

**Pam McGrath**

BSocWk, MA, PhD, is Director and NHMRC Senior Research Fellow, International Program of Psycho-Social Health Research, Central Queensland University. pam_mcgrath@bigpond.com

David Henderson

MBBS, FRACP, MBA, is Adjunct Associate Professor, International Program of Psycho-Social Health Research, Central Queensland University.

Emma Phillips

BA, LLB(Hons), is a project officer, International Program of Psycho-Social Health Research, Central Queensland University.

Integration into the Australian health care system

Insights from international medical graduates

Background

International medical graduates (IMGs) now comprise a significant part of the Australian workforce. However, their perspective on strategies to facilitate their effective integration into the Australian health care system have not been adequately explored. This article presents the findings from qualitative research that explored IMGs experience before, during, and after their involvement in the observer program, a hospital based pre-employment program for IMGs conducted in the Department of Medicine at the Redland Hospital, Queensland.

Methods

An iterative, qualitative research methodology was utilised, using open ended interviews with IMGs about their experience and involvement with the observer program. The interviews were transcribed verbatim and thematically analysed.

Results

The participants asserted that, due to the Australian need for IMGs, it is in Australia's interests to ensure an effective and efficient process for the integration of IMGs. Strategies they believed would improve this process included providing information to IMGs before departure from their country of origin, improving website information, providing more support for bridging courses, funding more observer programs, providing an IMG liaison officer at hospitals, reducing the difficulties associated with passing the Australian Medical Council examination, providing support for IMGs' families, and relaxing the rules about when and where IMGs can practise medicine.

Discussion

The participants' perspectives on desirable changes to the Australian system that would facilitate IMGs' integration are presented. It is stressed that these findings represent the perspectives of IMGs only, and that any and all changes to the process of integration of IMGs must have as a primary benchmark the aim of ensuring that the highest quality of medical care is provided to the Australian population.

■ In recent decades there has been an increase in the mobility of populations that has resulted in considerable numbers of physicians choosing to work in countries other than those in which they trained.¹ In Australia, the term 'international medical graduate' (IMG) is used to refer to physicians who have obtained their primary medical qualification elsewhere.^{2,3} In the Australian health care system the majority of IMGs are employed in general practice.²

Although IMGs now make up a significant part of the Australian medical workforce,^{4,5} to date there has been little research on IMGs. This article presents findings from Queensland based research on IMGs' perspectives on strategies to facilitate their effective and efficient integration into the Australian health care system. Insights are from a subset of findings from a research project that explored IMGs' experience before, during, and after their involvement in the Redland Hospital Observer Program (OP), a hospital based pre-employment program conducted in the Department of Medicine at the Redland Hospital (RH), Queensland.

Redland Hospital Observer Program

The OP was developed in response to the need to recruit junior level staff for the hospital. It provides the opportunity for IMGs to explore clinical and health systems knowledge and practice as an unpaid 'observer' in a supported hospital learning environment. It also provides the RH with an opportunity to closely monitor IMGs' progress and assess their suitability for full time employment.

Methods

The study, funded by an industry grant, represents collaboration between Central Queensland University and the RH. The overall aim of the study was to examine the experience before, during, and after their involvement with the OP from the IMGs' perspectives.

The findings are extensive and those reported in this article explore participants' insights on the strategies they consider would assist effective and efficient integration into the Australian medical workforce.

The participants were enrolled via the study project officer who was under contract with the university and thus independent of the hospital. The project officer was given a list of doctors who had participated in the OP in the Department of Medicine at the RH, along with their telephone numbers. This information was obtained from a RH representative who had gained verbal consent from potential participants. The participants were consecutively enrolled from this list, through an initial telephone call, followed by the project officer providing written project descriptions of the project and an invitation for voluntary participation in the research. At this stage, signed consent forms from the participants were collected and enrolment occurred. There was no screening of participants. Before interviewing, participants were again informed of their ethical rights (eg. informed consent, confidentiality, right to withdraw). The Central Queensland University Ethics Committee and the Queensland Health Department Human Research Ethics Committee approved the study.

