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

by 

Daniel Robert Terry BN, Dip Mngmnt, GradCert IntlHlth, 
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

I, Daniel Robert Terry, am the author of the thesis titled Health and wellbeing of international medical graduates: Acculturation into the Tasmanian rural and remote context, submitted for the degree of Doctor of Philosophy. I declare that the material is original, and to the best of my knowledge and belief, contains no material previously published or written by another person, except where due acknowledgement is made in the text of the thesis, nor does the thesis contain any material that infringes copyright. The thesis contains no material which has been accepted for a degree or diploma by the University or any other institution.

Daniel Robert Terry

Date 12th November 2014
Statement of authority of access

I, Daniel Robert Terry, author of the thesis title *Health and wellbeing of international medical graduates: Acculturation into the Tasmanian rural and remote context*, submitted for the degree of Doctor of Philosophy, agree that this thesis may be made available for loan and limited copying and communication in accordance with the Copyright Act 1968.

Daniel Robert Terry

Date 12th November 2014
Statement of ethical conduct

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.

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 (PHCRE) 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.

Thank you also to Dr Ha Hoang, for your ability to step in at a moment’s notice and being the vivacious supervisor which made all the difference. Thank you for your time and input into the research process – I continue to value your input. Your insight and evaluation have been instrumental throughout my research journey, particularly at the climax of the thesis writing process. It is a privilege to have you as part of the team.
Thank you to all the students I have worked around and with over the past three years. You have made each day like sunshine, particularly at those times when it all seemed dark and bleak. I am especially grateful to Yun Yue (Maria) for your kindness, Hoang Boi Nguyen for your time and guidance, Thao Doan (Little Thao) for your laughter, Joanne Yeoh for your sweet nature and Chona Hannah for your kind words.

Also thank you to each of the CRH staff, University of Tasmania employees and other graduate research students in whatever capacity that you have provided assistance and words of encouragement. At times it is the smallest things which have made the largest impact.

A sincere thank goes out to each of the early IMGs of the 1930s-1950s, who paved the way for today’s IMGs, thank you to your children for sharing your stories with me. In addition, I would like to especially thank those IMGs who participated in the current research, many of whom I have never met. I have come to deeply appreciate the sacrifice and dedication each of you and your families have undergone to immigrate, live and work in Tasmania. It is your enthusiasm and commitment which has provided services to many in their time of need. My only hope is that your dedication does not go unnoticed and that this research in some small way aids your on-going commitment and that it provides in some measure better outcomes for future IMGs.

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
and support you in the same capacity now that you have returned to University to commence your Masters and in time your doctoral studies.
# Table of Contents

List of Figures ........................................................................................................... xvii

List of Tables ............................................................................................................. xix

Abbreviations........................................................................................................... xx

Definitions ............................................................................................................... xxiv

1 Chapter one: Introduction ......................................................................................... 1

1.1 Introduction ........................................................................................................... 1

1.2 Background of the study ..................................................................................... 1

1.3 Rationale of the study ......................................................................................... 5

1.4 Significance of the study .................................................................................... 6

1.4.1 Contextual significance .................................................................................. 6

1.4.2 Theoretical significance ................................................................................. 7

1.4.3 Methodological significance ........................................................................... 8

1.5 The context of the study .................................................................................... 9

1.5.1 The current health climate in Tasmania ....................................................... 10

1.5.2 Lost in the labyrinth and recent debate ....................................................... 11

1.6 Theoretical framework ....................................................................................... 13

1.7 Research aims and objectives ........................................................................... 14

1.7.1 Research aim .................................................................................................. 14

1.7.2 Research questions ......................................................................................... 14

1.7.3 Research objectives ....................................................................................... 15

1.8 Overview of research methods .......................................................................... 15

1.8.1 Research design ............................................................................................. 16

1.8.2 The sample ..................................................................................................... 16

