



Health Workforce
Queensland



Rural Doctors Association of Queensland



'The Other Side of the Equation'

- issues that impact on Overseas-trained doctors
in rural & remote Queensland

Health Workforce Queensland
and
Rural Doctors Association of Queensland

Health Workforce Queensland & Rural Doctors Association of Queensland 2005

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www.rdaq.com.au

Compiled by:

Col White – Data/Research Manager, Health Workforce Queensland
Nigel Bond - Research and Policy Officer, Health Workforce Queensland
Charlie Duncan - Recruitment & Locums Manager, Health Workforce Queensland

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Table of Contents

Acknowledgements.....	ii
Introduction.....	1
Method.....	1
Participants.....	1
Materials.....	2
Procedure.....	2
Results.....	2
Vocational Registration:.....	3
Registration Category:.....	3
Relocation from home country to Australia:.....	4
Reason for relocation to Australia:.....	4
Reason for relocation to current community:.....	4
Medical Qualifications:.....	5
FRACGP/FACRRM:.....	5
States worked:.....	5
Australian Medical Council Multiple Choice Test:.....	5
Australian Medical Council Clinical Test:.....	5
Comments on experience in undertaking AMC tests:.....	5
Plans to sit RACGP/FACRRM examination:.....	6
Types of assistance required to successfully undertake fellowship examinations:.....	6
Length of time to find employment as a health professional in Australia:.....	7
Satisfaction levels with aspects of current employment situation:.....	7
Non-professional aspects of current lifestyle:.....	7
Most important issues determining how long respondent will remain in present location:.....	8
Main difficulties faced by family in current location:.....	9
Disadvantages for OTDs practicing medicine in current location:.....	9
Kinds of difficulties encountered – comments:.....	10
Career Advancement:.....	10
Usefulness of professional services/organizations in Queensland:.....	11
Services provided to IMG's:.....	11
Services that should be provided to increase the retention of IMGs:.....	12
Future plans:.....	13
Age range:.....	13
Dependent children:.....	13
Discussion.....	14
Conclusion:.....	16
References:.....	16
Appendix 1 - International Medical Graduates Needs Analysis.....	17
Appendix 2 – South Australian OTD support initiatives.....	21

Introduction

Overseas-trained doctors (OTDs) comprise a significant proportion of Australia's medical workforce with data from the Australian Government Department of Health and Ageing (AGDOHA) indicating that in 2003-2004, general practitioners who obtained their basic medical qualification outside of Australia accounted for 28.55% (N6944) of the GP workforce.¹ In rural and remote areas, this proportion is often higher with data maintained by Health Workforce Queensland indicating that as at 30th November 2004, OTDs comprised 42% (N406) of the medical workforce in RRMA 4 to 7 locations in Queensland. While it is acknowledged that many Overseas-trained doctors are Australian citizens or permanent residents and have practiced medicine in this country for many years, temporary resident doctors (TRDs) comprise 19.59% (N189) of the rural and remote medical workforce in Queensland.²

While providing a valuable contribution to rural and remote medical workforce, support mechanisms for OTDs and TRDs new to the Australian health system and commencing work in Queensland for the first time are extremely limited and ad hoc. Many commence work without any orientation to the Australian health system or the communities to where they are placed.

The current research was initiated by the International Medical Graduate (IMG) sub-committee of the Rural Doctors Association of Queensland (RDAQ). Its purpose was to explore issues that impact on OTDs from their perspective and to develop policies, solutions and infrastructure to support OTDs in their transition to rural and remote communities particularly in relation to orientation, training and education.

The terms OTD and IMG have been used interchangeably throughout this document. OTD is the term currently used by the Australian Government Department of Health and Ageing while the term IMG has appeared to gain greater popularity in academic areas. Both terms, as used in this paper refer to doctors who obtained their basic medical qualification outside Australia.

Method

Participants

A targeted sample methodology was used in that 249 OTDs working in RRMA 4 to 7 communities who were either temporary resident doctors or were largely from non-English speaking backgrounds comprised the sample. The target sample was selected from an operational database maintained by Health Workforce Queensland that tracks all medical practitioners working in RRMA 4 to 7 locations in Queensland. Two surveys were returned unopened as the doctor had recently left their known place of employment. 73 responses were received, giving a response rate of 29.56%. While the response rate was as little less than anticipated, we believe that the data provided is valuable in understanding issues that impact on IMGs from their perspective. Additionally, it is difficult to ascertain the degree to which the timing of the survey (mid April 2005) and response rates were affected by concurrent adverse publicity in relation to Overseas-trained doctors in Queensland and the establishment of a Commission of Inquiry and the Queensland Health Systems Review.

¹ Australian Government Department of Health and Ageing . Table 15: GP headcount by place of basic qualification, 1995-96 to 2003-2004. <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-statistics-gpdemo.htm>. Accessed 2nd August 2005.

² Health Workforce Queensland. (2004). *Overview of the Queensland Rural and Remote Medical Workforce - Minimum Data Set Report as at 30th November 2004*. Brisbane: HWQ.

Materials

An initial questionnaire was developed by the International Medical Graduate sub-committee of the Rural Doctors Association of Queensland (RDAQ). Following consultation with Health Workforce Queensland, the questionnaire was refined and reformatted. A copy of the agreed final questionnaire is provided in Appendix 1.

Procedure

The questionnaire, including a reply paid envelope and cover letter by the then President of the RDAQ (Dr Ross Maxwell) was dispatched to the targeted sample on the 15th April 2005 and it was requested that the survey be returned by 15th May 2005. Responses as received were entered into the Statistical Package for the Social Sciences program (SPSS 13.0) for analysis. Some basic demographic information was pre-filled with the respondent provided the opportunity to change if necessary.

