GAP YEAR REPORT

PENULTIMATE DRAFT

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PURPOSE

- Gap Year Concept: clinical experience program for IMGs waiting to apply to residency
- Timing Issue: Canadian IMGs prevented by process from applying to CaRMS prior to graduation
- Selection Process: It's not possible to look at clinical experience programs without the context of the overall Canadian resident selection process

CONSULTATION PROCESS

- Report commissioned by BC MoH and UBC FoM following discussion at MHRPTF
- Consultation with: BC MoH, UBC FoM, BC MAEIT, BCMA, CPSBC & FHA
- First Draft prepared after consultation and shared
- Penultimate Draft incorporates comments, intended to generate discussion

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TERMINOLOGY & COMPLEXITY

- This is an incredibly complex area with threads leading in many directions
- Terminology has been a complicating factor
- I have suggested some different terms to clarify and reduce confusion:
  - Canadian IMG instead of CSA
  - IMG residency position instead of IMG-BC
  - IMG-BC assessment program instead of IMG-BC

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BACKGROUND

- Report describes the Canadian and BC context in detail
- Canada-wide less than 1 in 5 IMG applicants are successful
- Process is changing fast:
  - increase in NAC OSCEs and IMG-BC assessments
  - MCCEE in 2nd last year
  - NAC OSCE for 2nd CaRMS iteration under consideration
  - IMG elective portal being developed

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CLINICAL EXPERIENCE OPPORTUNITIES

- IMG-BC Assessement Program
- Clerkship or foundation abroad
- Clerkship or residency in US
- 4th year IMG elective spaces
- Private clinical experience - unfairness of "electives" for friends and family raised as an issue
- Research

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CONSULTATION OBSERVATIONS

- Consensus
  - Objective of choosing best IMG candidates
  - Principles fairness, objectivity, transparency
  - Same rules for all IMGs
- No material level of service possible from clinical experience
- Timing issues in selection process have driven the discussion
- Not possible to consider Gap Year without considering selection

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TIMING EXAMPLE

- Following slide is an example of the fastest possible path to residency previously and beginning next year:
  - Applies to Canadian IMGs only
  - Assumes northern hemisphere - southern hemisphere January to December educational year
  - R-1 = year prior to residency; Su = Summer; F = Fall, W= Winter, Sp = Spring
  - NAC OSCE eligibility requirements may require change
  - Assumes high MCCEE and NAC OSCE results

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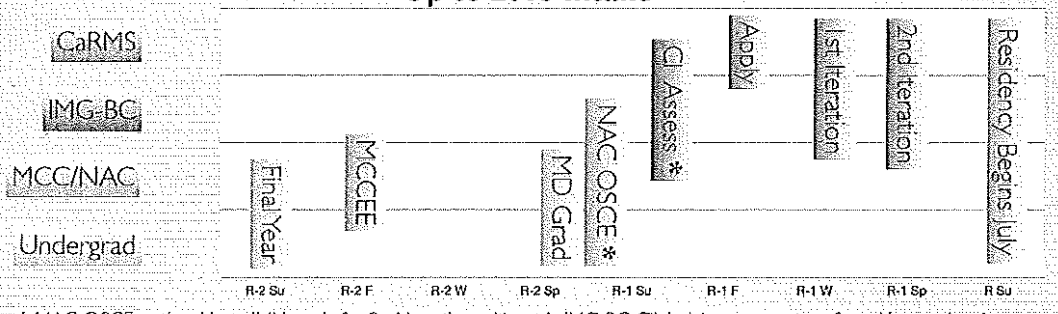
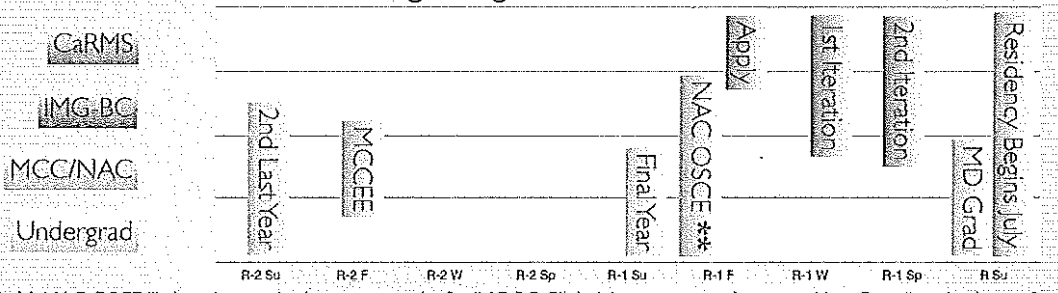
Fastest Potential Path to Residency

Up to 2013 Intake



* NAC OSCE optional but eligible only for 2nd Iteration without it, IMG-BC Clinical Assessement preferred but optional

Beginning 2015 Intake



** NAC OSCE likely to be required, no opportunity for IMG-BC Clinical Assessement prior to grad but Canadian elective preferred if unsuccessful prior to grad, increased opportunities for NAC OSCE and IMG-BC Clinical Assessment

CLINICAL EXPERIENCE OPTIONS

- **Option 1** - Pre-OSCE Clinical Experience
  - After grad, prior to Fall OSCE
- **Option 2** - Pre-CaRMS Clinical Assessment
  - Current IMG-BC Assessment Program
- **Option 3** - Expand 4th Year IMG Elective Spaces
  - Suggestion of allowing transfer to 4th year not included as impractical

CLINICAL EXPERIENCE ANALYSIS

- Net benefit question applies to any additional clinical experience
  - Lack of clinical teaching and fiscal capacity, near zero sum situation
  - Is there benefit in increasing the oversupply of quality IMG candidates?
- Selection issue also applies to Options 1 & 3
- Option 3 could replace private clinical experience and increase fairness. Change would be at discretion of CPSBC

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SELECTION OPTIONS

- **Option 4** - Recognize Equivalent Programs
  - UBC or LCME/CACMS would accredit upon request at cost of foreign school
- **Option 5** - Improve Selection Process Fairness & Objectivity
  - OSCE for CaRMS 2nd iteration (already being considered)
  - Return of Service for all IMGs
  - MoH additional clinical teaching funding for all IMGs
- **Option 6** - Introduce Multiple Mini Interviews

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SELECTION PROCESS ANALYSIS

- Option 4 is not feasible. UBC does not have the resources and LCME/CACMS has consistently declined
- Option 5 would increase fairness and objectivity
  - Would increase demand for clinical experience, increasing use of private "electives" unless replaced under Option 3
- Option 6 would ensure both CMGs and IMGs filtered on non-academic personal attributes

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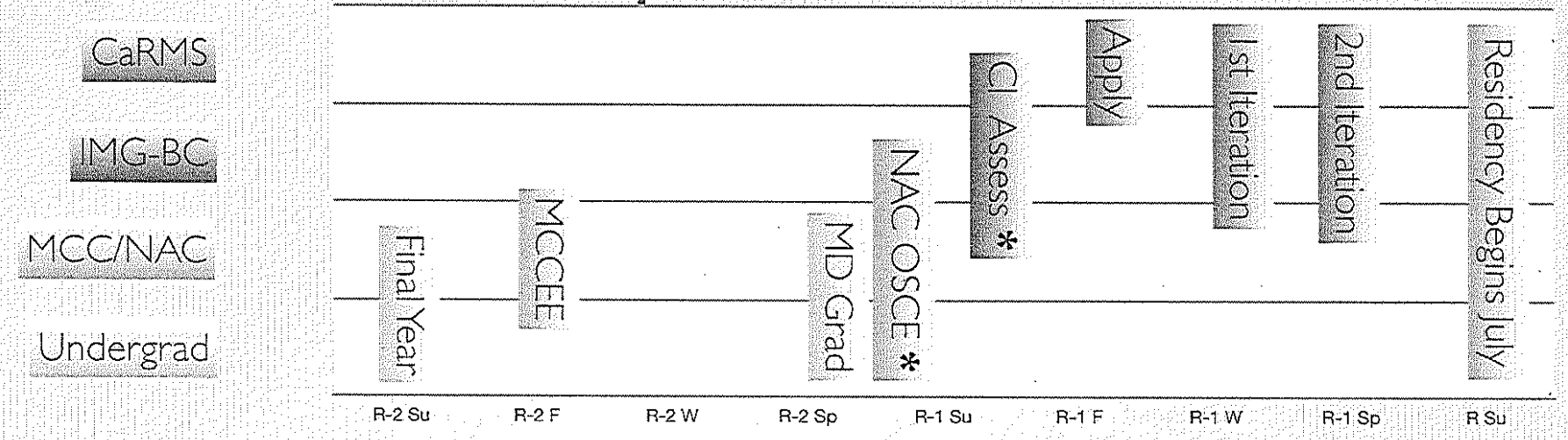
Fastest Potential Path to Residency

