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GENERAL PRACTICE SUPERVISION AUSTRALIA

FROM ARRIVAL TO FELLOWSHIP: A roadmap to support IMGs as a valued part of Australia's rural GP workforce

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BACKGROUND

WHAT IS THE NEED?

International medical graduates (IMGs) require support across three complex stages of their journey:
1 arriving in Australia,
2 moving to new workplaces and communities, and
3 training as general practitioners (GPs) in rural areas

WHY A FRAMEWORK?

Many agencies are involved in the IMG journey and need a shared vision of the solutions to promote early intervention and collaborative action

WHAT IS INCLUDED?

Agreed strategies in a roadmap to address IMG needs and support them to achieve specialist GPs qualifications as a valued part of Australia's multicultural medical workforce

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ONE PAGE SUMMARY

Roadmap to support IMGs as a valued part of the rural GP workforce

AIM Comfortable and empowered

Arriving in a new country and acclimatising

What to do?

Information and resources about migration requirements, healthcare and life, and resources to understand rural general practice training pathways and career options.

STAGE 1

AIM Confident, competent and community belonging

Moving to new workplaces and communities

What to do?

Supportive workplaces for early supervised practice, skills bridging under quality supervision and opportunitites to connect with other doctors, families and communities.

STAGE 2

AIM Professional belonging and bonding

Training to become a specialist GP in rural Australia

What to do?

Equitable training to match IMG and community needs, building on IMG strengths and capabilities, within family-focused training

STAGE 3

Outcomes

- IMGs who are qualified as specialist GPs in rural communities, with career growth opportunities and working as a valued part of Australia's multicultural workforce.
- Families who feel settled.

Origins of the roadmap

The roadmap was developed by GPSA using a 2025 Education Research Grant from the RACGP via Commonwealth funding under the AGPT program. Realist evaluation and participatory action research involved recurrent rounds of focus groups, interviews and feedback cycles exploring solutions to the contextual challenges for IMGs and how to promote their comfort, confidence, competence, belonging and bonding (established mechanisms in the literature). Participants included 41 people across rural GP training, including decision-makers, training teams, supervisors and IMGs. Overall, 68% of respondents were IMGs and most rural pre-vocational and vocational GP training pathways across all ruralities were included.

Landing on agreed strategies

The strategies became progressively more populated and nuanced until the research team felt saturation was reached and there was limited value in additional feedback. Strategies to build comfort including information and tailored advice were most critical at the point of migration. Strategies to promote confidence, competence and belonging to the community such as supportive supervised workplaces and opportunities to connect with other doctors' families and communities were needed when moving to new workplaces/ communities. When training to become a specialist rural GP, strategies like equitable pathways building on IMG capabilities within family focused training were important to promote professional belonging and bonding.

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LINE LISTED STRATEGIES FOR
THE PATHWAY IN PRACTICE

Roadmap to support IMGs as a valued part of the rural GP workforce

Stage 1. Moving to a new country and acclimatising

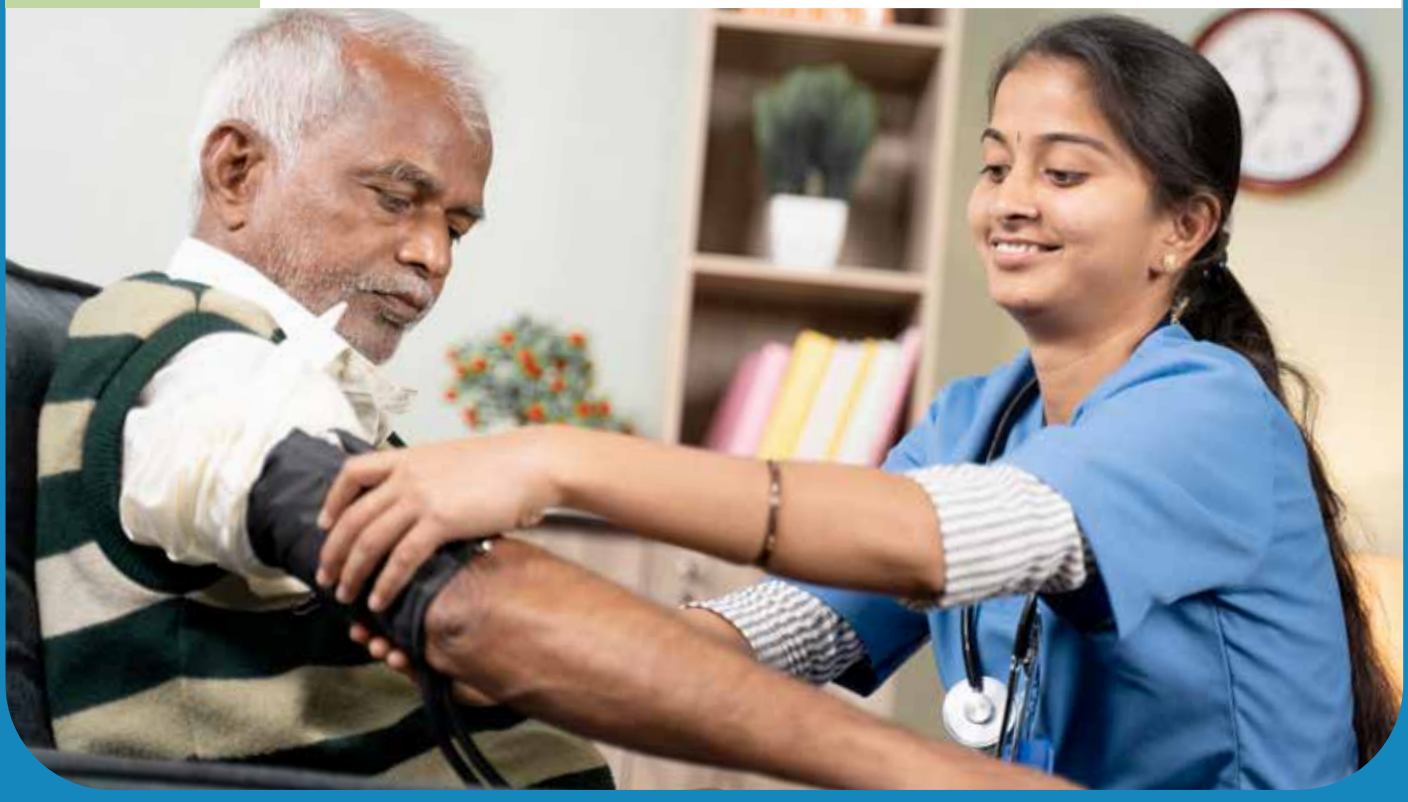
AIM – Comfortable and empowered through information and resources about migration requirements, healthcare and life, and rural general practice training pathways and career options

A. Information and resources about migration requirements, healthcare and life in Australia	1. Provide clear centralised information about the entire pathway covering the processes and requirements of the relevant government agencies and education providers (e.g. AHPRA, AMC) and the interactions with visa and residency status to assist IMGs in preparing to migrate to join the medical workforce. *Read more*
	2. Provide the opportunity for IMGs to easily access individualised advice and feedback about processes and requirements to buffer general material on websites. *Read more*
	3. Reduce the costs and time associated with the paperwork IMGs are required to complete, in recognition of the essential role IMGs play in rural primary health care. *Read more*
	4. Communicate clear justifiable standards around visa and registration requirements and any variation by state or territory. *Read more*
	5. Provide information about life in Australia, including culture, education, housing, banking, employment for partners and what resources and agencies are available in regional, rural and remote communities. *Read more*
	6. Provide information about Australia's healthcare system including but not limited to billing and pharmaceuticals (e.g. MBS, PBS) and the structure of primary healthcare and hospital services. *Read more*
	7. Provide information and resources about doctors' health and wellbeing, available programs and how to find your own GP. *Read more*
	8. Provide clear information and resources to guide preparation for IMG-specific assessments (e.g. AMC exams) and audit the quality of private sector resources. *Read more*
B. Early information and resources about rural general practice training pathways and career options	1. Provide information about general practice work in Australia and potential scope of clinical responsibilities. *Read more*
	2. Provide centralised information about rural GP training pathway options (eligibility, application, teaching and learning program, supervision models, and costs) and where to get help. *Read more*
	3. Provide information regarding relevant programs and agencies and general or region-specific entitlements for working rurally. *Read more*
	4. Provide early access to independent career mentors with expertise in general practice and IMG support, to guide rural GP pathways choices and broader career development opportunities. *Read more*
	5. Build the capacity of the domestically trained workforce to provide pastoral care and foster collegiality by deepening their understanding of IMGs' experiences, strengths and needs. *Read more*
	6. Promote positive case studies of IMGs practising as rural GPs, highlighting different pathways and experiences within rural general practice. *Read more*

Stage 2. Moving to new workplaces and communities

Aim: Confidence, competency and community belonging through supportive workplaces for early supervised practice, skills bridging under quality supervision and opportunities to connect with other doctors, families and communities

C. Supportive workplaces and early supervised practice	1. Establish structured matching and recruitment processes to connect IMGs with hospital and general practice roles aligned with their learning goals and career intentions. *Read more*
	2. Provide information about doctors' rights, employment models, employment laws and resources for contract negotiations which include the supervisor's time and effort within the contract and where to get help. *Read more*
	3. Support IMGs in navigating the administrative and documentation requirements for starting employment and ensure they understand how the rules relating to registration, employment and training are applied in practice. *Read more*
	4. Develop tools to help employers better assess IMG capabilities and understand employment considerations specific to IMGs. *Read more*
	5. Provide opportunities for supported rotations in hospitals with appropriate supervision. *Read more*
	6. Build access to structured, remunerated observerships and IMG preparedness programs within an indemnity framework. *Read more*
	7. Expand opportunities for formal workplace based assessments and examinations to achieve general registration. *Read more*
	8. Provide study leave for IMGs preparing for assessments and acknowledge their effort to complete additional assessments. *Read more*
	9. Design an objective assessment of general practice knowledge, skills, and attributes (e.g. PESCI) that is applicable across rural primary healthcare settings and can be supplemented with micro-credentials to support IMG mobility between practices. *Read more*
	10. Provide employment which enables IMGs to earn an income comparable to their hospital counterparts. *Read more*
	11. Provide a graduated caseload and enough time for learning as IMGs transition into general practice. *Read more*



