

# The experiences of overseas-trained medical doctors in adjusting to the Australian rural context

Submitted by

Aye Aye Gyi, PhD, MMed Sc, MBBS

A thesis submitted in total fulfilment of the requirements for the degree of

Master of Philosophy

The Joanna Briggs Institute, Faculty of Health Sciences

The University of Adelaide

July 2011

## Thesis declaration

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution to Aye Aye Gyi and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

I give consent to this copy of my thesis, where deposited in the University Library, being made available for loan and photocopying, subject to the provisions of the Copyright Act 1968.

I also give permission for the digital version of my thesis to be made available on the web, via the University's digital research repository, the Library catalogue and also through web search engines, unless permission has been granted by the University to restrict access for a period of time.

Signature

Date: 30 July 2011

Table of contents	
Table of contents .....	4
Acknowledgements .....	7
Abstract .....	8
<i>Background</i> .....	8
<i>Objectives</i> .....	8
<i>Search strategy and selection criteria</i> .....	8
<i>Results and discussion</i> .....	8
<i>Conclusion</i> .....	9
<i>Keywords</i> .....	10
Chapter 1. Introduction to the Study .....	11
<i>Situating the Study</i> .....	11
<i>Structure of Thesis</i> .....	12
Chapter 2: Background to the Study .....	13
<i>Factors contributing to the shortage of medical professionals</i> .....	13
<i>Migration of health workers</i> .....	14
<i>Emerging evidence of medical workforce shortage in Australia</i> .....	15
<i>Rural doctors shortage and retention</i> .....	16
<i>Visa pathways, programs and practicing restriction OTDs in Australia</i> .....	16
<i>Australia's OTDs registration and training processes</i> .....	17
<i>Discussion</i> .....	19
Chapter 3. Study Design and Methods .....	24
Review Objective .....	24
<i>Operational definitions</i> .....	24
Inclusion criteria .....	25
<i>Type of participants</i> .....	25
<i>Phenomena of interest</i> .....	25
<i>Type of outcome</i> .....	26
<i>Type of studies</i> .....	26
<i>Exclusion criteria</i> .....	26
Search strategy .....	26
Assessment of methodological quality .....	28
Data collection .....	29
Data synthesis .....	29
Conflicts of interest .....	29
Chapter 4. Results .....	30
Search Results .....	30
Main findings .....	30
Chapter 5. Synthesis 1: Adequate support systems to ease fear of entrapment are required .....	32

Studies.....	32
Themes.....	34
Synthesis.....	39
Discussion.....	39
QARI-view of Syntheses 1.....	41
Chapter 6. Synthesis 2: Transparent standards for determining the eligibility of OTDs is required.....	42
Studies.....	42
Themes.....	43
Synthesis.....	48
Discussion.....	48
QARI-view of Syntheses 2.....	53
Chapter 7. Synthesis 3: National standards of English language assessment would maximise the effectiveness of clinical communication.....	54
Studies.....	54
Themes.....	56
Synthesis.....	60
<i>Discussion</i> .....	60
QARI-view of Syntheses 3.....	62
Chapter 8. Synthesis 4: social integration and community support would contribute significantly to the settling in process.....	63
Studies.....	63
Themes.....	64
Synthesis.....	69
Discussion.....	70
QARI-view of Syntheses 4.....	71
Chapter 9. Synthesis 5: Meeting OTDs professional needs is crucial to retaining rural GPs.....	73
Studies.....	73
Themes.....	74
Synthesis.....	81
Discussion.....	81
QARI-view of Syntheses 5.....	83
Chapter 10. Synthesis 6: Cultural transition training programs for OTDs in rural areas are required.....	84
Studies.....	84
Themes.....	85
Synthesis.....	88
Discussion.....	88
QARI-view of Syntheses 6.....	91
Chapter 11. Synthesis 7: Government funding assistance to implement and strengthen locum support for OTDs in rural and remote areas is required.....	92

Themes.....	92
Synthesis.....	93
Discussion.....	93
QARI-view of Syntheses 7.....	95
Chapter 12. Discussion and conclusions.....	96
Limitations.....	105
Implications for research.....	106
Appendices.....	107
Appendix 1: Flow diagram of the studies.....	107
Appendix 2: QARI Appraisal instrument.....	108
Appendix 3: QARI data extraction instrument.....	109
Appendix 4: List of excluded studies and reason for exclusion.....	110
References.....	118

## **Acknowledgements**

I want to thank the following people who have helped support, encourage and motivate me to achieve this goal over the last two years. With their help I was able to turn an interesting question into a research study.

My special thanks to Professor Alan Pearson for getting me started and supporting me in various ways. His encouragement and support were instrumental in my finishing the study.

Professor Heather Gibb was my principal supervisor and mentor during the preparation of this thesis. I greatly appreciated her encouragement, discussions and support.