Results

Seventy-three (73) responses were received. Table 1 displays the characteristics of the target and respondent samples by gender, citizenship, RRMA and employment type. Based on the characteristics of the two samples, we are reasonably satisfied that the respondent sample is representative of the target sample.

Table 1: Characteristics of target (N247) and respondent (N73) samples – percentages

		Target Sample %	Respondent sample %
Gender	Male	70.9	69.9
	Female	29.1	30.1
Citizenship	Australian	1.2	4.1
	Permanent Resident	26.3	31.5
	Temporary Resident	72.6	64.4
RRMA	4	32.8	20.5
	5	46.6	58.9
	6	12.1	12.3
	7	8.5	8.2
Employment Type	ACCHS	3.2	5.5
	GP	55.9	63
	MORPP	2.8	2.7
	MS	3.6	4.1
	MSRPP	3.2	1.4
	RFDS	0.4	0
	RMO	22.7	13.7
	SMO	8.1	9.6
Country Basic Qualification		34 Countries	27 Countries

(1 targeted sample for each of 5 countries did not respond)

(2 targeted samples for 2 countries did not respond)

Table 2 presents the country of basic medical qualification for the respondent sample.

Table 2: Country of basic medical qualification

CBQ	Frequency	Percent	Cumulative Percent
Argentina	1	1.37	1.37
Austria	1	1.37	2.74
Bangladesh	3	4.11	6.85
Belgium	2	2.74	9.59
Bulgaria	1	1.37	10.96
China	1	1.37	12.33
Egypt	2	2.74	15.07
Fiji	2	2.74	17.81
Germany	2	2.74	20.55
India	13	17.81	38.36
Ireland	2	2.74	41.10
Macedonia	1	1.37	42.47
Myanmar	6	8.22	50.68
Netherlands	2	2.74	53.42
Nigeria	2	2.74	56.16
Pakistan	7	9.59	65.75
Philippines	2	2.74	68.49
Poland	1	1.37	69.86
Romania	1	1.37	71.23
South Africa	9	12.33	83.56
Spain	1	1.37	84.93
Sri Lanka	1	1.37	86.30
Switzerland	2	2.74	89.04
UK	3	4.11	93.15
Yugoslavia	2	2.74	95.89
Zaire	1	1.37	97.26
Zimbabwe	2	2.74	100.00
Total	73	100.00	

Vocational Registration:

Nineteen (26.0%) respondents were Vocationally Registered, 3 (4.1%) were in Registrar training programs and 51 (69.9%) were not Vocationally Registered.

Registration Category:

Registration categories of respondents were checked with data maintained by Health Workforce Queensland sourced from the Medical Board of Queensland. Data indicated that 68.49% (N50) of respondents were required to work in a designated Area of Need. Twelve, (16.44%) were restricted to working in general practice only while 11 (15.07%) had general registration. It is probable that most of the practitioners subject to Section 138 would also be required to work in a designated Area of Need. These results are displayed in Table 3.

Table 3: Registration Categories – Medical Board of Queensland

	Frequency	Percent	Cumulative Percent
General	11	15.07	15.07
Section 135	50	68.49	83.56
Section 138	12	16.44	100.00
Total	73	100.00	

Relocation from home country to Australia:

Thirty-eight (52.1%) respondents indicated that they have moved from their home country, directly to Australia. Twenty-one (28.8%) indicated that they had moved to a second country prior to their move to Australia. Thirteen (17.8%) indicated that they have moved to two or more countries prior to moving to Australia. One response was missing.

Reason for relocation to Australia:

Fifty-nine (59) respondents answered this question. The most common theme centered on safety, security, better future and peaceful environment (N=17). Other common themes were lifestyle and financial and career opportunities. An example of typical responses is provided below:

- Better future
- Better future for kids; Safe country to live in
- Better future for my children; safer country
- Crime and HIV in South Africa
- High level of health care system
- More opportunities for me and children
- Peace; financial stability
- Safe peaceful environment
- Safety and security
- To peaceful and steady environment
- Job opportunities
- Quality of career and lifestyle

Reason for relocation to current community:

Forty-one (41) respondents answered this question. The most common theme centered on employment opportunities (N=12). Typical comments are provided below:

- Availability of positions
- Available position that suited me and family
- Available vacancy at the time
- First available job
- Job offer
- Is what AMAQ had to offer
- Placement by agency
- Job posting
- Quality of career and lifestyle
- Job offer and accommodation

Medical Qualifications:

Respondents were asked to provide their medical qualification and related qualifications. Table 4 provides details of basic medical qualification. A number of respondents reported more than one basic medical qualification (e.g., MBBS and MD). Forty-one respondents nominated additional qualifications and, as these were quite varied, they will not be detailed in this report.

Table 4: Medical qualification

Qualification	Number
MBBS	39
MD	17
MChB	20

FRACGP/FACRRM:

Sixteen respondents indicated that they had Royal Australian College of General Practitioners (RACGP) fellowship while three had Australian College of Rural and Remote Medicine (ACRRM) fellowship. One indicated that they had equivalent to RACGP fellowship in the United Kingdom.

States worked:

The majority of respondents, 69 (94.5%) have worked in Queensland only. Three (3) had worked in other Australian states while one response was missing.

Australian Medical Council Multiple Choice Test:

Seventeen respondents (23.3%) indicated that they had completed the AMC Multiple Choice Test while 56 (76.7%) had not.

Australian Medical Council Clinical Test:

Thirteen respondents (17.8%) indicated that they had completed the Clinical Test while 60 (82.2%) had not.

