

**MINISTRY OF HEALTH SERVICES
INFORMATION NOTE**

Cliff # 797405 (x ref 774448B)

PREPARED FOR: Kevin Falcon, Minister - FOR INFORMATION

**TITLE: Options to Advance International Medical Graduates (IMGs)
Integration into the Workforce**

**PURPOSE: To provide an update on work to create more opportunities for IMGs,
including Canadians studying abroad (CSAs)**

BACKGROUND:

IMGs are individuals holding a medical degree from schools not accredited by the Committee on Accreditation of Canadian Medical Schools or the Liaison Committee on Medical Education.

There are five target groups within the IMG grouping: (1) CSAs in an undergraduate MD education program who want to return to BC to complete postgraduate medical education; (2) Non-CSAs who have completed their undergraduate MD education abroad, who were licensed to practice medicine in another country, and who are now living in BC; (3) IMGs who have studied and practiced abroad, who have a work permit and hold a provisional license to practice in BC; (4) IMGs who have studied and are currently practicing outside Canada, and who are interested in moving to BC; (5) IMGs who are licensed and currently practicing in another province.

There are about 1500 Canadians studying abroad. A BC-based advocacy group estimates 200 of these CSAs are from BC.

In 2009/10, the Ministry (MoHS) funded a total of 262 entry level residency positions - 18 for IMGs.

At present, IMGs who want to access postgraduate medical education in BC must apply to the *IMG-BC Program*. They are required to take a clinical exam, and if they rank in the top 35, then take a three-month clinical assessment program, before competing in the Canadian Resident Matching Service (CaRMS). As of 2010, the clinical assessment program will be *optional*, so that CSAs/non-CSAs may apply to CaRMS without delay.

In April 2009, the former Minister of Health Services supported the action items for change identified to advance IMGs' integration into the workforce, and summarized in Appendix 1.

In August 2009, CSAs and their parents began a letter campaign to advocate for more opportunities in postgraduate medical education (PGME) in BC. The Ministry has received approximately 300 letters. Also in August, the Ministry cancelled 2009/2010 funding targeted for the implementation of the action items; only funding remains for the development of a practice assessment required to confirm an IMG's license to practice.

DISCUSSION:

Over the past year, the University of British Columbia's Faculty of Medicine and MoHS have worked together to identify possible program and policy changes to reduce barriers and create more opportunities for IMGs in target groups 1-4. s.14

s.14

At present, MoHS is exploring opportunities for collaborative funding with the (1) Faculty of Medicine, and with (2) MoHS/BC Medical Association's Joint Standing Committee on Rural Issues. The Dean of Medicine supports such a collaboration, as an interim solution. Annualized funding estimates for action items are summarized in Appendix 1.

s.13, s.17

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Appendix 1
Summary of Preferred Actions

ACTION ITEMS FOR CHANGE

Target Group	Problem	Preferred Action/Solution	Cost/year Estimate
ASSESSMENT			
1	CSAs rarely access the IMG-BC residency program because of the mandatory clinical assessment requirement	Make the clinical assessment optional and remove the barrier	0
4	Some IMGs have a small (core rotation) gap in their postgraduate (PGME) training	Offer advanced practice assessments and close the training gap	\$1.7M
TRAINING			
1	Talented BC students go overseas to access medical education	s.13, s.17	TBD
1	Privately subsidized undergraduate MD students will expect access to PGME to complete their medical education	Increase PGME positions	TBD
1, 2	CSAs and non-CSAs want to access PGME	Increase IMG residency positions, beginning in 2013. Increase from 18 to 58 positions over the next 8 years	\$1.1M
SUPPORT			
2	Non-CSAs who access specialty residency positions often struggle in their first year	Offer a 3-month pre-residency training for general specialists	\$82K
3	42 percent of the physicians licensed in BC in 2008 are IMGs; often working in rural and remote communities. 25 percent are new to the province	Sustain the <i>Physician Integration Program</i> to support and integrate 150 new-to-BC physicians licensed each year. The program includes an e community of practice, orientation conferences for IMGs and supervising physicians, mentorship and coaching for certification exams	\$350K
2	Some non-CSAs need financial support to write the Medical Council of Canada's qualifying exams; some will not qualify for PGME	Sustain <i>BC Skills Connect-Health</i> to help them access qualifying exams for PGME, or to bridge into another health care career	\$450K ¹
OTHER			
3,4,5	Through regulatory reform, there will be physicians certified to practice medicine in another country who will require only a practice assessment to confirm their licensure	Develop and implement a Practice Assessment to support the restricted and provisional classes of registrants. This will replace the requirement to complete national certification exams, where possible	\$46.7K

¹\$450K is MoHS funding contribution to ALMD, required to sustain the program which now serves 12 health professions, including physicians