Factors influencing retention of International Medical Graduates (IMGs) in rural practice and evidence-based recommendations for policy and practice: a scoping review

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Introduction

- Canada relies to a great extent on international medical graduates (IMGs) to provide primary health care, especially in rural communities.
- However, retaining IMGs in rural practices across Canada remains a challenge.

Objective

in Canada and Australia.

• 14/20 (70%) of included

studies were published

• 14/20 (70%) were set in

• 6/20 (30%) of included

studies focused on IMG

physicians alone, while

IMGs and locally trained

the rest had a mix of

Canada, 30% in

Australia.

physicians.

• 8/20 (40%) used

quantitative study

methods, 9/20 (45%),

qualitative, and three

(15%) mixed methods.

Factors were categorized

professional, community

as personal, family,

and structural.

between 2012 and 2017.

 We explored the literature to learn what factors influence IMG retention in rural practice and what has been recommended to address these factors

Methodology

 Using the Joanna Briggs Institute (JBI) guideline for systematic scoping reviews we focused our search strategies on peerreviewed literature sources (between January 01, 2012, to January 30, 2023) that explored and identified factors connected to the rural practice retention of IMGs in Canada (or areas transferable to the Canadian context).

Results

Factors	Barriers	Facilitators
Personal	Personal dislike for rural practice	Personal preference for rural practice
Family	Spousal unemployment	Opportunities for education and spousal employment
Community	Community disintegration	Community integration
Professional	Increased workload, limited mobility, limited scope of work and discrimination	Comradery and professional support
Structural	Lack of infrastructural support	Recruitment and retention incentives

EVIDENCE-BASED RECOMMENDATIONS FOR POLICY AND PRACTICE 20 out of 1002 articles were selected for

inclusion.	Personal
	Goodness of fit
 Included articles were set 	test

Family

Community

Professional

Structural

Community-directed recruitment and support provision

Engage community

Physician led/engaged retention support

Community and social inclusion of IMG spouse

Policy focus on IMG retention rather than recruitment

Building personal and community capacity

Spousal support

engagement

Moratoriums, Return-of-Service and contracts

Building workforce capacity

Compensation, financial, and non-financial incentives

Providing long-term professional and structural supports for IMGs

Fit for purpose

Decision-making policies targeted around factors to mitigate barriers and enhance facilitators for IMG support and retention

Continued research to further inform retention strategies

Including rural-focused coursework in medical curricula and training

Discussion

- Most included studies indicated community integration as the singular most important facilitator for IMG retention in rural areas while acknowledging the value of having a wellstructured healthcare system, broadened scope of practice and autonomy for the rural physician workforce.
- Policies to encourage physician retention in rural Canada should be tailored to the unique challenges and circumstances faced by **IMGs**

Conclusion

- Our study identified barriers and facilitators to IMG retention in rural medicine across Canada and Australia and mapped out evidencebased recommendations for each factors.
- Support strategies tailored to the unique needs of IMGs in rural communities would improve IMG retention which could further enhance rural healthcare delivery, quality, and sustainability.