Up to 2013 Intake



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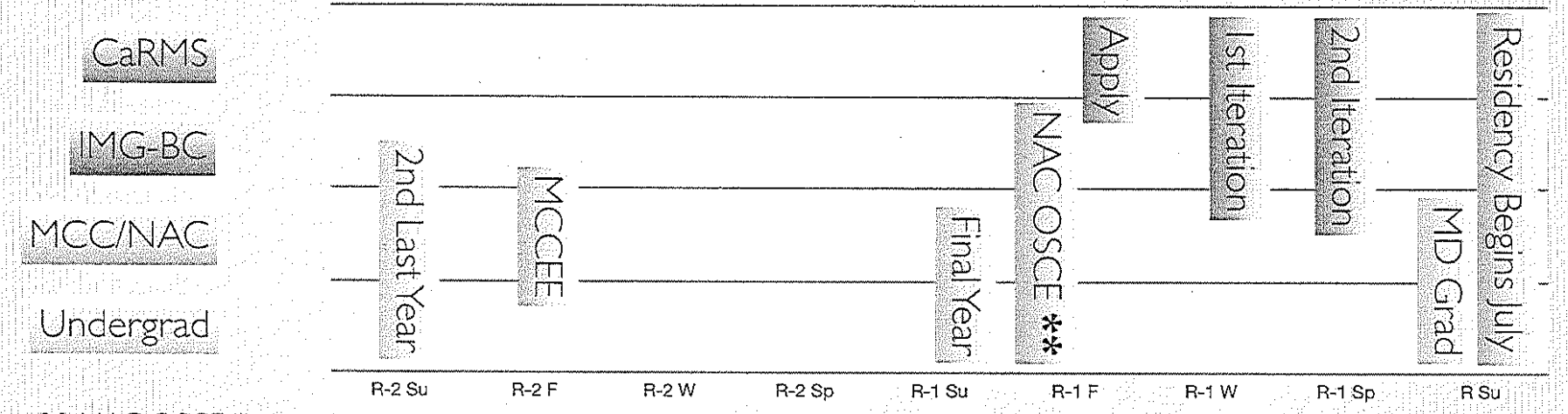

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Gap Year Report
Penultimate DRAFT

Prepared by: Dan Perrin,

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Public Policy Consultancy

Prepared for: BC Ministry of Health
UBC Faculty of Medicine

April, 2013

Executive Summary

Objective

There seems to be consensus that the objective should be that the best International Medical Graduate (IMG) candidates are selected for residencies in BC and that the overriding principles should be fairness, objectivity and transparency.

The selection process has changed rapidly in recent years and continues to change with increases in NAC OSCE spaces Canada-wide, including BC, increases in IMG-BC clinical assessments, recently announced changes to MCCEE eligibility, introduction of MMI in Alberta and changes under consideration in the use of MCCQE Part I.[1]

Gap Year Concept

The Gap Year concept is a clinical experience program for IMGs. It arose because IMGs that have the right to permanently reside in Canada immediately upon completion of their medical degree abroad are perceived by some to be disadvantaged by the timing of the selection process as compared to Canadian Medical Graduates (CMGs). IMGs have not been able to qualify to participate in the Canada Resident Matching Service (CaRMS) matching process prior to graduation. They therefore have had to spend the following year completing the eligibility requirements.

The purpose of a Gap Year program could be to: just give those waiting[2] something to do; to provide additional training; or, to provide an assessment of clinical experience. It could be: a formalization of the currently unregulated private clinical trainee positions that some IMGs are able to arrange; additional UBC 4th year electives for spaces for IMGs; or an IMG clinical assessment program.

Some have suggested that service provided by IMGs, especially during a program designed primarily to give IMGs something to do while waiting, would be a valuable benefit. However, it is clear that there would be no material service benefit from such a program.

The Ministry of Health and UBC Faculty of medicine have addressed the timing issue starting in Fall 2013 for those with adequate skills and experience. Recently announced changes to MCCEE eligibility, pushed by BC, now make it possible for IMGs to complete both MCCEE and NAC OSCE requirements to apply for residency position in BC prior to graduating. That makes it possible for an IMG, if selected, to begin residency immediately after graduation or completion of a foundation year program abroad. In addition, increases in NAC OSCE and IMG-BC assessment program offerings and capacity improve timing flexibility for IMGs waiting to apply to CaRMS.

There are three issues with the concept of a new, separate GAP Year program.

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[1] NAC OSCE – National Assessment Collaboration – Objective Structured Clinical Examination; IMG-BC assessment – an assessment of clinical skills conducted during a multi-week clinical experience by International Medical Graduate-BC, operated by the UBC Faculty of Medicine; MCCEE – Medical Council of Canada Evaluating Exam; MCCQE Part 1 – Medical Council of Canada Qualification Exam Part 1.

[2] Including Canadian and immigrant IMGs and CMGs who did not get a residency position immediately after graduation. There are hundreds of individuals in this position in any given year in BC vying for a small number of residency positions (now 34 IMG positions increasing to 58).

The first is selection.[3] No matter how many spaces were in a Gap Year program there would be many more IMGs than available spaces. Across Canada there are about 5 applicants for each IMG residency position and that ratio has been increasing. In BC there is overwhelming demand by IMGs for residency positions. Who should be selected? The objective is to select the best candidates in a fair, objective and transparent manner. "First come first served" would not be fair or objective. Selecting IMGs for a Gap Year program with fair and objective criteria would be as time consuming and rigorous as selecting IMGs for residency positions. For those IMGs who meet these criteria but need to demonstrate clinical skills in the Canadian context, the IMG-BC assessment program already provides that ability and meets the principles of fairness, objectivity and transparency. The IMG-BC assessment seats are being doubled and the program offered more often.

The second concern is resources. Any program involving clinical supervision, training or assessment would put pressure on the already stretched clinical teaching resources, potentially reducing the availability of clinical teachers needed for undergraduate and postgraduate programs. It would also require scarce fiscal resources. That could be justified if the program helped to meet the objective of choosing the best candidates, but there are already many more objectively assessed high quality candidates than positions. Use of fiscal and clinical teaching resources to just increase the oversupply of quality candidates would be difficult to justify.

The final concern is the fairness of current private clinical experience opportunities available exclusively to those who know someone who will agree to supervise them under an educational-clinical trainee license. It would be much fairer to replace these private "electives" with more UBC 4th year undergraduate elective seats.

Changes to MCCEE eligibility, NAC OSCE offerings and IMG-BC assessment program seats and timing options address the timing issue underlying the Gap Year concept. Fairness, objectivity and transparency could be enhanced if UBC 4th year IMG elective seats were increased in combination with an change by CPSBC to make enrollment in a UBC program an eligibility requirement for an educational-clinical trainee license. Such a change would be at CPSBC's discretion.

Selection Process

Recent changes described above will make it easier beginning this year for IMGs to meet the MCCEE and NAC OSCE requirements to apply to the 1st CaRMS iteration sooner, addressing the underlying issue that gives rise to the Gap Year concept.

Those who do not meet the requirements to participate in the CaRMS match in their final undergraduate year or who are not matched to a residency position at that time may continue to work to improve MCCEE and NAC OSCE scores, gain further clinical experience and take other steps to improve their ability to gain a residency position such as participating in the IMG-BC assessment program. That applies equally to all IMGs who are seeking entry to post-graduate medical training.