Dr Zoe Jordan, as my associate supervisor, provided important input at key times during the study. She helped me with valuable media information on overseas trained medical doctors. Without her support and encouragement, I would never have persevered.

Thankyou also to Mr Craig Lockwood for assessing methodological validity of the papers as a secondary reviewer prior to inclusion them in the review.

My special thanks to Dr Sanjiva Wijesinha, Associate Professor of General Practice at Monash University who has helped me with valuable media information on overseas trained medical doctors. I greatly appreciated his willingness to respond my quires at any time despite his very busy schedule.

Finally, I'm deeply grateful to my only immediate family, my 10 years old daughter, who understood and listened to me throughout the process, and makes everyday worthwhile and encourages me at all times.

## **Abstract**

### Background

Due to difficulties attracting Australian trained medical practitioners to work outside metropolitan areas, many rural communities are recruiting OTDs to provide medical services. Consequently health services in rural and remote areas are heavily dependent on OTDs to maintain their complement of medical practitioners. The experience of overseas trained medical doctors working in rural areas may be culturally and professionally highly challenging with wide-ranging implications for personal, familial and social life.

### Objectives

The objective of this review was to identify the experiences, views, attitudes, and perceptions of OTDs or international medical graduates (IMGs) towards working and living in an Australian rural context.

### Search strategy and selection criteria

Published studies from the electronic databases such as PubMed, CINAHL, JBI Library of Systematic Reviews, ERIC, AUSTROM, ProQuest, Scopus, Current Contents, PsychINFO and unpublished studies from Dissertation Abstract International, and Australian Government/Rural and Remote Professional bodies or association web sites were searched between 1990-2010. Qualitative studies examining OTDs' experiential accounts of working in rural and remote communities in Australia were sought. Participants were OTDs or general practitioners from non-English speaking backgrounds regardless of duration of working experience in rural areas. The review includes the views and perceptions of OTDs and does not specifically consider the views of their spouses and other stakeholders. Two reviewers independently assessed study quality and extracted data using the Joanna Briggs Institute Qualitative Assessment and Review Instrument (JBI-QARI).

### Results and discussion

A total of 72 papers were identified based on the title and abstract. Of these, 58 studies were excluded as they did not match the review objectives. One study was excluded because of duplicate publication. As a result a total of 59 studies were excluded. Subsequently, 13 papers

were selected for full paper retrieval, and critically appraised. All the selected studies pass the quality appraisal process. As a result all the 13 studies were included. However the overall quality of the all included studies were by and large poor.

While the generic themes generated were about a number of areas of concern reported by OTDs, the review did also identify some positive comments. A common theme running through all of the identified studies was that OTDs, regardless of their visa category and the pathways they used to enter the rural practice, interact with, and are affected by, dimensions of rural place.

A total of 115 findings were analysed into 45 categories which were grouped into seven synthesized findings that related to rural doctors' subjective experience as follows: 1) Adequate support systems to ease fear of entrapment are required; 2) Transparent standards for determining the eligibility of OTDs is required; 3) National standards of English language assessment would maximise the effectiveness of clinical communication; 4) social integration and community support would contribute significantly to the settling in process; 5) Meeting OTDs professional needs is crucial to retaining rural GPs; 6) Cultural transition training programs for OTDs in rural areas are required; and 7) Government funding assistance to implement and strengthen locum support for OTDs in rural and remote areas is required. Out of these synthesized findings eight specific needs that relate to improving the recruitment rate to rural practices, the retention rate of rural doctors; ensuring high-quality, coordinated actual health care provided by rural practitioners were identified.

## Conclusion

Qualitative data is not always widely accepted in the research community as a form of evidence. However qualitative findings can provide insights and explanations of a different depth and perspective to quantitative data. Whereas quantitative data are causal, or examine associations, qualitative data are insightful, and offer individualised perspectives on a person's experiences.

The review identified a number of professional and psychosocial concerns in regards to rural doctors' experiences associated with adaptation to rural practice and the increasingly complex environment in Australia's health care system. Analysis resulted in both positive and negative experience themes. These may provide a viable platform for developing the most effective strategy for OTDs to better integrate into the Australian health care system. Based on these results it is important for government and professional organisations, rural General Practice supervisors, regional training providers, divisions and rural workforce agencies to work together to

ensure OTDs are provided with information and support to alleviate their unwanted negative experiences, while confirming warranted positive experiences. Negative experiences should also be discussed to plan strategies for management and further improvement. If the findings are used in this way, an improvement in overall rural placement experience could be expected.

#### Keywords

"International Medical Graduates", "Overseas Trained Doctors", " Overseas\* doctors ", "foreign doctors", "experience", "lived experience", "expectation" "attitudes", "adaptation", "communication", "Areas of Need", "regional", "rural and remote", "Aborigines and Torres Trait Islanders health services", "A Country Practice", "the Country", the Bush", "a Bush Town," "the Outback" "Australia", "multicultural".