

Enhancing Rural Healthcare: Key Topics from International Medical Graduates and New to Rural Practice Learning Plans

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Background & Introduction

International Medical Graduates (IMGs) often face significant challenges integrating into Canada's health care system, including differences in patient management, referrals, and patient billing (Lockyer et al., 2010). Isolated and new to rural practice (NtRP) physicians also struggle to connect with expert resources (Williams, 2012). To address these issues, the Personal Learning Plans (PLP) Program was created to pair IMG and NtRP physicians with an experienced physician advisor and concierge team to discuss their practice interests and learning needs. It uses a relational approach to support IMG and NtRP physicians through physician mentorship, connection with available funding and curated educational resources. Each participant is eligible for up to 6.0 Mainpro+ credits.

Our goal was to identify and analyze the common learning needs of rural and urban IMG and NtRP physicians, examining variations based on region, health authority, and practice type to enhance support strategies and resource identification.

PLP Process:



"..I'm recommending this program to all of my colleagues in B.C. Especially those who are joining the practice for the first time. just want to say thank you so much for this very supportive and very nice program. Thank you, thank you, thank you."

- 2023 program participant interviewee

Methods

Deidentified data from 127 personal learning plans were reviewed to categorize identified learning needs. Topic patterns and prevalence were then divided into two comparison groups (rural and urban/suburban settings, resident and NtRP physicians).

Findings

In the review of 127 plans, 60% of participants were from rural areas and 40% from urban/suburban locations (see Figure 1). Representation came from all Regional Health Authorities, with the highest participation in Interior Health (27%) and Northern Health (24%) (see Figure 2). Among participants, 78% were IMGs from the BC-PIP and PRA-BC programs, and 22% were Canadian medical graduates or residents who are NtRP (see Figure 3). A majority, 78%, were family physicians across different training levels, with the remainder being specialist physicians from various specialties (see Figure 4).

Results indicate that the primary learning needs identified by PLP Program participants are Billing, Exam Support, and Electronic Medical Records (see Table 1). Differences in learning needs were observed between rural and urban/suburban participants (see Tables 2 and 3).