D. Skills bridging under quality supervision	1. Provide training in general practice specific skills, including time management, caseload scope, software use, how to complete referrals, billing and using the PBS and managing uncertainty and medicolegal issues. *Read more*
	2. Provide appropriate training on managing presentations in general practice with reference to the relevant guidelines and resources (e.g. Therapeutic Guidelines, Australian Medicines Handbook) based on a tailored learning plan. *Read more*
	3. Provide specific education regarding Australian culture, communication, language colloquialisms and workplace culture. *Read more*
	4. Provide specific education regarding First Nations health and cultural safety when caring for Australians who identify as Aboriginal or Torres Strait Islander. *Read more*
	5. Foster a positive culture where IMGs feel safe and comfortable asking questions, and ensure they know whom to approach for support. *Read more*
	6. Provide in-practice, funded supervision which promotes reflective practice alongside regular, specific, and constructive feedback tailored to each IMG's strengths and learning needs. *Read more*
	7. Develop best practice guidelines for IMG supervision across pre-vocational and vocational pathways, with dedicated funding for clinical supervision, centralised teaching resources and communities of practice for supervisors and practices. *Read more*
	8. Conduct independent audits of supervision quality, recognising that it may be challenging for IMGs to indicate receiving inadequate supervision when supervisors are employers. *Read more*
	9. Provide an independent helpline and relocation support, with change-of-circumstance allowances, for IMGs in unsafe or poorly supervised workplaces. *Read more*
E. Connecting with other doctors, families and communities	1. Provide opportunities for IMGs and domestically trained doctors to learn together. *Read more*
	2. Create opportunities for IMGs to build broader professional networks, participate in professional forums, and develop trusted referral networks. *Read more*
	3. Establish peer-support networks where IMGs can connect with other IMGs and share experience. *Read more*
	4. Provide an orientation and actively support IMG families as they integrate into the community. *Read more*
	5. Celebrate cultural diversity and recognise religious festivals and customs in workplaces. *Read more*

Stage 3. Training and becoming a specialist rural GP in Australia

Aim: Professional belonging and bonding through equitable training to match IMG and community needs, building on IMG strengths and capabilities, within family-focused training

F. Equitable quality of rural training matching IMG and community needs	1. Provide friendly advice, encouragement and resources when IMGs ask about rural GP training and careers. *Read more*
	2. Evaluate the impact of changes to GP training programs which affect eligibility and completion times and provide IMGs with practical support and solutions. *Read more*
	3. Expand IMG access to fully funded, high-quality GP training programs in rural communities, where IMGs care for Australians with greater healthcare needs and often work with more professional isolation. *Read more*
	4. Provide pathways which allow IMGs to train effectively in one rural practice where appropriate. *Read more*
	5. Provide continuity of relationships with a supervisor, including independent supervisors outside the practice, to offer empathetic guidance and support with challenges. *Read more*
	6. Provide real-time mentorship and pastoral care for IMGs experiencing complex challenges. *Read more*
	7. Recognise IMG qualifications, experience and contributions and explore opportunities to fast-track certain skills areas, and enhance others during training. *Read more*
	8. Enable and encourage IMGs training in rural locations to attend training and other events by providing funding and time off. *Read more*
	9. Implement training with more emphasis on progressive formative rather than summative assessments using direct observation and case-based discussions, tailored learning plans and regular feedback about skills and knowledge for the local context. *Read more*
	10. Create opportunities for small group learning to foster peer-to-peer connections and relationships for IMGs. *Read more*
	11. Ensure there are no language or metropolitan biases in GP training assessments. *Read more*
G. Foster IMG strengths and capabilities	1. Provide opportunities for IMGs to contribute to teaching, supervision, mentorship, policy development, and academic work. *Read more*
	2. Recognise the vital role IMGs play in delivering accessible, high-quality healthcare in rural communities and regularly thank them for their commitment and service. *Read more*
	3. Recognise that once IMGs integrate into the Australian health system and specialise, the term "IMG" has limited relevance. *Read more*
H. Provide family-focused training	1. Develop flexible training which respects IMGs managing wider responsibilities, needs and issues with local and international family. *Read more*
	2. Invite and encourage IMGs and their families to attend professional events/workshops. *Read more*

BEHIND THE STRATEGY

What Drives the Roadmap for IMG Support?

Stage 1. Moving to a new country and acclimatising

A – Information and resources about healthcare and life in Australia are critical for IMGs to feel comfortable and empowered

A1. Provide clear centralised information about the entire pathway covering the processes and requirements of the relevant government agencies and education providers (e.g. AHPRA, AMC) and the interactions with visa and residency status to assist IMGs in preparing to migrate to join the medical workforce	Centralised information about the entire pathway from entry to specialisation as a GP in a rural area reduces the range of websites IMGs need to search, at the risk of missing important information: ***"it is a complicated system"*** (39_SH_IMG_Met). Having a single reference point could build understanding of the range of agencies IMGs need to interact with: ***"there are different organisations... the interfaces that get tricky to understand"*** (17_SH_IMG_Met). It is important to reduce pressure on the end user: ***"it's not just one system or one organisation that we are dealing with. We are dealing with [the] Medical Board, the immigration, the Medicare, and then the colleges, the RACGP, ACRRM… rural workforce agencies …… it's not just one source of truth, it's multiple sources.***" (39_SH_IMG_Met). IMGs also need information about their employment options related to visa, residency and citizenship status since this can have implications for the whole family: ***"my whole family was depending on my permanent residency, my two sons, my husband and me, and we wanted to all stay here."*** (20_Sup_IMG_Rur) . Clear information about the end-to-end pathway could also be supported by: ***"Checklists to go through each … stage"*** (19_sup_IMG_Reg).
A2. Provide the opportunity for IMGs to easily access individualised advice and feedback about processes and requirements to buffer general material on websites	Providing individual advice and feedback for IMGs to plan their Australian career helps them with interpreting and applying the rules and requirements to their individual context: ***"…I was like, how come it's taking so long? What's the deal with AHPRA? ... how come I cannot talk to anybody"*** (20_sup_IMG_Rur). Having official channels for seeking advice could also overcome isolation: ***"… If there was somebody who was walking side by side and guiding me, it would have changed a lot of things. I wouldn't have felt so alone"*** (36_reg_IMG_Reg) and mitigate over-reliance on unofficial information sources which may not provide a systems perspective: ***"I did get some help, but it turns out the person that helped me, … [it was] like the blind leading the blind … [they] knew very well about the rules that apply to them, but not to me"*** (17_SH_IMG_Met).
A3. Reduce the costs and time associated with the paperwork IMGs are required to complete, in recognition of the essential role IMGs play in rural primary health care	Giving IMGs more streamlined, relevant and lower-cost processes, could promote more trust in public agencies: ***"AHPRA has got this daunting, tedious document certifying requirement … It's more the certification of a sentence, where it's written, who has written it, where is the dot point, where is the exclamation mark. And this will delay the process because you have to correct it. You have to send it back"*** (31_reg_IMG_Rur). IMGs are part of Australia's solution to deliver essential rural primary healthcare workforce; however, they face high personal costs to support this public policy goal, even before they start earning income: ***"Expensive, very expensive... I haven't started working as a GP, but I had to pay $2,500 for a registration, the same amount for the PESCI, and lots of things, they need lots of money, and … I wasn't working, so how they can expect me to … to live in Australia, not working, and have at least $15,000 in cash in my pocket to pay for all these exams..."*** (33_reg_IMG_Rur).

Back to line listed Strategy for the pathway in practice

A4. Communicate clear justifiable standards around visa and registration requirements and any variation by state or territory	The standards around visa and registration in different locations could be clearly stated to inform IMG decisions: ***"[I asked] 'why do level ones have to be level one for a year? Because it makes no sense that this sort of blanket rule is imposed'. And she [AHPRA official] said, 'well, you can always apply for a change of circumstances and increase their level'. And I said, 'and it's universally rejected'… And her response was, 'you're in New South Wales, aren't you?'*** (13_SH_ notIMG_Reg). The visa and registration requirements are closely attended by IMGs because they affect the capacity to earn a living: ***"What does their visa allow you to do? ... you need to earn"*** (39_SH_IMG_Met). Ensuring registration requirements are justified and aligned with supervised learning opportunities is critical for IMGs to trust these systems. This should include alignment with all groups of IMGs including those re-entering the workforce after a break: ***"…to get back into medicine [after a career break], it's really difficult for them to get recency of practice. And AHPRA won't give … provisional registration without recency of practice"*** (17_SH_IMG_Met). Clear eligibility criteria and feedback helps IMGs to know what they need to do: ***"… I tried to change my workplace from the hospital to GP. I submit[ted] a form called Change of Circumstances…AHPRA rejected my application… I meet all the eligibility to work at GP … I already have valid current registration…passed the PESCI … English… they just withdrew my application…they didn't give me any, like, actual reason***" (31_reg_IMG_Reg). The PESCI was also not necessarily aligned with registration: ***"she did not expect it that even after passing the PESCI, she could still fail the registration assessment and she failed it. But I helped her to appeal … and then getting the second outcome, eight months, that journey took eight months"*** (39_SH_IMG_Met). Others reiterated this: ***"on the PESCI, I was told that I need a level two supervision for three months and then up to level three. But the AHPRA didn't accept that and AHPRA downgraded me to level one"*** (33_reg_IMG_Rur).
A5. Provide information about life in Australia, including culture, education, housing, banking, employment for partners and what resources and agencies are available in regional, rural and remote communities	IMGs require information to establish all aspects of their lives in Australia: ***"… opening a bank account in Australia is very different to most countries that are not western countries, renting a house, buying a house, buying a car, navigating transport, health insurance, supermarket shopping, all of that is very foreign…"*** (26_TD_notIMG_Met). Information and resources to adjust to life in Australia could happen whilst IMGs are waiting for approvals: ***"there's a long period of time and a lag time for visas and all the other things that go with it. And they could be preparing themselves [for wider issues] in that time …"*** (11_SH_notIMG_Reg). Areas where IMGs may need information include childcare, partner's employment and accommodation for families: ***"things like accommodation and stuff" (32_reg_IMG_Rur) and help with property inspections and references: "most of the real estate agents, they need someone to inspect the property in person … they also ask local references"*** (36_reg_IMG_Reg). It is also important they know about any contact points for information and resources for setting up their lives in regional and rural communities.

