

MINISTRY OF HEALTH SERVICES
INFORMATION BRIEFING DOCUMENT

Cliff # 817001

PREPARED FOR: Honourable Kevin Falcon, Minister of Health Services
- FOR INFORMATION

TITLE: Information for Minister Stilwell Regarding Education Opportunities for Canadians Studying Abroad.

PURPOSE: To provide a context for, and an answer to, the Minister of Advanced Education's request for information regarding the cost of funding 60 new postgraduate residency positions.

BACKGROUND:

- Minister Stilwell is interested in an initiative to repatriate Canadians studying abroad (CSAs). Recent requests for information about funding postgraduate residency positions have come from the Public Sector Employers Council and the Ministry of Advanced Education and Labour Market Development (ALMD). ALMD has requested assistance with a one-page concept paper for the Premier to consider during the Christmas holidays.
- The Ministry of Health Services (the Ministry) implemented a funding formula for postgraduate medical education¹ in 2004. In addition to residents' salaries and benefits (negotiated between the Health Employers Association of BC and Professional Association of Residents of BC), the formula includes costs for things such as clinical teaching, administration and program support, and distributed medical education.
- Each year the Dean of Medicine receives a funding letter from the Ministry. A calculation of program operating costs is attached to the letter, and the 2009/10 calculation is appended here for information (see Appendix 1).

DISCUSSION:

- Over the past several years, the Ministry and Faculty of Medicine have worked together to increase international medical graduates' access to postgraduate medical education. A November 2009 letter to parents and Canadians studying abroad summarizes this work.
- An earlier information note to the Minister (Cliff 797405) identifies program and policy options, as well as initial estimates of increases to program costs.
- Options for increasing residency opportunities for CSAs/IMGs are:
 1. Increase the number of postgraduate entry-level residency positions in the IMG-BC program from 18 to 58. Positions would increase by 5 positions each year over the next eight years, beginning in 2013. The Ministry would be responsible for funding this option's program costs.

¹ The Ministry and UBC have signed a memorandum of understanding (2006) that reflects the funding formula and the obligations of the Faculty and Province.

FINANCIAL IMPLICATIONS:

- The cost of expanding by 60 entry-level residency positions (Minister Stilwell's request) is estimated between \$18.5M and \$22M per annum, when the expansion is fully implemented and there will be about 228 more residents in training at any one time (see Appendix 2).
- The cost of expanding by 40 entry-level residency positions is estimated between \$12.35M and \$14.67M per annum, commencing in 2013, using a phased approach.
- There is no funding for either option in the Ministry's budget.

CONCLUSION:

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Date: December 18, 2009

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Appendix 1

2009/10 Calculation of Postgraduate Medical Education Program Funding

All Residents

		Residents Open	907		971	
		Resident Additions PGY 1-6	64		60	
		Residents Close	971		1031	
				09/10		10/11
	<u>Cost</u>	<u>Per</u>	<u>Unit</u>	<u>Total</u>	<u>Unit</u>	<u>Total</u>
Academic Component						
Clinical Teaching (Didactic)	2,600	Resident FTE	955	2,483,000	1016	2,641,600
Clinical Teaching (With Patient Care)	3,400	Resident FTE	955	3,247,000	1016	3,454,400
Clinical Teaching (With Patient Care) IMG PGY1	1,700	Resident FTE	18	30,600	18	30,600
Clinical Teaching (With Patient Care) IMG PGY2	850	Resident FTE	18	15,300	18	15,300
Program Director Stipend & Administration Support	6,478	Resident FTE	955	6,186,490	1016	6,581,648
Distributed Training -- CMG Residents	9,000	CaRMS PGY1	244	2,196,000	256	2,304,000
Distributed Training -- IMG Residents	9,000	IMG -PGY1	18	162,000	18	162,000
Distributed Training -- Community Dentistry Residents	9,000	PGY1	5	45,000	5	45,000
Site Directors -- Distributed Training Facilities	420,000	Site	5	2,100,000	5	2,100,000
IMG Assessment	390,500	Year	1	390,500	1	390,500
Administration - PGME Office	1,381,179	Year	1	1,381,179	1	1,381,179
Support for Faculty of Medicine	4,000,000	Year	1	4,000,000	1	4,000,000
Weighted Average Salary, Benefits, Stipends	71,413	Resident FTE	955	68,199,415	1016	72,555,608
Resident Activity	1,800	Resident FTE	955	1,719,000	1016	1,828,800
Total Funding				92,155,484		97,490,635