Comments on experience in undertaking AMC tests:

Twenty-six respondents made comments and these tended to vary. A number made comments in relation to excessive waiting times to undertake the test (especially clinical) and poor feedback. Three thought the exams were fair while others thought the exam was difficult. Some have chosen to bypass the AMC and use GPREP or other pathways. A selection of typical comments is provided below:

- At that time only 200 candidates could pass in one year (Quota) which was unfair (climate more opposed to OTDs than today)
- Clinical exam - time factor - too little time for long questions; poor feedback on performance - difficult to improve weaknesses; Selection of candidates by AMC by short notice - inadequate time for good preparation

- Difficult exam. Definitely not Intern level (MCQI) clinical exam - similar when you sit for FRACGP. AMC tertiary as at Intern level. But in clinical exam really over long - when candidate is a GP in clinic and have to perform - not fair exam
- Examination questions and cases were relevant but delaying tactics used so unable to complete AMC in one year e.g., closing date for clinical before MCQ results posted. Very high fee and no control over venue increases cost
- Excessive waiting list - especially for the clinical section
- Fair Assessment
- Fair assessment of medical know how
- Have had communication with fellow South Africans who have done the examinations - apparently it is difficult and meant to fail people
- I believe the exams were fair and correct
- I did not sit this exam. However, as it is a final year exam aimed at final year medical students, I think it is shocking that Australia expect experienced, well-qualified people to sit this exam
- Multiple choice was as difficult as multiple choice questions in our UK exams although there was no negative marking which made it a little easier. It was quite expensive and getting places was a little difficult
- Takes too long - waiting times for places are terrible. I never failed and it took me 2 years
- Much harder than final year medical exams

Plans to sit RACGP/FACRRM examination:

Thirty-five of 73 respondents (47.9%) indicated that they intended to sit for these exams. Six (8.2%) indicated that they did not intend to sit these exams. The question was not answered, not applicable or missing for 32 respondents.

Types of assistance required to successfully undertake fellowship examinations:

Forty-two respondents provided comments – while these varied, some more common themes were around assistance with exam preparation, exam techniques, mentoring, adequate study leave and financial assistance. A selection of comments provided is displayed below:

- (1) Financial assistance (2) Study leave - paid (3) Fairer pass rates of exams (higher proportion of OTDs fail) plus more feedback
- A guide/handbook with questions similar to the proper exam (e.g. AMC MCQ book and cassette for the clinical) in order to prepare for the exam
- Arrangement to help the candidates to have nearby centre to meet each other for practical guided revisions will be very helpful
- Assistance about exam technique, orientation, practice etc.
- Clear-cut syllabus. All data on RACGP website is vague. Facts is what is needed and not waffling about domains of general practice; Reading lists; Clear-cut objectives and standards easily available online to tailor study
- Clinical attachment; GPREP financial support even to Temporary Residents
- Clinical mentoring from an Australian fellow
- Compulsory 4 to 6 months Exam orientation course 3 to 6 months prior to Exam to the expectations of examiners (theory and clinical)

- o Enough time to study. Assistance with cost payable for bridging courses and examinations for vocational registration; Decent working hours
- o Financial assistance for existing preparation courses; Better communication between IMGs (Website, emails)
- o Exam prep course at JCU was very good for clinical exam. More preparation for MCQ was good. GPET is too expensive.
- o Inexpensive good quality tutorials involving no or little traveling - mostly computer based (distance education) with a few hands on workshops
- o More support, more encouragement. Change the wrong ideas about OTD. I want to feel that I am welcomed to pass the exam
- o Never - return to home country
- o Permanent Residence - so that they can concentrate only on exam; Free exam preparation courses; Financial assistance
- o Tutoring in the format of exams/exam techniques
- o Website RACGP; Groups of peers; updating training

Length of time to find employment as a health professional in Australia:

Fifty-eight respondents (80.6%) indicated that found work immediately. Four (5.6%) indicated that it took 1 to 3 months post arrival. For one respondent, the time was 4 to 6 months. Three respondents took 7 to 12 months to find employment. For a further three respondents 13-24 months was required while for a further three, the time period was 25 months or longer. One response was missing.

Satisfaction levels with aspects of current employment situation:

Respondents were asked to rate their level of satisfaction across a variety of aspects of their current employment situation. For convenience, the four possible categories were collapsed into two categories (Very Dissatisfied or Dissatisfied) and (Satisfied or Very Satisfied). Ratings across dimensions are shown in Table 5.

Table 5: Levels of satisfaction on aspects of current employment situation

Aspect	Very Dissatisfied or Dissatisfied	Satisfied or Very Satisfied	Total
Type of work	3 (2.9%)	66 (97.9%)	69
Location of employment	6 (8.3%)	66 (91.7%)	72
Relevance to skill/ experience	5 (7.1%)	65 (92.9%)	70
Supportive work environment	11 (15.3%)	59 (84.7%)	70
Salary	14 (19.4%)	58 (80.6%)	72
Professional support	22 (31.0%)	49 (69.0%)	71
Access to training/ supervision	32 (45.7%)	38 (54.3%)	70
Medical resources	19 (27.1%)	51 (72.9%)	70
Assess to specialists	18 (25.0%)	54 (75.0%)	72
Opportunities to sit professional exams	16 (26.2%)	45 (73.8%)	61

Non-professional aspects of current lifestyle:

Respondents were also asked to rate their level of satisfaction across a variety of non-professional aspects of their current lifestyle. Ratings across dimensions are displayed in Table 6.