Note that in the CaRMS 1st iteration, residency positions are streamed into CMG-stream positions and IMG-stream positions but in the 2nd iteration unfilled positions are pooled and are open to all eligible applicants.

[3] The other primary issue is capacity. In addition to fiscal capacity concerns, there is a question of clinical teaching capacity, which has been stretched to the limit by undergraduate and post-graduate program expansions.

At present, no assessment of clinical experience is needed to enter the CARMS 2nd iteration, unlike the 1st iteration where applicants must have passed the NAC OSCE, an objective measure of clinical skill. Some candidates offered NAC OSCE seats and IMG-BC clinical assessments choose not to participate. This suggests that some hope to, and may in fact successfully, match to residency positions despite inadequate clinical experience. As a result, the CaRMS 2nd iteration seems to be less fair, objective and transparent than the CaRMS 1st iteration and does not fully meet the objective of choosing the best candidates.

The solution seems to be to require NAC OSCEs for all applicants to BC residency positions in 1st and 2nd iterations, which the UBC Faculty of Medicine is already considering implementing in 2014. There are two additional fairness issues associated with the CaRMS 2nd iteration:

1. IMGs who match in the 2nd iteration only have a return of service requirement if they match to an IMG-stream position. Those matching to a CMG-stream position have no return of service obligation. It would be fairer if all IMG residents had a return of service obligation, reflecting the value of the opportunity being given to these individuals. This is done in some other provinces; and
2. The BC Ministry of Health provides additional clinical teaching funding for IMG-stream positions but not for IMGs matching in the 2nd iteration to CMG-stream positions. It would be fairer if this funding were provided for all IMG residents.

When applicants are chosen to participate in undergraduate medical education an additional indicator of future success as a physician is tested: non-academic personal attributes, including professionalism, ethics and social accountability. This usually subjective area can be fairly, objectively and transparently measured by a testing approach known as Multiple Mini Interviews (MMI), which are used in several provinces, including BC. Alberta also uses this approach in selecting IMGs for residency positions. Objective measurement of personal attributes for IMGs would ensure that IMGs are filtered on all of the same indicators as CMGs, providing better assurance that the best are selected.

Purpose

The purpose of this report is to consider options for a program that would provide opportunities for International Medical Graduates (IMGs) to gain clinical experience in BC during the period between completing undergraduate medical education (UGME) abroad and entry into postgraduate medical education (PGME) in Canada. This period has been referred to as a "Gap Year."

Background

Terminology

Discussion of issues related to IMGs suffers from different interpretations and uses of some of the terminology used in this area. To limit misunderstandings, the following are definitions of the terms used in this report:

> "**Canadian Medical Graduate (CMG)**" means a person who has graduated from an undergraduate medical program at a medical school accredited by the Liaison Committee on Medical Education/Committee on Accreditation of Canadian Medical Schools (LCME/CACMS). All Canadian medical schools at public universities and many US medical schools are accredited by LCME/CACMS.[4]
>
> "**International Medical Graduate (IMG)**" means a person who has completed undergraduate medical education at a medical school not accredited by LCME/CACMS and is seeking entry into PGME. In a broader context, IMG is sometimes also used to refer to practice-ready physicians trained abroad either seeking licensure in Canada or already licensed for independent practice in Canada. However, this report is only concerned with IMGs seeking entry to PGME in Canada.
>
> "**Canadian IMG**" is an IMG who had the right to permanently reside in Canada prior to attending a medical school outside North America. Often referred to as a Canadian Studying Abroad (CSA), this report has instead adopted the Canadian IMG terminology to ensure it is clear that these people are IMGs.
>
> "**Immigrant IMG**" is an IMG who gained the right to permanently reside in Canada after graduating from a medical school outside North America.
>
> "**IMG-BC assessment program**" refers to a program operated by the University of BC Faculty of Medicine to assess IMGs' clinical skills prior to competing for residency positions in the Canadian Resident Matching Service (CaRMS) match.
>
> **"IMG residency positions"** or **"IMG-stream"** refers to the UBC Faculty of Medicine residency positions that are reserved for IMGs each year in the 1st

[4] Canadian students graduating from accredited US schools are a complicating factor. Some classify them as IMGs because they did not graduate in Canada. However, they have the ability to compete, with CMGs, for CMG stream positions in the CaRMS 1st iteration (discussed below), so they have been defined as CMGs for the purposes of this paper.

iteration of CaRMS match. These positions are pooled with unfilled CMG-stream positions after the 1st iteration and are open to all CaRMS applicants in the 2nd iteration. IMG-stream positions are often referred to as "IMG-BC positions," causing confusion with the IMG-BC assessment program.

Matching Medical Graduates to Residency Positions

Medical education across Canada consists of a 3 or 4 year undergraduate medical education program that includes substantial clinical experience in the final 2 years followed by a 2 to 7 year postgraduate medical education program. Family medicine requires a 2 year residency. Royal College specialty residencies are usually 5 years or more.

Provincial governments across Canada agreed in the 1990s to a medical education convention of one residency position for every first year Canadian UGME seat plus 20% additional residency positions (1.2 publicly funded residency positions for every CMG). In 2012, the Canada-wide ratio was 3,145 positions to 2,660 expected CMGs or 1.18:1.

In addition to graduating CMGs, there are many individuals seeking PGME in Canada, including IMGs, practicing physicians seeking to qualify in a different area of practice and CMGs who did not enter residency immediately after graduation from a UGME program. Having residency positions in excess of the number of graduating CMGs provides an opportunity for these individuals to compete for a residency position through the CaRMS match.

Those seeking residency positions are matched to available positions using a Canada-wide matching service operated by a not-for-profit organization known as CaRMS. Applicants and postgraduate program directors each submit ranked lists of programs (for applicants) and applicants (for program directors). A matching algorithm is used to match as many applicants to positions as possible in the 1st iteration. Inevitably, there are unmatched residency positions after the first round. Unmatched applicants and applicants not eligible for the first CaRMS iteration can then compete in a 2nd iteration for the unfilled positions.

CMGs are eligible to apply for residency positions anywhere in Canada in the 1st and 2nd CaRMS iterations. The eligibility of IMGs and others to apply for CaRMS positions depends on the rules that apply in each province, summarized in Figure 1 below. All provinces except Quebec have specified IMG residency positions in the 1st iteration open only to IMGs, indicated by P for Parallel. There are usually eligibility criteria associated with those positions. In the second iteration, most unmatched positions are open to competition from all applicants (C for Competitive). In Alberta there are eligibility requirements that must be met by IMGs participating in the 2nd iteration even though they can compete for all remaining positions. In Ontario, Manitoba and Saskatchewan IMGs have return of service obligations regardless of what residency positions they match to.

The eligibility criteria applied by the various provinces to IMGs in the 1st and, in some cases 2nd CaRMS iterations are intended to assess the IMGs' readiness and suitability for residency programs and to filter candidates so that the best compete.

Figure 1: Summary of intake criteria for IMGs by Province

Province	1st iteration	Positions	Return of Service	2nd iteration	Positions	Return of Service
Newfoundland	Yes	P	Yes	Yes	C	Yes[1]
Nova Scotia	Yes	P	Yes	Yes	C	Yes[1]
Québec	Yes	C	No	Yes	C	No
Ontario	Yes	P	Yes	Yes	C	Yes
Manitoba	Yes	P	Yes	Yes	C	Yes
Saskatchewan	Yes	P	Yes	Yes	C	Yes
Alberta	Yes[2]	P	No	Yes[2]	C (UofA) P (UofC)	No
British Columbia	Yes[3]	P	Yes	Yes	C	Yes[1]

Source: CaRMS website http://www.carms.ca/eng/r1_eligibility_prov_e.shtml

1. Return of Service for individuals matched to positions in IMG Stream only
2. IMG applicants must first be assessed by the Alberta International Medical Graduate Program (AIMG Program).
3. IMGs must submit a passing NAC OSCE to be eligible for 1st Iteration. While the IMG-BC assessment program is not mandatory, it is recommended for candidates who have limited Canada-based clinical experience.