Note: 64 resident additions are funded at 75% of a FTE in 2009/10.

Program Operating Costs for 60 (Residency) Positions

Year	Y1	Y2	Y3	Y4	Y5
Family Medicine	24	24	24	24	24
		24	24	24	24
Specialty Medicine	36	36	36	36	36
		36	36	36	36
			36	36	36
				36	36
					36
Total Residents	60	120	156	192	228
Estimated Program Cost	\$5.79M	\$11.58M	\$15.05M	\$18.53M	\$22M

Assumptions:

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**MINISTRY OF HEALTH SERVICES
INFORMATION BRIEFING DOCUMENT**

Cliff # 790720

PREPARED FOR: John Dyble, Deputy Minister of Health Services -
FOR INFORMATION

TITLE: University of British Columbia Representatives' Meeting with the Deputy Minister

PURPOSE: To provide some background for the August 20, 2009 meeting.

BACKGROUND:

- Stephen Owen, University of British Columbia's (UBC) Vice President for External, Legal and Community Relations, and Gavin Stuart, Dean of Medicine, have asked to meet with the Deputy Minister to discuss:
 - Distributed medical education and clinical capacity
 - Health human resource planning
 - Population health outcomes.
- In March 2002, Government announced a doubling of the medical school and the distribution of medical education to the North (Northern Medical Program) and on the Island (Island Medical Program). In April 2005, Government committed to another medical program in the Okanagan (Southern Medical Program).
- The medical school reached the doubling of its intake, from 128 to 256 Canadian medical students, in August 2007, a year ahead of schedule.
- When the Southern Medical Program begins in August 2011, intake will increase to 288. All students begin their medical education in Vancouver and then move to distributed sites the following January. All students are graduates of UBC, although medical education is delivered with academic partners, the University of Northern British Columbia, the University of Victoria, and UBC Okanagan.
- Distributed medical education is achieved not only with academic partners, but also with health authorities, clinical-academic partners.
- Students take the majority of their first two years of medical education in the classroom on campus, and then move to teaching hospitals and community-based physician practices for their final two years. UBC relies heavily on community-based physicians -clinical faculty- to deliver medical education.

DISCUSSION:

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CONCLUSION:

- Confirm the Ministry's intent to continue working with UBC to achieve Government's objectives in distributed medical education, health human resources planning, and population health outcomes.

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**MINISTRY OF HEALTH SERVICES
INFORMATION BRIEFING DOCUMENT**

Cliff # 819080

PREPARED FOR: John Dyble, Deputy Minister of Health Services
- FOR INFORMATION

TITLE: Faculty of Medicine Briefing about the Expansion and Distribution of Medical Education

PURPOSE: To provide a context for the briefing scheduled for January 13th

BACKGROUND:

- In 2002, Government announced the expansion and distribution of undergraduate Medical Distribution (MD) education to 224 entry-level seats from 128. The expectation was the medical school would 'double' and training would begin in health regions where there are chronic issues about access to medical services in rural communities.
- Academic campuses were identified in the North and on the Island with university partners - the University of Northern British Columbia and the University of Victoria.
- In August 2004, 200 undergraduate MD students entered medical school, and in 2005, this increased to 224. Also in 2005, an undergraduate funding review confirmed the resources required to complete the 'doubling' of the medical school. Government confirmed the expansion to 256 by September 2007 - three years ahead of schedule.
- In April 2005, the Premier made a further commitment to add a medical program in the Interior by 2009, thereby increasing the number of entry-level undergraduate MD seats to 288. Advanced Education was unable to meet this last commitment, and the Faculty of Medicine, with support from the ministries of Health Services and Advanced Education, agreed to increase the number of undergraduate clerks and postgraduate residents training in the Okanagan by 2009.
- In 2003, the Faculty of Medicine and Ministry of Health Services agreed to a 'stepped' expansion of postgraduate medical education so residents and clinical faculty would be in place to support the successful expansion and distribution of undergraduate MD education, as well as prepare for the increased numbers of entry-level residency positions required when the 2004 class of medical students graduated in 2008.
- Entry-level residency positions are posted in the Canadian Resident Matching Service for national competition, and the number posted for British Columbia should at least equal the number of medical students graduating from University of British Columbia.
- Since the initial announcement of doubling the undergraduate MD program to 256, the Faculty of Medicine has:
 - Almost doubled the number of Canadian medical residencies
 - Tripled the number of international medical graduate residencies

- Almost quadrupled the number of assessments for internationally educated physicians
- Piloted two approaches to assessing and filling small gaps in education for internationally educated and practicing physicians who lack a core residency rotation, and otherwise would be eligible for licensure.

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**MINISTRY OF HEALTH SERVICES
INFORMATION BRIEFING DOCUMENT**

CLIFF: 819061

PREPARED FOR: The Honourable Kevin Falcon, Minister of Health Services
- FOR INFORMATION

TITLE: **A Briefing about the Expansion and Distribution of Medical Education**

PURPOSE: To provide a context for the briefing scheduled for January 26th in preparation for a February 1st briefing with Minister Stilwell

BACKGROUND:

- In 2002, Government announced the expansion and distribution of undergraduate MD education to 224 entry-level seats from 128. The expectation was the medical school would 'double' and training would begin in health regions where there are chronic issues about access to medical services in rural communities.
- Academic campuses were identified in the North and on the Island with university partners - the University of Northern British Columbia and the University of Victoria. Clinical academic campuses were identified in the relevant health regions
- In August 2004, 200 undergraduate MD students entered medical school, and in 2005, this increased to 224. Also in 2005, an undergraduate funding review confirmed the resources required to complete the 'doubling' of the medical school. Government confirmed the expansion to 256 by September 2007 - three years ahead of schedule.
- In April 2005, the Premier made a further commitment to add a medical program in the Interior by 2009, increasing the number of entry-level undergraduate MD seats to 288. Advanced Education was unable to meet this last commitment, and the Faculty of Medicine, with support from the ministries of Health Services and Advanced Education, agreed to increase the number of undergraduate clerks and postgraduate residents training in the Okanagan by 2009.
- In 2003, the Faculty of Medicine and Ministry of Health Services agreed to a 'stepped' expansion of postgraduate medical education so residents and clinical faculty would be in place to support the successful expansion and distribution of undergraduate MD education, as well as prepare for the increased numbers of entry-level residency positions required when the 2004 class of medical students graduated in 2008.
- Entry-level residency positions are posted in the Canadian Resident Matching Service for national competition, and the number posted for British Columbia at least equals the number of medical students graduating from UBC.
- Since the initial announcement of the undergraduate MD program expansion, the Faculty of Medicine has:
 - Almost doubled the number of Canadian medical residencies
 - Tripled the number of international medical graduate residencies
 - Almost quadrupled the number of assessments for internationally educated physicians

- Piloted two approaches to assessing and filling small gaps in education for internationally educated and practicing physicians who lack a core residency rotation, and otherwise would be eligible for licensure.

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and DM ASSIGNMENTS\2010\819061 - Minister's Briefing Document for January 26th and Feb 1st.doc

**MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE**

Cliff # 884305

PREPARED FOR: Honourable Michael de Jong, Minister of Health -
FOR INFORMATION

TITLE: Increased Access to Postgraduate Medical Education for
International Medical Graduates (IMGs)

PURPOSE: To provide answers to the Minister's Office request for additional
information about IMGs and the *IMG-BC Program* expansion.

