



International medical graduates' training needs: perceptions of New Zealand hospital staff

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Abstract

Objective To determine the opinion of New Zealand doctors and nurses on the possible training needs of international medical graduates (IMGS) in New Zealand hospitals.

Design A postal questionnaire sent to hospital doctors and nurses.

Methods All doctors working at Wellington, Kenepuru, and Hutt Hospitals in the greater Wellington region, and nurses working in acute medical wards at the same hospitals, were asked to complete a questionnaire based on the Northern Clinical Training Network and Capital Coast District Health Board resident medical officer assessment forms regarding an overseas-trained doctor they had worked with in the last year.

Results The response rate for the doctor's questionnaires was 68/174 (39.1%), with 51 of these from New Zealand doctors rating an international medical graduate. The response rate for the nurses was 58/60 (96.7%). Areas where the median score of the questionnaire was unsatisfactory (less than three out of five on an ordinal scale rating performance) were clinical documentation; communication with patients, families, and other health professionals; knowledge of hospital policies and procedures, and medicolegal matters; and some aspects of patient management. There was no difference in median ratings between doctors and nurses.

Conclusions More specific training may improve the performance of overseas-trained doctors in the New Zealand health system. A further study of the perceived needs of the overseas-trained doctors themselves may be useful.

A large proportion of medical practitioners who work in New Zealand are graduates of an overseas medical school. Indeed, the most recent figures from the Medical Council of New Zealand (MCNZ) estimate that 34% of the medical workforce has an overseas qualification.¹

Within the hospital system, 17% of house officers, 33% of registrars, and 50% of medical officers have an overseas qualification.¹ The MCNZ website does not specify the proportion of overseas medical graduates working in New Zealand from countries that do not have reciprocal registration arrangements with New Zealand.¹

All medical practitioners must meet standards set by the MCNZ. International Medical Graduates (IMGS) from Australia, the United Kingdom, and North America obtain the right to practice medicine readily in New Zealand. This could reflect similar standards of training and practice for these countries or reciprocal agreements between both countries.¹

Doctors from Australia, the United Kingdom, and North America are exempt from sitting the English examination (as the medium of instruction in the medical schools they have trained at is English.)¹ IMGS from all other parts of the world have to sit both written and oral examinations. Additionally, they have to pass an English examination to practice medicine, although there are some exceptions.¹ For the purposes of this study, IMGS refers to doctors trained in countries that do not have reciprocal registration arrangements with New Zealand.

In recent years, a specific training programme called *The Bridging Programme* has been introduced to help prepare some IMGS for the New Zealand registration examination (NZREX)² However even after passing the NZREX or achieving entry into the New Zealand health system through other means, IMGS may experience other difficulties such as differences in practice, lack of familiarity with the New Zealand hospital system, cultural differences, and language barriers.

Fortunately, most IMGS overcome these difficulties and adapt. Unfortunately, for some doctors, the road to this is a long and difficult one. Often an important phase of entry into more independent practice within the New Zealand health system is a period of time spent in public hospitals under supervision of intern supervisors, in conjunction with reports from colleagues within the health system.

In this study we were interested in identifying the training needs for IMGS based on the reports of colleagues within the health system as well as determining if there were any differences between doctors' and nurses' ratings.

The aims of the study were to:

- Identify key areas that IMGS working under supervision in New Zealand hospitals need to focus upon when working in New Zealand.
- Make recommendations based upon those identified areas, which will allow hospital service leaders to establish a programme to help these IMGS to have a more equitable entry into the New Zealand health system.

Methods

This is a pilot study, conducted in acute care hospitals in greater Wellington region. With the agreement of the service and/or clinical leaders and the team leaders, anonymous self-addressed envelopes containing a questionnaire were posted to the consultants, registrars, and house surgeons as well as the charge nurse/team leader, clinical nurse specialist, and three senior registered nurses (as identified by the charge nurse/team leader) in general medical and general surgical areas.