Table 6: Levels of satisfaction in relation to non-professional aspect of current lifestyle

Aspect	Very Dissatisfied or Dissatisfied	Satisfied or Very Satisfied	Not Applicable	Total
Appeal of location	9 (12.5%)	63 (87.5%)		72
Size of location	8 (11.1%)	64 (88.9%)		72
Friendliness of community	5 (6.9%)	67 (93.1%)		72
Quality of facilities	17 (23.9%)	54 (76.1%)		71
Access to schooling	13 (18.1%)	52 (72.2%)	7 (9.7%)	72
Employment opportunities for partner	35 (48.6%)	32 (44.4%)	5 (6.9%)	72
Access to religious/ cultural services and resources	22 (30.6%)	45 (62.5%)	5 (6.9%)	72
Access to friends and family	33 (45.8%)	37 (51.4%)	2 (2.8%)	72

Most important issues determining how long respondent will remain in present location:

This question generated 68 responses. Some the more common themes were in relation to obtaining permanent residency, children, education and family issues, job satisfaction and passing required exams. A selection of typical comments is provided below:

- (1) The type of support given by the District Administrators; (2) Availability of locum support; (3) Working conditions, renovations to surgery & living quarters
- (1) Whether permanent residency is possible (2) Continued stable working environment
- Appreciation of my level of training and experience; Commensurate remuneration
- Being reassessed and placed on a salary scale that is appropriate; Job availability for my wife
- Child education and needs
- Children and family issues
- Depends on residency status. There is presently no incentive to stay here as no recognition is given for procedural skills with their associated responsibility and stress
- Distance to workplace; children schooling; friendly atmosphere at work; reasonably good remuneration
- Fair and square work distribution; equal opportunity for training
- I love the place, the people and the work but my husband has no employment avenues and there's no access to alternate place to year 11 & 12 education
- If I get permanent residence, I do not have any problem to stay lifelong in my present location
- Job for wife; financial position
- Job satisfaction and achievements
- Job satisfaction; remuneration; Kids education
- Passing RACGP exam - otherwise forced to leave the country
- Success of FRACGP examinations; Financial improvement with the fellowship; Opportunities of Permanent Residency
- To get permanent residency. I have my own surgery, paying taxes but no rights, no access to Medicare, paying for schooling of my kids (TAFE, Uni) - \$10-20,000 yearly
- Working environment; salary options

Main difficulties faced by family in current location:

There were 67 responses to this question – although themes varied, many comments were made in relation to distance, travel, isolation, housing, children’s education and lack of employment opportunities for partners. A selection of comments provided is presented below:

- (1) Schooling; (2) Lack of medical cover; (3) Kids are surfers and presently live far from sea; (4) Establishing new friendships
- Access to school/shops/facilities/ visiting friends; to improve the local facilities
- Difficulty in finding job for the spouse; Moving closer to the city
- Education of children in the University and the need to relocate to reduce the expenses if kids have to stay separately
- finding employment for partner
- Husband unemployed, which is very demoralizing for him
- I have to travel around 60km daily and after 6 days a week work, there is less time to spend with family. I am planning to work for four and half days.
- Improved support from management in QH. They are just concerned with saving money and not saving lives. Access to up-skilling is extremely limited and because Doctors not one is entitled to a remote call fee, the Drs are now not required to be remote so QH don't have to pay. This means a Dr can be 1/2 hour away. People will die if it wasn't for the altruism of the Doctors
- My husband and daughter find it very frustrating at the weekends to be in Gxxxx as there is nothing by way of entertainment. I have my reading and catch up work at the practice to do so I am okay with it
- My husband is finding it too hard to get a job - he is a licensed Civil Engineer by profession
- My wife's employment is a problem. No work in a small town like Cxxxx. When she was working at MPHC in Cxxxx certain of staff were dissatisfied when we spoke to each other in Afrikaans - workplace discrimination
- My wife (well qualified/experience book keeper, practice manager, assistant to attorney, computer literate) - no work - no one interested
- My wife stays home alone when I am going to work. Far away from the children and grandchildren living in Brisbane and Sydney. Better to move to closer place to meet them
- Remoteness; No job for partner; Stressful relationships with hospital staff; Missing family in South Africa
- Staying singly at present, family have not joined me because of lack of high school facilities
- This is far from decent tertiary facilities - in 18 months time my son will be at University - at least 1000km from home; parochial type of environment - difficult to make friends; Difficult for my children to access after school activities
- Very poor accommodation (mice, cockroaches, insects); Finding food/ingredients similar to European food; Lack of shops, restaurants, entertainment; Extremely hot weather, especially over the summer; No social life because of lack of contacts with people at our age (mainly old population)
- Work for partner
- We have faced not difficulties because of friendly people at work and in the community

Disadvantages for OTDs practicing medicine in current location:

Thirty-two (44.4%) respondents, felt they had been disadvantaged in practicing medicine in their current location. Thirty-eight (52.8%) did not feel they had disadvantaged while one respondent declined to comment and one other felt they had been disadvantaged sometimes.

