitative interviews to explore FSP registrars' experiences of vocational training. Interviews explored how well training supported the goals of integrating into Australian general practice, to inform the FSP and wider vocational training models for the global doctor. Overall, 18 one-hour interviews were done between March and June 2025, saturating the data and informing key themes.

Key steps included:

- Potential participants were FSP registrars in term 3, 4 and post and consolidation phases.
- They were recruited by sending out an email to current FSP registrars via FSP administrators and discontinued registrars via the RACGP CPD team in March 2025.
- An expression of interest (EOI) process collected the respondent's basic information including their medical education and practice demographics and consent for interview. Participation was voluntary.
- EOIs were reviewed by the chief investigator (CI) Kota and associate investigator (AI) O'Sullivan to screen for eligibility and purposefully select 20 registrars across 5 stages of FSP training and for different backgrounds.
- If there was a pre-existing relationship further communication was handled by AI O'Sullivan (1 respondent).
- Of the remaining 19 respondents, 18 agreed to participate in a semi-structure interview with CI Kota via Zoom with interviews recorded and transcribed using zoom recording.
- All information was securely stored.
- Interview questions were circulated in advance of interviews.
- Support services were available to participants.
- A \$75 voucher was provided post interview.
- All interviewed participants were removed from future registrar-ME interactions for the duration of their training on FSP via liaison with AI Amarasekera.

Results:

Five interrelated themes were identified across the dataset, capturing CALD registrars' migration trajectories, professional disruption, adaptive labour, and identity reconstruction within Australian GP training pathways.

Theme 1: Migration as Strategic Choice and Personal Disruption

Migration was consistently framed as intentional and strategic, yet deeply disruptive. Participants described leaving home countries due to political instability, limited opportunities, or family considerations, often at a young age and with minimal support. *"So, I left home since I was 18 to Russia, and I completed 6 years myself in Russia by myself in a very foreign country which we have to learn Russian language and Latin language".*

This early exposure to displacement shaped later migration decisions, reinforcing resilience while normalising instability. Migration to Australia was described as another major rupture, involving unfamiliar systems, cultural adjustment, and geographic isolation. *“I moved to New South Wales into this town... it’s about three hours away from Sydney... I moved because of the GP registrar job”*. Migration was therefore experienced not as a single event but as an ongoing condition of movement, separation, and adaptation.

Theme 2: Professional De-skilling and the Experience of “Starting Again”

Despite extensive pre-migration experience, participants consistently described being required to restart professionally. This was experienced as both humiliating and destabilising. *“Even though I have worked for many years, when I came here, it was like starting again... you feel like you’re back to square one”*.

Assessment and regulatory processes reinforced this sense of de-skilling. While recognised as necessary, they were emotionally taxing. *“The direct observation by the medical educator... even though it is very nerve-wracking, but I find it’s very useful. It actually pushed me to become a better doctor”*. This tension—between distress and developmental value—characterised participants’ engagement with Australian training structures.

Theme 3: Prior Expertise as Invisible but Enduring Capital

Participants brought extensive clinical experience, including hospital medicine, emergency care, rural practice, and teaching. However, this expertise was often perceived as unrecognised. *“All the experience I had before, it didn’t really count here”*. Despite this, prior skills remained an internal resource. Participants actively drew on their breadth of experience to manage complexity in general practice. *“Because I’ve done hospital, emergency, everything, GP makes more sense to me now... you have to think wide”*. This reframing allowed participants to retain a sense of competence and professional worth despite structural devaluation.

Theme 4: GP Pathway as Pragmatic Redirection and Identity Reconstruction

General practice was rarely described as an original career aspiration. Instead, it was selected pragmatically as the most viable pathway to registration and stability. *“GP was not my first choice... but it was the only pathway available”*. Over time, however, participants reconstructed their professional identity through structured learning and supervision. FSP was frequently cited as central to this process. *“FSP, yes, it does support my learning... we do have a monthly meeting with the medical educator... all the essential education provided to us”*. Through repeated feedback, supervision, and reflection, GP work came to be understood as complex and intellectually demanding rather than inferior.

Theme 5: Resilience, Emotional Labour, and Conditional Belonging

Across all transcripts, resilience emerged as a unifying concept. *“I guess I can use one word to conclude everything — resilience. Resilience”*. Participants described emotional strain related to isolation, financial pressure, and the constant need to prove competence. Achievements such as fellowship eligibility were framed as symbolic milestones rather than endpoints. *“Even when you pass, you still feel like you have to prove yourself again and again”*. Belonging was therefore experienced as conditional, contingent on ongoing performance within the system.

Together these themes start to answer three inter-related questions:

1. Who are CALD trainees on the FSP completing GP training?

Participants’ migration decisions were shaped by family ties, political instability, career aspirations, and the pursuit of safer and more supportive work environments. Despite extensive pre-migration expertise, many IMG /CALD registrars experienced “professional restart,” entering junior or transitional roles that devalued prior skills. Navigating complex regulatory systems—including AMC examinations, English language requirements, and evolving GP pathway structures—posed prolonged challenges, creating emotional strain and periods of uncertainty. Participants actively leveraged prior clinical and leadership experience, adapting it to the expectations of Australian general practice. The GP pathway was often selected pragmatically rather than vocationally, requiring the reconstruction of professional identity in the Australian context. Emotional labour, isolation, and encounters with structural inequities, including racism, were pervasive, yet achievements such as fellowship eligibility, registration, and citizenship served as key milestones of re-legitimation. These findings highlight the tension between IMGs’ prior expertise and systemic barriers, emphasizing the need for more supportive, flexible pathways that recognize international experience while fostering professional integration and wellbeing.

