

Thank you for your email about your support for repatriating Canadian medical students who are studying abroad. Your email states you would like Canadians studying abroad to be able to complete their medical education in British Columbia (BC) by accessing postgraduate medical education (residency) at the University of British Columbia (UBC) Faculty of Medicine.

I understand that you support the *Initiative for the Repatriation of British Columbia Raised International Medical Graduates* proposal, and would like Canadians studying abroad (CSAs) to be:

- Able to compete for Canadian medical graduate residency positions in the first iteration of the Canadian Resident Matching Service (CaRMS). You think selection criteria should be the same as those for medical graduates of Canadian and US medical schools - their academic record, an interview, and the results of the Medical Council of Canada's standard qualifying exams;
- Exempt from returning service;
- Eligible for incentive programs offered to BC physicians, when beginning practice in the province.

International medical graduates (IMGs) have a medical degree from a medical school which is not accredited by the Committee on Accreditation of Canadian Medical Schools or the US Liaison Committee on Medical Education. Canadians studying abroad are IMGs, once they successfully complete their undergraduate medical education.

Over the past year, the Ministry of Health Services (the Ministry) and the UBC Faculty of Medicine have worked to reduce barriers for IMGs wanting to access postgraduate medical education. The Ministry and the Faculty of Medicine have agreed:

- To make the three-month assessment program *prior* to starting postgraduate medical education optional;
- To work towards a further increase in the number of positions for IMGs by 2013;
- To use the Medical Council of Canada's national assessment tool when it becomes available in 2010/2011;
- To review the requirement for success in the Medical Council of Canada's Qualifying Exam Part I *prior* to accessing CaRMS. This will be discussed and decided over the next year with a decision prior to CaRMS applications in the fall 2010;
- That if the benchmark of success in the Medical Council of Canada's Qualifying Exam Part I is no longer used *prior* to accessing CaRMS, BC will consider either the model of assessment used in Ontario or Alberta. These are 12-week clinical assessment programs. Alberta's is delivered *prior* to acceptance to a training program, while Ontario's is used *after* acceptance and is a validation of clinical competence *prior* to proceeding with training.

CaRMS is a national matching service that all faculties of medicine use. The competition for residency positions is Canada-wide, rather than province-specific. Its policies, procedures, and reports are fair and transparent. In 2006, changes were made to CaRMS

and beginning with the 2007 match two separate residency streams were created, one for IMG positions and the other for Canadian medical graduate (CMG) positions. In the first iteration of the match, BC chose to keep the IMG and CMG positions in separate streams, and in the second iteration to pool the unmatched positions. IMGs and CMGs competed for all vacant residency positions in the second iteration. In 2009, 98 IMGs and 95 CMGs were matched in the second iteration Canada-wide.

Six of ten provinces have opted for this approach in CaRMS and two other provinces have an adaptation of this approach. The results above show a pooled second iteration offers greater opportunities for IMGs. BC-specific results show the same - in 2009, IMGs filled all of the 18 IMG positions; 15 IMGs also filled CMG positions for a total of 33 IMG placements in BC.

Return of service conditions are attached to IMG residency positions in BC and we do not expect this to change. Return of service agreements help to address access to physician services issues in rural and remote communities and situations of need. To date, IMGs in BC have chosen to return service in Armstrong, Bella Bella, Comox, Courtenay, Cranbrook, Duncan, Fort Nelson, Gibsons, Lillooet, Parksville, Port Alberni, Port Coquitlam, Powell River, Salt Spring Island, Sechelt, Squamish, Vancouver downtown eastside, and White Rock. Some of these IMGs have accessed incentive programs offered to BC physicians, such as *Family Physicians for BC*.

I appreciate your interest in having IMGs integrated into BC's workforce. Internationally educated health professionals are an important part of our health human resources plan and we welcome them when they choose to come to BC. They help enable to ensure BC has the right professional in the right place with the right skills to deliver health care to British Columbians now and in the future. Much has been and will continue to be done to enhance opportunities for IMGs to access postgraduate medical education and be able to practice in the province.

In summary:

- Barriers to IMGs participation in CaRMS have been removed;
- National standards for assessment are underway with the Medical Council of Canada and BC expects to align with this common pathway;
- Effective and timely assessments are our goal. Though IMGs are treated similarly, they come from different medical education systems and some assessment/validation of their clinical competency is needed to ensure readiness for postgraduate training;
- More opportunities for IMGs to access postgraduate medical education are expected by 2013, subject to funding availability;
- IMGs licensed to practice in BC do access incentive programs offered to BC physicians today.