Participants

There were 10 (n=10) IMGs who participated in the OP, of which nine (n=9) participated in the study; age range 30–46 years, male n=5, female n=4. Participants came from a diversity of countries of origin including China (n=6), Yugoslavia (Bosnia) (n=1), the Philippines (n=1) and Sri Lanka (n=1). Because the participants were enrolled from a small, identifiable group at the RH, the informed consent procedures gave a strict commitment to confidentiality and a guarantee that no further identifying information would be presented or published with the findings. Hence, further demographic description will not be provided to protect the identity of the participants.

Interviews

The exploration of IMGs' experiences with the OP was conducted through an iterative, qualitative research methodology using open ended interviews conducted at the time and location of each participant's choice. Interviews were conducted via speakerphone by a psychosocial researcher with a background in cross cultural research employed by the university and thus independent of the RH.

The IMGs were encouraged to talk about their experience as a doctor before, during, and after their involvement with the OP. The line of questioning included the techniques of probing and paraphrasing to explore each participant's experience.⁶ Interviews lasted for approximately 1 hour and were audio recorded. The interviews were transcribed verbatim by a research assistant independent of the hospital.

Analysis

The language texts were then entered into the QSR NUD*IST computer program and analysed thematically. All of the participants'

comments were coded into 'free nodes' (category files not pre-organised but 'freely' created from the data). The list of codes was then transported to Microsoft Word 97 and organised under thematic headings. The coding was established by an experienced qualitative researcher and completed by the project officer. There was complete agreement on the coding and emergent themes. There were 203 free nodes created from the transcriptions. The findings presented in this article are from the codes representing the participants' insights on strategies for effective and efficient integration of IMGs into the Australian health care system.

Results

There needs to be a committed, rather than ad hoc, approach. The participants proposed that it is in Australia's interest to ensure an effective and efficient process for the integration of IMGs. They emphasised that the Australian health workforce requires IMGs, stating:

'They still need the overseas doctors'

'But they need the doctors, I think... so that's why they have to do it'.

Thus, obstacles in the path of IMG integration were seen as inappropriate, as one participant summed up:

'If the Australians still need that you should give us a chance.

So don't put... steps to stop what we are doing... just give us a chance. If you don't need it, that's fine, but if you need the doctors you should put the programs in place'.

The emphasis, it was argued, should be on streamlining the entry system and offering active assistance that reaches out to IMGs, rather than allowing an ad hoc process with multiple obstacles, as one participant stated:

'If you need doctors don't try to put so many barriers'.

The participants outlined a number of strategies to improve the process of integrating IMGs. It must be noted, however, that many of the participants believed that much progress had been made since their entry into the Australian health care system, as can be seen by the following statements:

'But all together I can see the huge difference. I can see that at least Queensland Health is working really hard to improve all of that. And they are doing a great job. The Medical Boards are starting to work a little bit more with colleges and colleges are starting to work a bit more with everyone else. So hopefully the whole system will start to work together'.

Strategy 1 – information before leaving country of origin

Some of the IMGs suggested providing detailed information about the process of integrating into the Australian health care workforce before the doctor leaves their country of origin:

'Oh I think if it [information] is actually given to doctors who come even before they come. If they are already given the information that these are the places you can contact, or these are the people you can contact, and given the resources

at hand. That will facilitate things’.

The participants provided detailed descriptions of their years of struggle trying to find out who to contact, what to learn, what paperwork was required, how to obtain a position or registration, or how to pass the Australian Medical Council (AMC) examination. Most of the information they received was ad hoc through informal contacts with other IMGs or accessed through family or friendship networks. As one participant summed up:

‘But it’s very difficult for people... to get [that] information’.

It was suggested that if an information booklet was given to IMGs before their departure from their country of origin this would greatly assist the process of integration:

‘But certainly if we have an information booklet or something like that – like where to get help, to get information. I think that would be a quite good thing to have for overseas doctors when coming into the country’.