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A6. Provide information about Australia's healthcare system including but not limited to billing and pharmaceuticals (e.g. MBS, PBS) and the structure of primary healthcare and hospital services	IMGs require explicit teaching and resources to understand the Australian healthcare system, its structure and functions: ***"she had this compulsory IMG lecture I think it was two days … that sort of orientates you through the Australian system… I think that should be compulsory for IMGs … they explained like how Medicare works and how the hospital system referral works and [other health services] like … domestic violence and those sort of people involved because I had no idea of any of those… they just use the ACAT abbreviation you have no idea what that even means … [and it's] a good way to meet other IMGs and then other doctors that was in the same position"*** (30_reg_IMG_Rur). IMGs also require information about: ***"legalities or the Australian health system, what does PBS mean, what does Medicare mean, you know, how is it different, in which circumstances does this not apply and when do you consider something else?"*** (19_sup_IMG_Reg). Also, what: ***"allied health and some specialties like rehab and geriatrics and healthcare are" since they are "very rare in other countries… they have no concept of what those pathways are, who's appropriate for them".*** (26_TD_notIMG_Met).
A7. Provide information and resources about doctors' health and wellbeing, available programs and how to find your own GP	IMGs should be given explicit information about doctor's health and wellbeing, available programs and how to find their own GP because these things may not be obvious and yet they are a part of professional support for all Australian doctors: ***"A face-to-face GP is what they need"*** (12_SH_notIMG_Met). They may also need introductions and encouragement to use state-based Doctors Health Programs and understand the Australian norms around using wider resources like: ***"Employer Assistance Program via RACGP or the local hospital … to support IMGs who may be facing a challenging time …"*** (23_TD_notIMG_Met).
A8. Provide clear information and resources to guide preparation for IMG-specific assessments (e.g. AMC exams) and audit the quality of private sector resources	IMGs should be given educational materials which align with the learning objectives for IMG-specific assessments. Publicly available resources and information about what predicts success in IMG-specific assessment could reduce anxiety about passing and mitigate out of pocket costs for private resources: ***"It is multiple providers for exam preparation, whether AMC2, AMC1…. Some of them charge $12,000 for one exam, some of them $2,000. So, it is really a bad situation"*** (35_reg_IMG_Reg). IMG confidence is hindered by the publication of low pass rates without rationale and evidence about how to prepare and pass at a standard which is justified around the expectations of entry level doctors in Australia: ***"I think there's the passing rate of those from memory was like horrendous."*** (40_reg_IMG_Rur). IMGs also need a level of guarantee that passing AMC assessments will lead to registration, to justify their expenditure of time and effort. This is part of developing secure pathways for IMGs facing the: ***"problem of getting the ticket, the golden ticket, the AMC Part 2"*** (18_sup_IMG_Rur). The AMC part 2 can be a major source of stress and cost for IMGs: ***"… the biggest hurdle for an IMG getting into specialty training…the AMC clinical exam, having a pass rate of 21% … and then it costing somewhere around five grand just for the exam… some people end up spending up to 15 to 20,000 just trying to get through that AMC clinical exam"*** (36_reg_IMG_Reg).

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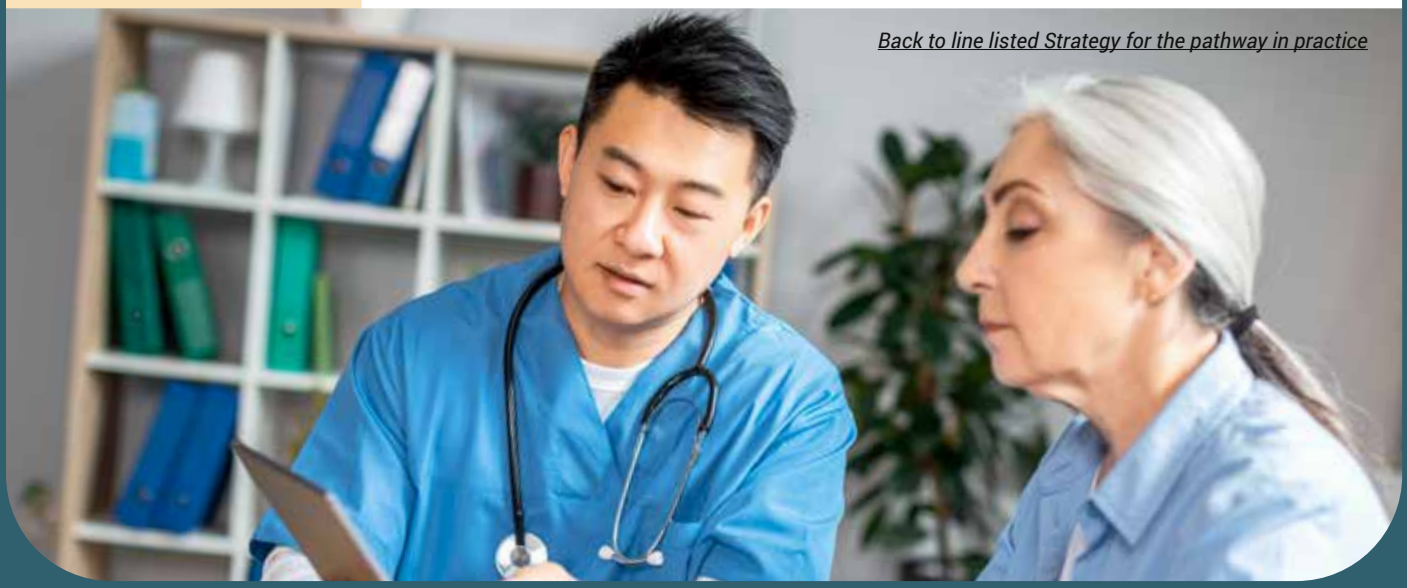

B – Early information and resources about rural general practice training pathways and career options is important for IMGs to feel comfortable and empowered	
B1. Provide information about general practice work in Australia and potential scope of clinical responsibilities	IMGs should be given specific information about general practice and rural GP work in Australia since it differs from other countries: ***"I think in Australia we have the widest scope of general practice in the whole world… I don't think there's a country that has such a wide scope"*** (16_SH_notIMG_Rur). IMGs may come from countries where general practice is not a specialty and: ***"where they don't have universal health care or if it is it's really poorly funded and overworked and so readjusting their perspective…. many of them said I don't really understand what a GP does …. the hospital and the GP systems are so separate in our country, and so they're kind of going, I'm interested but I just don't know what GPs do and I don't have an avenue to gain that experience"*** (26_TD_notIMG_Met). It takes support to adjust to the Australian norm where: ***"general practice … is a specialty. It's not just a doctor doing with the general things"*** (38_sup_IMG_Rur).
B2. Provide centralised information about rural GP training pathway options (eligibility, application, teaching and learning program, supervision models and costs) and where to get help	IMGs will benefit from centralised information to understand and assess the opportunity costs of different GP training pathways and be able to find assistance for any questions they have: ***"a lot of people actually don't know what it involves. Because there are so many pathways" (18_sup_IMG_Rur).*** The range of pathways caters for different cohorts and rural-based training, however: ***"I think their biggest challenges have been trying to work their way through the different pathways and the understanding of what each pathway entails"*** (7_PAG_IMG_Rur). It is important to mitigate IMGs having to piece together different information about potentially eligible pathways at the risk of missing opportunities: ***"I have to admit I feel as if I had to do all the work myself … I don't think at that point realise there was two GP colleges, I didn't realise there was anything other than the AGPT program"*** (32_reg_IMG_Rur). Rather than each GP pathway providing advice and relying on informal advice, it might help if there was a single source of official information: ***"no one can help you; I had no idea why there's so many pathways to become a GP and it took ages for me to figure out. I still try to sort of help other IMGs but I'm still unsure about some of these pathways"*** (30_reg_IMG_Rur).
B3. Provide information regarding relevant programs and agencies and general or region-specific entitlements for working rurally	All IMGs should be given information and education about programs, agencies and their entitlements. Some of the agencies related to rural workforce support were also not readily known: ***"I didn't know about it [the workforce agencies] at that time. … I searched the whole internet for where I can find a job as an IMG, under supervision, but it didn't bring up anything about the rural network…. now when I'm talking to the new IMGs and they ask me where to find a job, I let them know, have you checked the rural network? And they said, what is that? They even don't know it"*** (33_reg_IMG_Rur). Others didn't understand the processes around entitlements: ***"I missed out on a payment of $12,000, which nobody had told me about. I got a letter for it at one point, but I put it at the bottom of my pile of things…then I missed the deadline. And then I tried to call and get it. And they said, it's too late"*** (20_Sup_IMG_Rur).

Back to line listed Strategy for the pathway in practice

B4. Provide early access to independent career mentors with expertise in general practice and IMG support, to guide rural GP pathway choices and broader career development opportunities	Clear and centralised information needs to be supplemented with early access to tailored advice about rural general practice training and career development opportunities: ***"We need a general practice coach in early or a connection to general practice who's like a coach mentor so they do have a contact point in the profession…"*** (17_SH_IMG_Met). This assists IMGs with interpreting any opportunity costs for informed decisions: ***"… suitability help guide the international graduates to the right pathway for them, uh and link them in with other people"*** (25_TD_IMG_Met). In the absence of tailored advice, IMGs remain unclear as to whether they have made the optimal choice: ***"I suspect I would have chosen the same option if I had a look at things but I didn't know there was other options so maybe I wouldn't have"*** (32_reg_IMG_Rur). These support people could be in the colleges and peak bodies but they may also be needed in the hospitals, where IMGs may not be able to access GP mentors: ***"…if you're thinking about doing GP, there was no one [at the hospital] that could help me…she wants to apply for GP training, but she doesn't know how to. And she doesn't know whether, like, she is, eligible*** (40_reg_IMG_Rur). IMGs are helpful and pastorally caring of other IMGs and can play a role in this: ***"try and buddy them up with another person who's transitioned in the last year or two"*** (26_TD_notIMG_Met), however, their role in helping other IMGs could be more systematised rather than informal. One IMG noted: ***"if there was somebody who was walking side by side and guiding me, it would have changed a lot of things. I wouldn't have felt so alone***" (36_reg_IMG_Reg).
B5. Build the capacity of the domestically trained workforce to provide pastoral care and foster collegiality by deepening their understanding of IMGs' experiences, strengths and needs	IMGs should be shown collegiality and understanding from the domestically trained health workforce and agencies. This relies on education and training for these cohorts: ***"I think there is a generally poor understanding amongst Australian trained doctors around what certain IMGs have had to go through"***(25_TD_IMG_Met). More open conversations could help: ***"having some discussions with the specialists and the other Australian medical graduates to make them aware of what the struggles … that could even be like a departmental meeting where everyone sits in the same room and talks about things openly, just point blank. But that would be helpful."*** (36_reg_IMG_Reg). This could reduce conscious or unconscious bias: ***"I think we teach IMGs how to deal with Australian people. But why don't we just start teaching Australian graduates … how to behave with IMG colleagues… I have seen many people suffering at the hands of their junior doctors…"*** (34_reg_IMG_Rur).
B6. Promote positive case studies of IMGs practicing as rural GPs, highlighting different pathways and experiences within rural general practice	Case studies about IMGs who have successfully achieve rural GP careers could help others to learn from the experience and see the positive aspects of IMGs pursuing GP careers in rural areas: ***"I mean, general practice is terrible at promoting its own profession"*** (13_SH_notIMG_Reg); ***"We need to be promoting the good stories"*** (13_SH_notIMG_Reg). IMGs were known to contribute enormously to rural healthcare and this could be promoted more readily: ***"And, you know, the achievements that IMGs have achieved all over rural Australia, I just cannot count… So we are not exploring the potential of IMGs and not portraying the very good things"*** (4_PAG_IMG_Rur). This could showcase IMG motivations for rural GP careers, to acknowledge how rewarding rural GP work is, and to break down the stigma around IMGs going rural only because of moratoriums, which may be a simplistic analysis of the overall motivations of IMGs.

