

Professional career needs of GPs and registrars working in northwestern NSW

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BACKGROUND

The Australian general practice workforce increasingly comprises international medical graduates. These doctors come from a range of professional backgrounds.

AIM

This project aimed to document the current education, training and support needs of the general practice workforce, including international medical graduates, who currently train and/or practise in northwestern New South Wales.

METHOD

Cross sectional survey of all 66 registrars and all 149 GPs who work in this area.

RESULTS

Irrespective of doctors' origin or gender, priority information needs were related to indigenous health, rural health, and key community issues. Training and pre-employment opportunities, and continuing professional development were high priority areas for all participants.

DISCUSSION

Educational initiatives are best targeted at identified groups but not necessarily reserved for international medical graduates only. Supporting the professional careers of doctors in a region requires the provision of integrated educational programs that focus on specific information and skills deficits, as well as requested programs.

Most medical specialties in Australia are experiencing workforce shortages, including general practice, where the number of general practice registrars fell from 1900 in 1994 to 1400 in 2002.¹ The recruitment of international medical graduates (IMGs) to Australia to fill these shortages now forms an integral and essential part of medical workforce planning. International medical graduates already constitute over 20% of the Australian medical workforce and the commonwealth government aims to add a further 725 full time equivalent IMGs by 2007.² In addition to the 3500 permanent resident IMGs who are registered with the Australian Medical Council, temporary visas and conditional registration are also given to IMGs who work in 'difficult to fill' positions in rural and remote areas for up to 3 years. While 664 IMGs took up such positions in 1993/94, 2496 were recruited in 2002/03.³

This project aimed to document the current education, training and support needs of the 215 GPs training and practising in the Northern Sector of the Hunter New England Area Health Service (HNEAHS), including IMGs.

Method

The relevant literature was reviewed and two questionnaires were designed relating to self identified learning needs: one to be completed by IMGs and the other by doctors whose primary medical qualification was obtained from an Australian medical school. Both questionnaires contained 21 identical questions while the IMG version contained additional questions relating to visa and registration

matters and ease of commencing medical work in Australia. The draft survey forms were piloted on a sample of doctors who were not included in the study's population.

The names and addresses of the region's GPs were obtained from the three local divisions of general practice. A list of the region's registrars (comprising general practice registrars and junior medical officers working in hospital settings) was provided by the Hunter New England Area Rural Training Unit. All GPs and registrars were sent both questionnaires, a cover letter and a reply paid envelope in August 2004. Participants were asked to self select the appropriate survey form as there is no available record that identifies where a doctor's primary medical degree was obtained from. A second mailout, targeting all those doctors who had not returned a completed survey form by the due date, was administered in late 2004. All data was entered and analysed using the SPSS 12.0.1 statistical software package.

Approval to carry out this project was obtained from the HNEAHS (Northern Sector) Ethics Committee in mid 2004.

Results

Eighty-three (56%) of the 149 GPs and 31 (47%) of the 66 registrars returned completed questionnaires. The study's full results are published elsewhere.⁴

For purposes of further data analyses, the 114 responses were also grouped into IMGs (20), Australian medical graduates (94), GPs (83), registrars (31), and respondents who were male (69) or female (45) (*Table 1*). International

medical graduates were, on average, 2 years younger than Australian medical graduates (41.9 years compared to 43.9 years), and male doctors were 4.4 years older than female doctors (45.7 years compared to 40.3 years). On average the region's doctors have worked for 13.1 years in their current practice (SD=10.5

years, range: 0.1–40 years) and intend to stay in rural practice for a further 11 years (SD=8.7 years, range: 0.1–35 years).

Over 60% of GPs, registrars, male and female doctors requested further information concerning indigenous health and key rural health issues (*Table 2*). All participants were

asked whether any of six programs (advanced business practices, advanced communication skills, clinical skills, consultation skills, cultural training and research skills) would assist them in furthering their professional career (*Table 3*). *Table 4* presents the mean values calculated for each of the seven listed priority issues and shows, in part, that the top two priorities vary slightly depending on the respondents' characteristics. The top two priority issues regarding professional matters were:

- continuing professional development (CPD) and training opportunities for all respondents
- professional support, professional networking and pre-employment opportunities for IMGs, and
- medical registration for female IMGs.

All participants were asked to rate their level of satisfaction with their current medical practice on a 4 point Likert scale and to rate their contentment with life as a rural doctor (1 = very dissatisfied/very discontented, 2 = dissatisfied/discontented, 3 = satisfied/contented and 4 = very satisfied/very contented). Overall 86% of respondents were either satisfied or very satisfied with their current medical practice and 83% of respondents were either content or very content with their life as a rural GP (*Tables 5, 6*).