P= Parallel: IMGs apply to a separate stream of positions than CMGs in one or more disciplines.
C= Competitive: IMGs apply to the same positions as CMGs in all disciplines.

The various provincial eligibility criteria are designed to assess:

- Academic competence, using the Medical Council of Canada Evaluating Exam (MCCEE) and/or the MCC Qualifying Exam (MCCQE) Parts I and II;
- Clinical competence, using the National Assessment Collaboration (NAC) Objective Structured Clinical Examination (OSCE) and in some cases clinical assessment programs such as the IMG-BC assessment program;
- Language competence, using standard international English evaluations such as IBT TOEFL and IELTS. Usually native English speakers and those educated in English are exempt but different provinces have different criteria for exemptions;
- Other attributes such as professionalism, public service, ethics and other non-academic attributes. Only Alberta directly assesses other attributes as part of the eligibility criteria by requiring participation in Multiple Mini Interviews (MMI) in which every candidate must answer one standard question at each of several stations, with all candidates evaluated by one person for each of the questions.

Figure 2 below is a summary of the 2012 CaRMS matching process across Canada.

Figure 2: 2012 CaRMS Match

Type	Particpants	Matched	% Unmatched
CMG	2,717	2,622	3.5%
IMG	2,156	407	81.1%
US Graduate	47	31	34.0%
Total	4,920	3,060	37.8%

What do these results indicate? The number of CMGs matched is very close to the number of graduating CMGs (2,622 compared to 2,660). The fact that more CMGs participated than graduated indicates that several CMGs participate in CaRMS at least one year after graduating from medical school. The number of IMGs participating (2,156) indicates the high level of IMG demand for entry to PGME. With a fixed number of total residency positions in a given year and most 1st iteration positions earmarked for CMGs, the number of IMGs that could potentially be matched is limited. The significant excess demand by IMGs means that there are a large number of applicants to choose from for each IMG residency position.

The BC Context

Physicians trained abroad have long been an important source of physicians in BC and generally represent between 23% and 27% of practicing physicians in a given year according to the College of Physicians and Surgeons of BC (CPSBC). Physicians who have been fully licensed and practiced medicine in certain countries abroad can qualify for licensure in BC without completing a residency in BC. Others trained abroad (IMGs), including recent graduates, can only qualify after completing a residency program.

BC has undergone a rapid expansion in both the undergraduate and postgraduate medical education programs at the UBC Faculty of Medicine as shown by Figure 3. The undergraduate program has grown from the original 128 spaces to 288 spaces, with the first class of 288 graduating in 2015. The postgraduate program has grown as well, with 282 CaRMS positions in 2012, which will reach 346 by 2016. At that time the expansion will be complete and BC will be at the 1.2:1 ratio going forward. 1st iteration CaRMS IMG positions will have increased from 18 in 2009 to 58 in 2016.

Along with an increase in the size of the programs, both programs have also been distributed geographically. The objective was:

- to increase the overall number of physicians practicing in the province, and
- by carefully choosing undergraduate students and CMGs entering residency with a background and interest in practicing in rural, remote and underserved areas and educating them in those areas, to increase the number of physicians practicing in rural, remote and underserved communities.

Figure 3: UBC Undergraduates and Post Graduate Positions

Year	Expected Graduates	CMG 1st Round Positions	IMG 1st Round Positions	Total CARMS Positions	CMGs Matched	IMGs Matched	Positions Filled
2009	224	240	18	258	224	33	257
2010	224	254	18	272	239	30	269
2011	256	256	19	275	247	24	271
2012	256	256	26	282	240	38	278
2013	256	276	34	310			
2014	256	288	42	330			
2015	288	288	50	338			
2016	288	288	58	346			

UBC Faculty of Medicine 1st iteration CaRMS positions are streamed, with positions dedicated to CMGs and IMGs separately. All unfilled positions after the 1st iteration are pooled and open to competition by CMGs and IMGs. Figure 3 shows that in recent years, after the 2nd iteration, IMGs have matched into more than the number of 1st iteration positions dedicated to IMGs. In each case, all IMG positions were filled by IMGs and some CMG stream positions were filled by IMGs in the 2nd iteration.

In BC, an IMG must pass MCCEE and NAC OSCE exams to be eligible to participate in the 1st CaRMS iteration. In addition, the opportunity to match will be enhanced if the IMG participates in the IMG-BC clinical assessment or can demonstrate Canada-based clinical experience.

To be eligible for the IMG-BC assessment program, an IMG must:

- Have been a resident of BC for one year as of the application deadline or have been a resident of BC for one year prior to studying medicine abroad;
- Be a Canadian citizen, permanent resident or have refugee status;
- Have graduated from an undergraduate medical education program recognized by the Foundation for Advancement of International Medical Education and Research (FAIMER);
- Have passed the MCCEE; and
- Be proficient in English language as documented by IBT TOEFL or IELTS, or have undertaken their medical education in English in a country where English is the first and native language.

In 2012 there were 123 IMG-BC assessment applicants. Of these, the top 70 according to MCCEE marks were invited to take the NAC OSCE, which is the first part of the assessment. The number of OSCEs has doubled for 2013.

Based on the results from the NAC OSCE, the top 35 were then offered a clinical assessment consisting of a 1 week orientation to St. Paul's Hospital and the Canadian medical system and a 12-week clinical assessment.

In 2013, the IMG-BC assessment program is changing. NAC OSCEs will be offered twice a year, spring and fall, with 70 OSCEs at each administration for a total of 140 OSCEs per year.

IMGs will pay the full cost of taking this MCC standardized test. The clinical assessment program will be shortened to 8 weeks and offered five times throughout the year, for a total of 60 clinical assessments.

CaRMS IMG positions in BC have a return of service requirement under which those who successfully match to those positions must work for 2 years to 3 years in a rural or underserved community of need, as defined by the Ministry of Health. That applies whether the position is filled by an IMG in the 1st iteration or an IMG or CMG in the 2nd iteration. In addition, the Ministry of Health provides additional funding to the Faculty of Medicine for the IMG stream positions of 1.5 times the clinical teaching funding provided to CMG positions in 1st year and 1.25 times the clinical teaching funding in second year.

Of note, while 30% of the IMG-BC assessment program applicants were Canadian IMGs many do not go on to participate in the assessment program, as illustrated by statistics from 2012:

- About one half (36) of the NAC OSCE seats went to Canadian IMGs.
- Of those, 4 were offered clinical assessments and 2 of those accepted.

Reasons cited include:

- lack of clinical experience resulting in less competitive OSCE scores for some Canadian IMGs, and
- some Canadian IMGs consider residency positions in other provinces more attractive because there is no return of service requirement (Alberta and Quebec) or there is a greater opportunity to apply for Royal College specialty positions.

At present IMGs who enter residency in Family Medicine after completing the IMG-BC clinical assessment are achieving the same average level of success in the national CCFP exam as CMGs.

Developments in Assessment

The assessment of medical graduates is a rapidly evolving field. The following are some recent or potential developments, in addition to the changes in BC described above:

- BC is considering requiring that all IMGs must complete a NAC OSCE to compete in CaRMS for any position beginning in 2014 but a final decision has not yet been made;
- Ontario and Alberta, both of whom conduct clinical assessments of IMGs after the CaRMS match have decided to change the assessments to prior to the CaRMS match, as BC does, because of difficulties in not granting residency positions to those with inadequate clinical skills once the CaRMS match is complete;
- MCC has recently announced that the MCCEE will now be available to IMGs during their second last year rather than their final year. Since eligibility for the NAC OSCE in BC is a good enough MCCEE mark to be invited to take the OSCE, that makes it possible with a good enough MCCEE result to go on to take a NAC OSCE prior to graduation and to qualify for participation in the 1st iteration of CaRMS prior to graduation, provided the applicant has enough clinical experience to pass the NAC OSCE;

- Some UGME programs including UBC are considering using the MCCQE Part I as a final exam. In addition, consideration is being given to changing the academic assessment tool for IMGs from MCCEE at present to MCCQE Part I. MCCEE is intended to be a pass/fail test of basic knowledge and it is acknowledged as being a poor filter of the best candidates, compared to the more advanced MCCQE Part I. However, MCCQE Part I is not readily available abroad and considerable work would be required before it could take the place of MCCEE for IMGs;

- In 2011 the MCC report, *Recalibrating for the 21st Century: Report of the Assessment Review Task Force of the Medical Council of Canada*, suggests developing and standardizing tools used to screen and assess IMGs coming to Canada for the purpose of entry into postgraduate training. In particular, that may include a clinical experience assessment tool that could be used to assess clinical skills during any Canadian clinical experience; and

- The Association of Faculties of Medicine has contracted with the University of Toronto to use their current IMG Elective Portal as a national IMG elective portal, making selection of IMGs for 4th year electives fairer and providing the potential to limit applicants to a total of 12 weeks electives, making it possible for more IMGs to gain elective clinical experience in Canadian UGME programs.

