



A peer support program for international medical graduates



Clare Heal, MBChB, DRACOG, FRACGP, is Senior Lecturer, Department of General Practice and Rural Medicine, James Cook University, Queensland. clare.heal@jcu.edu.au

Harry Jacobs, MBBS, FRACGP, is Associate Professor, Department of General Practice and Rural Medicine, James Cook University, Queensland.

International medical graduates (IMGs) form a significant part of the Australian general practice workforce. Many experience social and professional problems and perform poorly in The Royal Australian College of General Practitioners Fellowship Examination. This article reports on a pilot program in Mackay, north Queensland that addressed some of these issues.

An international medical graduate (IMG) is a doctor who has obtained their primary medical qualification in a country other than Australia or New Zealand. In the face of doctor shortages, these colleagues are likely to form a significant part of the Australian medical workforce, at least in the short to medium term. The government's 'Medicare Plus' initiative will introduce 725 new IMGs into the Australian workforce over the next 4 years; the majority of these in general practice.¹

International medical graduates have reported feelings of alienation and anger when attempting to enter the Australian medical workforce.² Newly arrived IMGs starting work as general practitioners in Mackay, north Queensland, may feel isolated and have difficulty familiarising themselves with the administrative aspects of Australian general practice. They may also experience educational problems, as IMGs have a much lower pass rate in the Fellowship Examination of The Royal Australian College of General Practitioners (RACGP).³ International medical graduates form a significant proportion of 'practice eligible' route candidates who work in nontraining settings and study for the examination in isolation. While pass rates

for 'training route' candidates have remained stable at 81-83%, the proportion of practice eligible route candidates passing has been variable and fallen from about 60 to 50% over the same period.³

Current 2 day pre-examination courses for the RACGP examination seem to be inadequate for candidates who lack substantial experience of Australian general practice. The north Queensland based examination preparation course for overseas trained doctors (EXPRO) provides more substantial exam preparation for IMGs, however, the cost of this course may be prohibitive for some.

General Practice Education Australia Ltd

(GPEA), Queensland Rural Medical Support Agency (QRMSA), Rural Doctors Association of Queensland (RDAQ) and the RACGP all provide support programs for IMGs (in both clinical and social capacities), these services may need to become better linked and advertised and therefore more accessible to this group.

The program

Mackay Division of General Practice (MDGP) provided funding for a 3 month pilot program of a peer support group for IMGs. Six fortnightly meetings took place between February and May 2004. The aims of this group were to identify issues that IMGs in Mackay consider important to their social

Table 1. Needs assessment

Main areas of need identified (up to three chosen from list of suggestions)	Number n (%) (n=10)
Exam preparation	8 (80)
Local services	5 (50)
Health Insurance Commission	4 (40)
Workers' compensation	5 (50)
Doctors' health and dealing with stress	5 (50)
Opportunity for networking and experiences of other IMGs	5 (50)

Table 2. Themes identified from discussions

Financial concerns	<ul style="list-style-type: none">• Increased taxation rates due to temporary residence status• Lower Medicare rebates and reduced income resulting from nonvocational registration status• High cost of RACGP examination, including pre-examination course and travel to Townsville• Non-Medicare rebate cost of annual medicals required for temporary residence status
Immigration process	<ul style="list-style-type: none">• Feelings of uncertainty and impermanence• Lack of dignity involved with annual medicals including HIV testing• Concern regarding possible disruption of children's education• Inability to own home or invest in property while residency status unclear
Spouse welfare	<ul style="list-style-type: none">• Lack of recognition of spouse's qualifications• Lack of employment opportunity for spouse

and academic wellbeing, to address some of these issues, and to provide peer support. We sent invitations to all IMGs known to be working in Mackay. At the first meeting, doctors were asked to nominate topics they would like addressed, and future meetings were tailored to meet these needs (*Table 1*).

Attending doctors were invited to fill in questionnaires at the first and last meetings. Informal discussions around important issues took place at each meeting and these were recorded with the participants' agreements.

Attendance at each meeting varied between four and 11 with a total of 13 IMGs attending at least one. Meetings were tailored according to the needs assessment (*Table 1*). Topics covered included preparation for the RACGP written and clinical examination, and dealing with stress in general practice. Several issues stood out as themes from informal discussions (*Table 2*).

Discussion

Although there was a general reluctance to talk about personal problems, there was an overall sense of frustration and anguish regarding immigration processes and the RACGP's examination processes. As gaining fellowship of the RACGP is inextricably linked to financial issues, residency status and therefore social issues, it is hardly surprising that this should have top priority for IMGs

working in general practice in Mackay.

Generally the IMGs involved gave very positive feedback, and there seems to be a need for a similar group in the future.

Conflict of interest: none declared.

Acknowledgement

Thanks to the Mackay Division of General Practice for funding this project.

References

1. Medicare Plus, the enhanced Medicare package. Canberra: Australian Government, November 2003.
2. Kidd M. Hoops and hurdles: the assessment and recognition of the qualifications of overseas trained doctors in New South Wales. Sydney: Ethnic Affairs Commission of New South Wales, 1998.
3. Spike N, Hays RB. Analysis by training status of performance in the certification examination for Australian family doctors. *Med Educ* 1999;33:612-5.

AFP

Correspondence
Email: afp@racgp.org.au