1.8.3 Instruments and data analysis ....................................................................... 17

1.8.3.1 Quantitative stage ..................................................................................... 17

1.8.3.2 Qualitative stage ....................................................................................... 19

1.9 Ethical considerations ......................................................................................... 19

1.10 Limitations of the study ................................................................................... 22

1.11 Thesis structure ................................................................................................ 23

1.12 Conclusion ......................................................................................................... 24

2 Chapter two: Medical labour force in Australia .................................................... 26

2.1 Introduction ......................................................................................................... 26

2.2 Medical practitioner definition ......................................................................... 26
Chapter three: Current research on international medical graduates 

3.1 Introduction ................................................. 52
3.2 Methods of literature review .................................. 52
3.3 An overview of current IMG studies .......................... 56
  3.3.1 International IMG studies ................................. 56
  3.3.2 Australian IMG studies .................................. 57
3.4 Barriers and enablers in rural practice and communities ........ 58
  3.4.1.1 Professional barriers .................................. 61
  3.4.1.2 Social barriers ...................................... 67
3.5 Overview of literature ........................................ 75
3.6 Conclusion .................................................. 77

Chapter four: Theoretical framework underpinning the study .............. 78

4.1 Introduction ................................................ 78
4.2 Internationalisation and globalisation of health workforce .............. 78
4.3 The migration of doctors and other health professionals ............... 79
4.4 Human capital theory ........................................ 80
4.5 Cultural capital theory ....................................... 83
  4.5.1 The embodied state of cultural capital ..................... 83
  4.5.2 The objectified state of cultural capital .................... 84
  4.5.3 The institutional state of cultural capital .................. 85
4.6 Social capital theory ......................................... 85
  4.6.1 Different types of social capital ............................ 87
    4.6.1.1 Relational capital .................................. 88
    4.6.1.2 System capital ..................................... 88
    4.6.1.3 Bonding and bridging social capital .................. 89
5 Chapter five: The study design ................................................................. 106

5.1 Introduction ............................................................................................ 106

5.2 Methodological framework of the study .................................................. 106
  5.2.1 The key mixed methods approach ..................................................... 109
    5.2.1.1 Pragmatism and mixed method design .................................... 109
    5.2.1.2 The concurrent triangulation design ........................................ 111
    5.2.1.3 Qualitative method trustworthiness ........................................ 113

5.3 Data collection methods .......................................................................... 117
  5.3.1 Semi-structured interviews ............................................................... 117
  5.3.2 International Medical Graduate questionnaire ................................ 118

5.4 Data collection ......................................................................................... 119
  5.4.1 Semi-structured interviews ............................................................... 119
    5.4.1.1 Development of interview questions ...................................... 121
    5.4.1.2 Interview sampling method of key informants ....................... 123
    5.4.1.3 Interview sampling method of IMGs ...................................... 125
  5.4.2 IMG questionnaire ............................................................................ 126
    5.4.2.1 Questionnaire design and development .................................. 127
    5.4.2.2 Questionnaire validation ......................................................... 128
    5.4.2.3 IMG questionnaire sample size .............................................. 132
    5.4.2.4 Recruitment, consent and confidentiality ................................. 133
    5.4.2.5 Incentives .................................................................................. 134

5.5 Data management ...................................................................................... 135
  5.5.1 Quantitative data ................................................................................ 135
    5.5.1.1 Data coding .............................................................................. 135
    5.5.1.2 Data entry ................................................................................ 135
    5.5.1.3 Data cleaning ............................................................................ 136
  5.5.2 Qualitative data .................................................................................. 136
    5.5.2.1 Transcription of interview data .............................................. 136
    5.5.2.2 Data coding .............................................................................. 136
    5.5.2.3 Collection of secondary data .................................................. 137

5.6 Data analysis ............................................................................................ 137
  5.6.1 Quantitative data ................................................................................ 137
  5.6.2 Qualitative data .................................................................................. 138
    5.6.2.1 Thematic analysis ..................................................................... 138
    5.6.2.2 Critical Discourse Analysis...................................................... 140