Senior registered nurses, for the purposes of this study, were those with more than 4 years of post-registration experience. All doctors, regardless of whether they had a New Zealand or overseas qualification, received the questionnaire.

The questionnaire was based on the Resident Medical Officer (RMO) run review form from Capital and Coast District Health Board (CCDHB) and the Northern Clinical Training Network (NCTN) questionnaire.⁴ The questions that cover a number of dimensions of hospital practice were each rated with a response indicating a RMO performs at a poor level (rating=1) to an excellent level (rating=5). A level of '3' is considered satisfactory.

New Zealand doctors (NZD) were considered to be either New Zealand-qualified doctors or IMGS who had worked in New Zealand for 5 years. The latter were considered likely to have integrated successfully into the New Zealand health system. A copy of the questionnaire is available from the authors on request. Potential areas of improvement were identified by median scores of less than '3'.

Ratings by doctors and nurses to the same questions were compared using the Mann-Whitney test, using a p value of 0.10 to identify potential differences.

Results

The response rate for the doctor's questionnaire was 68/174 (39.1%) and for the nurses questionnaire it was 58/60 (96.7%); 51 of the doctor's questionnaires were from NZDs, and one of these doctors had not worked with an IMG in the last year. The doctors scored four questions and nurses scored two questions with a median score of less than '3'. The remaining questions had a median score of '3'.

No question had a median score of more than '3'. Doctors and nurses median scores were not different at a type 1 error rate of less than 0.1. Five questions had median scores of less than '3' for either doctors or nurses. They were documentation (clinical clerking, adequacy of records, legibility, accurate drug charts); communication ability with patients and their families; communication with other healthcare professionals; professional knowledge (hospital policies and procedures, medicolegal matters); and patient management (management decisions, response to calls, emergency care).

Discussion

This small study found the perceptions of the hospital nurses of IMGS were satisfactory. The low response rate from doctors could reflect the reluctance of doctors to comment on fellow colleagues and tackle the sensitive issue of medical performance questions. However, the study identified potential areas for improvement including communication (both with patients, their families, and health professionals), documentation, knowledge of the health system, and some aspects of patient management.

Less than satisfactory communication skills were not due to poor English skills. The strength of our study is that it directly involved colleagues of IMGS who work with them daily. Our study reflects only doctors and nurses in the greater Wellington area who may have a different experience from those in other parts of New Zealand.

Although the questionnaire appears to have face validity, its reliability and responsiveness to both poor and excellent practice is not known. Additionally, in an effort to maintain confidentiality, the respondents were not asked to specify their own background or the IMG they were assessing. This could have included doctors from countries with reciprocal registration arrangements with New Zealand being inadvertently assessed as IMGS. However we think that the comments made addressed our target group.

Improvement in the aspects of practice identified in this study might partly be achieved by establishing a 6-week pre-employment training program similar to that of trainee interns. A pre-employment program for IMGS has been successfully trialed in Australia.³ This may address the 'professional knowledge', 'patient management', and communication issues identified in our study. Another way of addressing the communication issues might be to establish regular performance reviews with the assigned supervisor.

As this is a pilot study, we believe a follow-up study specifically for IMGS would be useful as it may get a better understanding of the experiences of IMGS in New Zealand and it may identify their perceived needs.

We recommend that the MCNZ publish statistics on those IMGs working in New Zealand who are from countries that do not have reciprocal registration arrangements with New Zealand—as it may benefit any future studies on this topic.

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References:

1. Medical Council of New Zealand. 2005 Annual Report. [website on the Internet]. URL: <http://www.mcnz.org.nz/>
2. Ministry of Health [website on the Internet]. URL: <http://www.moh.govt.nz/>
3. Sullivan EA, Willcock S, Ardzejewska K, Slaytor EK. A pre-employment program for overseas-trained doctors entering the Australian workforce, 1997–99: Medical Education. 2002;36:614–21.
4. Northern Clinical Training Network (NCTN) [website on the Internet]. URL: <http://www.nctn.co.nz>