Kinds of difficulties encountered – comments:

Thirty-seven respondents provided comments. Again themes varied but some of the more common included discrimination, lack of support and insufficient time for training/CME/exam preparation. A selection of these comments is provide below:

- (1) Media comments on OTD; (2) Not made to feel that you are part of the practice
- 40% of my patient billings is given to me without any housing, no transport, no other support for me or my family!
- Different way of practicing medicine compared to country of origin. I am more surgical orientated, but government make opportunities difficult
- Difficulty understanding Australian slang; Long working hours
- Discrimination by private GPs; some community members; local press
- Have been taken advantage of where my understanding of the system was not enough
- Insufficient supervision and teachings
- Lack of modern medical equipment (ECG, Spiro meter); No educational courses/activities in the town
- Lack of recognition and appreciation of commitment to service and lack of recognizing of procedural skills; No relief when fatigued; Long working hours; Workforce shortage
- Media on IMG sometimes discourage and opportunities of harassment by people
- Movement and attending courses is a problem - no Exam leave to sit for RACGP. Studying without leave
- Perceived as less competent than Australian graduates
- The arrogance of local medical fraternity regarding the qualifications/experience/quality of work of overseas graduates
- Suspicion and negative attitude from Australian management towards IMG
- This is not a really yes/no question. One feels abused by the system sometimes e.g., have myself and family no access to Medicare for ourselves

Career Advancement:

Respondents were asked whether they had been able to advance their career in Australia, as they would have expected. Thirty-two (44.4%) indicated that they had not been able to advance their career as expected while 40 (55.6%) indicated that they were satisfied with their career advancement. For those who had answered no to this question, they were asked to indicate the barriers that have affected them. Results are presented in Table 7.

Table 7: Barriers to career advancement

Barriers	Yes	Not answered or n/a	Total
Lack of recognition of qualifications	21 (60.0%)	14 (40.0%)	35
Lack of acknowledgement of prior work experience	18 (51.4%)	17 (48.6%)	35
English language difficulties	3 (8.6%)	32 (91.4%)	35
Cultural differences	5 (14.3%)	30 (85.7%)	35
Prejudice against IMGs	21 (58.3%)	15 (41.7%)	36
Lack of available positions	4 (11.4%)	31 (88.6%)	35
Employment restrictions placed on IMGs	22 (62.9%)	13 (37.1%)	35
Personal/family issues	13 (36.1%)	23 (63.9%)	36

For respondents who felt that they had experienced barriers to their career advancement, the major factors cited were lack of recognition of qualifications, lack of acknowledgement of prior work experience, prejudice against OTDs and employment restrictions placed on OTDs.

Usefulness of professional services/organizations in Queensland:

Respondents were asked to indicate how useful they found a number of professional services/organizations available in Queensland. Results tend to reflect the lack of any systematic or formalized orientation programs for OTDs in Queensland with approximately 70% of respondents indicating that they had not participated in such programs. Responses also suggest that the employer is currently the most used source of information for OTDs new to the Australian health system.

Table 8: Usefulness of professional services/organizations in Queensland

Utility	Did not use	Not useful	Satisfactory	Very useful	Not answered or n/a
IMG orientation programs	50 (69.4%)	6 (8.3%)	8 (11.1%)	3 (4.2%)	5 (6.9%)
Queensland Health	15 (20.5%)	19 (26.0%)	29 (39.7%)	6 (8.2%)	4 (5.5%)
HIC	10 (13.9%)	16 (22.2%)	33 (45.8%)	7 (9.7%)	6 (8.3%)
GP/Employer	8 (11.1%)	13 (18.1%)	31 (43.1%)	13 (18.1%)	7 (9.7%)
Immigration Department	13 (18.1%)	13 (18.1%)	35 (48.6%)	5 (6.9%)	6 (8.3%)

Services provided to IMG's:

Respondents were invited to provide other comments regarding services provided to IMGs. Thirty-six took this opportunity. Again, comments tend to cluster around themes associated with lack of support, supervision, mentoring and orientation. The issue of lack of permanent residency and lack of access to Medicare is also a common theme. A selection of comments is provided below:

- (1) Orientation centre for newly arrived IMG's will be very useful (2) Master of Medicine with over 20 years of clinical experience should be regarded with some respect anywhere in the world.
- (1) Taxes are very high (2) The training workshops are expensive and you are required to write exams?? and attend to workshops before writing
- All IMG's should not be victimized and traumatized due to one person. Bad and good are everywhere not only in IMG's. Upset by no support by any organization during recent media trial of OTD/IMG's
- Before relocating IMG's, employers have to put certain aspects in place e.g., I cannot see any patient of mine in the local hospital, as I have no admitting rights public or private. So where does that leave my patients? Only to have lip service from me?
- I do see the need to make sure all Drs are up to the same standard as Australian trained Drs. Its really important. There are many OTDs working that are not up to scratch. It often depends on the country of training
- I sincerely and angrily resent being forced into spending time, money and effort on an exam which will give me a qualification that is no way superior to what I have already. Knowing that the college always fails a certain percent of the applicants and also passes a certain percentage irrespective of their individual performances that is completely unfair and unjustified. In my opinion it is a way of making money for the college and making even more barrier for OTDs
- I would suggest an incorporation of basic health care cover for IMG and dependent family into their contracts to aid or subsidize hospital cost of use
- IMG's should be considered for Permanent Residency after serving for fixed number of years in rural/remote areas
- More professional supervision and support required in first 12 months

- Pathetic - basically left to your own devices from commencement of service
- Poor back up support from rural agencies for IMG to sit FRACGP - got no help/support
- Queensland Health is not interested to keep skills and professionalism up for IMG
- Sponsors to IMG: are poorly run, lack professionalism, sprout like mushrooms, cannot trust/rely on most. They are in it certainly for themselves but do not grasp their responsibility to IMG and their families
- There are more services available to Registrars than IMG's with regard to FRACGP examination; Qualification are recognized but you are still treated as foreign qualified
- We need more in-service training and support from AMC and government and CME training courses

Services that should be provided to increase the retention of IMGs:

There were 48 responses to this question. Suggestions tended to cluster around themes associated with the facilitation of permanent residency, support and mentoring, financial assistance for CME and exam preparation, more orientation programs and partner employment opportunities. Examples of comments is provided below:

- Abolishment of 10 year moratorium; Fair exams
- Enroll IMG's into GPET pathways when application for PR is the intention (2) Education to develop understanding of the system
- A more comprehensive orientation program that does not cost the IMG an arm and a leg. MBQ orientations is pitiful
- Better orientation, introduction to area and specific problems relating to the area
- Clear expectations as to what is necessary to follow a particular career path
- Considering that the IMG pays much more at different level because of citizenship issues, IMG should be even paid more to keep them at the relatively rejected areas of need which we fill
- Employer should provide orientation program, equal opportunity for training, support for sitting Exam (not the expensive tuitions)
- Facilitate Permanent residence and helping with bureaucracy and costs
- IMG's should be considered for Permanent Residency after serving for fixed number of years in rural/remote areas
- Job for partners. More shops, resources
- Medical insurance (Medicare); Unlimited access to employment opportunities after passing AMC exam (not only Area of Need)
- Only thing we need is permanent residency to secure our future. If our future is secured we do not mind to work in Queensland indefinitely
- Permanent Residence; Access to Medicare
- Support for IMG to sit RACGP; Support for higher educations for kids
- Why don't IMG and their families have access to basic Medicare? Not a single organization has addressed this with purpose. I am required to pay over and above private rates
- Yes - supportive network for IMG; involve IMG in pre-exam courses; prepare IMG for work in rural areas

Future plans:

Respondents were asked to indicate their future plans in relation to their current employment. Results are detailed in Table 9.

Table 9: Future plans

	Frequency	Percent
Remain in current position at present	45	64.29
Change current employment as soon as am able (but remain in rural Queensland)	6	8.57
Move to a larger town/city	9	12.86
Change states	3	4.29
Change countries	3	4.29
Other	4	5.71
Total	70	100.00

Age range:

The age range of respondents is displayed in Table 10.

Table 10: Age range

	Frequency	Percent
Under 35	10	13.89
35-44	33	45.83
45-54	22	30.56
55-64	7	9.72
Total	72	100.00

Dependent children:

Data as displayed in Table 11 indicated that 73% of respondents had dependent children

Table 11: Dependent children

	Frequency	Percent
Yes	52	73.24
No	19	26.76
Total	71	100.00

A series of t-tests were undertaken to determine whether there were differences between temporary resident doctors compared with permanent resident and Australian citizen doctors (combined) across the levels of satisfaction aspects detailed in Tables 5 and 6. Results indicated that temporary resident doctors were significantly less satisfied than permanent resident and Australian citizen doctors in relation to access to training/supervision ($t_{(68)} = -2.25, p < .05$). Similarly, in relation to employment opportunities for partners, temporary resident doctors were significantly less satisfied ($t_{(70)} = -2.74, p < .01$). There were no other significant differences between the two groups on all other aspects of satisfaction. Differences in relation to employment type (general practice and state salaried) gender and RRMA were also explored. No significant differences were found.

Discussion

The results of this study are less than clear-cut. While there have been many issues raised by respondents, there are also very high levels of satisfaction reported in relation to aspects of their current employment situation and non-professional aspects of their current lifestyle. For example, over 80% of respondents indicated that they are satisfied or very satisfied with their type of work, location of employment, relevance to skill/experience, supportive work environment and salary. Similarly, in relation to non-professional aspects of their current lifestyle, over 80% indicated that they were satisfied or very satisfied with the appeal of their location, the size of their location and the friendliness of their community.

Despite these relatively high levels of reported satisfaction, there are also a number of areas where considerable dissatisfaction has been reported. These areas include:

- Significant dissatisfaction with access to training and supervision (45.7%) of respondents.
- Dissatisfaction with professional support (31.0%) of respondents.
- Significant dissatisfaction with employment opportunities for partners (48.6%)
- Dissatisfaction with access to friends and family (45.8%).
- A considerable number of respondents believing that they have been disadvantaged in practicing in their current location (44.4%).
- A considerable number of respondents indicating that they have not been able to advance their careers as expected (44.4%).

For those respondents who did not believe that they had been able to advance their career in Australia, as they would have expected (see Table 7), there were indications that these doctors felt they have been disadvantaged due to:

- A lack of recognition of their qualifications
- A lack of acknowledgement of prior work experience
- Prejudice against IMGs
- Employment restrictions placed on IMGs

Many of the issues raised by OTDs in this study are similar to those found by Han and Humphreys³ in their Victorian research. What differs in this study is a more detailed exploration and reporting of issues that impact on OTDs. For example, from comments provided, it is clear that issues pertaining to permanent residency, access to Medicare for self and family and access to training and supervision are especially important for temporary resident doctors.

Data have indicated that majority of respondents (94.5%) have worked in Queensland only. The most common reasons for relocating to Australia centered on themes relating to safety, security and a better future. Other common themes related to lifestyle, financial and career opportunities. The more common reasons for their relocation to their current community centered on employment opportunities and job offers.

The majority of respondents (69.9%) were not vocationally registered, although 47.9% of respondents indicated that they intended to sit for the RACGP exam. A relatively small number of respondents (23.3%) indicated that they had completed the AMC Multiple Choice test while 17.8%

³ Han, G., & Humphreys, J. (2005). Overseas-trained doctors in Australia: Community integration and their intention to stay in a rural community. *Australian Journal of Rural Health*, 13, 236-241.

indicated that they had completed the Clinical component. Comments in relation to undertaking the AMC exams and the RACGP exams tended to centre on issues related to costs, waiting times, assistance with exam preparation, exam techniques, mentoring, adequate study leave and financial assistance. Essentially, many respondents were looking for improved support, guidance and assistance in preparing for AMC or RACGP exams.