5.7 Conclusion ............................................................................................... 144
Chapter six: Quantitative data analysis and results ........................................146

6.1 Introduction ..............................................................................................................146
6.2 Questionnaire administration ...............................................................................146
6.3 Analysis techniques ...............................................................................................147
   6.3.1 Spearman’s correlation tests ...........................................................................148
   6.3.2 Chi-square ($\chi^2$) tests ...............................................................................148
   6.3.3 Ordinal logistic regression ..............................................................................149
6.4 Profile of the participants ......................................................................................149
   6.4.1 Characteristics of participants .......................................................................149
   6.4.2 Country of birth .............................................................................................150
   6.4.3 Languages spoken .........................................................................................151
   6.4.4 Communication skills ...................................................................................152
6.5 The migration profile of respondents .....................................................................153
   6.5.1 Immigrant entry ............................................................................................153
   6.5.2 Current residency status ...............................................................................154
   6.5.3 The intention of IMGs to live in Australia ....................................................155
   6.5.4 Number of moves prior to migration to Australia ..........................................155
   6.5.5 Reasons for migrating to Australia .................................................................156
   6.5.6 Reasons for migrating directly to Tasmania ..................................................157
   6.5.7 Reasons for relocating from elsewhere in Australia ........................................158
6.6 Respondents qualifications and registration profile .............................................160
   6.6.1 Country of highest overseas medical qualification ........................................160
   6.6.2 Current medical registration in Australia .......................................................162
6.7 Current and past employment profile .....................................................................164
   6.7.1 Medical employment prior to migration .........................................................164
   6.7.2 Time medical employment gained after arrival ..............................................165
   6.7.3 Current medical position ...............................................................................166
   6.7.4 Current medical employment location ...........................................................167
   6.7.5 Contract length and hours working in current position ...................................168
   6.7.6 Current time and intention to stay in location ...............................................169
6.8 Satisfaction with employment and current lifestyle ...........................................170
   6.8.1 Satisfaction within current employment .........................................................170
   6.8.2 Barriers when practicing medicine in current position ....................................171
   6.8.3 Satisfaction with current position ...................................................................172
   6.8.4 Disadvantages of living in current location ....................................................173
   6.8.5 Non-professional satisfaction .........................................................................173
   6.8.6 Aspects of residential location that are likely to influence the future working location ...............................................................174
   6.8.7 Future plans of respondents .......................................................................175
6.9 Factors determining IMGs satisfaction and desire to stay ..................................177
   6.9.1 Non-professional satisfaction of IMGs ............................................................178
      6.9.1.1 Satisfaction with lifestyle and access to religious facilities .......................178
      6.9.1.2 Satisfaction with current lifestyle and access to public transport ..........178
   6.9.1.3 Satisfaction with current lifestyle and size of town ......................................179
   6.9.2 Factors influencing future employment of IMGs ..............................................179
      6.9.2.1 Future employment and improved medical facilities ..............................179
Chapter seven: Qualitative data analysis and results ........................................183

7.1 Introduction .................................................................................................183

7.2 Data analysis .................................................................................................184

7.3 Context of the results ....................................................................................188

7.4 Profile of participants ..................................................................................188

7.4.1 Characteristics of key informants ..............................................................188

7.4.2 Characteristics of IMGs ........................................................................189

7.5 Motivation for migrating to Tasmania .........................................................191

7.6 Professional transition challenges ...............................................................191

7.6.1 Examination challenges ..........................................................................191

7.6.1.1 Personal impact ..................................................................................193

7.6.1.2 Family impact ....................................................................................193

7.6.1.3 Workplace and community impact .....................................................194

7.6.2 New medical system challenges ...............................................................194

7.6.3 Communication challenges .....................................................................196

7.6.4 Financial climate and professional transition challenges ......................198

7.6.4.1 The financial climate impacting surgical placements .......................198

7.6.4.2 Other financial concerns ....................................................................199

7.7 Social transition challenges .........................................................................200

7.7.1 Spouse employment ................................................................................200

7.7.2 Education for children ............................................................................201

7.7.3 Cultural and religious connectivity ..........................................................202

7.8 Isolation ........................................................................................................203