Back to line listed Strategy for the pathway in practice

Stage 2. Moving to new workplaces and communities

C – Supportive employment for early supervised practice is important for IMGs to feel confident and competent

C1. Establish structured matching and recruitment processes to connect IMGs with hospital and general practice roles aligned with their learning goals and career intentions	IMGs must be more readily guided to suitably supervised practices which align with their learning goals and career intentions: ***"if I had a magic wand…I would prefer to match IMGs to practices before the [training program is] approved"*** (22_TD_notIMG_Met). Matching was considered critical for every stage of the IMG pathway: ***"For new beginners [IMGs not currently working], there should be a bit more easy pathway for people to step into the system. Then they can start working on a progressive assessments"*** (6_PAG_IMG_Rur). This may require having robust and coordinated public systems which align IMGs with accredited teaching practices rather than relying on private recruiters: ***"I'm a UK doctor and I want to come and I want to leave here. What are my options? … Up comes the comprehensive clinics, clinics, and then suddenly we don't need recruiters anymore because there's an app that can do it…. pairing them with good quality, comprehensive GPs and quality supervisors"*** (16_SH_notIMG_Rur). There were concerns about the quality of matching by the private sector: ***"…big corporate clinics, like in Western Victoria, and they were recruiting for practices that hadn't been built yet"*** (11_SH_notIMG_Reg).
C2. Provide information about doctor's rights, employment models, employment laws and resources for contract negotiations which include the supervisor's time and effort within the contract and where to get help	IMGs could benefit from resources to negotiate employment contracts and laws in Australia: ***"It's very hard for people to navigate those written contracts…. we should have things in place that make it easier for people to understand"*** (10_PAG_notIMG_Met). IMGs need specific education about interacting within the employment system and workplace rights: ***"… you ought to have an education, not just about the system, but how you are allowed to interact with the system, really what your rights are in the system"*** (4_PAG_IMG_Rur). There is a need to explicitly teach IMGs about employment models in Australia as well as employment rights: ***"… somewhere who can teach these people about their work rights and what bullying means, and they have enough support so that they can speak up, not affecting their general registration"*** (31_reg_IMG_Rur). Further, there is a need for tools and templates for: ***"IMGs to bargain when they get to have a job… a common contract that everyone can use"*** (4_PAG_IMG_Rur). Additionally, when bargaining, IMGs may also need support to ensure that supervisor's time and efforts are included in the contract: ***"we just need to really make sure that the supervisor's time and effort with IMGs is part of this contract"*** (4_PAG_IMG_Rur).

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C3. Support IMGs in navigating the administrative and documentation requirements for starting employment and ensure they understand how the rules relating to registration, employment and training are applied in practice	IMGs should be supported for the large burden of administrative documentation around visa and registration requirements within their employment situations and this can be threatening: ***"Visa rules are very strict and if you don't tick the box on your visa requirement, you're not getting the piece of paper … but [mentoring them] let's talk about it. Let's see what's happened. What are the circumstances? Let's look at the exceptions. How can we make this work? It's almost like a solutions-based approach within the boundaries of the rules"*** (2_PAG_IMG_Rur). The rules around general practice work could also be threatening to IMGs, and even more so when located in more isolated rural practices: ***"…there's so many rules and regulations as to billing… you're sitting there all day thinking, oh my gosh, what's going to happen?"*** (36_reg_IMG_Reg). Supervisors and IMG mentorship networks play a critical role in working around the documentation: ***"they put a list of forms that you need to fill for registration, for limited registration and everything. And they put it in a way that none of the registrars can understand which forms they need to fill in…Now we have a group and we do help each other in the forms and the process"*** (33_reg_IMG_Rur). However, the supports may need to be formalised.
C4. Develop tools to help employers better assess IMG capabilities and understanding employment considerations specific to IMGs	Employers need decision making tools to fairly rank IMG talent: ***"We still go through, we still go to nearly hundreds and hundreds of sub interviews and interviews to select the best, but you think of the amount of talent that's there…how do we get equitable in the selections we do… receiving 500 applications every year for a few positions is mental for us to do merit-based selection"*** (5_PAG_IMG_Rur). Some employers also need help with the process of recruiting an IMG and were guided by IMGs: ***"... many clinics didn't know anything about … the process of getting to recruit an IMG. So I explained them … they didn't know anything about it... at the same time I was looking for the job, I was doing the teaching for the clinics"*** (33_reg_IMG_Rur). Further, understanding the required supervision for IMGs and how to facilitate supervisory capacity around IMGs in busy rural practices, is critical at the point of employment: ***"Probably 90% of the applications are for doctors with level one supervision requirements….in a busy rural practice where there's limited workforce, adding in a level one supervision and taking one doctor offline…there are limits on how many doctors can be supervised in a practice at any one time. So, that's a bottleneck"*** (22_TD_notIMG_Met).
C5. Provide opportunities for supported rotations in hospitals with appropriate supervision	IMGs benefit from opportunities to work in hospitals, meet other doctors and complete required rotations for progressing their careers in Australia: ***"Within this year [in hospital], I did six rotations in different departments, and then I got my general registration. But for my colleague who entered the GP program at the beginning, it actually took them …sometimes three years for them to get a general registration"*** (31_reg_IMG_Reg). Others commented on the value of understanding the system having worked in hospitals: ***"I think my hospital years were our main pillars for my medical knowledge. My husband [a GP], he didn't work in the hospital setting in Australia…sometimes he doesn't understand the things in the way I can understand because I worked there….GP is 100% different than the hospital job"*** (34_reg_IMG_Rur). Working with other hospital doctors provided the opportunity for IMGs to quickly benchmark their skills and knowledge gaps for confidence boosting: ***"working with … other junior doctors and I am in the same group…. I'm performing at the same level, if not higher… And I thought that that's the confidence part"*** (31_reg_IMG_Rur). Compared with starting in general practice, it could also provide more time for learning within a team environment, when settling into the Australian system.

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C6. Build access to structured, remunerated observerships and IMG preparedness programs within an indemnity framework	IMGs must be given opportunities for structured observerships and formal IMG preparedness programs to build comfort and confidence: ***"…medicine is highly learned via practice…. You need to start practice…. learning how to do referrals, how to talk to someone when they are referring a patient from the emergency department [ED] to a specialty. IMGs don't have that…Filling in those medical charts"*** (31_reg_IMG_Rur). They provided opportunities for: ***"more job shadowing at the beginning to get used to the system …it's just very overwhelming for us in a new system …give us some a bit longer time to settle in and find our feet …you do all that training but that doesn't really help you in practice"*** (30_reg_IMG_Rur). Learning on the job was considered more useful for passing IMG-assessments: ***"I think that shadowing makes a huge, huge difference in how you approach exams and how you work in the system"*** (31_reg_IMG_Rur). Some sought structure within the observerships: ***"you should have this many consults while you're sitting with the doctor. You should at least see this many procedures.... logbook and case-based discussions.... software"*** (21_reg_IMG_Rur). IMGs could be happy to pay for observerships and preparedness programs as part of a stepwise learning journey which provides ongoing benefits: ***"A return-to-work program, which is a graded one …would work quite well because people just need options, right? … back onto the ramp and then next thing…that confidence comes from the practice and the ability to practice…"*** (17_SH_IMG_Met).
C7. Expand opportunities for formal workplace based assessments and examinations (e.g. AMC part 2) to achieve general registration	The opportunities to undertake workplace-based assessments and examinations for general registration must match the demand within the IMG market. Accessing and achieving AMC part 2 provides the chance to progress with more training and career opportunities. However, there are not enough places for the demand: ***"there is a big number of doctors …they're either sitting for AMC2 or they're in the process because AMC2 takes a lot of time….in order to take a seat at AMC2, it takes a year because you have to be prepared with your laptop on and the seats are gone in five minutes. That's how crazy that exam is.... It's like buying a ticket for the Taylor Swift concert"*** (21_reg_IMG_Rur). Currently the workplace-based assessments for IMGs are available in limited numbers and locations and only for IMGs: ***"already working in the system"*** (36_reg_IMG_Reg). Workplace-based assessment may be less anxiety provoking and may align more closely with assessing competencies "on-the-job" so that IMGs can complete AMC part 2: ***"for me it [workplace-based assessment or WBA] was it was much less scary….it was just a more relaxed atmosphere and for me …they assess you at … an intern level so the exams weren't difficult"*** (30_reg_IMG_Rur).
C8. Provide study leave for IMGs preparing for assessments and acknowledge their effort to complete additional assessments	It is important to acknowledge the time and effort IMGs put into IMG assessments and provide them with study time where possible: ***"She's working full time. It's very hard to pass the AMC part two exam without a good time for studying…. for me to pass that part two, I did a full time study every day, eight hours, for I think four months"*** (31_reg_IMG_Reg). The study could also involve intense courses and travel: ***"I was focusing on the AMC every day, every day, attending the city, tutoring, practicing"*** (28_reg_IMG_Rur), often using leave from work and negotiating family needs: ***"when did the clinical exam. I was working full time. And somehow took about two to three weeks of leave before the exam and spent the whole time...Yeah, my little one, he was under a year"*** (36_reg_IMG_Reg). Many IMGs had limited family support to enable study time. This meant there could be childcare costs and more separation from their critical social unit of their own family: ***"With the AMC…I was here alone in Australia with my husband, so I had no family support or anything…. So I sent my one-year-old to four days a week to a daycare… I would study the whole day. And then at nighttime, my husband would take care of my daughter, and then I would study at nighttime***" (21_reg_IMG_Rur).

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C9. Design an objective assessment of general practice knowledge, skills, and attributes (e.g. PESCI) that is applicable across rural primary healthcare settings and can be supplemented with micro-credentials to support IMG mobility between practices	IMGs could benefit from an objective assessment of general practice knowledge, skills and attributes (e.g. PESCI) which is more flexible so they can more easily move between practices as they may need to for appropriate work and training conditions: ***"it's sometimes not very easy for them to move on to other practices. Because they'll need to do a PESCI each time, they move a practice"*** (11_SH_notIMG_Reg). The PESCI could be quite rigid: ***"in one of the stations on PESCI, there was some question about women's health and you didn't perform 100% on that question. So even though you passed the PESCI… we can't give you registration because your job wants you to do a lot of women's health"*** (11_SH_notIMG_Reg). IMGs were on a waiting list for the PESCI and say: ***"the risk is you appear in a PESCI, let's say you pass it, and then you find a job which has a totally separate job description to what your PESCI was assessing you, you might have to appear for another PESCI because the previous one won't be considered"*** (39_SH_IMG_Met).
C10. Provide practice employment which enables IMGs to earn an income comparable to their hospital counterparts	IMGs need to have opportunities to generate income because migrating and supporting families is expensive and may be reliant on a sole income earner in the family: ***"when the IMGs come to Australia [they have] very limited financial resources. I don't even know if the other Australian graduates are aware of how limited those resources are…. every little bit counts"*** (7_PAG_IMG_Rur). Where IMGs move into general practice, they should have opportunities to develop an income comparable to hospital roles: ***"when you move from a hospital job where you're PGY 2, 3 and you come in your first GP term, your financial difference would be there. …But if you are the sole earner for your family, that almost 30, 35% drop in your income, that's going to cause some of the dissatisfaction and can affect your training overall as well when you are struggling from financial aspect"*** (9_PAG_IMG_Rur).
C11. Provide a graduated caseload and enough time for learning as IMGs transition into general practice	IMGs need graduated caseloads when they enter general practice so that they have time to learn: ***"they've [IMGs] got this inflated idea of how quick it takes to understand Medicare system, billing, all that sort of stuff"*** (13_SH_ notIMG_Reg). It is easy to misjudge how much there is to learn around the fee for service model of general practice: ***"I think the general practice…pace is so high. You're seeing a patient in 15 minutes and they have to get to their head around what happened, what was that. Whereas in the hospital, you will have time to think, to read, to go through the guidelines"*** (31_reg_IMG_Rur). IMGs in general practice noted that the transition in general practice was more isolating as a learner, and it was a completely different role compared with hospital roles: ***"Coming to the GP is definitely – I would say that the GP is 100% difficult than the hospital job. You don't have that kind of support. You don't have the supervisors with you sitting all the time. You don't have any senior doctor with you. The presentation of the patient is so vast"*** (34_reg_IMG_Rur).

