

International Medical Graduates in Canada

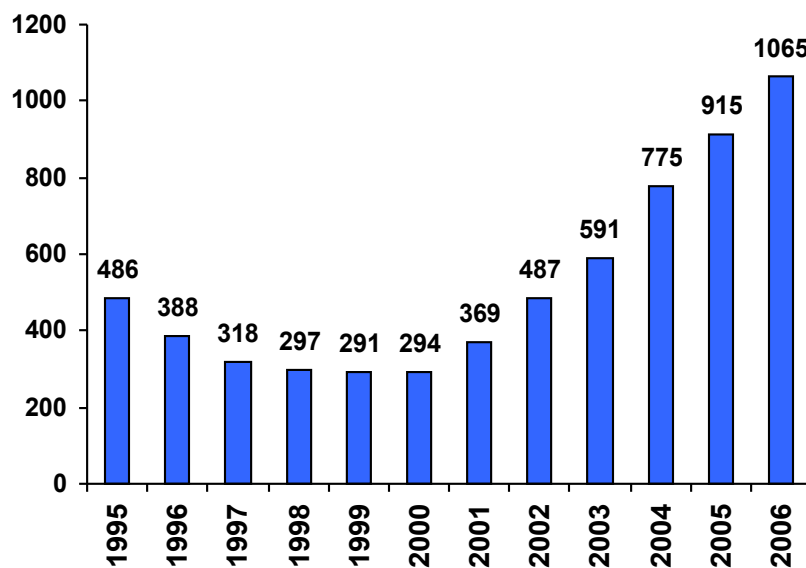
PROFILE OF IMGs

Canada has always relied on International Medical Graduates (IMGs) to make up a significant proportion of the medical workforce; this proportion has decreased only slightly in the past few decades from about one in four to just under 22%.

Traditionally most of Canada's international medical graduates came from the United Kingdom or Ireland and in 1994 they comprised 37% of all foreign trained physicians in Canada. While this group still makes up a sizeable proportion of all IMGs at 15%, many arrived decades ago and their numbers are decreasing due mostly to retirement. In recent years, physicians have tended to come in greatest numbers from South Africa, India, and Pakistan; these three countries represent 27% of all currently practising IMGs in Canada.

There are many different professional circumstances under which IMGs exist in Canada. Those most like Canadian trained physicians are the IMGs who have had an opportunity to do full postgraduate training in Canada. Some of these may indeed be Canadians who have moved away temporarily to study medicine abroad. In recent years there has been an increasing number of opportunities for IMGs either returning to Canada or already living here, to achieve the required credentials for licensure. The number of government funded IMGs in postgraduate training positions more than tripled from 291 in 1999 to 1065 in 2006. Once they have completed postgraduate medical training and achieved certification from one of the two certifying bodies¹ they are eligible for full portable licensure in Canada. For the past few years, the College of Physicians and Surgeons of Ontario has actually licensed more IMGs than new Ontario medical graduates.

IMGs in Ministry funded positions across all rank levels (excludes visa trainees)



Source: Canadian Post-MD Education Registry

¹ Royal College of Physicians and Surgeons of Canada or College of Family Physicians of Canada

There remain many qualified IMGs who are Canadian citizens or permanent residents who have not been successful in finding a postgraduate training opportunity. In 2007, there were almost 1500 IMGs who were qualified to compete in the CaRMS match. By the end of the second round close to 300 had matched and about 60 were placed through other provincial programs.

It is estimated that 400 IMGs are newly licensed each year. The majority of these would be relatively new to Canada, either having been recruited or able to obtain a supervised licence through an assessment program. These physicians often accept positions in areas that are less popular to Canadian graduates such as Newfoundland and Saskatchewan. Both these provinces have a far greater proportion of IMGs than the national average and in fact more than half of all physicians in Saskatchewan graduated outside of Canada. The IMGs practising with a restricted license do not have portability to migrate outside of the province until such time they can achieve certification, typically through a period of time in a Canadian postgraduate training program.

A smaller category of IMGs are those that have been funded by their home country to complete postgraduate training in Canada with the understanding that they would return home to practice and teach others. However, over 10% stay in Canada and do not immediately return, if ever. Because they have achieved certification levels equivalent to Canadian graduates, they too would have full portable licensure.