7.8.1 Physical isolation ....................................................................................203

7.8.2 Psychological isolation ...........................................................................205

7.8.3 Cultural isolation and adoption ...............................................................207

7.9 Stigma ..........................................................................................................208

7.9.1 Workplace stigma ..................................................................................208

7.9.1.1 International Medical Graduate questionnaire participant perspective ..........................................................................................208

7.9.1.2 Key informants’ perspective ...............................................................209

7.9.2 Social stigma ............................................................................................212

7.10 Professional and social support .................................................................214

7.10.1 Professional supports .............................................................................214

7.10.1.1 Support provided by colleagues, peers and professional bodies ..........216

7.10.1.2 Supporting cultural needs within the workplace ...............................218

7.10.1.3 Support from within and a desire to help new IMGs ........................218
Chapter Eight: Discussion ................................................................. 246

8.1 Introduction .............................................................................. 246

8.2 Results in relation to research question one .................................. 246
  8.2.1 Barriers IMGs encountered ................................................. 247
    8.2.1.1 Employment barriers .................................................. 247
    8.2.1.2 Professional and social barriers .................................... 248
    8.2.1.3 Cultural understanding barriers .................................... 250
    8.2.1.4 Financial barriers ....................................................... 253
  8.2.2 Enablers IMGs encountered ................................................ 254
    8.2.2.1 Professional and social enablers .................................... 254
    8.2.2.2 Individual social skills enabling acculturation .................. 257
    8.2.2.3 Connection to place and people .................................... 257

8.3 Results in relation to research question two .................................. 259

8.4 Results in relation to research question three ............................... 262
  8.4.1 Cultivating common interests .............................................. 263
  8.4.2 Advancing effective communication ..................................... 264

8.5 Results in relation to research question four .................................. 265

8.6 Conclusion ................................................................................. 269

Chapter nine: Summary and conclusion ............................................. 270

9.1 Introduction .............................................................................. 270

9.2 Research achievements .............................................................. 270
9.2.1  The research findings .................................................................................................. 270
9.2.1.1 Poor employment, career pathway and training opportunities .................................. 271
9.2.1.2 Unmet needs in the workplace and community ......................................................... 271
9.2.1.3 Ethnocentrism and cultural intolerance ..................................................................... 272
9.2.1.4 Funding challenges of workplace, community and individual ................................. 272
9.2.1.5 Meeting the specific needs of an IMG and their family .......................................... 273
9.2.1.6 IMGs and their family’s individual characteristics .................................................. 273
9.2.1.7 Connection to place and people .............................................................................. 274
9.2.1.8 Hypermobility ........................................................................................................ 274
9.2.2  Significance of the research ....................................................................................... 274
9.2.2.1 Contextual significance ........................................................................................... 275
9.2.2.2 Theoretical significance .......................................................................................... 276
9.2.3  Personal development ............................................................................................... 279
9.3  Research strengths ....................................................................................................... 282
9.4  Research limitations ..................................................................................................... 284
9.5  Future research directions ............................................................................................ 287
9.6  Recommendations ........................................................................................................ 289
9.6.1  Recommendation one ................................................................................................ 289
9.6.2  Recommendation two ................................................................................................ 290
9.6.3  Recommendation three .............................................................................................. 290
9.6.4  Recommendation four ............................................................................................... 290
9.6.5  Recommendation five ............................................................................................... 291
9.6.6  Recommendation six ................................................................................................. 291
9.6.7  Recommendation seven ............................................................................................ 291
9.7  Conclusion .................................................................................................................... 291