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D – Addressing skill-bridging under quality supervision is critical for IMGs to feel confident and competent	
D1. Provide training in general practice specific skills, including time management, caseload scope, software use, how to complete referrals, billing and using the PBS and managing uncertainty and medicolegal issues	IMGs should be given specific teaching and guidance around general practice skills, specifically in rural areas where there is a wider caseload and more complex referral pathway: ***"IMGs needed just learning how to do referrals, how to talk to someone when they are referring a patient from the emergency department [ED] to a specialty. IMGs don't have that"*** (31_reg_IMG_Rur). In rural areas they need to learn how to… ***"work efficiently as a GP [in rural areas] …[with] non-existence or non-availability of specialists and limited availability of other services"*** (39_SH_IMG_Met). The learning needs to cover: ***"not just the clinical things in general practice, but … what's required of a general practitioner in Australia, what the Medicare system's like, what billing's like, where you go when you have problems, what the medico-legal aspects are"*** (11_SH_notIMG_Reg). This also included coaching around: ***"how [Australia] is…different, in which circumstances does this not apply and when do you consider something else?"*** (19_sup_IMG_Reg). IMGs need guidance to understand the scope of responsibility: ***"as much as you want to know what you can do, you also need to know what you shouldn't do within what your limitations are and what is possible…know what you shouldn't do and the reasons why you shouldn't do it*** "(19_sup_IMG_Reg).
D2. Provide appropriate training on managing presentations in general practice, with reference to the relevant guidelines and resources (e.g. Therapeutic Guidelines, Australian Medicines Handbook) based on a tailored learning plan	IMGs benefit from supervision and coaching around managing general practice presentations according to relevant guidelines and resources. Their gaps in knowledge relative to the professional norms of Australian general practice should be assess early: ***"one of the things we don't do that we should do is some very early assessments of capacity, knowledge and identify needs and then target some focus program at addressing the needs specific to the individual IMG, because they are all different and they all have different needs, they have different experiences, different strengths and weaknesses"*** (15_SH_notIMG_Met). Often the gaps in learning were non-clinical: ***"So it's never diagnostics. Doctors know how to diagnose. It's usually around I have someone with alcohol dependence and … don't have the skill set to know who to refer to or how to manage .... knowing how to check safe [opioid] script or knowing how to get a permit"*** (16_SH_notIMG_Rur). Many IMGs noted that guidelines are helpful: ***"I think the Australian [therapeutic] guidelines is a very good tool, because you can validate your thoughts, and you can validate your plans"*** (34_reg_IMG_Rur) and supervising IMGs promoted these: ***"I said to any doctors [IMGs]… keep therapeutic guidelines open all the time in front of us. Sometimes you forget the dose, you forget what to give that duration, things like that. So, keep these things open all the time"*** (38_sup_IMG_Rur).
D3. Provide specific education regarding Australian culture, communication, language colloquialisms and workplace culture	IMGs should be given specific education and guidance around Australian culture and language: ***"lots of IMGs come from systems that have a much more rigid hierarchy so the idea of like addressing your boss by your first name … wouldn't be something that you would do because that's not allowed"*** (32_reg_IMG_Rur). They needed introduction to how consumer-led healthcare systems in Australia operate: ***"For example, in my hometown, like, it's the treatment, it's like more doctor-dominated. But here, it's more like the patient take the leader role"*** (31_reg_IMG_Reg). There is a regular need to break down language barriers: ***"they [IMGs] struggle to understand what on earth their patients are talking about half the time because Australians don't finish sentences or words"*** (12_SH_notIMG_Met). IMGs may also need coaching about rural culture and communication styles: ***"Farmers are stoic. They're used to having a certain type of medicine delivered to them. They use colloquialisms, which can be very difficult for IMGs to understand"*** (22_TD_notIMG_Met). IMGs noted: ***"when you go into a more rural location… the accent changes very drastically. So it becomes sometimes really hard to understand what the patient is saying"*** (21_reg_IMG_Rur). There were also specific examples of informal terminology which IMGs have difficulty interpreting: ***"'what can I do for you today, how can I help you?' And the patient says 'I'm crook'. And it's like 'what you're a criminal?'"*** (25_TD_IMG_Met).

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D4. Provide specific education regarding First Nations health and cultural safety when caring for Australians who identify as Aboriginal or Torres Strait Islander	IMGs need specific education and training related to supporting primary health services for First Nations communities: ***"only later on in my training, the hospital did provide like a half day course in cultural training, but that was like I think a bit later in my training. I wish it was done earlier"*** (18_sup_IMG_Rur). IMGs may not be familiar with culturally responsive care for First Nations people, although they have rich cultural diversity from other experience: ***"I'm also mindful that it takes a long time to get to know people and to understand their culture … certain cultures and practices that we were not familiar with"*** (23_TD_notIMG_Met). Another stakeholder commented: ***"They are not used to see the specific issues or, you know, challenges that the Aboriginal community is facing here."*** (39_SH_IMG_Met).
D5. Foster a positive culture where IMGs feel safe and comfortable asking questions, and ensure they know whom to approach for support	IMGs require guidance to normalise to a culture where there is psychological safety with asking questions and admitting mistakes. They could feel threatened about showing uncertainty or issues particularly if they come from hierarchical systems and feel worried about their performance: ***"It's a big workplace culture shift… [IMGs are] used to not asking for help because that would be seen as incompetence … then mistakes happen… so we need to train them … not [to] hold on to questions… if you make a mistake that's totally okay"*** (26_TD_notIMG_Met). It is critical to reassure them about all the pathways to ask questions safely: ***"you know, you can pick up the phone or you can, who have you got locally that you could ask for help? What are your other ports of calls? Can you ring up your local hospital emergency department?"*** (19_sup_IMG_Reg); ***"It's okay to be vulnerable, but this is your backup system. This is how you ask for help. And it's all of those things in a safe environment …."*** (22_TD_notIMG_Met). This needs to cover IMGs safely expressing all number of issues which might threaten the capacity to achieve citizenship. Supervisors play a critical role in this area: ***"I said to her, discuss with me if anything is not clear. If anything you feel worried to talk about, just to feel free. I'm not here to like to frighten you or like just to feel comfortable because we put solutions"*** (38_sup_IMG_Rur). This reassurance is critical where IMGs reported worrying about situations where their performance could impact their registration: ***"I would be too scared to ask the question sometimes because I would be like, what would be the reaction if it's something he thinks is stupid?"*** (21_reg_IMG_Rur). IMGs were more comfortable to ask for help if there was a relationship and a level of respect around all the things they need to learn within a new system: ***"it's not just… supervisor-trainee relationship … We know that it's way more than that. It's feeling respected, feeling as though you're valued, feeling as though you're part of something as well as all the medical competencies in there"*** (14_SH_notIMG_Reg).
D6. Provide in-practice funded supervision which promotes reflective practice alongside regular, specific, and constructive feedback tailored to each IMG's strengths and learning needs that highlights strengths and identifies areas for further development	Specific feedback is important for IMGs to develop reflective practice and it needs to be delivered constructively: ***"it depends on how that feedback is given.... It's a gift feedback, but how it is delivered, it can bring you down, but it can motivate you to do hard work as well"*** (9_PAG_IMG_Rur). Supervisors corroborated: ***"the biggest thing that the [IMG] registrars have said is they want feedback. They don't want to be just told they're going to improve with time...."*** (12_SH_notIMG_Met). Possible methods mentioned to promote feedback and reflection cycles were: ***"random case note review or, you know, every day, you know, pick up two records and have a look at them and then have a chat about them for regular two-way discussion"*** (15_SH_notIMG_Met). A planned approach to learning was recommended: ***"we should do … some very early assessments of capacity, knowledge and identify needs and then target some focus program at addressing the needs specific to the individual IMG"*** (15_SH_notIMG_Met). The supervisor role is critical and stakeholders noted that this should be funded: ***"I would have the government funding the supervisors…because one of the difficulty is getting supervisors who are not being paid to be enthusiastic about supervision, training and assessing according to the criteria that we've set. And you can understand that"*** (12_SH_notIMG_Met). As the system is currently structured some noted: ***"The funds aren't there to do it. The focus is putting bums on seats in rural practices … Their primary interest is not in making them great doctors"*** (15_SH_notIMG_Met). Back to line listed Strategy for the pathway in practice