Figure 1: Geographic Region



Figure 2: Location by Regional Health Authority

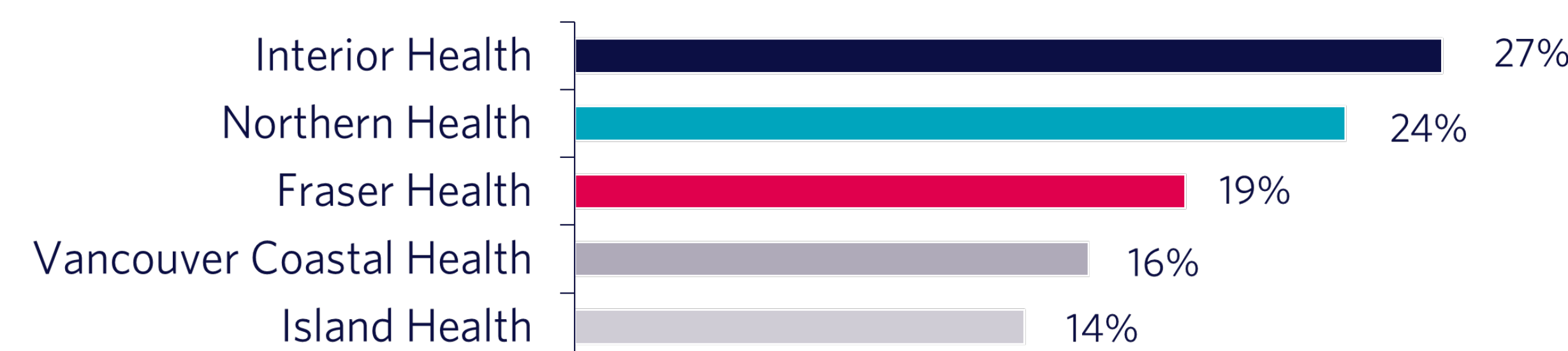


Figure 3: Physician Intake Category

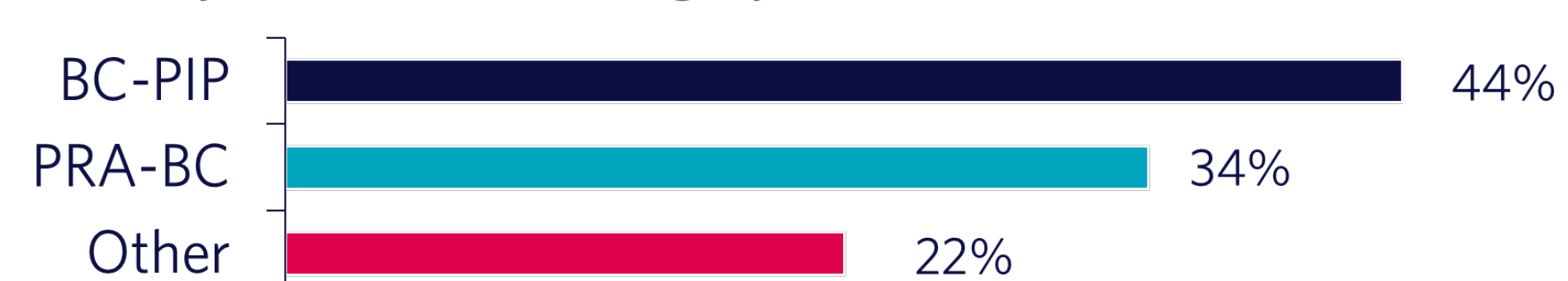


Figure 4: Specialty/Training

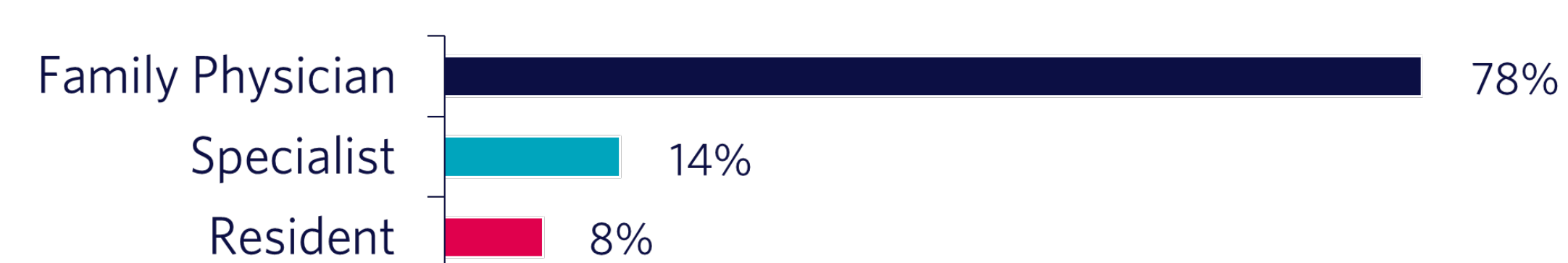


Table 1: Top 10 Identified Topics Overall (n=127)	Table 2: Top 10 Identified Rural Topics (n=76)	Table 3: Top 10 Identified Urban/Suburban Topics (n=51)
1. Billing	1. Emergency Skills	1. EMR
2. Exam Support	2. Billing	2. Billing
3. EMR	3. Exam Support	3. Exam Support
4. Emergency Skills	4. PoCUS	4. Practice Management
5. PoCUS	5. EMR	5. CPD
6. Practice Management	6. Opioid Prescribing	6. Mental Health
7. Mental Health	7. Substance Use	7. Pain Management
8. Pain Management	8. Mental Health	8. Networking
9. Opioid Prescribing	9. Pain Management	9. OBGYN
10. CPD	10. Practice Management	10. Opioid Prescribing

EMR: Electronic Medical Records; PoCUS: Point of Care Ultrasound; CPD: Continuing Professional Development; OBGYN: Obstetrics and Gynecology.

Discussion

IMG and NtRP have distinct learning needs that often require additional support for successful integration into the Canadian healthcare system (Lockyer et al., 2010). The PLP Program aims to assist these physicians through a longitudinal relationship with a physician advisor and concierge team.

Our study underscores the realities faced by rural physicians (IMG and NtRP) in under-resourced settings to maintain competency in a wide range of clinical skills. In contrast, urban and suburban participants tend to focus on practice management topics like EMR, billing, and professional development.

A common need identified for IMG participants was exam support, highlighting a gap for those pursuing full licensure. We found resident participants' learning needs are linked to knowledge gaps in their current rotations.

The PLP Program's relational approach and emphasis on connections to local resources has the potential to enhance the retention of new physicians in rural BC, ultimately strengthening healthcare delivery in these underserved regions.

Recommendations

- Leverage the PLP program's relational approach to further connect new practitioners with local and regional health care resources to enhance their integration into the BC health care system.
- Identify resource development opportunities that address knowledge and training gaps for IMG and NtRP physicians based on the PLP program's findings (e.g. clinical practice guidelines).
- Strengthen partnerships with provincial organizations to effectively utilize resources in support of IMG and NtRP physicians.

References

1. Lockyer J, Fidler H, de Gara C, Keefe J. Learning to practice in Canada: The hidden curriculum of international medical graduates. *The Journal of Continuing Education in the Health Professions*. 2010;30:37-43.
2. Williams MA. Rural Professional Isolation: An Integrative Review. *Online Journal of Rural Nursing and Health Care*. 2012;12:3-10.

Acknowledgements

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