Thank you for your email and giving me the opportunity to respond. The *Initiative for the Repatriation of British Columbia Raised International Medical Graduates* proposal has many good suggestions, and like you we are working toward enhancing opportunities for

successfully integrating qualified international medical graduates into our health care system.

Yours truly,

Kevin Falcon
Minister

pc Honourable Gordon Campbell, Premier
 Honourable Moira Stilwell, Minister, Advanced Education and Labour Market
 Development

**PROVINCE OF BRITISH COLUMBIA
MINISTRY OF HEALTH**

**MEMORANDUM OF UNDERSTANDING - Postgraduate Residency Education Program
Ministry of Health & University of British Columbia, Faculty of Medicine**

THIS AGREEMENT dated for reference the 28 day of September, 2006.

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA, represented by the
Minister of Health

(the "Ministry", the "Province")

AND:

UNIVERSITY OF BRITISH COLUMBIA – FACULTY OF MEDICINE
Vancouver, BC V0X 1Y6

(the "Faculty")

PREAMBLE

- A. In British Columbia, there is a Postgraduate Residency Education program (the "Residency Program") for Canadian Resident Matching Service ("CaRMS") postgraduates, International Medical Graduates, and Dentistry and Podiatry postgraduates (referred to jointly as "Postgraduates").

The Residency Program consists of:

- a) the academic component of the program known as the Postgraduate Medical Education program (the "Academic Component"), which is provided by the Faculty; and
- b) the employment of Postgraduates by third party health care agencies to enable Postgraduates to obtain specialized clinical training in a clinical setting. (the "Employment Component")

- C. The Province will provide funding to the Faculty for the Residency Program, and the Faculty will utilize that funding as outlined in this Agreement.

The Province and the Faculty agree to the following:

1.00 OBLIGATIONS OF THE FACULTY

- 1.01 The Faculty will operate and manage the Academic Component in a manner consistent with the Postgraduate Medical Education - Overall Statement:

POSTGRADUATE MEDICAL EDUCATION - OVERALL STATEMENT

Postgraduate education at the University of British Columbia is dedicated to providing the highest standard of resident training in Family Medicine and Royal College specialties and sub-specialties. The programs are devised to include all of the elements listed in the College of Family Physicians of Canada Residency Program Accreditation and Certification, and in the Royal College Guidelines, Requirements, and Objectives for training.

- 1.02 The Faculty will expend funds received pursuant to this Agreement solely for the purposes of:

- a) operating and managing the Academic Component; and

b) transferring funds for the Employment Component to third party agencies that employ Postgraduates to enable those agencies to fulfill their obligations to Postgraduates, including without limitation, their obligations as employers of Postgraduates.

- 1.03 The Faculty will cooperate with the Province in making public announcements regarding the Residency Program and the details of this Agreement.
- 1.04 The Faculty will provide the Province with full and complete details of funding received for, or in respect of, the Residency Program, from any other source. The Faculty will provide such details to the Province within sixty days of the Faculty receiving the funding.
- 1.05 The Faculty will establish and maintain books of account, and retain invoices, receipts and vouchers for all expenses incurred, in the form and content satisfactory to the Province.
- 1.06 The Faculty will, upon reasonable notice at any time during normal business hours, permit the Province to enter any premises used by the Faculty with respect to the Residency Program or used to keep any documents or records pertaining to the Residency Program, in order for the Province to copy or audit, or both, any or all of the books of account.
- 1.07 If the Faculty conducts, or causes to be conducted, an audit with respect to the Residency Program, the Faculty will provide the Province with copies of any audit reports within 30 days of receipt of those reports by the Faculty.
- 1.08 For greater certainty, the parties acknowledge that nothing in this Agreement creates an employee/employer relationship between the Faculty and any Postgraduate.

2.00 POWERS AND OBLIGATIONS OF THE PROVINCE

- 2.01 The Province will provide funding to the Faculty for the operation and management of the Academic Component and for transfer to third parties for the Employment Component in accordance with the Postgraduate Residency Education Program Funding Formula (Funding Formula) detailed in Schedule A.
- 2 Prior to calculating the annual funding to be provided to the Faculty, the Province will consult with the Dean of Medicine and the Faculty of Medicine & Ministry of Health Funding Management Committee ("the Committee").
- 2.03 The Province will approve the number of positions for Postgraduates that will be funded in each year.
- 2.04 The Province will provide the Faculty with an annual funding letter outlining the approved number of Postgraduate positions and the total funding to be provided, and containing a bi-weekly payment schedule.
- 2.05 The Province will consider changes to the Funding Formula, based on recommendations of the Committee. However, the Province will ultimately determine the amount of funding to be provided to the Faculty.