2. Why are CALD trainees coming to Australia and choosing FSP for GP training?

IMG and culturally and linguistically diverse (CALD) general practice (GP) registrars in Australia navigate a complex interplay of personal, professional, and systemic challenges during their Fellowship Support Program (FSP) training. A key finding across participants is the centrality of resilience, shaped by prior experiences in demanding educational and healthcare systems abroad, financial pressures, and the need to restart professional careers in Australia. This resilience underpins persistence, self-motivation, and adaptability in the face of systemic and personal obstacles.

Participants leveraged prior clinical and educational experiences, including mental health, emergency care, paediatrics, and women's health, to build confidence and problem-solving capacity within Australian primary care. Their cultural competence and multilingual skills facilitated patient rapport, particularly with diverse populations (and marginalised groups) they cared for, while also requiring adaptation to local healthcare norms, communication styles, and guidelines.

The transition to Australian general practice was supported by structured programs, mentorship, and peer networks within FSP. These support mechanisms were critical in navigating licensing requirements, clinical protocols, rural and metropolitan practice variations, and complex patient management. Exposure to culturally diverse colleagues and patient populations further enhanced professional integration.

Through these processes, IMG and CALD registrars developed a strong professional identity characterised by patient advocacy, clinical confidence, and satisfaction in delivering culturally responsive care. Their experiences underscore the importance of resilience, prior professional capital, and structured support in enabling successful integration of internationally trained doctors into the Australian general practice system.

3. How did the FSP facilitate or not, CALD trainees identifying as an Australian GP and becoming culturally integrated?

The FSP provided registrars with the chance to develop a sense of professional legitimacy through experiential learning, patient interactions, and continuity of care, with prior clinical experience enhancing confidence and versatility. Acculturation involved adapting to Australian healthcare norms, including evidence-based practice, rural and urban clinical contexts, and culturally diverse patient populations. Structured FSP resources—such as small group learning, mentoring, and access to ETG—facilitated this adaptation, though individualised mentorship and supervisory support were consistently reported as more influential than programmatic content, potentially due to the desire for sharing narrative and socially and professionally connecting to mitigate professional isolation, particularly for dispersed rural registrars. Challenges of the FSP for identity and acculturation included geographic separation, family responsibilities, financial constraints, and navigating unfamiliar healthcare systems. Positive reinforcement from patients and supervisors strengthened professional identity, while programmatic support mainly offered foundational learning and access to guidelines. Overall, identity formation and acculturation were highly experiential and relational, with supervisors, patient interactions, and prior skills driving deeper integration into Australian general practice, and FSP program structures serving as supportive scaffolding rather than primary drivers.

Discussion:

There is a complex interplay between personal motivation, prior professional experience, and structural barriers faced by CALD doctors navigating Australian GP training in the FSP. These results underscore the tension between CALD doctors' prior competencies and the rigidity of Australian medical regulatory, training and professional recognition systems. They highlight the importance of supportive pathways that recognize international experience, provide tailored guidance, and foster cultural and professional adaptation and connection. Addressing these barriers can enhance workforce integration, retention, and the contribution of CALD doctors to remote and underserved rural communities.

CALD registrars' pathways are characterised by prolonged professional liminality, systemic de-skilling, and adaptive re-professionalisation. While participants demonstrate considerable resilience and commitment, their accounts reveal that recognition and belonging within Australian GP training remain partial and conditional. Structured programs such as FSP play a critical role not only in skill development, but in restoring professional identity and legitimacy.

There is both convergence and divergence when compared with Australian-trained registrars. Like their locally trained peers, CALD registrars navigate complex clinical environments, manage patient care, and develop

professional identities within the constraints of time-limited training. However, CALD registrars face additional structural and personal challenges, including requalification requirements, linguistic adaptation, and cultural acclimatisation, which influence both their learning trajectory and professional confidence.

The findings suggest that tailored mentorship, peer support, and recognition of prior experience are critical in facilitating IMG/CALD registrars' successful integration. While Australian-trained registrars may require support in clinical skill acquisition and workload management, CALD registrars benefit from programs that explicitly address systemic navigation, cultural adaptation, and bridging clinical competencies. These insights reinforce the value of a differentiated training approach within FSP, which not only supports equitable outcomes but also leverages the diverse expertise that IMG/CALD registrars bring to Australian general practice. These findings suggest that FSP and similar programs should continue to focus on tailored mentorship, peer networking, and experiential learning, while addressing structural barriers (e.g., rural placements, financial costs) to optimize acculturation and professional integration for their registrar cohort.

Future research is underway to expand on this research via ERG2026-11 looking at induction tools for IMG/CALD registrar supervisors and medical educators within rural Australia.