BACKGROUND:

- Competing for a postgraduate medical education (residency) positions in Canada is a national activity. All faculties of medicine contribute to the Canadian Resident Matching Service (CaRMS), the one organization charged with offering an open, fair and transparent matching process for medical graduates.
- To qualify for a license to practice medicine independently, a physician must complete a residency in his/her discipline.
- In 2010, the Government's Throne Speech stated 'government will increase access to residencies for Canadians who have received their medical undergraduate training outside Canada'.
- Canadians studying abroad (CSAs) are IMGs when they complete their undergraduate MD education. An IMG is an individual who holds a medical degree from a school not accredited by the Committee on Accreditation of Canadian Medical Schools or the Liaison Committee on Medical Education (American).

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- The Ministry of Health is responsible for funding postgraduate medical education in BC. This year's program operating funding is expected to be \$104 million, up from \$97.5 million in 2010/11. Funding for the current *IMG-BC Program* expansion and distribution is included in this amount. Health Canada is contributing \$1.68 million toward the *IMG-BC Program* expansion and distribution.

DISCUSSION:

- In response to the Government's 2010 Throne Speech commitment, the University of British Columbia Faculty of Medicine, the Ministry of Advanced Education (then Science and Universities), and the Ministry of Health signed a Letter of Intent -- to expand and distribute the *IMG-BC Program*, beginning in 2011.
 - Over several years, 40 new entry-level positions in family medicine will be added to the *IMG-BC Program* for a grand total of 58 entry-level positions.

- The *IMG-BC Program* expansion and distribution schedule is expected to be: one new entry-level position in 2010/11 and seven more assigned to the Fraser Health region in 2011/12; eight new entry-level positions assigned to the Vancouver Island Health region in 2012/13; eight new entry-level positions assigned to the Interior Health region in 2013/14; eight new entry-level positions assigned to the Northern Health region in 2014/15; a final eight more new entry-level positions assigned to the Fraser Health region in 2015/16.

- ### CONCLUSION:

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APPENDIX A

Summary of 2010 CaRMS Survey of Canadians Studying Abroad

The 2010 CaRMS survey found, of the Canadians studying abroad:

- More are studying abroad; their number is estimated to have doubled in five years to over 3,000.
- More are studying in different places. They study in the Caribbean, Australia, Ireland, Poland, Israel, Bahrain, Czech Republic, and the United Kingdom.
 - There is wide variation in the quality of undergraduate medical education among overseas medical schools, even among schools within the same country.
- The top 10 medical schools they attend are: St. Georges University, Caribbean (22.2 percent); Saba University School of Medicine, Caribbean (14.8 percent); University of Queensland, Australia (11.1 percent); Royal College of Surgeons, Ireland (10.1 percent); University of Sidney (5 percent); Jagiellonian University Medical College, Poland (4.9 percent); Ross University, Caribbean (4.6 percent); Trinity College Dublin, Ireland (4.5 percent); University College Dublin, Ireland (4.5 percent); University College Cork, Ireland (3.1 percent).
- Many believe there is a physician shortage, and most want to return to Canada to practice.
- 62 percent either did not apply to medical schools in Canada, or they applied only once.
- 57.2 percent are from Ontario, 18.9 percent from BC, and 10.7 percent from Alberta.
- When they graduate with a medical degree, 74 percent want to return to Canada to complete their postgraduate medical education; only 10 percent do not plan on returning for any part of their residency.

Pages 14 through 15 redacted for the following reasons:

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International Medical Graduate Program (IMG-BC) Challenges Facing Canadians Studying Abroad

BRIEFING DOCUMENT

**Prepared by the Ministry of Health,
Ministry of Advanced Education, and
UBC's Faculty of Medicine**

December, 2011

Background

Canadians Studying Abroad (CSAs) and their parents are concerned that resident students of British Columbia, who have left the province to study medicine abroad, face significant barriers in accessing and competing for postgraduate training positions in Canada. Numbers are also increasing--there are approximately 3,500 CSAs, double the number from five years ago. British Columbia has the second highest number of CSAs with as many as 500, while Ontario has approximately 1,500. Potentially 700 CSAs, 100 from British Columbia, graduate per year from medical schools abroad. In comparison, 256 medical doctors graduate from medical school in British Columbia each year. This is creating unique challenges not seen before in this province.