Strategy 2 – improve available Web based information

Some of the participants indicated that they gained some information from websites. However, the information available was not seen to be sufficient. Thus, there were recommendations for further development of health websites with in depth information for IMGs. As one participant explained:

‘I think ideally what should happen is that all current information [should be] on the web pages’.

Strategy 3 – more support for bridging programs

Some of the participants spoke of the importance of the University of Queensland’s bridging course for IMGs. The bridging course was seen as a turning point in their career, providing them with the information they needed about how to gain entry into the Australian health system. Thus, these participants recommended more support for the work of such bridging courses, for example:

‘The bridging course at University of Queensland is quite good. More support to that. Because when I went to the bridging course it was really good... I learned everything’.

Strategy 4 – provide more observer programs

All of the participants spoke positively about their experience with the OP. The participants emphasised that one of the most important positive factors about the course is that it provides supervised ‘hands on’ practical experience.

The recommendation from the participants was to initiate observer programs at more hospitals, as one participant explained:

‘At the moment it’s not all the hospitals accept the ‘observership’. I think at some of them it’s very hard to get into it, especially the bigger hospitals’.

Also, it was recommended that there should be funding for hospitals that provide IMGs with hands on experience through observer programs. The funding would enable the provision of extra staff, or could release present staff from their full time roles, to provide the

necessary professional hours required for direct assistance to IMGs. At present, observer programs are not funded and all supervision by medical staff is provided on a voluntary basis. As one participant explained:

‘I think more funding for more teaching programs – more like observer positions. Because sometimes they are very busy and there are not enough doctors to teach you’.

Strategy 5 – provision of an IMG liaison officer

The idea was mooted of an IMG liaison officer appointed to hospitals to provide information and support to overseas trained doctors during the initial stage of their entry into the Australian health care system. The participants indicated that information about the process of integrating into the Australian health care system was often difficult to obtain, and many had limited contact with other IMGs or local doctors. International medical graduates need advice, information, support, direction and contact with other IMGs. A liaison officer could be employed to attend to these needs. It was noted that an IMG who had successfully entered the system would be the most appropriate person for such a position, as one participant explained:

‘Every observer should have somebody like a mentor who could lead you through things. And ideally the mentor would be somebody also who is an international medical graduate so they understand the way of thinking. So it gives him or her quick insight. So they can just give you slight direction’.

Part of the work of such a liaison officer could be to facilitate support sessions where IMGs could share their personal experience with other IMGs, for example:

‘They should exchange some experience... I think it’s very important’.

The opportunity to share learning experiences would also be valuable:

‘Where the overseas trained doctor gathering together they sometimes wait to discuss the case, what I do, what you do improving, you know’.

It was noted that an important supportive message that IMGs need to hear, especially during the early stages of the process of integration, is to keep positive and hopeful and not to give up.

Strategy 6 – reduce the difficulties associated with passing the AMC examination

The participants described their experiences with the AMC examination in negative terms, describing it as more difficult for IMGs than Australian doctors to pass the academic examination required for registration as a doctor in Australia, for example:

‘I think it’s not correct because exam really it’s higher than [for] the interns or graduates [of] some Australia[ns] – bigger differences’.

Participants recommended the provision of preparation and training for IMGs as to how they can study to pass the exam, for example:

‘Yes, give you the training and how you go for the exam. Don’t put the exam too hard then you can’t get through it. If you

need the doctor you have to give them chance and keep them in the profession. Otherwise they will give up’.

Strategy 7 – assist IMGs’ families to settle in Australia

While acknowledging that each family is unique, the participants spoke of the stress on other family members of the process of settling in a new country while the IMG was in the process of obtaining entry into the health system. The consequent recommendation is to provide support to the IMGs’ families, as can be seen by the following statement:

‘Sometimes they are very stressed. Help for their families and help for them to settle down and help them to know this community and then this society... cultural stuff’.