The Australian Government Department of Health and Ageing has recently made new funding available to support medical practitioners towards obtaining FRACGP. This funding will enable eligible medical practitioners to have an individual learning plan developed, as well as providing some financial assistance towards up-skilling and exam preparation. A case manager will also be appointed, allowing for an individualised and supportive approach. However, this funding has only been made available to medical practitioners on certain workforce programs, that is, the Rural Locum Relief Program and the 5-year Overseas-trained doctor program.⁴ Therefore, despite this new funding, the majority of temporary resident Overseas-trained doctors in rural and remote Queensland will still be left unsupported.

Although a relatively high number of respondents indicated that they were satisfied or very satisfied with aspects such as the appeal and size of their location and friendliness of their community, the comments they provided suggest that many faced difficulties in their current location. These difficulties tended to include issues related to distance, isolation, housing, and children's education and partner employment.

A further area for concern is that approximately 70% of respondents indicated that they commenced work in Queensland without undertaking any formal orientation program. In many cases, these doctors (in both the private and state sectors) are placed in rural and/or remote communities without any formal orientation to the Australian health system or consideration of support structures for the doctors and his/her family. To leave one's country and adopt a new country is a very important and life changing decision involving considerable physical and emotion upheaval for these doctors and their families. We believe that OTDs new to the Australian health system and Queensland should be supported and provided a formal orientation program. Recent initiatives in relation to OTD support announced by the South Australian Department of Health⁵ in conjunction with the Rural Doctors Workforce Agency provides an ideal model that could be emulated in Queensland and other Australian states. A summary of these initiatives for OTDs in both the private and public sectors is provided in Appendix 2.

The purpose of this research was to explore issues that impact on OTDs from their perspective to assist in the development of policies and solutions to ensure that they would have access to adequate resources, support and training needed in order to meet Australian standards and requirements for medical practice. Although the response rate (29.56%) was a little disappointing, we are reasonably satisfied, that based on a number of dimensions, the respondent sample is representative of the target sample. We are unsure as to what extent the adverse publicity in relation to OTDs in Queensland at the time of sampling may have impacted on response rates.

⁴ Australian Department of Health and Ageing. (2004). *National Review: The Five Year Overseas Trained Doctor Recruitment Scheme - Volume 1*. Canberra: Health Workforce Branch, ADOHA.

⁵ Department of Health. (2005). *Recognising the past - rewriting the future a new partnership with rural doctors*. Adelaide: DOH

Conclusion:

Data provided by respondents in this study provide a valuable insight into issues that impact on OTDs relatively new to the Australian health system. Even though relatively high levels of satisfaction have been reported in some areas, the associated comments suggest that many of these doctors have had significant issues or problems. The finding that 44.4% of respondents believed that they had been disadvantaged in practicing in their current location or had not been able to advance their career as expected is a cause for some concern. Data further indicated a relatively high level (45.7%) of dissatisfaction in relation to access to training and supervision. This dissatisfaction is significantly more pronounced for temporary resident doctors.

Temporary resident doctors comprise almost 20% of the rural and remote medical workforce in Queensland. Yet it is these doctors that face considerable disadvantage in relation to their access to training programs, mentoring and support. Additionally, they face higher costs in relation to Medicare cover for themselves and family and for their children's schooling. They provide valuable medical services in their communities but receive limited support and assistance to advance their training and integration into the Australian health system in return. Recent initiatives announced by the South Australian Department of Health entails a commitment to support and provide proper orientation for new OTDs. Similar initiatives should be funded and emulated in other Australian states and territories. This would entail a relatively small investment by Australian governments given that the initial costs of training OTDs has been carried by their country of origin. Such initiatives would expedite the integration of OTDs into the Australian health system and contribute to increased quality of health care.

References:

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Appendix 1 - International Medical Graduates Needs Analysis

How would you describe the statement that best describes your relocation from your country of birth to Australia?

Moved from home country directly to Australia	<input type="checkbox"/>
Moved from my home country, to a second country, then Australia	<input type="checkbox"/>
Moved from my home country, to two or more countries, then Australia	<input type="checkbox"/>
Other _____	

What do you feel were the most important reason/s for relocating to the following?

Australia	_____
Queensland	_____
Current location	_____

Qualifications and Registration

What are your medical and related qualifications? In which country were they obtained?

MBBS	Country: _____
MD	Country: _____
MBCChB	Country: _____
FACRRM	
FRACGP	Country: _____
Other Diplomas or Degrees	_____ _____

What type of medical registration do you currently have? (please tick)

- Conditional
 Unconditional

What year did you first get registration as a doctor in Australia? _____

In which state did you first get registration in Australia? _____

In which states of Australia have you worked in medicine so far? (please list)

A: _____	Year: _____
B: _____	Year: _____
C: _____	Year: _____

Have you completed the AMC Multiple Choice Test?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you completed the Clinical Test as this stage?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please comment on your experiences sitting for this examination

--

Which educational programs have you chosen to prepare of the FRACGP Fellowship

GPREP	_____
University based modules (please specify)	_____
Other form of training	_____

Are you Vocationally Registered?

- Yes. Year passed _____ No

Do you plan to sit the FACRRM or RACGP examination? (if Yes, when?) _____

What type/kind of assistance do you think International Medical Graduates need to be successful in their fellowship examinations?

--

Medical Employment

How long did it take you to find employment as a health professional in Australia?