Discussion

Our study indicates that, in our geographical area, new information, education and training initiatives are best targeted at identified groups – such as GPs or registrars – but not necessarily set aside for IMGs only. Such a focus should not detract from a more coordinated and streamlined approach to providing programs for IMGs.⁵ Rather, our results support one of the findings of a workshop held in Wellington (New Zealand) in August 2003, where participants agreed that 'many of the problems facing overseas trained doctors – such as inadequacy of supervision and support – are also issues for local graduates. Wherever possible, initiatives to aid overseas trained doctors should be integrated into the broader system to support all doctors'.⁶

The effective delivery of such education, training and support programs should be based on identified needs of the target

Table 1. Population and sample characteristics

		Survey population		Respondents	
		Number	Percentage	Number	Percentage
GPs	Male	101	68	53	64
	Female	48	32	30	36
	Total	149	100	83	100
Registrars	Male	34	52	16	52
	Female	32	48	15	48
	Total	66	100	31	100

Table 2. Additional information required by participants

Issue	GPs		Registrars		Male (n=66–68)	Female (n=40–42)
	Overseas trained (n=10)	Australian trained (n=69–70)	Overseas trained (n=7–8)	Australian trained (n=20–21)		
Australian health care system	60%	32%	100%	81%	49%	50%
Indigenous health	80%	62%	100%	80%	67%	76%
Key community health concerns	60%	51%	100%	85%	60%	66%
Key rural health issues	70%	59%	71%	80%	63%	68%
NSW health care system	60%	31%	88%	86%	46%	52%
Professional behaviour in consulting room	40%	30%	71%	71%	43%	39%
Professional ethics	40%	41%	71%	71%	49%	49%
Professional support organisations	60%	40%	100%	86%	52%	60%

Table 3. Requested programs by participants

Issue	GPs		Registrars		Male (n=68–69)	Female (n=40–43)
	Overseas trained (n=10–11)	Australian trained (n=68–71)	Overseas trained (n=7–8)	Australian trained (n=22–23)		
Advanced business practices	46%	51%	50%	70%	54%	55%
Advanced communication skills	10%	48%	57%	50%	41%	53%
Clinical skills	36%	62%	75%	82%	67%	61%
Consultation skills	27%	45%	63%	73%	51%	49%
Cultural training	20%	40%	63%	59%	40%	50%
Research skills	30%	38%	50%	59%	43%	42%

Table 4. Priority issues identified by respondents

	Medical registration	Training opportunities	Pre-employment opportunities	CPD	Professional support	Professional networking	Financial support
All	NA	2.2	NA	2.4	2.1	2.1	2.1
Australian graduates	NA	2.1	NA	2.4	2	2	2
IMGs	2.1	2.5	2.4	2.7	2.4	2.4	2.2
Male	1.8	2.2	2.2	2.4	2	2	2.1
Female	2.7	2	2.7	2.5	2.3	2.2	2

populations, as doctors working in different geographical regions and coming from varied backgrounds have different priorities and learning style preferences.⁷ This is also true of IMGs' professional further education, training and support needs: our project's results vary from recently published results of two projects carried out in Queensland which identified, in part, exam preparation, English language communication and understanding the Australian health care system as being top priorities.^{8,9}

Negotiations with key stakeholders, including the local divisions of general practice and HNEAHS, are warranted in order to resolve regional priority issues in pre-employment professional support and networking for IMGs, and training opportunities for all doctors in the region. It is important to align these educational approaches with the region's medical priority needs and patient health needs.¹⁰

Implications

Integrated educational activities that focus on stated, specific information deficits coupled with requested programs aimed at meeting the respondents' expressed professional needs appear to offer the most appropriate and effective approach to addressing a number of high priority professional career issues identified by the region's doctors.

Conflict of interest: none declared.

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Table 5. Satisfaction with current medical practice

Groups	Satisfied/ very satisfied		Dissatisfied/ very dissatisfied		χ ² value	Level of significance
	Number	%	Number	%		
Australian graduates (n=93)	76	82	17	18	0.4	Fisher exact, 2 sided; p=0.52
IMGs (n=19)	17	89	2	11		p=0.53
Male (n=69)	58	84	11	16		
Female (n=43)	38	88	5	12		
GPs (n=82)	70	85	12	15		Fisher exact, 2 sided: p=1
Registrars (n=30)	26	87	5	13		

Table 6. Contentment with life as a rural doctor

Groups	Contented/ very contented		Discontented/ very discontented		χ ² value	Level of significance
	Number	%	Number	%		
Australian graduates (n=93)	76	81	17	19	0.06	Fisher exact, two sided: p=0.52
IMGs (n=19)	17	89	2	11		p=0.81
Male (n=68)	56	82	12	18		
Female (n=44)	37	84	7	16		
GPs (n=81)	68	84	13	16	0.17	p=0.78
Registrars (n=31)	25	81	6	19		

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