Clinical Experience Opportunities Provided to IMGs

From the information above, it is clear that across Canada and in BC there are a large number of IMGs trying to win a small number of positions. While the number of positions available in BC is growing, the expansion will not begin to satisfy current demand and there is every reason to believe that the demand by IMGs for training will continue to increase, at least in the short run.

In 2010, CaRMS conducted a study on Canadian IMGs[5] and estimated there were 3,200 Canadians enrolled in undergraduate medical programs abroad. That cohort will contribute hundreds of newly graduated Canadian IMGs each year, plus the pool of immigrant IMGs to the list of CaRMS applicants, all of whom compete for a limited number of residency positions. This pool of applicants is refreshed on an ongoing basis. The study also indicated that Canadian IMGs were frustrated with limited numbers of Royal College specialty residency positions dedicated to IMGs and with return of service requirements.

What is the profile of these IMGs? According to the UBC Faculty of Medicine and the 2010 CaRMS study, there is no standard profile. IMGs in Canada have graduated from a large variety of medical schools in many areas including the United Kingdom, Ireland, several European countries, the Middle East, Asia, Australia and the Caribbean. These schools have a wide variety of entry requirements, program structures and levels of undergraduate clinical experience. Some IMGs have local undergraduate level clinical experience in the area where the medical school is located and some programs have little or no undergraduate level clinical experience as part of the program. Some IMGs have undergraduate level clinical experience in Canada or the US and some do not. Some IMGs have various amounts of postgraduate training abroad or in North America. The clinical experience of some IMGs is recent and for others may be several years old. For some programs the language of instruction and/or clinical

[5] CaRMS, *Canadian Students Studying Medicine Abroad*, 2010. See http://www.carms.ca/pdfs/2010_CSA_Report/CaRMS_2010_CSA_Report.pdf

training is English and for others it is another language. This results in huge variation among IMGs in terms of their preparedness and suitability for residency in BC and practice in BC.

This variability applies to Canadian IMGs as much as immigrant IMGs. Some are attracted to overseas medical programs that start immediately after high school while others go abroad after completing some post-secondary education in Canada and applying to medical schools here, sometimes many times. Some Canadian IMGs are born in Canada but others immigrate to Canada with their parents and choose to study abroad, often in their country or area of origin.

While IMGs vary across several dimensions in terms of academic preparation, personal attributes, English language proficiency and clinical experience, the one dimension that IMGs can most readily address after graduating from a medical education program abroad is the level of clinical experience. It is that fact that underlies the concept of a Gap Year Program. Prior to considering such a concept, it is important to consider what opportunities already exist for IMGs to gain, maintain or renew clinical skills.

The following opportunities have been identified:

- **IMG-BC clinical assessment** – this is entirely an assessment rather than a training program. It provides participants with recent clinical experience and an objective assessment of that experience. The assessment provides valuable information for residency program directors about the participant's clinical skills. The clinical experience also provides the participants with a chance to maintain their clinical skills between graduation and beginning residency;

- **Clerkship or foundation programs abroad** – depending on the medical school where undergraduate education is completed, there may be opportunities to participate in clinical training associated with that medical school. As the number of Canadians studying abroad has increased, the availability of such opportunities has decreased because these countries must focus limited clinical training capacity on those who will most likely be practicing in the country rather than returning home to another country. There are also opportunities in some cases to undertake a residency abroad, subject to the same limitations;

- **Clerkship and residency programs in the US** – some IMGs may be able to participate in clinical training in the US, which if at an accredited facility would be recognized in Canada. Some medical schools abroad have arrangements to help students secure such positions but it is also possible to seek such positions independently;

- **Undergraduate electives in Canada** – most Canadian medical schools have the ability for students in programs abroad to participate in 4th year electives, including the UBC Faculty of Medicine. While there are not reciprocal arrangements with any other specific schools, having elective spaces for foreign students is a requirement for UBC students to gain elective experience in other countries. UBC puts a high value on the ability of their students to gain experience abroad if they wish. The availability of spaces for foreign students in Canadian elective programs, including those at UBC, is very limited and the programs are hugely oversubscribed. Spaces are currently allocated on a first-come first served lottery basis. As mentioned above, Canadian faculties of medicine are implementing a national IMG elective portal to better manage these clinical experiences;

- **Privately arranged clinical experience** – in BC and most other provinces, a CMG or an IMG with equivalent education and training who can arrange for a physician to supervise them can apply for a educational-clinical trainee license from the CPSBC. That provides the opportunity to gain supervised clinical experience in BC. 74 new educational-clinical trainee licenses were issued in 2012 according to the College of Physicians and Surgeons of BC; and,

- **Research** – some CMGs not matched in CaRMS after graduation participate in medical research projects. It is likely that some IMGs are involved in research as well and this may be an opportunity for others to work in a medical field and possibly get to know faculty and program directors while seeking entry to PGME. However, this is not clinical experience.

A question of fairness has been raised about these opportunities and may partially underlie the Gap Year concept. It is clear that clinical experience, especially Canadian clinical experience, will increase the likelihood of an IMG's success in CaRMS. A fair and objective process is used to choose IMG-BC assessment program participants. For most of the other North American opportunities, it is much more a matter of luck, financial resources or who the IMG knows that determines whether it is possible to get experience. That is particularly true of privately arranged clinical experiences.

The Faculty of Medicine has indicated that private clinical experiences are causing problems for their administration of some programs. CMGs are required to take electives in several areas (medicine, surgery and community oriented disciplines) and are not permitted to "audition" for residency positions. In contrast, some groups of specialists in some geographical areas use private clinical experiences to groom specific Canadian IMGs for residency positions in their programs. The Faculty considers this to be a serious back door inconsistent with the objective and principles described above, which will only gain in importance as additional rigour is brought to the selection process.

These concerns raise the question of whether there is a need to address this inherent unfairness. There seem to be three possibilities: do nothing; create a formal program to replace these informal arrangements; or eliminate the informal arrangements. Any change would require changes to the bylaws of the CPSBC, which are under the sole authority of the CPSBC.

Summary of Interviews

Interviews have been conducted with stakeholders identified by the Ministry of Health, including:

- Ministry of Health (Nichola Manning, Libby Posgate, Kevin Brown, Bev MacLean-Alley),
- UBC Faculty of Medicine (Dr. David Snadden, Dr. Roger Wong, Dr. Ravi Sidhu),
- BC Medical Association (Dr. Shelley Ross, Alan Seckel),
- College of Physicians and Surgeons of BC (Dr. Jack Burak),
- Ministry of Advanced Education, Innovation and Technology (Janice Larson, Lori MacKenzie, Kevin Perrault) and

- Fraser Health Authority (Dr. Andrew Webb).

The interviews were guided by four questions:

- What would the objective(s) be of establishing a new Gap Year program? What is the issue that needs to be addressed and why?
- What barriers are there to establishing such a program?
- What benefits would be expected from a Gap Year program and how would you measure to determine whether the program was achieving the expected benefits?
- What are the options for structuring a Gap Year program? How do those options address the objectives, barriers and benefits described above? What is the best option and why?

In addition, some of those interviewed provided factual background information, some of which is included in the previous sections.