References .......................................................................................................................... 294

Appendix A  Ethics documentation ....................................................................................... 322
Appendix B  Newspaper extracts ........................................................................................ 323
Appendix C  IMG policy and legislation timeline ................................................................. 326
Appendix D  Research examining IMG acculturation ............................................................ 327
Appendix E  Timeline of data collection and analysis process .............................................. 333
Appendix F  Interview schedules .......................................................................................... 334
Appendix G  Tasmanian International Medical Graduates questionnaire ............................ 336
Appendix H  Thematic coding tree ....................................................................................... 348
Appendix I  Critical Discourse Analysis coding tree ............................................................. 349
Appendix J  Chi-square test data tables ............................................................................... 350
List of Figures

Figure 1.1: Tasmanian and level of remoteness................................................................. 10

Figure 2.1: Percentage of medical practitioners by place of primary qualification in Australia .......................................................... 30

Figure 2.2: Australian Medical Council IMG assessment pathways ................................. 40

Figure 2.3: Tasmanian Health Organisations in Tasmania .................................................. 46

Figure 2.4: Gender of Tasmania GPs by place of primary qualification ............................. 49

Figure 2.5: Regional distribution by place of primary qualification ................................. 50

Figure 3.1: Method of literature review .............................................................................. 55

Figure 4.1: Types of acculturating groups ........................................................................ 94

Figure 4.2: Acculturation strategies .................................................................................. 96

Figure 4.3: A conceptual framework for acculturation research ..................................... 99

Figure 4.4: Typology of IMGs ......................................................................................... 103

Figure 5.1: Concurrent triangulated design ................................................................... 111

Figure: 5.2 Study design schematic .................................................................................. 113

Figure: 5.3 Principal Components Analysis scree plot .................................................. 129

Figure 6.1: Self-reported English proficiency at time of migration ............................... 152

Figure 6.2: Self-reported satisfaction communication skills professionally .................. 153

Figure 6.3: Self-reported satisfaction communication skills socially ........................... 153

Figure 6.4: Immigration category entry ........................................................................... 154

Figure 6.5: Immigration category entry ........................................................................... 154

Figure 6.6: Intention to stay at time of migration ........................................................... 155

Figure 6.7: International movement of IMGs prior to migrating to Australia ............... 156

Figure 6.8: The most important reasons for coming to Australia .................................. 157

Figure 6.9: The most important reasons for coming directly Tasmania ....................... 158
Figure 6.10: State where IMGs have worked..........................159
Figure 6.11: The most important reasons for coming to Tasmania..........................160
Figure 6.12: Current registration in Australia .........................................................162
Figure 6.13: Australian state where IMGs first registered .........................................164
Figure 6.14: Years of experience prior to migration .................................................165
Figure 6.15: Years of rural experience prior to migration ...........................................165
Figure 6.16: The timeframe IMGs gained medical employment after arrival ............166
Figure 6.17: Current position held by IMG respondents .............................................167
Figure 6.18: Current employment location .................................................................167
Figure 6.19: Contract length of current position .........................................................168
Figure 6.20: Number of hours worked per week .......................................................168
Figure 6.21: How much longer an IMG would like to stay in Tasmania .................169
Figure 6.22: How much longer an IMG’s family would like to stay in Tasmania ........170
Figure 6.23: Satisfaction with current position ..........................................................171
Figure 6.24: Practice hindered due to being an IMG in current position ...................171
Figure 6.25: Disadvantages experienced in current community .................................173
Figure 6.26: Future plans of IMG respondents ..........................................................176
Figure 6.27: Future plans of IMG respondents ..........................................................177
Figure 7.1: Mud mapping of thematic coding process .............................................187
List of Tables

