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**Health and Wellbeing of International Medical Graduates:
Acculturation into the Tasmanian Rural and Remote Context**

by

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GradCert Research Management, MIntlHlth, RN**

Submitted in fulfilment of the requirements for the degree of

Doctor of Philosophy

**Centre for Rural Health
University of Tasmania**

November 2014

Declaration

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The research associated with this thesis abides by the international and Australian codes on human and animal experimentation, as approved by the Human Research Ethics Committee (Tasmania) Network – Social Science, Ethics Reference No. H0012008.

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Daniel Robert Terry

Date 12th November 2014

Abstract

Australia has experienced health workforce shortages, especially in rural and remote areas. In addition, rural and remote populations suffer the lowest levels of health access, the highest levels of medical practitioner maldistribution and the greatest health disadvantage in Australia. As a result, the recruitment of overseas trained doctors, also known as international medical graduates (IMGs) is one government strategy to fill these gaps. Currently, the medical workforce remains heavily dependent on IMG recruitment; however, their retention in these areas remains challenging. It is reported, IMGs seek to relocate into more metropolitan areas once compulsory services obligations are complete. This requires continued recruitment of new IMGs; however it remains an implausible solution.

The study aims to examine the experiences and challenges of IMGs living and working in rural and remote Tasmania. As such, the research attempts to respond to the following research questions: 1). What are the enablers and barriers IMGs face as they live and work in Tasmania? 2). What are the acculturation process and strategies which facilitate trust, co-operation and connections between IMGs, other health care professionals and the community? 3). What are the strategies used by IMGs to improve community engagement and integration? and 4). What acculturation strategies and barriers are observed by key informants who support IMGs in Tasmania?

A number of key theoretical concepts and frameworks underpin this study to address the aims of the study. This includes the internationalisation and globalisation of health workforce; acculturation; and human and social capital of migrants in new social and workplace environments. These theories draw attention to the challenges of acculturation and identity, which migrants, those in the health workforce and particularly IMGs face in new cultural and healthcare contexts.

The study used a mixed method approach employing a double stage sequential explorative design to collect data for the study. Data were collected through an IMG

questionnaire, and face-to-face semi-structured interviews with Tasmanian IMGs and key informants, who recruit, support and act as educators and advisors to IMGs. The study gathered 105 returned questionnaires (response rate 30%), while interviews were conducted with 45 participants recruited through purposive snowball sampling. The interview data were analysed using thematic analysis and Critical Discourse Analysis by way of NVivo v10.0. In addition, descriptive statistics and inferential statistics were used to analyse the questionnaire data using Statistical Package for Social Science (SPSS) 20.0.

The study provided insight into the everyday experiences of IMGs within hospital and rural community settings and how this impacts acculturation, cultural shock and adaptation. It provided a comprehensive understanding of the social and psychological indicators of successful integration, settlement and life satisfaction while highlighting hospital and community challenges. Lastly, it has outlined the importance of identity-community transformation and how connections within a community are vital in establishing extensive social and support networks and the development of greater social capital; greater cross-cultural adaptation; reducing local stigma; and increasing positive cultural attitudes.

The research provides insight into the complexities and principal motivators why IMGs are staying or leaving Tasmania. The study delivers greater insight into the needs, desires and challenges encountered by IMGs locally, nationally and internationally, while offering an understanding for policy augmentation to not only aid recruitment and the retention of IMGs, but also to maintain their and the community's health and wellbeing.

Acknowledgements

This thesis has been the culmination of uncompromising persistence, diligence, a number of sleepless nights and years of ambition.

My fascination with research was developed at an early age. I can still recollect the announcement to my 5th grade teacher that I was about to embark on an experiment that was going to change the world. I wanted to be just like Einstein and pronounced I was wanted to go to University to complete my PhD, which was very uncharacteristic of an eleven year old. It is this teacher of more than two decades ago which I would like to thank for her motivation, encouragement and patience.

Despite these initial motivations, much of this work has been achieved through the foresight, encouragement and tenacity of my primary supervisor, Dr Quynh Lê, who unbiasedly looked beyond my superficial limitations to participate in the 2010 Primary Health Care Research, Evaluation and Development (PHCRED) program. At the time she motivated me to complete my Masters early and enthusiastically convinced me to undertake a PhD with the Centre for Rural Health (CRH), despite my initial objections. Her persistence has led me to complete this higher research journey in ways which may have not been achieved elsewhere. Thank you for your example, observing in me, what others have not and motivating me from day one to work tirelessly for the pursuit of knowledge. My only hope is that this is the beginning and not the end of the journey of working with you.

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Lastly, as I traverse the post-graduate research journey, my greatest achievement has been to do it while raising four young children. Two of which were born while I was undertaking my Masters; were both under two years old when starting my PhD; and have only ever known that daddy 'still' goes to school. Thank you Hannah, David, Rachel and Esther, for being patient with daddy each day as he studied and for sleeping long enough so I could get the work done that I needed which sometimes extended into in the wee hours of the morning. Finally, thank you to Melissa, my wife, my rock, who has seen in me more than I ever could. Thank you for your patience, your words of motivation when I was down and for seeing in me how I could be rather than what I was. I only hope that I can continue to motivate