The following is a précis of the main points made in each interview.

Ministry of Health

The Ministry of Health is responsible for the funding and public policy related to health services within BC. That includes responsibility for the supply of medical services, including funding postgraduate medical training and establishing the number of physicians that need to be educated to meet the medical service needs of the province.

The Ministry of Health has been key in the expansion of undergraduate and postgraduate medical education over the past decade and the design of the expansion to deal with the overall demand for services and the issues related to providing services throughout the province. Geographical distribution of the programs and choice of students who have experience living and interest in practicing in rural and remote areas are important tools to meet the objective of sustainably providing service in those areas. The Ministry believes that, together with other public policy measures, when the expansion is complete in 2017/18 that will provide about the right number of new physicians on an ongoing basis to meet demand overall and to serve rural, remote and underserved communities.

The Gap Year project was envisioned as a mechanism to provide IMGs with an opportunity to maintain or enhance clinical practice skills while the IMGs waited to enter a residency program. The problem it was intended to address was the perceived time between completion of a medical degree abroad and start of the residency program.

It is important to the Ministry that any program be fair, effective and transparent. It must be fair in the sense that all IMGs are treated the same, with the same rules and a "level playing field." It must be effective in terms of providing a benefit to the public. It must be transparent so that it is clear to all what is happening and that the program is fair and effective.

The Ministry is also concerned about the cost of any program, both in terms of dollars and in terms of its affect on the capacity of the UBC Faculty of Medicine to deliver its existing undergraduate and postgraduate medical education programs and the remaining phases of the expansion. The most limiting factor associated with capacity is the availability of clinical faculty.

In BC, unlike other provinces, medical education is largely delivered by practicing physicians who act as clinical faculty to teach and supervise undergraduate and postgraduate students. There are limits to the amount of clinical faculty availability, which has been a constant issue throughout the expansion over the past decade. There is a concern that another demand on this resource may affect capacity to deliver other programs.

The Ministry of Heath offered options that could be considered, including:

- Integrating any additional clinical experience program with assessment of IMGs since it would be necessary to have an objective and transparent way of choosing who could participate in any program, and

- the possibility of integrating any Gap Year program with 4th year of the undergraduate medical education program.

UBC Faculty of Medicine

The UBC Faculty of Medicine, in addition to providing considerable detailed information about postgraduate medical education and how residents are chosen to fill the positions available, made four fundamental points:

- The principles underlying any program related to training or assessing IMGs for residency must include fairness, transparency and objectivity. The same rules, eligibility criteria and standards must apply equally to all IMGs to be fair. It must be clear how the process works to be transparent and the criteria applied must be objective.

- The IMG-BC assessment program is recognized across Canada as the current best practice in clinical skills assessment. The Thompson Report[6] from Ontario confirmed that and both Ontario and Alberta are changing existing clinical assessment programs to follow the BC model.

- The number of IMGs seeking residency positions vastly outweighs the number of possible IMG residency positions with less than 1 in 5 achieving success Canada-wide and even higher demand in BC. Providing some IMGs with additional opportunities for clinical experience and/or assessment might change the result for some individuals but the number of provincially funded residency positions is fixed. A Gap Year type program would not change the fact that there are already sufficient qualified candidates to fill the available positions and successfully complete the program. There would be no value added for BC taxpayers.

- Ultimately, the limiting resource in providing additional medical education and training in BC is the availability of clinical faculty. The number of clinical faculty physicians in BC has grown from just under 2,000 in 2001 to over 5,000 now and must continue to increase to about 6,000 to satisfy the demands of the continued expansion up to 2017/18 and to sustainably provide education and training into the future. That is over half of all physicians in the province (in 2011 there were about 9,700). Any additional clinical training or assessment program would put pressure on this already strained resource and could put existing programs in jeopardy. That applies equally to additional

[6] Thompson, George and Karen Cohl, IMG Selection: Independent Review of Access to Postgraduate Programs by International Medical Graduates, September, 2011

resources required for a Gap Year program and any further increase in the number of residency positions, as has been suggested by the BCMA.

The Faculty of Medicine suggested that the fundamental questions to be answered for a Gap Year program are first, would it be intended to assess clinical skills or provide clinical training; and second, what criteria would be used to select those who would qualify for the program and how many would qualify?

Regardless of the design of the program, the fundamental issue it would face would be determining who qualifies. That is the fundamental purpose of the IMG-BC assessment program, which uses three objective criteria (MCCEE results, NAC OSCE results and in some cases IMG-BC clinical assessment results) to choose candidates likely to be successful in residency positions.

The Faculty of Medicine indicated that the IMG-BC assessment program and provincial CaRMS eligibility criteria, while successful, are under review. They believe the program could be improved to further increase fairness and effectiveness in terms of not just predicting success in residency programs but of better ensuring that the best candidates are chosen for each position, as is done for those entering the undergraduate medical education program.

Options under consideration include:

- Initially requiring the NAC OSCE for CaRMS 2nd iteration positions and possibly ultimately requiring an IMG-BC clinical assessment to participate in both the 1st and 2nd CaRMS iterations;

- Adding a Multiple Mini Interview process to the IMG-BC assessment process to provide objective information about non-academic personal attributes (i.e. social accountability) as is done for entry to the undergraduate program and as part of IMG assessment in Alberta; and

- Working to determine if clinical experience gained in Canada by IMGs can be assessed by those supervising the experience using the same criteria and tools as are now used by UBC clinical faculty to assess clinical experience. An objective clinical assessment tool to be used Canada-wide is under consideration by MCC.

The Faculty of Medicine noted that it believes the idea of assessing or accrediting foreign medical schools education programs or the clinical experience part of those programs is not feasible even if the foreign medical schools covered the cost. The logistics and risks associated with are too great.

The Faculty also noted that the IMG-BC assessment program will have to grow over the next few years as 1st iteration CaRMS IMG positions grow from 34 in 2013 to 58 in 2016. There is not room for this growth at the current St. Paul's Hospital site. The Faculty suggested that this, together with the review currently under way, may provide an opportunity to address some of the pressures that underlie the Gap Year concept.

BC Medical Association

The BCMA indicated that the fundamental objective should be to ensure that the best candidates are chosen for residency positions in BC. They also stated that any process for

choosing residents must be fair in the sense that same process and criteria must apply to all candidates and that the criteria must be objective and the process transparent.

The BCMA feels that the current process does not provide a fair opportunity for Canadian IMGs because they feel the process puts unnecessary barriers in their way. One such barrier is related to timing and need for many to wait a full year after graduation before being able to participate in the CaRMS 1st iteration after completing the IMG-BC assessment program. This is viewed as an unnecessary impediment because the Canadian IMGs have just graduated and thus have recent clinical experience, unlike immigrant IMGs who have not had clinical experience for several years in many cases. The Gap Year program concept would provide those who must wait with an opportunity to maintain and hone clinical skills while waiting.

The BCMA acknowledged that any such program would have to be open to all IMGs and that the key would be in having objective, transparent selection criteria for the program to ensure that the best candidates are chosen, exactly the same issue as applies to the CaRMS match.

The point was made that given the ongoing need for internationally trained physicians in BC, government should prefer those with Canadian residency training to those who have done residencies abroad and then come to Canada as practice ready IMGs. It is during residency that the values and structure of the Canadian system are really learned and those whose residency training is abroad do not have the same understanding of the system.

Dr. Shelley Ross, BCMA President, summarized the BCMA views as follows:

> In summary, we must not lose sight of the problem, which is the barrier to applying to CARMS for the immediate post grad year caused by the timing of the IMG-BC assessment program. Whatever it takes to get the assessment done in a timely manner is the answer, so that all IMGs including our Canadian IMGs (to use your terminology--also known as CSAs) have an equal opportunity to apply for IMG residency spots in BC. We are losing too many to other provinces and other countries. It is well known that you tend to set up practice where you do residency and the likelihood of this increases with the mandatory return of service required by many of the provinces. Unless the proposed Gap Year proposal gave the IMG's the opportunity to apply to all CARMS positions the following year, it will be of no value. The better solutions are in earlier assessments during the 3rd and 4th medical school years to allow timely application to the 1st iteration of CARMS for IMG positions in the immediate first postgraduate year."