Table 2.1: Medical workforce data by region (2011) .......................................................... 32
Table 2.2: Medical workforce data by state (2011) .............................................................. 32
Table 2.3: Scaling incentives – Rural Health Workforce Strategy ..................................... 37
Table 2.4: Acute care IMGs in the three major hospitals in Tasmania (2011) ................. 48
Table 3.1: Key words and terms use in the literature review ............................................. 53
Table 3.2: Specific barriers and enablers encountered among IMGs ............................... 60
Table 5.1: Principal Components Analysis results for Likert-scale questions .............. 131
Table 5.2: Cronbach’s Alpha reliability coefficients of factors .............................................. 132
Table 6.1: Questionnaire response rate .................................................................................. 147
Table 6.2: Characteristic of participant study sample .......................................................... 150
Table 6.3: Country of birth ..................................................................................................... 151
Table 6.4: Country overseas medical qualification obtained .............................................. 161
Table 6.5: Year of registration ............................................................................................... 163
Table 6.6: Professional satisfaction ....................................................................................... 172
Table 6.7: Non-professional satisfaction ................................................................................. 174
Table 6.8: Importance of factors for future work ............................................................... 175
Table 6.9: Ordinal logistic regression of region of origin and satisfaction with lifestyle and access to religious facilities .......................................................... 178
Table 6.10: Ordinal logistic regression of workplace region and satisfaction with lifestyle and access to public transport ................................................................. 178
Table 6.11: Ordinal logistic regression of region of origin and satisfaction with size of town ................................................................................................................... 179
Table 6.12: Ordinal logistic regression of region of origin and improved medical facilities influencing future employment ................................................................. 179
Table 6.13: Ordinal logistic regression of region of origin and access to religious facilities influencing future employment ................................................................. 180
Table 6.14: Ordinal logistic regression of region of origin and access to cultural or religious foods influencing future employment ..................................180

Table 6.15: Ordinal logistic regression of region of origin and access to metropolitan location influencing future employment ..................................181

Table 6.16: Ordinal logistic regression of region of origin and a settlement near cultural community influencing future employment ..................................181

Table 6.17: Spearman’s correlation test of the relationship between IMG and family desire to stay in Tasmania .................................................................182

Table 7.1: Coding used within thematic analysis of key informant interviews ..........185

Table 7.2: Coding used within thematic analysis of key IMG interviews ...............186

Table 7.3: Characteristics of informant interview participants ...............................189

Table 7.4: Characteristics of IMG interview participants ......................................189