D7. Develop best practice guidelines for IMG supervision across pre-vocational and vocational pathways, with dedicated funding for clinical supervision, centralised teaching resources and communities of practice for supervisors and practices	Supervision across practices employing IMGs should be improved according to a best practice framework which covers the pre-vocational and vocational training stages and resourced the role of the supervisors***: "they [IMG supervisors] should all be accredited supervisors with some, whether it be qualification, experience, degree or training"*** (15_SH_notIMG_Met). Many IMGs are in practices with mostly IMG employees, where there is a massive focus on regulatory supervision rather than teaching and learning: ***"[in a practice with 10 IMGs] … My supervisor …was obsessive about regulation… He came for each single patient to my room … My patient had to wait 10 minutes, 20 minutes … more than 80%, 90% of those supervisions was not necessary to be in person… it affects confidence, comfort…[maybe] after one month, change the situation, a gradual change""*** (35_reg_IMG_Reg). IMGs had clearer supervision quality if they were: ***"already training practices with vocational training or they're involved with medical education. And what makes those ones good? We have a level of comfort because they have accreditation as a training practice. So, there's some experience"*** (22_TD_notIMG_Met). Despite the concept that hospitals supervise better, general practice was considered a suitable environment to supervise IMGs: ***"The mindset is still … how can you supervise [IMGs] in general practices? And my standard response is, you tell me how well supervised a surgical intern is when the rest of the team is in theatre? … we do have models of supervision that ensures general practice are quite safe"*** (13_SH_ notIMG_Reg). However, supervisors need to be given resources and a community of practice to share and promote best practice across the IMG's pathway.
D8. Conduct independent audits of supervision quality, recognising that it may be challenging for IMGs to indicate receiving inadequate supervision when supervisors are employers	IMGs need external oversight of the quality of supervision as they may have a conflict of interest in reporting supervision which is lower quality: ***"the registrar [IMG] is going to say, yeah, I'm getting supervision. It's fantastic. My supervisor is the most wonderful person and the practice is wonderful and whatever…they're terrified about losing their position…. you're not being trained"*** (13_SH_ notIMG_Reg). IMGs are inclined to cope without reporting poor supervision: ***"I got my AMC2 and I got my general registration, that's when it finished. … I gave him [my supervisor] a 'shut up' call. You know, like, 'you can't shout at me. You do not have to write my report every three months. I don't owe you anything'… he was the owner of that practice and he was my supervisor; I was abused for two years for no good reason...."*** (21_reg_IMG_Rur). One stakeholder noted: ***"the power differential is the huge elephant in the room, you know, that when you've got the supervisor that's your employer as well as your educator…the person that signs off on you is also the person that is viewing you as workforce. And that's a huge conflict of interest"*** (16_SH_notIMG_Rur). Without IMGs reporting on supervision quality or a form of random independent auditing: ***"the practices think they're going okay because they're not getting complaints and they're generating money"*** (5_SH_notIMG_Met).
D9. Provide an independent helpline and relocation support, with change of circumstance allowances, for IMGs in unsafe or poorly supervised workplaces	IMGs should be given independent assistance and relocation support if they need to move to practices for relevant and appropriate supervision: ***"I think the colleges probably, you know, have some responsibility…And AHPRA…. there's not a whistleblower, you know…. there isn't a way for people that are vulnerable to be supported at present"*** (16_SH_notIMG_Rur). This needs to cover the pre-vocational and vocational pathways: ***"I think a lot of IMGs, like they move to a new workplace, and then you're in a workplace that isn't the right fit. And then you're afraid to leave because it might be worse somewhere else…you might be exploited harder when you go to a different practice. … And obviously, you're a doctor in a new country and you want to be perfect and you don't want to make any mistake and you don't want to show anyone that you're that you might not be as confident as you look.... might lose your job and be sent back home"*** (40_reg_IMG_Rur). IMGs need confidence about the safety of the exit strategy: ***"If they find themselves, there is no exit. There's just the person that's there to supervise you, signs off on you.... that relationship has broken down…That independent person seems important"*** (16_SH_notIMG_Rur). There also needs to be confidence around the allowances for the change of circumstance with AHPRA: ***"...a lot of IMGs believe… that you can't change your practice if you are on limited registration, because AHPRA won't accept your change of circumstances and they will ask you to re-sit your PESCI…in my case, AHPRA accepted my change of circumstances"*** (21_reg_IMG_Rur).

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E – Connecting with other doctors, families and communities is important for IMGs to feel confident, competent and to build a sense of community belonging

E1. Provide opportunities for IMGs and domestically trained doctors to learn together	***"We should integrate them [domestically trained cohorts in GP training] into IMG streams so that IMGs won't feel that they are separated from the mainstream"*** (6_PAG_IMG_Rur). Domestically trained doctors can gain from mixing and learning with IMG doctors and they can provide IMGs with knowledge of the local system to assist their adaptation: ***"we were learning together [two IMGs in the same practice]. And the minute we got a [domestically trained] registrar, the registrar taught us so much, we're like, Oh, we can actually call the hospital and ask for advice…. we learned from the poor registrars"*** (20_Sup_IMG_Rur). In hospitals, IMGs noted simple ways that local doctors helped them: ***"…. they know where to find a spare ultrasound because they already did two years placement in that hospital"*** (31_reg_IMG_Reg). IMG supervisors also enjoyed learning from locally trained doctors: ***"When I became a GP supervisor, I had to go to Sydney and do all these courses … I went to this exam taking thing …I was watching the Australian trained GP… she was talking about everything. I thought, 'wow, so good'. She has like a script. And I loved her script"*** (20_Sup_IMG_Rur). Many IMGs work in practices with other IMGs and may need help to find opportunities to mingle and meet with domestically trained cohorts: ***"my main reason for joining another clinic was somewhat to have more Australian people around me so that I can learn from their experience and I can observe them...I've started seeing the things in different perspectives.... I feel myself a bit more part of the community now"*** (34_reg_IMG_Rur).
E2. Create opportunities for IMGs to build broader professional networks, participate in professional forums, and develop trusted referral networks	IMGs need opportunities to build professional networks and trusted referral networks, not assuming they know about events, forums and workshops that they could enjoy: ***"I feel that I'm very grateful for all the opportunities to attend the conferences and the workshops, in-person events…it can bond one GP to another"*** (27_reg_IMG_Reg). IMGs in rural areas can be quite isolated from professional development events. Regionalised learning groups can be important in this context: ***"we certainly we get a lot of connection from …our regional small groups … whether it be in person, online zoom-based catchups. I really like the ideas of connection events in an area to bring all the local learners together…reinforcing that with things like WhatsApp groups and regular zoom check-ins"*** (25_TD_IMG_Met). For IMGs based in general practice, professional meetings provided opportunities to connect with others: ***"I get to know a few Australian doctors when I went for the … conference in [city] …I just received so much of pointers and sharing of information, knowledge and experience"*** (27_reg_IMG_Reg). Local events also help IMGs to meet non-GP specialists related to referral pathways but they need information and encouragement to attend early in their Australian career: ***"… when I went to those conferences, I met people that were in my local area…And I met the specialist I was referring to. It was wonderful. But it took it took eight, seven, eight years for me to get that, to understand that"*** (20_Sup_IMG_Rur). Many needed purposeful introductions to non-GP specialists as they did not have collegial relationships from training locally***: "We have no network here like I didn't go to school with someone or didn't go to university with someone or worked with somebody there, it's really hard to build up a network again, just for referrals"*** (30_reg_IMG_Rur).

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E3. Establish peer-support networks so IMGs can connect with other IMGs and share experience	It is important to provide IMGs with IMG-focused peer networks, with whom they can safely share information and show pastoral care for each other: ***"I think that I'm very fortunate to have colleagues that understand the adjustment period for IMGs…. They have been here for more than 10 years, some more than 15 years…they are very kind to share their experience and offer support and help. And this is also what I'll be doing in the future, like to new IMGs, new doctors even"*** (27_reg_IMG_Reg). IMGs wanted to help other IMGs: ***"I was IMG, all right, I probably will understand her, her fear and her feeling her words about the exams and about her visa, about I'm not sure, maybe some finance, all these things…I went through all this thing before"*** (38_sup_IMG_Rur). Others commented: ***"There are so many IMGs who are keen to educate other IMGs and help them…They are already trained. They have enough knowledge. We need emotional and a bit of psychological support for them [to do so]"*** (6_PAG_IMG_Rur). Peer support helped IMGs to share stories in rural locations where they could otherwise feel isolated: ***"peer support is so important also, because if you are going to be a GP, like, … I'm in a MMM2, but what if someone is, like, in a MMM4 or even seven? So, like, they must feel so isolated, right, from, like, other doctors, especially other doctors in their same pathway. So sometimes that group or that online group"*** (37_reg_IMG_Reg).
E4. Provide an orientation and actively support IMG families as they integrate into the community	IMGs require a welcoming and caring community orientation: ***"the community was so beautiful and to get to know the people … the people are so welcoming, like our neighbour right away, you know, befriended me and then showed my husband about the golf course"*** (20_Sup_IMG_Rur). IMGs were new to rural areas and needed help to find all the hidden gems: ***"acclimatising to the new place is obviously knowing the lay of the land. …So moving to a new place, you know, you want a small circle of friends around you"*** (19_sup_IMG_Reg). IMGs have families who also need help to find out things about the town, work, schools and childcare: ***"one thing is like the family commitment. I think it's the most important reason for a lot of GP they choose to live rural. It's not about ourselves. It's also about our kids and our partner"*** (38_sup_IMG_Rur). IMGs who are included in community events and made to feel important as part of the community may integrate and choose to stay: ***"feeling belonging to the community, being treated as part of the community, not just having that dry perception that you are here to fill in the gaps; you are here as part of our community to contribute to the community. And then that will give you the satisfaction and help you to stay longer and feel fulfilled with what you are doing. Connection is really important. I can feel it now that I'm in rural area"*** (31_reg_IMG_Rur).
E5. Celebrate cultural diversity and recognise religious festivals and customs in workplaces	The diversity of cultures IMGs bring to Australia should be proactively recognised in workplaces and training pathways: ***"we always make a point of acknowledging different cultures … the traditional dress and the photos… it's become such a wonderful tradition … we had about 20 or 30 of our doctors that were observing Ramadan during the event… we made sure that we facilitated that… that translates into strong bonding, sense of belonging"*** (14_SH_notIMG_Reg). This involves embracing IMGs as part of Australia's multicultural workforce, reducing stigma and bias: ***"I feel like international medical graduates are almost treated as not the first tier of GPs to have in the practice but…. you're missing out on this wealth of diversity, knowledge and rich culture that they've got to offer"*** (19_sup_IMG_Reg). IMGs need to feel safe expressing culture and religious diversity: ***"they feel isolated culturally …there are not many temples or places where they can pray or spend time… They feel isolated from that point of view"*** (6_PAG_IMG_Rur).

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Stage 3. Training and becoming a specialist rural GP in Australia

F – Equitable quality of rural training pathways to match IMG needs are important for IMGs to feel a sense of professional belonging and bonding

F1. Provide friendly advice and encouragement when IMGs ask about rural GP training and careers	IMGs should be given helpful advice and encouragement when they seek information about rural GP training and careers: ***"I applied for the training program, the AGPT…I wasn't successful and that shocked me…the minute I said I'm interested in doing rural general practice, there was a bit of a glazed look … I don't know whether it was perceived as if I was someone trying to say the right things so that I get in"*** (19_sup_IMG_Reg). It is important that IMGs know who to ask for advice and they are encouraged to apply for rural GP careers if that is their interest because it is not necessarily easy for IMGs to seek advice: ***"she doesn't have anyone in the hospital who understands culturally and otherwise what she's experiencing. Her supervisor in the hospital is not a GP…So at an individual level, sometimes the people are … fairly isolated"*** [17_SH_IMG_Met).
F2. Evaluate the impact of changes to GP training programs which affect eligibility and completion times and provide IMGs with practical support and solutions	IMGs need secure training pathways, and an impact evaluation should be done if there are any changes to pathways: ***"Every two years, it changes. Like, for example, I did PEP. Now PEP is finished…We just have to get our exams and we are done now. We will be done. But now they have brought FSP. So, it's very confusing. People ask me, what are the criteria for FSP? I read those criteria. Then, oh, my God, they have made it so tough for someone to get into training. You have no idea…. So, it's becoming a complicated by day"*** (21_reg_IMG_Rur). Rural pathways were particularly prone to changing regularly: ***"there are so many rural pathways and you never know they make changes… it's hard to like keep up with them.... 100 percent it's not about the stress of the change it's about the stress of being unknown you know when you do not have any certainty that what's going to happen so you feel yourself in a bit of limbo and like it's like riding on a pathway where you cannot see the end of it it's all blurry but you just keep moving because you have to"*** (34_reg_IMG_Rur). Creating more secure pathways through rural GP training could help IMGs and their families to plan with confidence.
F3. Expand IMGs' access to fully funded, high-quality GP training programs in rural communities, where IMG care for Australians with greater healthcare needs and often work with more professional isolation	It is a matter of equity to provide high-quality low-cost GP training to IMGs who are filling critical roles in primary healthcare in rural communities with the highest needs: ***"we design programs just for them because they have problems, and then the program doesn't address their problems and it's just very scanty, very superficial… my feedback from IMGs is that why is it happening in that pathway and not happening to me? Why is it always, you know, good on one side, very well-funded program, very well looking after all the needs of registrars?... And I have nothing"*** (4_PAG_IMG_Rur). Working and training in rural general practice settings should be respected for the value that rural GPs provide to rural communities and the variety of caseload rural GPs support with limited back up: ***"we want IMGs to work are often in the most challenging situations with the least support …There's an inverse care law there. So, in some ways the people that need the most support are getting the least support [from training programs]"*** (14_SH_notIMG_Reg). The impression was that the current training design might be setting IMGs up to fail: ***"They're put into the most challenging places to work, and then comments are made that they don't do well on exams…. Well, how do you expect them to do well when we put them in the hardest places to work, unsupported, and they can't get into the well-funded training programs?"*** (10_PAG_notIMG_Met). The issues around personal costs that IMGs encounter has already been discussed but need to be understood as cumulative across the IMG-specific assessments, for moving communities and then paying out-of-pocket for the rural GP training pathways they may be eligible for. The public policy benefit of drawing on IMG talent in rural areas may require public investment in more fully funded GP training programs aligned with IMG eligibility.