3.00 EFFECTIVE DATE

- 3.01 Notwithstanding its date of execution, this Agreement is effective as of April 1, 2005, and remains in force until terminated.

4.00 TERMINATION

- 4.01 Either party may terminate this Agreement by providing ninety days written notice to the other party.
- 4.02 Notwithstanding section 4.01 in the event that either party shall commit any breach of or default in any of the terms or conditions of this Agreement, and also shall fail to remedy such default or breach within fourteen (14) days after receipt of written notice thereof from the other party, the party giving notice may, at its option and in addition to any other remedies which it may have at law or in equity, terminate this Agreement by sending notice of termination in writing to the other party to such effect and such termination shall be effective as of the date of the receipt of such notice.
- 3 Upon the termination of the Agreement, the Province has no further obligation to provide payment to the Faculty pursuant to this Agreement other than any payments accrued and outstanding for services provided by the Faculty pursuant to this Agreement up to and including the date of termination.

4.04 Upon termination of the Agreement, the Faculty has no further obligation to carry out its obligations pursuant to this Agreement.

5.00 NOTICE

5.01 Any written communication between the parties is to be mailed, delivered or faxed to the following addresses:

(a) For the Province:
Libby Posgate, Director
Physician Human Resource Management
Ministry of Health
3-1, 1515 Blanshard Street
Victoria, BC V8W 3C8

(b) For the Faculty:
Dr. Gavin Stuart, Dean
Faculty of Medicine
University of British Columbia
317 – 2194 Health Sciences Mall
Vancouver, BC V6T 1Z3

5.02 Any written communication from either party will be deemed to have been received by the other party on the third business day after mailing in British Columbia; on the date of personal delivery if delivered; or on the date of transmission if faxed.

5.03 Either party may, from time to time, notify the other party in writing of a change of address, and following receipt of such notice, the new address will, for the purposes of section 5.01(a) or (b) of this Agreement, be deemed to be the address of the party that gave notice.

6.00 GENERAL

6.01 Notwithstanding any other part of this Agreement, the Province's obligation to pay money to the Faculty under this Agreement is subject to the *Financial Administration Act* which makes that obligation subject to an appropriation being available in the fiscal year of the Province during which payment becomes due, and to the Treasury Board, not having controlled or limited expenditure under any appropriation.

6.02 This Agreement is governed by and is to be construed in accordance with the laws of British Columbia.

6.03 No modification of this Agreement is effective unless it is in writing and signed by the parties.

6.04 The Schedules to this Agreement are part of this Agreement.

6.05 If there is a conflict between a provision in a schedule to this Agreement and any other provision of this Agreement, the provision in the schedule is inoperative to the extent of the conflict unless it states that it operates despite a conflicting provision of this Agreement.

6.06 This Agreement may be entered into by each party signing a separate copy of this Agreement (including a photocopy or faxed copy) and delivering it to the other party by fax.

The parties hereto have executed this MEMORANDUM OF UNDERSTANDING as at the day and year as set out above.

SIGNED by the Faculty.

Dr. Gavin Stuart, Dean, Faculty of Medicine

(Print Name)

Gavin Stuart
(Signature)

SIGNED on behalf of the Province.

Gordon MacAtee, Deputy Minister of Health

(Print Name)

Gordon MacAtee
(Signature)

THE UNIVERSITY OF BRITISH COLUMBIA

per

(Signature)

University Counsel

THE UNIVERSITY OF BRITISH COLUMBIA

per

Acting Vice-President,
Administration and Finance

SCHEDULE A

Postgraduate Residency Education Program Funding Formula - 2005/06 – Effective April 1, 2005

The Province will provide funding to the Faculty of Medicine for the Residency Program based on the following funding formula components:

FUNDING FOR THE ACADEMIC COMPONENT

Program Director Stipend & Administration Support:

Program Directors provide direction for Faculty and Residents on Academic Component requirements. Administration includes Secretarial Support.

Manage 58 specialty programs (9 different sizes of program)

Manage faculty wide programs through the Office of Postgraduate Medical Education to link residents with the University, the Health Authorities, the Medical Licensing Authority, the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC).

Program Director Stipends based on BC Public Service Agency Salaried Physicians Salary Schedule. Salaried Physician L3 effective April 1, 2001- Min \$127,498 - Max \$146,340.