Immediately (recruited for a current areas of need)	<input type="checkbox"/>	7-12 months post arrival	<input type="checkbox"/>
Immediately (recruited to fill other medical position)	<input type="checkbox"/>	13-24 months post arrival	<input type="checkbox"/>
1-3 months post arrival	<input type="checkbox"/>	25 months or longer	<input type="checkbox"/>
4-6 months post arrival	<input type="checkbox"/>		

Please describe your current employment type (you may tick more than one box)

Rural GP	<input type="checkbox"/>	Intern	<input type="checkbox"/>	RMO/PHO	<input type="checkbox"/>
Metropolitan GP	<input type="checkbox"/>	Procedural GP	<input type="checkbox"/>	MORPP	<input type="checkbox"/>
SMO	<input type="checkbox"/>	Full time Med Super	<input type="checkbox"/>	VMO	<input type="checkbox"/>
AMS	<input type="checkbox"/>	MSRPP	<input type="checkbox"/>		

Please rate your level of satisfaction on the following aspects of your current employment situation:

	Very dissatisfied	Dissatisfied	Satisfied	Very satisfied
Type of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance to skills/exp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive work environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to training/supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities to sit for professional exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate the following non-professional aspects of your current lifestyle:

	Very dissatisfied	Dissatisfied	Satisfied	Very satisfied
Appeal of location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Size of location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness of community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of facilities (transport, shops, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to schooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment opportunities for partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to religious/cultural services and resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you been living in your present location? _____

How much longer do you think you will remain in your present location? _____
 How much longer would you and your family like to stay? _____

What are the most important issues determining how long you will remain in your present location?

What are the main difficulties faced by your family in your current location and what would make it easier for them?"

As an International Medical Graduate, do you think that you have experienced any disadvantages practicing medicine in your current location?

Yes No

If yes, please comment on the kinds of difficulties you have encountered:

Have you been able to advance your career as much as you have thought in Australia so far?

Yes No

If no, which of the following barriers do you think have affected you?

Lack of recognition of qualifications:	<input type="checkbox"/>
Lack of acknowledgement of prior work experience	<input type="checkbox"/>
English language difficulties	<input type="checkbox"/>
Cultural differences	<input type="checkbox"/>
Prejudice against International Medical Graduates	<input type="checkbox"/>
Lack of available positions	<input type="checkbox"/>
Employment restrictions placed on International Medical Graduates	<input type="checkbox"/>
Personal/family issues	<input type="checkbox"/>

How useful have you found the following professional services/organisations available in Queensland?

	Did not use	Not useful	Satisfactory	Very useful
IMG orientation programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Queensland Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP/Employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigration Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments regarding services provided to IMGs?

Are there any other services you feel should be provided that might increase the retention of International Medical Graduates in Queensland?

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What do you see as your future plans at this?

Remain in current position at present	<input type="checkbox"/>	Change states	<input type="checkbox"/>
Change current employment as soon as am able (but remain in rural Queensland)	<input type="checkbox"/>	Change countries	<input type="checkbox"/>
Move to a larger town/city	<input type="checkbox"/>	Other _____	

Demographics

Name: _____

Address: _____

Post Code: _____ Telephone Nos. _____

Email Address: _____

Gender: Male Female

Current age range:

Under 35 <input type="checkbox"/>	35-44 <input type="checkbox"/>	45-54 <input type="checkbox"/>	55-64 <input type="checkbox"/>	65 & above <input type="checkbox"/>
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Country of birth: _____

What is your current marital status?

Not married	<input type="checkbox"/>	Separated/ divorced	<input type="checkbox"/>
Married/living with partner	<input type="checkbox"/>	Other _____	

Do you have any dependent children living with you?

Yes	<input type="checkbox"/>	If Yes, how many children do you have?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7+ <input type="checkbox"/>
No	<input type="checkbox"/>								

Location

How would you describe your current location?

Capital city (eg. Brisbane)	<input type="checkbox"/>
Regional city (eg. Toowoomba, Rockhampton)	<input type="checkbox"/>
Small town (eg. Charters Towers)	<input type="checkbox"/>
Other (please describe)	_____

Do you know the Rural Remote Metropolitan Area (RRMA) category of your town? (please tick)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
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When did you first arrive in Australia? _____

Please describe your residency status:

Temporary Resident <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Other _____
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Citizenship _____

Appendix 2 – South Australian OTD support initiatives

Listed below is a summary of South Australian Department of Health recruitment and support initiatives for overseas-trained doctors. These initiatives include:

- Enhancing the Fellowship assistance for 10 year overseas-trained doctors to match Commonwealth five-year support
- Increasing relocation grant to \$10,000
- Providing all overseas-trained doctors and their spouses with an opportunity to visit South Australia prior to contracts being agreed
- Developing interest free loans - the Rural Doctors Workforce Agency will cover interest for two years on resettlement loans and will negotiate a loan product from Medfin or other suitable financial institution.
- Giving all overseas-trained doctors and their spouses between two weeks and four weeks orientation on arrival in South Australia
- Paying all overseas-trained doctors \$1,500 per week during orientation, and arranging accommodation
- Paying orienting practices \$1,000 per week
- Introducing an ‘Understanding Australian Language’ program that will be available for all overseas-trained doctors for whom English is a second language.
- Facilitating the renegotiation of the HIC orientation to be delivered locally
- Standardising orientation throughout South Australia
- Providing a mentor for each overseas-trained doctor
- Developing and providing workshops for overseas-trained doctors to assist them in understanding the range of non-medical/social issues they will face in country communities
- Introducing education grants to their spouses at resettlement to assist with their employability
- Developing and producing the definitive guide for overseas-trained doctors relocating to South Australia.