

Engaging International Medical Graduates in Rural Palliative Care

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Introduction

With the national and global shortage of general practitioners, there is an increasing dependency on International Medical Graduates (IMGs) to provide primary medical care in rural areas. The current WVDGP workforce (Dec 2006) is 77 general practitioners with 44 (57%) being IMGs. Without the valuable contribution of the IMGs, many of our smaller communities would be at risk of losing general practice services.

Historically the international medical graduates have come from countries such as UK and Ireland that have mutually recognized medical qualifications. With the global shortage these countries are now competing with Australia for the precious health resource of those who are qualified and choose to work in general practice. This has resulted in GPs coming to our area with a myriad of approaches and attitudes to death and dying influenced by cultural and life experiences. Many health systems across the world have palliative care services as a separate speciality and the family doctor may not have experiences in managing terminal illness.

The issue

Palliative care in our region is primarily a state funded nursing service, supported by a state funded physician. The GP role is seen as pivotal but varies across the region, depending on GP skills and attitudes. As International Medical Graduates recruitment schemes are relatively new, there is limited accrued knowledge of IMG experiences including identified gaps in their orientation to the Australian health system. Without local health sector understanding of the experiences of IMGs, assumptions can be made about their role in the palliative care team.

The rural palliative care project identified that there were no established mechanisms for new GPs in our area to.

- be orientated to palliative care
- negotiate their role in local palliative care services.
- identify knowledge gaps and access appropriate education

WVDGP's challenge was to create non threatening opportunities for our local international medical graduates to have a conversation around the palliative care approach and to build professional relationships with the local specialist services.

Providing a service and developing a collegiate environment for International Medical Graduates

To establish a relationship with IMGs, WVDGP GP consultant and palliative care project manager conducted a series of practice visits. Meeting in the IMGs own practice provided a private and non threatening environment. The visits were about an hour and were individual or group meetings depending on the size of the practice. Twenty three IMGs received a visit. A one page conversation piece was developed, that highlighted the contact details of the local services and the palliative care physician. Two hard copy resources were distributed. IMGs were remunerated for their time through the GP Panels Initiative.

The visit methodology

The visit to the practice was organised through the practice managers who gauged IMG interest by distributing internally the Division letter of invitation. The letter had a tick box for agreeing to the visit. Division staff liaised with the practice manager to identify and confirm a date for the visit.

The visit commenced with the GP consultant affirming the IMG(s) and acknowledging the richness of experience they bring to our area. The IMG was then asked to reflect on their cultural and professional experiences around death, dying and palliative care. This encouraged disclosure and led to comparing the observed cultural and health care differences in Australia with the other systems in which they have

worked. The GP consultant then informed the IMG about the local palliative care team, sharing knowledge as a peer about how GPs are supported in providing palliative care to their patients. The palliative care therapeutic guidelines Version 2 (2005) and the Guidelines for a Palliative Approach in Residential Aged care are given as resources, each labelled with the contact details of the local palliative care team, to affirm the local network of providers.

The conversation often identified the education needs of the IMG and the project is able to inform IMGs of the future opportunity of day clinical placements with the palliative care physician which are planned for 2007.

What we have learned

Many of our IMG colleagues have come from health systems that have not included palliative care services or residential aged care. Many of the health systems have relied heavily on the family and community units to provide care. The focus on the individual and the reliance on government to support families in Australia was an identified cultural difference. The multitude of systems and service within the whole Australian health system is complex for IMGs.

Some cultures also respect the patient and the family by not informing the patient of their serious illness. This has been the traditional way of providing care and support that allows the family to manage the last phase of a loved family member. This also ensures that the patient will maintain a relationship with their doctor.

Some cultures have a fear and anxiety around death and the news of terminal illness will increase patients' anxiety. Other cultures have a strong faith that accepts death as a bridge to a better life although the grief and loss to the family are also acknowledged.

All these systems, like the Australian system aim to support the family and the patient through the terminal phase. IMGs acknowledged that in Australia, respect for the patient is shown by informing them about their illness so that they have time to plan with their families and make the most of the time they have left. Informing patients about their terminal illness was an identified new skill particularly in terms of communicating with Australian patients.

As one of the goals of IMGs is permanent residency, there was also the concern of how patient death may be seen as an area of risk in being accepted within the medical and local community. IMGs welcomed having a non - threatening discussion (particularly in terms of residential aged care) around the tensions between being perceived by the medical and local community in doing all that is possible to sustain life and allowing patients to die with dignity.

There is great desire from IMGs to receive more education and to be supported by the local team.

Palliative care is only one part of the complex Australian health system that IMGs need to learn.

Outcomes

The local palliative care physician was informed of the lessons learned from the visits. The Division in partnership with the regional palliative care team are designing a program of one day clinical placements for IMGs with the palliative care physician.

The GP consultant also presented the IMG experience at a regional palliative care education session on 22/02/07. There were 51 attendees (health professionals working in acute, residential and aged care) who contribute to the local palliative care workforce. The evaluations highlighted that the presentation provided insight into the IMG experience that had not been considered before. The palliative care nurses anecdotally report on stronger relationships and trust between their services and IMGs. This allows for negotiation around the GP role as well as conversations to promote upskilling opportunities.

The Division developed a brochure for IMGs that forms a part of the welcome kit that is given to all new GPs. The brochure provides contact details of the palliative care services.

Further Opportunities

As an activity of the Aged Care GP Panel Initiative, WVDGP has implemented the regional uptake of the Respecting Patient Choices Program (RPC). RPC is an advanced care planning program and as part of the implementation the GP consultant will be conducting a further round of IMG practice visits. This will provide an opportunity to maintain the collegial environment to continue the conversations around palliative care.

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