Calculation: (Average of Physician L3 Min and Max) plus 2.25% of Average = \$136,919 + 2.25% of \$136,919 = \$140,000; Administration Support cost - \$41,666 plus 20% benefits = \$50,000

The number of Program Directors and Admin Assistants required is determined by applying the September 10, 2003 inventory of residents and programs to the Table – UBC Program Director/Admin Support Requirements table:

UBC Program Director/Admin Support Requirements

#Residents	\$140K/FTE Director FTE	\$50K/FTE Admin FTE
less than 5	0.15	0.3
5 - 09	0.2	0.5
10 - 14	0.25	0.8
15 - 19	0.3	1
20 - 24	0.4	1.4
25 - 29	0.45	1.8
30 - 34	0.5	1.8
35 - 39	0.55	1.8
40 and more	0.6	2

Program Director Requirement 13.05 FTE at \$140,000; Administration Support Requirement 35.10 FTE at \$50,000 = \$3,582,123.

Divided by 553 residents = \$6,477.62 per resident round to \$6,478 per resident FTE.

Distributed Training Residents:

Each resident may train for 6 months at a distributed training facility, during the course of residency. Cost of travel and accommodation is \$1,500 per month, total for 6 months \$9,000. Each CaRMS PGY1 seat is funded \$9,000 to cover a 6 month distributed training posting during the residency term. **\$9,000 per CaRMS PGY1 Resident.**

Each Community Dentistry PGY1 seat is funded \$9,000 to cover a 6 month distributed training posting during the residency term. \$9,000 per PGY1 entry level residency position. \$9,000 per Community Dentistry PGY1 Resident.

Site Directors - Distributed Training Facilities:

Each distributed training facility requires 9 Site Directors [0.15FTE each at \$140,000 per FTE] plus \$9,000 per annum for travel and Administration Support of 1 Administration FTE [\$50,000 per FTE] for 3 Site Directors.

3 Distributed Training facilities: Prince George, Victoria, Royal Columbian Hospital.

Calculation: Site Director 0.15 x 9 = 1.35FTE at \$140,000 = \$189,000 + 9 x \$9,000 = \$81,000 total of \$270,000 per Site. Calculation: Admin Support 3 Admin Support for the 9 Site Directors at \$50,000 per FTE = \$150,000 per site

Cost per site is \$270,000 [site directors] + \$150,000 [Admin Support] = \$420,000 per Distributed Site.

Clinical Teaching - Scheduled:

Academic half-day of formal instruction for all residents in all programs. Residents are typically taught in small groups of 4. \$2,600 per resident

Clinical Teaching - With Patient Care:

The academic year runs from July 1 to June 30 [thirteen 4-week blocks, one of which is a vacation block]. During the clinical blocks, residents are involved in caring for patients but must work under the supervision of a senior licensed physician. The attending physician is legally liable for the work of the resident. Preceptors must complete formal written evaluations of the resident's performance on the clinical rotation. These evaluations of the resident's medical skill and professional behaviours are used to determine if the trainee will be promoted each year and ultimately, if they are ready to take their final certifying examinations and become fully licensed physicians capable of independent medical practice. 35 hrs per week clinical supervision required not including On-Call supervision = \$3,400 per resident FTE.

International Medical Graduates - Pre-Residency Training & Evaluation and IMG Distributed Training:

Pre-Residency Training & Evaluation: Prior to taking up resident positions IMGs must complete a 7 week Evaluation, cost \$500/week [9 pre-residents] and 24 weeks of Pre-Residency Training, cost \$500/week [6 PGY1 pre-residents]. While taking Pre-Residency Training, pre-residents receive a Stipend of \$500/month for 6 months [6 PGY1 residents]. Calculation [7 x \$500 x 9 = \$31,500] + [24 x \$500 x 6 = \$72,000] + [6 x \$500 x 6 = \$18,000] total cost is \$121,500

\$121,500 divided by 12 IMG Residents = \$10,125 per IMG Resident

IMG Distributed Training: IMGs PGY2 Travel and Accommodation for 2 months at \$1,500 per month.

Calculation: [\$1,500 x 2 months x 6 PGY2 = \$18,000 divided by 12 IMG Residents = \$1,500 per IMG Resident Total per IMG Resident = \$10,125 + \$1,500 = \$11,625 per IMG resident FTE.