Table 7.5: Hypermobility of Interview participants ............................................190
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCC</td>
<td>Australian Competition and Consumer Commission</td>
</tr>
<tr>
<td>ACCHS</td>
<td>Aboriginal Community Controlled Health Service</td>
</tr>
<tr>
<td>ACT</td>
<td>Australian Capital Territory</td>
</tr>
<tr>
<td>AIHA</td>
<td>Australian Institute of Health and Welfare</td>
</tr>
<tr>
<td>AHPRA</td>
<td>Australian Health Practitioner Regulation Agency</td>
</tr>
<tr>
<td>AMA</td>
<td>Australian Medical Association</td>
</tr>
<tr>
<td>AMC</td>
<td>Australian Medical Council</td>
</tr>
<tr>
<td>AMG</td>
<td>Australian medical graduates</td>
</tr>
<tr>
<td>AoN</td>
<td>Area of need</td>
</tr>
<tr>
<td>ARIA</td>
<td>Accessibility/Remoteness Index of Australia</td>
</tr>
<tr>
<td>ASGC – RA</td>
<td>Australian Standard Geographical Classification - Remoteness Areas</td>
</tr>
<tr>
<td>BMA</td>
<td>British Medical Association</td>
</tr>
<tr>
<td>CALD</td>
<td>Culturally and linguistically diverse</td>
</tr>
<tr>
<td>CDA</td>
<td>Critical Discourse Analysis</td>
</tr>
<tr>
<td>COAG</td>
<td>Council of Australia governments</td>
</tr>
<tr>
<td>CPMEC</td>
<td>Confederation of Postgraduate Medical Education Councils</td>
</tr>
<tr>
<td>CS</td>
<td>Compulsory scheme</td>
</tr>
<tr>
<td>DHHS</td>
<td>Department of Health and Human Services</td>
</tr>
<tr>
<td>DoHA</td>
<td>Department of Health and Ageing</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>DWS</td>
<td>District of workforce shortage</td>
</tr>
<tr>
<td>EAP</td>
<td>Employment assistance program</td>
</tr>
<tr>
<td>ECFMG</td>
<td>Educational commission for foreign medical graduates</td>
</tr>
<tr>
<td>FGAMS</td>
<td>Foreign graduate of an accredited medical school</td>
</tr>
<tr>
<td>FMG</td>
<td>Foreign medical graduates</td>
</tr>
<tr>
<td>FTE</td>
<td>Full-time equivalents</td>
</tr>
<tr>
<td>FTW</td>
<td>Full-time workload equivalent</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>GPTT</td>
<td>General Practice Training Tasmania</td>
</tr>
<tr>
<td>HR+</td>
<td>Health Recruit Plus</td>
</tr>
<tr>
<td>IMG</td>
<td>International medical graduate</td>
</tr>
<tr>
<td>ILTS</td>
<td>International English Language Testing System</td>
</tr>
<tr>
<td>IT</td>
<td>Information technology</td>
</tr>
<tr>
<td>LGH</td>
<td>Launceston General Hospital</td>
</tr>
<tr>
<td>MCQ</td>
<td>Multiple choice question</td>
</tr>
<tr>
<td>NHS</td>
<td>British National Health Service</td>
</tr>
<tr>
<td>NSW</td>
<td>New South Wales</td>
</tr>
<tr>
<td>NT</td>
<td>Northern Territory</td>
</tr>
<tr>
<td>NWRH</td>
<td>North-West Regional Hospital</td>
</tr>
<tr>
<td>OTD</td>
<td>Overseas trained doctor</td>
</tr>
<tr>
<td>OTDNET</td>
<td>Overseas trained doctor national education and training program</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Full Form</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------</td>
</tr>
<tr>
<td>PLWA</td>
<td>People living with AIDS</td>
</tr>
<tr>
<td>PMC</td>
<td>Postgraduate Medical Council</td>
</tr>
<tr>
<td>PMCT</td>
<td>Postgraduate Medical Council of Tasmania</td>
</tr>
<tr>
<td>PMEC</td>
<td>Postgraduate Medical Education Councils</td>
</tr>
<tr>
<td>QLD</td>
<td>Queensland</td>
</tr>
<tr>
<td>QUAN</td>
<td>Quantitative</td>
</tr>
<tr>
<td>QUAL</td>
<td>Qualitative</td>
</tr>
<tr>
<td>RACGP</td>
<td>Royal Australian College of General Practitioners</td>
</tr>
<tr>
<td>RHH</td>
<td>Royal Hobart Hospital</td>
</tr>
<tr>
<td>RHWA</td>
<td>Rural Health Workforce Australia</td>
</tr>
<tr>
<td>RMO</td>
<td>Resident medical officer</td>
</tr>
<tr>
<td>RRMA</td>
<td>Rural, remote and metropolitan area</td>
</tr>
<tr>
<td>RWA</td>
<td>Rural Workforce Agency</td>
</tr>
<tr>
<td>SA</td>
<td>South Australia</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical package for social science</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually transmissible infection</td>
</tr>
<tr>
<td>Tas.</td>
<td>Tasmania</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>US</td>
<td>United States of America</td>
</tr>
<tr>
<td>Vic.</td>
<td>Victoria</td>
</tr>
<tr>
<td>WA</td>
<td>Western Australia</td>
</tr>
</tbody>
</table>
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 a below the national medical services average.

General Practitioner

A term used in Australian 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.