BCMA suggested the following:

- The Faculty of Medicine or an accrediting body should assess some foreign medical schools to determine if the entry, academic and clinical skills aspects of the programs can be considered equivalent to Canada and the US, enabling graduates from those programs to participate in the 1st CaRMS iteration in competition with CMGs;
- The Ministry of Health increase the number of residency positions to 1.4:1 to increase the supply of medical services, which the BCMA believes is required to address a looming physician shortage;

- The Faculty of Medicine consider using more rural physicians as clinical faculty and/or consider accepting fewer Visa residents (foreign physicians who pay the full cost of residency and return to their home country after completion of the program) to free up additional clinical faculty resources for more residency positions and/or a Gap Year program: and

- Allow elective time to be spent in an evaluation process. Having a formal exchange program with foreign medical schools that wish to participate could offset the problem of capacity -- one of their students comes here and one of UBC's students does an elective there.[7] The timing would have to be such that they could participate in the CARMS process.

College of Physicians and Surgeons of BC

The College is responsible for the registration, licensing and regulation of physicians in the province. As such it has no position on training and assessment programs related to postgraduate medical education, provided that those involved are appropriately licensed if they are providing clinical services.

There is a registration/licensure category that would be appropriate for the clinical assessment or training of IMGs, which is already used by the IMG-BC clinical assessment program. The educational-clinical trainee license is established by section 2-28 of the Bylaws of the College, which require that a physician or group of physicians undertake to provide appropriate supervision of the trainee and that the trainee be considered to be at the level of a 4th year medical student in BC. This license can also be applied for and used by trainees who are able to make arrangements with physicians who agree to supervise them as a private way to gain clinical experience.

Ministry of Advanced Education

The Ministry of Advanced Education provided considerable useful background. In addition, they made a number of points including:

- Given the limited number of residency positions and the large number of IMGs seeking the positions, a Gap Year program will not increase the number of IMGs being successful in the CaRMS match. The only way to do that would be to open all positions to competition, which would have the effect of fewer CMGs successfully matching and would violate the principle that all CMGs are entitled to compete for residency positions in Canada;

- If there is a Gap Year program, consideration should be given to a training rather than assessment program;

- One option that should be considered would be providing some IMGs with access to 4th year of the undergraduate program, from which they would be able to apply to the 1st CaRMS iteration;

- There is currently too much subjectivity and too little transparency in terms of program director preferences in choosing who matches to which residency positions. Additional

[7] As noted above, the current IMG electives are based upon the concept of exchange, although without strict reciprocity with specific schools abroad.

objective and transparent criteria would be beneficial and would be required to choose participants in any Gap Year program. Conversely, information from Gap Year program participation could be used in the CaRMS match;

- Clinical faculty and fiscal capacity both limit the ability to provide additional clinical training or experience at any level. The Ministry of Advanced Education is especially concerned that clinical training in the undergraduate program for which they are jointly responsible not be affected;

- Whatever is done must integrate with the national Canadian medical education framework.

The Ministry asked the question: "Is it better to do clinical skills assessments prior to or after the CaRMS match?" The Faulty of Medicine note that both Alberta and Ontario, which have had clinical assessments after the CaRMS match are moving to a pre-CaRMS match assessment model like the IMG-BC assessment program next year, largely because of difficulties eliminating and replacing those who do not pass the assessment.

Fraser Heath Authority

Fraser Health Authority was included in discussions because it had been suggested when this project was originally being discussed that perhaps a Gap Year program could be located in an underserved community within the health authority, using service provided by IMGs in the program helping to increase service in the community.

Dr. Webb indicated that Fraser Health would be willing to cooperate if there was a desire to locate a program in the health authority provided there was no cost to the health authority, but that the heath authority was not asking for or advocating any such program. Any service provided would be minimal and would not address the shortages facing the health authority in some areas.

Fraser Health is more interested in increasing residency positions in the area over time and advancing alternative ways of increasing the amount of medical services delivered, including interprofessional practice and use of other medical service professionals such as nurse practitioners, midwives and physicians assistants.

Additional Considerations

There seems to be a consensus among those interviewed on a few key points:

1. The ultimate objective must be to get the best IMG candidates into residency positions in BC. That means candidates who will be successful in the residency program, will be successful physicians in independent practice after residency and, to the extent possible, will practice in BC.

2. Achieving this objective requires a process that is effective in selecting the best candidates.

3. The principles underlying the selection process should include fairness, objectivity and transparency.

4. At the least, the selection process must apply the same process and criteria to all IMGs and neither advantage or disadvantage any group of IMGs.

5. While perhaps not a full consensus, there is a strong majority who are clear that recent IMG graduates do not have the capacity to provide any significant amount of medical service in a clinical experience context, so service benefits would not help justify a Gap Year program.

While there may be divergent views on the best way to achieve the stated objective, it does provide a solid basis for further discussion given the agreement of principles.

In designing a program providing additional clinical experience to IMGs, it seems clear that the fundamental issue is selection. It is hard to imagine a selection process for participants in a clinical experience opportunity that uses different criteria than the selection process for participants in the CaRMS match, if the ultimate objective of both is the same: that the best candidates are chosen for residency positions. That logically implies that any Gap Year program must be integrated into the overall CaRMS selection process and should only be created if it contributes to achieving the objective.

The Gap Year concept is based on a concern, expressed by the BCMA above, that timing presents an unfair barrier to some Canadian IMGs that reduces their ability or willingness to enter the BC-IMG assessment program or attempt to gain residency positions in BC. The timing issue as expressed by BCMA is that the NAC OSCE and the BC-IMG assessment would be completed immediately after graduation, leaving many months of waiting prior to commencement of a residency position if matched. The solutions put forward are either a Gap Year program that gives participants access to all BC CaRMS positions (i.e. both CMG and IMG streams) or the ability to complete assessments and CaRMS applications prior to graduation so that residency can be commenced immediately after graduation, the same situation faced by CMGs.

As noted above under recent developments, the change in MCCEE eligibility requirements make it possible now for an IMG to apply to CaRMS during their final year, prior to graduation, the same as CMGs. Increases in NAC OSCE seats and IMG-BC assessment program seats effective next year will also provide additional opportunities for IMGs. The change to MCCEE eligibility has been pursued by the Ministry of Health and UBC for several years, and they have collaborated on increasing NAC OSCE seats and sittings, as well as expanding the IMG-BC assessment program.

The options and analysis presented below explore both selection and timing, subject to overriding principles of fairness, objectivity and transparency.

Questions were raised during interviews about the underlying question of the supply and demand for medical services and whether or not the number of residency positions is sufficient. These questions are beyond the scope of this report, which examines the issue of selection of and programs related to IMGs seeking residency positions in BC, regardless of how many such positions are available.

Options

The following raises several options. First there are three options for clinical experience programs, followed by three options for ways to change the selection process itself.

Option 1 – Pre-OSCE Clinical Experience

Under this option, those awaiting the next CaRMS match would have a chance to gain clinical experience prior to qualifying to participate in CaRMS and potentially the IMB-BC assessment program by taking the NAC OSCE. From a timing perspective, this program would take place in the Summer (probably 8 weeks), leading to a Fall OSCE and potentially IMG-BC assessment program in time for the CaRMS file review in December.

This program would be a training program intended to maintain or develop clinical skills. As such, participants would become UBC Faculty of Medicine students in a new student category that does not currently exist. For fairness, this option should only be considered if the CPSBC agreed to require enrollment in a UBC program to be a requirement for an educational-clinical trainee license.

Option 2 – Post-OSCE Pre-CaRMS Clinical Assessment

Under this option, the clinical experience would be integrated as part of the selection process for residency positions, with the clinical experience being assessed using objective UBC Faculty of Medicine clinical assessment tools and criteria. The program could be at any time after the NAC OSCE is passed. It would have the greatest effect on timing of the individual's opportunity to successfully match to a residency position if completed before December so that the results can be included in the file review phase of the CaRMS process.

