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BC Medical Journal

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International medical graduates: The hurdles to practising in Canada

International medical graduates (IMGs) come to Canada with hope for a better life. However, for the majority of them, the life they start in Canada is far from what they'd imagined. For most of them, their professional lives come to an end.

Most IMGs know there will be hoops to jump through in the licensure process, but what surprises them are the unexpected hurdles. In short, we are suffering from the Canadian government's lack of transparency, consistency, and fair execution of recruitment management plans regarding IMGs.

My current professional situation in Canada exemplifies this mismanagement. I have fulfilled most of the

requirements suggested by IMG advisors. Using Canadian resources and supports, I passed the Medical Council of Canada's exams with honors, scored high in my language exam, finished preceptorship in anesthesiology and family medicine, and was temporarily licensed for almost 3 years. Nonetheless, I could neither enroll in a residency program, due to the huge competition among IMGs, nor be successful in one of the practice-ready assessment programs. As a result, I've become a professional nobody, and I'm currently working in retail. After the project that I was licensed for was terminated in 2013, no program existed to bridge my qualifications to the next level. Instead, additional hurdles—a new language exam and a requirement to practise in my home country—were put in front of me.

The enrollment requirements for practice-ready programs in Canada, such as the requirement to be in a current practice as a fully licensed physician, mostly benefit newcomers. New IMGs who were practising in their home countries become superior to the IMGs who have been practising in Canada with a special licence and who have become familiar with electronic medical record systems, patient-centred practice models, and Canadian culture. The government of Canada is hiring physicians from outside Canada who have only obtained working visas, passed the MCCEE, and passed the language exams. This is happening while hundreds of sophisticated IMGs are living in Canada. If they were given the chance to use their expertise beyond

Continued on page 248



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Continued from page 246

bureaucratic work, they would also be able to fill the gaps in Canada's health care system.

To sum up, there are many qualified IMGs living in Canada who have passed exams such as the MCCEE, MCCQE1, MCCQE2, and NAC-OSCE, fulfilled various levels of training, and built good professional reputations. On top of that, both the IMGs and the government of Canada have spent thousands of dollars on exams and training. Despite this, the regulations and requirements for practice-ready assessment programs like the Saskatchewan International Physician Practice Assessment or the Practice Ready Assessment—British Columbia provide newcomers and foreign doctors a better chance to enroll.

Ultimately, I am left with one question for the authorities: Why don't you give IMGs a better chance to practise in Canada by recognizing

their Canadian experience, and protect your own investment?

—**Shirin Rostamkalae, MD**
Whistler

College replies

British Columbia has a long history of relying on international medical graduates (IMGs) to deliver competent medical care to patients. In fact, 20% of all physicians practising in the province are IMGs. As Dr Rostamkalae points out, many organizations play a role in ensuring pathways for IMGs to help them establish themselves and set up practice in BC. The College's role in the recruitment process is to ensure IMGs meet educational competency and general requirements before they are granted registration and licensure. While the College will continue to work toward positive solutions for recruiting IMGs, it is not willing to compromise on the standards for registration and licensure. The College Bylaws en-

sure that IMGs, like Canadian-trained physicians, meet the required high standards expected of all physicians. The College looks to the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPS) to determine substantial equivalency in training requirements.

Family physicians who have completed their CFPC-recognized post-graduate medical training in family medicine from the United States, United Kingdom, Ireland, and Australia can be eligible for registration and licensure in the provisional class (a registration status under the Health Professions Act) under sponsorship and supervision. Similarly, there are 29 jurisdictions where specialist training is recognized by the RCPS. To advance to the full unrestricted class of registration, an IMG must satisfy a number of requirements, including completing Canadian qualifying exams—just like Canadian medical graduates.



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Family physicians and specialists who have completed their postgraduate training in a jurisdiction not recognized as being equal to Canadian training programs by one of the two national colleges may be eligible to participate in a practice-ready assessment (PRA) program, which involves a competency assessment. British Columbia launched its PRA-BC program for eligible family physicians last year, which requires candidates to complete a rigorous and comprehensive 12-week clinical field assessment following their successful completion of a number of examinations conducted as part of the orientation process.

The UBC family medicine program is one of four postgraduate residency training programs that accepts IMGs in the first iteration of CaRMS. The UBC Faculty of Medicine offers services and evaluations to allow physicians who have trained outside Canada to compete for and obtain medical residency positions that will lead to registration and licensure with the College. These positions and resources are generously funded by the government of BC.

The College is proud of its robust standards and requirements for IMGs to help ensure they can safely enter the practice of medicine. This high level of scrutiny is yet another example of what British Columbians have come to expect from the regulator of the medical profession so that they can receive the best possible care.

—**Heidi M. Oetter, MD**
Registrar and CEO, College of Physicians and Surgeons of British Columbia

Hurrah! Application complete

I finally finished my application for reappointment.

Initially, after hours spent scanning documents and attaching them to the electronic application, I was informed by the department head that the application was incomplete. After three more phone calls (in the end I had to e-mail the documents in order for them to be attached to the application) it was finally accepted.

I am sure that the BC Medical Quality Initiative has the best interests of patients at heart, but I think their agenda has been overtaken by bureaucrats, risk managers, and lawyers when the result is one more hoop for physicians to jump through before obtaining privileges. It is starting to feel like privileges are not such a privilege!

—**T.W. Barnett, MD, FRCPC**
North Vancouver

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