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F4. Provide pathways which allow IMGs to train effectively in one rural practice where appropriate	IMGs require opportunities to train effectively in one place because they have experienced a lot of relocation and enjoy staying in communities and practices where they feel settled: ***"I like this practice where I'm working currently, so I had a plan to stay here. Yeah, I think that was one more thing that I would like to be in the same practice rather than just moving around every six months or so"*** (34_reg_IMG_Rur). They may be reluctant to move again: ***"I didn't want to move around…I thought, yeah, I have to, like, work somewhere for a year and then move house again and work somewhere else for a year. I thought, there's no way I'm going to do that. I've moved around enough. I just wanted to settle down, live in one place and do my training in one place without having to move house"*** (40_reg_IMG_Rur). IMGs like the option of staying in one practice and community which helps their family as well: ***"The reason I chose [training program] is I can, so I can stay in one clinic instead of four clinics. Yes, so it's better, like more stable, and then it's also for family commitment, so I don't need to move with my kids around"*** (31_reg_IMG_Reg).
F5. Provide continuity of relationships with a supervisor, including independent supervisors outside the practice, to offer empathetic guidance and support with challenges	IMGs need time to build relationships with supervisors so that there is trust: ***"One of the things I often think about is the long-term relationship…there was a safe environment to talk about past experiences. That trust takes time to build...and it's with people who genuinely care about what you've been through, where you're at, seeing you succeed...Build into the system the opportunity for longer-term relationships"*** (2_PAG_IMG_Rur). Some commented that supervisors who are independent of the practice and maintained continuous relationships with registrars were also useful for empathetic advice and validation: ***"I actually found … a remote supervisor very helpful… The fact that my supervisor is offsite, I think is helpful because I'm dependent on my practice. I don't want to put up a fight or make any problems... I can ask my remote supervisor if there's any practice or organisational issues. What is normal? I don't know what normal is. … And the fact that it's the same supervisors throughout the whole program, that's been helpful too, I think…. she'll always have some advice in that regard and difficult social situations, how to resolve that"*** (40_reg_IMG_Rur). The addition of an independent supervisor also has the potential to help with: ***"troubleshoot[ing] and answer[ing] my questions"*** (19_sup_IMG_Reg).
F6. Provide real-time mentorship and pastoral care for IMGs experiencing complex challenges	IMGs should get mentorship and pastoral care for work and life challenges which may influence their employment and training: ***"Yeah, the other thing is really important that every supervisor is also a mentor because your registrar is probably going through a whole lot…there's a lot happening behind the scenes that we may not know about unless we express empathy and get to know them well and come from a position of curiosity but empathy as well"*** (19_sup_IMG_Reg). This mentorship could ideally happen formally: ***"Often there's informal mentorships that occur…someone who takes them under their wing. But you do wonder about some formal mentorship for the IMG"*** (15_SH_notIMG_Met). The mentor needs to develop a relationship, potentially including some face to face and/or regular contact for relationship building: ***"I had this mentor… he emailed with me a couple times, but I never had a relationship with him"*** (20_Sup_IMG_Rur). Mentors provide an alternative source of advice and: ***"pastoral support particularly like if you need some help with something that's not like a direct training thing or if you want to complain about something it's not always clear who you should speak to"*** (32_reg_IMG_Rur).

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F7. Recognise IMG qualifications, experience and contributions and explore opportunities to fast-track certain skills areas, and enhance others during training	IMG qualifications, experience and contributions should be recognised intentionally to build confidence: ***"it really, really hits your self-esteem and your self-confidence when you move from a place where you were seen as someone who had ABC strength and then you come here and you start from scratch…no one knows what you've accomplished…it just really starts to get in, you get in your head sometimes…"*** (36_reg_IMG_Reg). IMGs noted coming to Australia with diverse skills and experience: ***"I think recognition is important…lots of people that come across have really different skills. I work with a fantastic doctor who is a dermatologist in India and I don't think any of her qualifications were particularly recognised when she came over here and she's now a fantastic GP that does amazing dermatology work but I imagine she'd probably be quite liked to be recognised for the fact that she'd been a dermatologist for 10 years"*** (32_reg_IMG_Rur). The GP training pathway could fast-track IMGs demonstrating skills attainment and identify ways to extend IMGs in some skills areas as part of the training plan: ***"If they're coming from a different country, different background, I see that the recognition of prior learning is not great enough to approve for the next part of the training. It means literally they have to start from scratch. That hinders their progression too"*** (6_PAG_IMG_Rur). Good value could come from recognising IMG contributions as: ***"a first-class option that needs to be valued and respected…what we've discovered … is that people [IMGs] respond incredibly to that respect"*** (14_SH_notIMG_Reg).
F8. Enable and encourage IMGs training in rural locations to attend training and other events by providing funding and time off	IMGs in rural pathways need time off and funding to attend additional training around busy caseloads: ***"we do have an ultrasound machine in our clinic, but it needs me to have a workshop to be able to work with that, but I don't get the time.... I'm busy with doing the studying for fellowship exams, so that's another issue"*** (33_reg_IMG_Rur). Scholarships could assist: ***"with the scholarship…the emergency workshop is about, I think approximately close to $400, but the scholarship covers 98% of it"*** (27_reg_IMG_Reg). Otherwise: ***"Getting to workshops and training" involved: "personal cost, it takes like two or three days.... The thing is how to find the time.... if I'm working full time? Because the patients are usually booked like one week in advance"*** (31_reg_IMG_Reg). IMGs training in rural areas take longer to travel to training and other events and this should be factored into the training and employment model.
F9. Implement training with more emphasis on progressive formative rather than summative assessments using direct observation and case-based discussions, tailored learning plans and regular feedback about skills and knowledge for the local context	IMGs need more programmatic assessments rather than summative assessment so as to facilitate confidence and competence building: ***"workplace-based assessment…a summative assessment replacing the clinical AMC exam … has an incredibly high pass rate as compared to the clinical exam… that's partly because it's got a lot of formative stuff in it … Sure, there's the summative element of it with the mini-CEXs and the MSF and all of those sorts of things, but it's got all this formative stuff with the feedback and the communication skills and all these other things that go with it that the clinical exam doesn't have. It's just an exam and you get practically no feedback"*** (12_SH_notIMG_Met). Emphasising formative assessments over summative exams could improve continuity of learning and reduce anxiety around the significance of summative assessment hurdles. This is important where many IMGs currently get very fixated upon exams, due to the impact on their lives: ***"Exams are a very interesting one because they often become the primary focus of everything … the reasons why people don't do well at exams are often those other ancillary factors...until you pass the exam, there's no way you can even stay where you are. So, it becomes a double bind of sorts"*** (17_SH_IMG_Met). More formative training models can facilitate more regular feedback for assurance and benchmarking skills development: ***"where GPs who are supervising, if they can have one-on-one time with the registrars on more frequent basis, and they can go through their tasks, if possible, on daily basis, just 20 minutes, 15 minutes"*** (9_PAG_IMG_Rur).

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F10. Create opportunities for small group learning to foster peer-to-peer connections and relationships for IMGs	IMGs flourished in small group learning because they built comfortable relationships: ***"our peer group learning sessions … are very well attended. People enjoy connecting. They've got their own WhatsApp groups like that… So, I think there's opportunity for us to facilitate that kind of connection as well"*** (16_SH_notIMG_Rur). This connection is important for IMGs in rural and isolated settings to share information with peers and catch up on the latest issues: ***"I'm not feeling lonely. I'm just feeling a bit isolated from other IMGs because we do have nurses here, and my supervisor is just living across the door, across the clinic…. I never felt that I wasn't afraid of anything. The only thing is that I don't get much information from these exams that I need to sit in, because they did their exams more than 10, 12 years ago"*** (33_reg_IMG_Rur). Small groups with peers are less confronting for IMGs to develop the comfort and confidence to share information, leading to competency development and bonding.
F11. Ensure there are no language or metropolitan biases in GP training program assessments	IMGs on rural pathways need assessments which are fair and unbiased for IMGs from non-English speaking countries and whose GP experience in rural settings is across a breadth of caseload rather than narrow specialised areas: ***"The exam is funny and gets lots of criticism. And maybe rightly so, because, you know, there's questions in there that are relevant to some doctor's practices, not relevant to others… One of the questions in the exam was based on managing a premature twin delivery. And, you know, and most of the rural registrars wouldn't have experienced that or ever be, most rural doctors probably, a lot of rural doctors wouldn't have any interest or knowledge about that. It's a bit of an unfair question...a lot of the stuff is that if you're rural and remote, you haven't got access to a lot of the resources. So, your management pathways are necessarily different"*** (15_SH_notIMG_Met). Others commented on an exam which: ***"doesn't suit most of the IMGs because of their language issues, because of their mainly language proficiency"*** (6_PAG_IMG_Rur).