Strategy 8 – relax rules on where and when IMGs can practise

Some of the participants argued against the 10 year moratorium that requires IMGs to spend initial employment in rural areas, for example:

‘... to the bush first, it’s a good experience but if they don’t have a good understanding of Australian medicines, it will be a real struggle. And not just Australian medicine but Australian culture. So from my point of view it’s best to train them within the city. Then it would be easier for them to know a little bit more about the bush before actually being sent there. I am fortunate being on the GP training program that I don’t have to be on the 10 year moratorium. Some GP registrars from overseas trained doctors have that 10 year moratorium’.

Another IMG described how he had to drive for over 3 hours each way to work to maintain his practice while, for reasons of necessity, he also had to maintain his family in the metropolitan area.

Discussion

A central theme informing the IMGs discussion was the notion that the Australian health system is dependent on overseas trained doctors. As a consequence, it was argued that it is in the interest of the Australian health system to ensure that IMGs are efficiently and effectively integrated. This idea is supported by the literature which indicates that Australia has now become increasingly reliant on IMGs, especially in the short to medium term, who presently account for 25% of the total workforce of Australian physicians.^{4,5} The reliance has been created by medical workforce shortages attributed to the increasing demands of an aging population and a decline in the hours worked by local medical practitioners.⁷

The present process of integration is perceived by the IMGs interviewed to be ad hoc with innumerable obstacles. The frustration, alienation and anger experienced by IMGs as a result of their experience of attempting to enter the Australian medical workforce are also acknowledged elsewhere.⁸ Indeed, research indicates that the majority of IMGs experience a prolonged period outside the medical workforce with subsequent negative psychosocial sequelae.^{1,9,10} The strong recommendation from the present findings

is that the integration of IMGs be streamlined with clearly defined, coordinated and easily accessible processes. This idea is affirmed by the recent research of Curran et al¹¹ that demonstrates that effective orientation processes can assist new IMGs in making successful transitions to medical practice in their new countries, reducing professional isolation and enhancing the integration of IMGs and their families within their new communities.

The IMGs detailed eight strategies that, from their perspective, would improve both the efficiency and effectiveness of the process of integration. These strategies included providing information to IMGs before departure from their country of origin, improving the information available on relevant websites, providing more support for bridging courses, funding more OPs similar to that conducted at RH, providing an IMG liaison officer at hospitals, reducing the difficulties associated with passing the AMC examination, providing support for IMGs families and relaxing the rules about when and where IMGs can practise medicine.

Both the ideas of a liaison officer and the provision of family support resonates with the research literature that indicates that mentoring and effective integration within the community of both the IMG and their family are important components of effective integration and retention strategies.¹¹ In relation to family support, Couser¹² recommends providing day-to-day living advice, assisting with accommodation and schools and facilitating introductions to local cultural groups. The difficulties associated with passing the AMC examination for IMGs are also noted elsewhere.¹³

The strategies listed in the findings are presented, without mediation, purely from the perspective of the IMGs interviewed. It is acknowledged that some of the strategies, particularly the latter three, are controversial and require the scrutiny of healthy democratic debate. Reflection on such recommendations needs to be cognisant of the specific training requirements for IMGs above and beyond local graduates with respect to orientation, communication and clinical skills.^{3,12,14} There are ongoing concerns that the recruitment and retention of IMGs is driven by workforce shortages and is conducted without adequate assessment of qualifications or language or clinical skills.⁷ In reporting the findings, the authors are aware of the complexity of the debate which requires not only the insights from the perspective of the IMGs, presented here, but also those of health care professionals and consumers involved in the health care system.

Conclusion

The authors’ presentation of participants’ recommendations is in the spirit of ensuring that the voices of the IMGs are heard, and does not necessarily imply total agreement for all notions proposed. Any and all changes to the process of integration of IMGs must have as a primary benchmark the aim of ensuring that the highest quality of medical care is provided to the Australian population. The present findings are recorded with the aim of providing important insights on the ongoing concern about how best to proceed in this regard, heeding what is in the best interests of the Australian health care system.

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