INITIATIVES

A multi-partite Canadian Task Force on International Medical Graduates brought together federal and provincial/territorial governments and key medical organizations. A report of recommendations was published in 2004. Shortly after, the Government of Canada announced the contribution of over \$4 million to support the implementation of these recommendations.

As a result, an IMG database is being developed in addition to the Physician Credentials Registry of Canada to reduce duplication and increase the efficiency of data collection by providing a centralized process to verify physicians' medical credentials.

The 2005 budget allocated \$75 million over 5 years to advance the assessment of health care professionals educated abroad. Provinces/territories have used this funding for initiatives related to retention of internationally educated professionals, supervised assessment programs, and access to training.

The Clinical Assessment for Practice Program (CAPP) in Nova Scotia is a practice-eligible initiative whereby IMGs, if deemed eligible for a defined licence, receive mentorship for a period of time. IMGs are paid a salary and mentors are paid a stipend to supervise and provide training. In its first year about 20 candidates out of 100 became eligible for license.

The Western Alliance for Assessment of International Physicians (WAAIP) was a one year project which resulted in the licensing of 16 physicians out of 117 IMG candidates. The consortium consisted of provincial/territorial ministries of health, licensing bodies and faculties of medicine in Manitoba, Saskatchewan, Alberta, B.C., Nunavut, N.W.T. and

Yukon.

POLICIES/POSITIONS

Past recommendations of the CMA included sufficient opportunities for Canadians to train for health professional careers in Canada and integration of international graduates, who are permanent residents or citizens of Canada, into practice. At the same time CMA recognizes that professionals are working in an increasingly global world in terms of the exchange of scientific information, mutual recognition of qualifications between countries and the movement of people.

WMA ethical guidelines for international recruitment of physicians recommends that every country “should do its utmost to educate an adequate number of physicians, taking into account its needs and resources. A country should not rely on immigration from other countries to meet its need for physicians”. WHO regards self-sufficiency in the context of meeting a country’s needs for specific health services.

Task Force Two recommended a strategy for ensuring that Canada maintains a medical workforce in a responsible and ethical manner. The report stated Canada should achieve self sufficiency by ensuring an adequate domestic production, together with the integration of ethical immigration policies to meet the evolving needs of society.

The federal/provincial/territorial Framework for Collaborative Pan-Canadian Health Human Resources Planning includes striving towards greater self-sufficiency as one of nine principles. One of the medium term actions recommended is a national forum to discuss and define self-sufficiency, and recommend a policy and goals for achieving it.

The RCPSC has a statement on achieving responsible self-sufficiency with five key principles:

- 1) There should be a balance between the domestic education and training of medical professionals and immigration policies;
- 2) When domestic education and training do not produce adequate numbers of medical professionals, there must be ethical policies for the inclusion of international medical graduates into the Canadian medical system;
- 3) There should be a pan-Canadian approach to the principles of recruitment, regulation and access to licensure, thereby creating a more level playing field throughout the nation (including policies conducive to repatriation of Canadian doctors);
- 4) Solutions to the problems of medical workforce in Canada will require greater attention to the infrastructure for education and practice;
- 5) Planning and provision of care must occur in an environment of collaboration and mutual respect.

More recently, the CMA has recommended to the federal government that more money be spent on expanding, and better supporting, the community preceptor pool. In tandem with expanding capacity outside of the schools, ongoing investment in medical school infrastructure is required to accommodate the growing numbers that will remain in major teaching Centres. Physical capacity must be expanded along with the ability to use

technology to enhance training opportunities (ie: simulation). In order to truly increase Canada's capacity to become a self sufficient country in terms of medical human resources, consideration must be given to the creation of additional new medical schools building on the successful experience of the Northern Ontario School of Medicine.

SUMMARY

While self-sufficiency in the production of physicians is a desirable goal, it is also important to promote the international exchange of teaching and research, particularly in an increasingly global society. In this regard, IMGs should be considered as a planning component for a sustainable Canadian physician workforce.

Off-shore recruitment is not likely to cease completely as there will continue to be areas of Canada, such as Saskatchewan and Newfoundland & Labrador, that rely on international medical graduates to meet service needs. Hopefully programs that assess the practice readiness of IMGs living in Canada will help to diminish the reliance on active off-shore recruitment.

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