This option is, for all intents and purposes, the IMG-BC assessment program. Beginning in Fall 2013, NAC OSCEs are being offered twice each year and the IMG-BC assessment program offered 5 times per year, with significantly more seats for both.

Option 3 – Providing Enhanced Access for IMGs to 4th Year UGME

This option could be done in two different ways:

- Essentially allowing IMGs to transfer to UBC for their final year, adding a number of 4th year spaces. This would be problematic from a number of perspectives since UBC does not currently accept transfers, lack of program continuity would make it difficult to integrate transfer students, the students would not have met UBC entrance standards, it would be relatively costly in financial and clinical teaching capacity terms and would only solve the problem from the BCMA's perspective if the IMGs could then apply for all CaRMS positions, disadvantaging CMGs and immigrant IMGs. This option will therefore not be discussed further;

- Expanding IMG elective positions and ensuring that objective clinical assessments are conducted during electives. Work is underway to create a national IMG elective portal that will help manage IMG participation in electives together with the development in BC and ultimately nationally of objective clinical assessment tools are consistent with this option. This option should also only be considered if the CPSBC agreed to require

enrollment in a UBC program to be a requirement for an educational-clinical trainee license.

In addition, 3 options have been identified for ways to change the selection process itself.

Option 4 – Recognize Equivalent Foreign Medical Education Programs

Under this option, a foreign medical school that has a program that is equivalent to undergraduate education at an accredited North American medical school would have its graduates treated the same as graduates of accredited North American schools. That is, those graduates with the right to reside permanently in Canada would be treated the same as CMGs, just as graduates from accredited US programs are currently treated under CaRMS.

Two ways have been suggested to achieve this:

- UBC would assess the schools upon their request, with the cost paid by the foreign school; or
- LCME/CACMS would apply their accreditation process and standards to the schools upon request, with the cost paid by the foreign school.

LCME/CACMS have repeatedly refused requests for accreditation by institutions outside North America. UBC has indicated that the cost and resource requirements to undertake such an endeavour are overwhelming and are not consistent with its mandate. As such, this option is not considered feasible at this time.

Option 5 – Improve Selection Process Fairness, Objectivity and Transparency

The current selection process for IMG participation in the CaRMS 1st iteration for IMG positions is fair, objective and transparent because it fairly applies the same criteria to all IMGs, uses objective criteria to filter candidates and provide detailed information to program directors and it is transparent about how the process works and what information is used. The use of MCCEE and NAC OSCE results means that the selection process is fair and objective. All of the IMG positions available in the 1st CaRMS iteration have a return of service requirement.

However, the CaRMS 2nd iteration competition is not as fair or objective. IMGs must only pass the MCCEE to be eligible to compete for any unfilled position and only those originally designated as IMG positions have a return of service requirement.

Under this option, the section process would be changed by:

- Requiring all IMGs who match to any position under CaRMS to provide return of service, as is done in several jurisdictions. Return of service recognizes that a valuable benefit is provided by allowing these individuals to complete residency in Canada;
- The Ministry of Health providing the same additional funding for clinical teaching to the Faculty of Medicine for all IMGs to ensure a level playing field in terms of resources available during residency; and
- Requiring at least a NAC OSCE be required to participate in the CaRMS 2nd iteration, as currently being planned by the Faculty of Medicine. Ultimately, it would be most fair and effective if all IMGs were required to have an objective assessment of their clinical skills

in a Canadian context through the IMG-BC assessment program or an assessment of clinical skills made during any other Canadian clinical experience, using either the assessment tools used by UBC or a Canada-wide clinical skill assessment tool if one is developed by MCC.

Option 6 – Introduce Multiple Mini Interviews

Under this option, both an MMI and a NAC OSCE would be required as part of the selection process. Those with good enough MCCEE results would be offered both the NAC OSCE and MMI and a pass in both would be required to compete for any BC CaRMS positions in the 1st or 2nd iterations. Applicants would cover the full cost of the MMI, as is now being required for NAC OSCE, estimated at between $500 and $1,000 per applicant.

Alberta uses Multiple Mini Interviews in its selection process as an objective measure of non-academic personal attributes such as professionalism and ethics. UBC uses the same process in the selection of undergraduate students. Use of MMI would ensure that entrance to residency is based on objective measures of academic knowledge, clinical skill and non-academic personal attributes, so that IMGs selected have met the same standards as CMGs selected for residency positions. MMIs would also be a mechanism to implement the concept of social accountability for IMGs, which is a stated objective of the BC Ministry of Health.

Analysis

Clinical Experience Programs

Option 2 (Clinical Assessment) is essentially the status quo. It is consistent with the fairness, objectivity and transparency principles and is clearly directed toward the objective of choosing the best IMGs to fill the available IMG residency positions. With recent changes, Option 2 also addresses the timing issue underlying the Gap Year concept.

The Ministry of Health and UBC have worked together at MCC to push for the change in MCCEE eligibility and have increased NAC OSCE and IMG-BC assessment seats in BC. Now IMGs with good enough MCCEE results and a pass in the NAC OSCE as well as meeting other eligibility requirements are able to apply to CaRMS during their last undergraduate year.

For others with adequate clinical experience abroad but the need to demonstrate their skills in the Canadian context, the IMG-BC assessment program route provides additional experience and an objective assessment of skills. With the addition of a second NAC OSCE sitting and with additional IMG-BC assessment program offerings there will considerably more timing flexibility starting in Fall 2013 for those waiting to participate in CaRMS.

For those without sufficient clinical experience when they graduate, then the question will be how best to gather that experience. Option 1 (Clinical Experience) would provide such a mechanism but would BC benefit from using scarce resources to provide clinical training to IMGs without adequate clinical experience, when there are clearly many other IMGs who do have the needed experience and skills? If the answer is that there is a perceived benefit, then the question becomes how to choose the best candidates from the overwhelming cohort of IMGs who would be interested in a fair, objective and transparent way? The only approach available is that used by the IMG-BC clinical assessment program.

Option 3 (Increased UBC IMG 4th Year Elective Spaces) would help with the timing issue by providing Canadian clinical experience to IMGs prior to graduation. However, again, the questions of using scarce resources to increase the existing oversupply of qualified IMG candidates and fair, objective and transparent selection must be raised. At present selection is first come/first served but the national IMG elective portal being implemented provides the potential for a more objective selection process and a fairer distribution of IMGs to electives Canada-wide.

The question of private clinical experiences is also connected to Option 3. As noted above, private clinical experiences are used as "electives" providing a backdoor for those IMGs who know someone willing to provide private supervision. If an increase in IMG elective seats in the UBC UGME were to replace private clinical experiences there would be an overall improvement to the ability to choose the best candidates in a fair, objective and transparent manner. A change to the eligibility for educational-clinical trainee licenses to require enrollment in a recognized medical education program would effectively replace private "electives" with UBC Faculty of Medicine electives. Such a change would be at the sole discretion of the CPSBC.

IMG Selection Process

Option 4 (Recognize Equivalent Foreign Programs) would be an elegant solution for any IMGs participating in an equivalent program, but it is not feasible.

Option 5 (Improve Selection Process) would clearly improve the ability to choose the best IMG candidates for residency positions as well as the fairness, objectivity and transparency of the selection process. Unless the unfairness associated with private clinical experiences can be addressed, the addition of a NAC OSCE requirement would likely increase the number of those seeking to obtain private clinical experience, which could affect the overall availability of clinical faculty and reduce the fairness of the overall process. Nevertheless, the ability to objectively choose the best candidates would be increased by ensuring all candidates have passed the NAC OSCE. This reinforces the importance of CPSBC agreeing to require enrollment in a UBC program to be a requirement for an educational-clinical trainee license.

Option 6 (Introduce Multiple Mini Interviews) would seem to plug a hole in the current process in terms of an objective measure of the non-academic personal attributes, which are now widely recognized as an important filter in choosing future physicians. However, development of an MMI would require considerable effort and there are many questions to answer, such as whether a joint western MMI program with Alberta could be developed, how it would differ from the MMI used to filter undergraduate applicants and so on.