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G – Recognising IMG strengths and capabilities are important for IMGs to feel a sense of professional belonging and bonding	
G1. Provide opportunities for IMGs to contribute to teaching, supervision, mentorship, policy development, and academic work	IMGs have background skills and experiences which make them useful as part of the workforce contributing to teaching and wider roles: ***"So a lot of people feel comfortable when they can contribute [to the teaching delivery] in some way. And that contribution is acknowledged in some way. So it might be in a practice, it might be in a learning group"*** (17_SH_IMG_Met). IMGs can bring rich understanding of other IMGs, when involved as supervisors: ***"…it'd be great if we had more IMGs as supervisors. So, it's not only a role model…there's all the cultural background"*** (22_TD_notIMG_Met). IMGs were interested in wider career growth and connection to the college: ***"upon completion (of college exams), if there is any way that I can be helpful for the college and for the GP community, I'm in for it"*** (27_reg_IMG_Reg). These roles could also include academic work, however IMGs require introductions and encouragement: ***"I said, 'so are you doing any research now?' He said, 'no. I live in a rural town in the middle of nowhere. Nobody knows. Got a PhD. I don't usually tell people. I don't know why I told you'. I said, 'would you like to do some research...Do you want me to introduce you to the university in the next town?' He said, 'would you do that?' I said, 'you know, if you want to do some research, heck, you're in a rural town…I'll introduce you [to the rural clinical school]. We need to look for those strengths. And we need to value them and then help them grow those"*** (12_SH_notIMG_Met).
G2. Recognise the vital role IMGs play in delivering accessible, high-quality healthcare in rural communities and regularly thank them for their commitment and service	IMGs should be recognised at a broader level for their commitment to rural healthcare: ***"I find them, you know, very compassionate, very wanting to make a difference to patients' lives…. Their communication and their empathy and their compassion about what they do"*** (4_PAG_IMG_Rur). Working in rural areas with communities that have the highest relative needs but most significant workforce shortages, IMG contributions should be socially and politically valued***: "the places that they [IMGs] go…they are not the most prestigious, but they're important…. They're important to their communities. They're important to local members. They're important to the government. And so, they're important to the country...building people's self-esteem"*** (14_SH_notIMG_Reg). IMGs need to be included within Australia's rural workforce policy by considering them within a whole of workforce approach: ***"They're doing really important jobs and we really need them and we really value them. ...Yeah, so like there is that cohesive group feeling, not you're an IMG and I'm an IMG and I'm not"*** (14_SH_notIMG_Reg). This may involve advocating for a strengths-based mindset: ***"I think we need to start by changing our mindset about IMGs. They are not the other. They are us. And we should be incredibly grateful to them"*** (12_SH_notIMG_Met). If IMGs are seen and validated as making a difference, this can grow their commitment to services in rural towns: ***"I really care and support this community and they do equally appreciate me. That is such an important aspect for me or any IMGs to keep working in those small communities"*** (39_SH_IMG_Met).
G3. Recognise that once IMGs integrate into the Australian health system and specialise, the term "IMG" has limited relevance	The term IMG is less relevant once IMGs integrate and specialise: ***"IMGs …[is] a governance term and continuing to use this in all communications from organisations particularly after they finish fellowship creates further distancing for those to whom it may or may not apply"*** (17_SH_IMG_Met). Some noted: ***"there is that stigma…even in the word, that's why we call our group Australian Doctors Trained Overseas...When you hear it, we are Australian doctors. That's what you hear, hopefully"*** (8_PAG_IMG_Reg). Helping IMGs to become part of Australia's multicultural workforce was considered relevant as a public policy objective: ***"There's a lot of Australian graduates who don't have English as their first language.... But in terms of their medical background and their psychosocial needs and their professional needs, there's as much diversity in that group. So, I'd love to just get rid of the [IMG] terminology…whether you're trained in Australia or overseas"*** (1_PAG_not IMG_Reg).

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H – Family-focused training is important for IMGs to feel a sense of professional belonging and bonding

H1. Develop flexible training options allowing for time off for wider responsibilities, needs and issues with local and international family

IMGs should be provided with family-friendly training options given many are more mature doctors who have family commitments and may not have much social support in Australia: ***"I know she [IMG registrar] totally nailed her exams and everything here. But most of the IMGs in her situation being a mother, responsible person in the, you know, two pillars of the house, it's not easy"*** (6_PAG_IMG_Rur).

There is a need to identify opportunities for rural part-time training and helping IMG registrars who are juggling multiple commitments: ***"when you're a mum you just your time management is just different … I had to study … I had to focus [but] there's no other time so I have to make that time work for me and then it's all the other lists that go you know there's extra roles, there's kids that need to be fed, it's grocery shopping…you really work on your time management…*** (30_reg_IMG_Rur).

Support for IMGs needs to occur around the family: ***"I felt that support system is basically from a family point of view…. most of them have families, and they have children…it would be great if there is a support system in that point of view"*** (6_PAG_IMG_Rur).

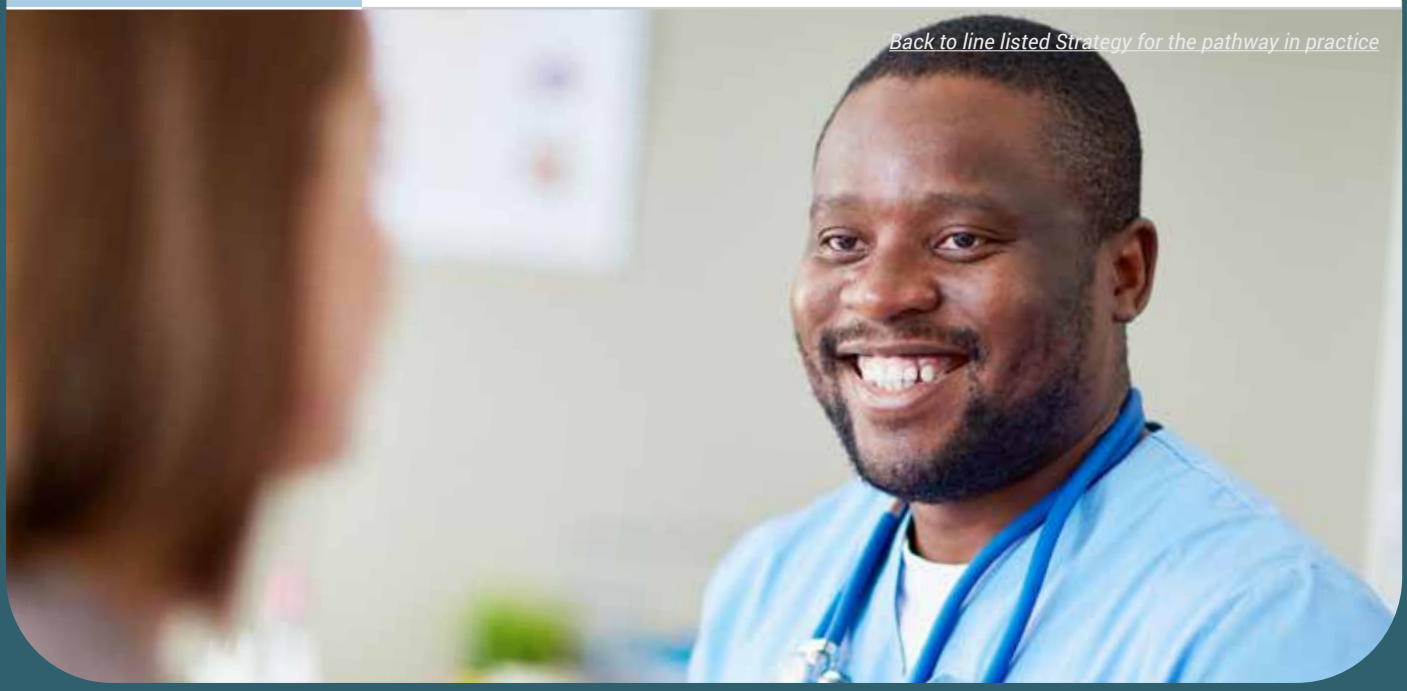
IMGs are also international doctors who may be impacted by conflicts and stress on their families overseas. Further they may need time to travel abroad to visit and support their wider family.

H2. Invite and encourage IMGs and their families to attend professional events/workshops

IMGs operate in close knit families and friends developed with strong relationships which have been garnered so as to survive the challenges of the migration and acclimatisation experience and the journey of moving communities. It is hence important that IMG families are included in the GP training journey and invited to meet other doctors and families like theirs for social reasons. This can happen by inviting IMGs and their families to professional events and workshops: ***"the workshops … they invite the families and it's not always practical for a family to come… it's new faces every time. But and everyone is all over the country. It's nice to see each other. I think that really helps with that sense of belonging"*** (40_reg_IMG_Rur).

Families who are included in the training journey and connected with other families like theirs, can help IMGs training in more isolated rural locations. Other IMGs enjoyed general social invitations related to work: ***"If you can have dinner with each other, something like that...I think, yeah, it's something good to have a good relation"*** (38_sup_IMG_Rur) and practice events: ***"peer dinners or drinks or events that you can do that allow people to have connection over time"*** (32_reg_IMG_Rur).

This encourages IMGs and their families to feel belonging and bonding: ***"you felt like you belonged to this group, and everyone gets together twice a year, and they bring their family. Everyone gets to know everyone else really well…really get to know each other in small, intimate groups…that network of support***" (10_PAG_notIMG_Met).



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GLOSSARY

ACAT	Aged Care Assessment Team
ACRRM	Australian College of Rural and Remote Medicine
AGPT	Australian General Practice Training (program)
AHPRA	Australian Health Practitioner Regulation Agency
AMC	Australian Medical Council
IMG	International medical graduate
FSP	Fellowship Support Program
GP	General Practitioner
GPSA	General Practice Supervision Australia
MBS	Medicare Benefits Schedule
Mini CEX	Mini clinical evaluation exercise
MSF	Multi source feedback
PBS	Pharmaceutical Benefits Schedule
PESCI	Pre-Employment Structured Clinical Interview focused on clinical knowledge, communication skills, and the candidate's ability to safely manage cases likely to be encountered in the intended job
PEP	Practice Experience Pathway
RACGP	Royal Australian College of General Practitioners
RVTS	Remote Vocational Training Scheme

PARTICIPANT BREAKDOWN

The project was informed by a literature review which informed the initial roadmap concepts. Then the research team conducted two-hour focus groups using semi-structured question topics with a diverse 10 person Project Advisory Group, whereupon the roadmap was updated.

It was then shared with 31 additional participants from across the rural GP training and sector for further insights and feedback through further focus groups and individual one-hour interviews. The wider participants included decision makers overseeing rural GP pathways and policies (denoted as SH in the subtext to quotes), teams involved in the operational delivery of training and resources for IMGs (denoted as TD), supervisors of IMGs (denoted as sup), people from overseas and Australian backgrounds (denoted as IMG/notIMG) and GP registrars (denoted as reg).

The feedback from the 31 participants was used to further develop the roadmap which was recirculated to the 31 participants for an opportunity to reflect and provide further feedback through an online google form (71% participated).

This feedback was considered and applied to refine the roadmap.

Finally, the roadmap was provided to the original Project Advisory Group in two two-hour focus groups for a final round of feedback and to confirm the results.

Across the project participants included 68% IMGs; 46% of participants were from rural locations (denoted Rur) (MMM4-7) and 24% from regional areas (denoted Reg) (MMM2-3) with the remaining from metropolitan locations (denoted Met); and encompassed most pre-vocational and vocational rural GP pathways.

ACKNOWLEDGEMENTS

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