Postgraduate Office and Other Administration:

Administration of Postgraduate Office and Other PGME Administration

Postgraduate Office:

Postgrad Deans Salary and Benefits \$130,356 each = \$260,712

Support Staff Average Salary/Benefits \$49,657 each = \$297,942

Travel 3 trips per year each dean at \$2,000 per trip [6 x \$2,000] = \$12,000

Total Postgraduate Office = \$570,654

Other Administration:

Financial Administration & Payroll Processing \$150,000

Audit Fees and Reporting \$10,000

IMG Administration \$50,000

Curriculum Development \$75,000

Pr George Family Practice = \$364,530

Administration & Supplies Community Dentists \$68,195

Total Other Administration = \$649,530

Postgrad Office \$570,654 + Other Administration Funded at \$717,725 = \$1,288,379 annually

Clinical Clerkship Stipends:

3rd year undergraduate medical students are paid a stipend while they are doing hospital training. The Ministry expects to transfer responsibility for Clinical Clerkship Stipends to the Ministry of Advanced Education during the 2005/06 Budget Process. \$841,746 annually

FUNDING FOR THE EMPLOYMENT COMPONENT

Weighted Average Salary, Benefits, Stipends:

Weighted average salary based on PAR BC negotiated rates of pay and the resident population distribution by year of residency. Benefits and Stipends calculated at 21.5% of the Weighted Average Salary Calculation: Weighted Average Salary at **September 10, 2003**, \$51,920 + 21.5% Benefits [\$11,163] total \$63,083 per resident FTE

Resident Activity:

Residents present research, attend regional and national conferences and meetings - 1 to 2/year. Because of the number of medical specialties, (58 as of Sept 03) there are often small numbers of physicians in the more specialized areas of practice. Attending professional meetings is an important mechanism to allow residents to meet and interact with the senior clinicians in their fields. This ensures that the trainees are current with up to date research and scientific advances in their field. This is important when they are in training but even more important to establish a pattern of life long learning that they will need to continue throughout their medical careers. In-service examinations - national and international. International specialty courses, e.g. radiology. \$1,800 per resident FTE.

CAPACITY DEVELOPMENT 2005/06 – One-Time Funding Faculty Of Medicine:

Faculty of Medicine's capacity development essential activities:

Faculty Development	390,000
Evaluation and Research	300,000
Special Populations	1,100,000
Operations/Department/Division Head Contributions.. ..	1,100,000
Clinical Faculty committee participation	251,000
Office of Clinical Faculty Affairs	229,000
Continuing Medical Education	430,000
Community liaison	200,000
Total	4,000,000

RESIDENCY PROGRAM 2005/06 - SUMMARY

			Residents Open	611	
			Resident Additions PGY 1-6	53	
			Community Dentistry Residents	5	
			Approved Residents	669	
					05/06
					Total
ACADEMIC COMPONENT	Cost	Per	Unit		
Program Director Stipend & Administration Support	6,478	Resident FTE	664		4,301,392
Distributed Training - CaRMS PGY1 + Community Dentists PGY1	9,000	CaRMS PGY1 ComDentists PGY1	185		1,665,000
Site Directors - Distributed Training Facilities PG, Van Isle, Royal Columbian	420,000	Site	3		1,260,000
Clinical Teaching (Didactic)	2,600	Resident FTE	664		1,726,400
Clinical Teaching (With Patient Care)	3,400	Resident FTE	664		2,257,600
IMG Pre-Residency Training/Evaluation & Distributed Training	11,625	IMG Resident FTE	12		139,500
Administration - UBC Medical School and Postgraduate Medical School	855,654	Year	1		855,654
Administration - PG Family Practice transfer from NHA to PGME	364,530	Year	1		364,530
Administration - Community Dentistry Administration & Supplies	68,195	Year	1		68,195
Clinical Clerkship Stipends	841,746	Year	1		841,746
Total Academic Component					13,480,017
EMPLOYMENT COMPONENT					
Weighted Average Salary, Benefits, Stipends	63,083	Resident FTE	664		41,887,112
Resident Activity	1,800	Resident FTE	664		1,195,200
Total Employment Component					43,082,312
Total Residency Program Funding					56,562,329
CAPACITY DEVELOPMENT – One-Time Funding Faculty Of Medicine	4,000,000	Year	1		4,000,000
Total Funding					60,562,329

Ministry of Advanced Education and Labour Market Development
Project Concept

Project Name: Canadian medical students studying abroad
Lead Manager/ Branch: Deborah Hull, Universities and Institutes Branch
Project Overview: Explore options to expand postgraduate medical residency program at UBC to allow Canadian citizens who have completed their medical undergraduate training abroad to return to BC to complete their residencies and practice.
Project Team/ Contributors: Universities and Institutes Branch: Deborah Hull Ministry of Health Services: Libby Posgate
Deliverables and Timelines: Briefing note provided to the Minister for meeting on January 19, 2010 Ministry of Health Services briefing on February 1, 2010

Prepared by: Deborah Hull

Date: January 21, 2010