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Abbreviations

ACCC	Australian Competition and Consumer Commission
ACCHS	Aboriginal Community Controlled Health Service
ACT	Australian Capital Territory
AIHA	Australian Institute of Health and Welfare
AHPRA	Australian Health Practitioner Regulation Agency
AMA	Australian Medical Association
AMC	Australian Medical Council
AMG	Australian medical graduates
AoN	Area of need
ARIA	Accessibility/Remoteness Index of Australia
ASGC – RA	Australian Standard Geographical Classification - Remoteness Areas
BMA	British Medical Association
CALD	Culturally and linguistically diverse
CDA	Critical Discourse Analysis
COAG	Council of Australia governments
CPMEC	Confederation of Postgraduate Medical Education Councils
CS	Compulsory scheme
DHHS	Department of Health and Human Services
DoHA	Department of Health and Ageing

DWS	District of workforce shortage
EAP	Employment assistance program
ECFMG	Educational commission for foreign medical graduates
FGAMS	Foreign graduate of an accredited medical school
FMG	Foreign medical graduates
FTE	Full-time equivalents
FTW	Full-time workload equivalent
GP	General Practitioner
GPTT	General Practice Training Tasmania
HR+	Health Recruit Plus
IMG	International medical graduate
ILTS	International English Language Testing System
IT	Information technology
LGH	Launceston General Hospital
MCQ	Multiple choice question
NHS	British National Health Service
NSW	New South Wales
NT	Northern Territory
NWRH	North-West Regional Hospital
OTD	Overseas trained doctor
OTDNET	Overseas trained doctor national education and training program

PLWA	People living with AIDS
PMC	Postgraduate Medical Council
PMCT	Postgraduate Medical Council of Tasmania
PMEC	Postgraduate Medical Education Councils
QLD	Queensland
QUAN	Quantitative
QUAL	Qualitative
RACGP	Royal Australian College of General Practitioners
RHH	Royal Hobart Hospital
RHWA	Rural Health Workforce Australia
RMO	Resident medical officer
RRMA	Rural, remote and metropolitan area
RWA	Rural Workforce Agency
SA	South Australia
SPSS	Statistical package for social science
STI	Sexually transmissible infection
Tas.	Tasmania
UK	United Kingdom
US	United States of America
Vic.	Victoria
WA	Western Australia

Definitions

Acculturation

A contemporary definition of acculturation is the maintenance of the original culture and the development of relationships with the new culture. Acculturation is a continuously redefined multifaceted bi-directional process where migrants adopt aspects of the new culture while retaining elements of their original culture. It can lead to changes in the cultural patterns of both migrant and host communities however, it occurs prominently in the less dominant group.

Area of need

Area of need (AoN) refers to a medical positions, which falls under section 21(2) (g) (Area of need) of the *Medical Practitioners Registration Act 1996*. This states a medical practitioner is conditionally registered and can be placed in positions, where a need exists. This is not related to geographical location, but rather an AoN in public or private services. It can include positions such as general practitioner, non-specialist and specialist position within hospitals

District of workforce shortage

District of workforce shortage (DWS) are similar to AoN, where a population's need for healthcare has not been met. However DWS are determined by the Department of Health and Ageing (DoHA), whereas AoN are determined by the State and Territory Governments. An area of Australia is deemed DWS if medical services in the area are below the national medical services average.

General Practitioner

A term used in Australia to denote a medical practitioner who has specialised training in general practice and often referred to as a GP. Terms used in other countries to describe a general practitioner include family physician, physician or family doctor.

Globalisation

A term used to define the flow of technology, economy, knowledge, people, values, and ideas across borders and has affects each country in a different way due to a nation's individual history, traditions, culture and priorities

Internationalisation

Internationalisation is a commonly used term within economics to denote an increased involvement of enterprises in international markets. However, this term is also about embracing diversity and a greater understanding of cultures which exists within a community and country. In addition, it deals with building and developing worldwide relationships between and among nations, cultures, or countries.

International medical graduate

This is a commonly used term used for a medical practitioner who has acquired their primary medical qualification in a country other than Australia. This term must not be confused with international students who have or are training in Australia. A previously used term for international medical graduate (IMG) in Australia was overseas trained doctor (OTD). In addition, many other countries have used terms such as foreign medical graduates (FMG) or foreign graduate of an accredited medical school (FGAMS).

Medical practitioner

A term used to denote an individual who is a member of the medical fraternity and is synonymous with the term 'doctor.' Under Australian national law, a medical practitioner is a person who holds registration with the Medical Board of Australia. In this thesis the term medical practitioner or doctor will represent all medical practitioners regardless of their specific specialised training. When speaking of specific specialties or to indicate different types of medical practitioners their respective terms will be used.

Medicare provider number

Medical practitioners who work in Australia require a Medicare provider number which uniquely identifies a medical practitioner and their place of employment. It allows patients who see the medical practitioner to receive a rebate for the service provided and allows a doctor to treat private patients. The Medicare provider number also allows medical practitioners to refer patients on to specialist services and request pathology or diagnostic imaging services.

Overseas trained doctor

In Australia it is used synonymously with IMG; however, this antiquated term will not be used as the principal definition within this thesis.

Stakeholder

There are many definitions of a stakeholder. Nevertheless, the Australian Rural and Remote Workforce Agency Group (ARRWA) has used this term to define those individuals and organisations whose direct role is the recruitment or support of IMGs. However, for the purpose of the thesis this term will not be used to discuss individuals, however 'key informant' or 'informant' will be used to distinguish between individual stakeholders and stakeholder organisation.

10-year moratorium

This policy instrument is used by the Australian Government to ensure IMG mandatorily practice in rural locations for a set amount of time. This is achieved by restricting IMG access to Medicare provider numbers and subsequent cash rebates for up to ten years until mandatory rural practice has been fulfilled.