It is also clear that CSAs and their families are often not fully aware of challenges they may face once they complete their undergraduate medical education. It is the commitment of UBC and the Faculty of Medicine to work with Government and key stakeholders to improve communications. We want to ensure those considering medical education abroad are fully aware of the facts before making their decision, and that those studying abroad have the required information to strengthen success if planning to return to British Columbia for postgraduate medical education.

Postgraduate Medical Education (PGME) in Canada

There were approximately 3,012 PGME positions in 2011 (CaRMS 2011). 2,528 positions (87%) were filled by Canadian medical school graduates (CMGs) requiring postgraduate medical education. International Medical Graduates filled the remaining 13% of total PGME positions.

Postgraduate Year 1 (PGY1) positions are accessed through the Canadian Resident Matching Service (CaRMS). This is a national matching process and is highly competitive. Applicants submit a rank order list of programs they would consider training in; programs also submit a rank order list of candidates that they would consider training. A second iteration of the match is conducted for vacancies in programs, unmatched candidates and those not eligible for the first iteration.

Provincial ministries of health determine eligibility of IMGs in the CaRMS match, with most provinces providing a separate pool of positions in the first iteration of the match. This is done in an effort to balance the interests of CMGs and IMGs, and to increase opportunities for IMG placement. PGME is also primarily funded through provincial ministries of health. In British Columbia, this encompasses all training costs, including salaries and benefits for residents as well as the costs of administration, teaching and distribution of medical education.

UBC's Postgraduate Medical Education Program

- Residency training is distributed throughout British Columbia in one of two manners:
 - rotational distribution, in which residents based in programs in the traditional teaching hospitals relocate for a period of time to train at a community hospital
 - geographic distribution, where residents spend the majority of their training years at locations outside of the traditional teaching sites (e.g. Family Medicine in eleven locations around the province, and Psychiatry in Fraser, Victoria and Prince George)

Because of this distribution, physicians in clinical practice do much of the bedside teaching in the communities, unlike other more traditional programs across the country in which the majority of the clinical teaching occurs in traditional teaching hospitals.

- There is a commitment to provide at least as many PGY1 entry-level CaRMS positions as UBC MD undergraduate positions. In 2011, UBC made 256 available through CaRMS for CMGs and 19 dedicated positions for IMGs (13 in Family medicine and 6 in generalist specialties, as determined by the Ministry of Health).
- UBC has approximately 1,075 residents currently training across the Province, with 47% of these residents participating in generalist training (Family Medicine, Internal Medicine, Psychiatry and Paediatrics).
 - The aim is to maintain at least 60% of entry-level positions in family medicine and generalist specialties supporting primary healthcare, in order to align with Ministry of Health priorities
- By 2015, with graduation of the fully expanded UBC undergraduate class, the plan is to increase CMG CaRMS PGY 1 entry positions to 288. Expansion will need to be carefully coordinated to assure limited teaching resources are not overwhelmed, and the quality of PGME at UBC is maintained.

IMG-BC Program:

- UBC has been training IMGs since the early 1990s. When the stepped expansion for PGME began in 2003, expansion plans to the IMG-BC Program were not included. Work was underway at the national level to identify next steps for enhanced assessment of IMGs and their increased integration into the workforce. Next steps were embedded in the *First Ministers' Health Accord, A 10-year Plan to Strengthen Health Care (2004)*, and *A Framework for Collaborative Pan-Canadian Health Human Resources Planning (2004/05)*.
- In 2005, the Faculty and the Ministry of Health agreed to triple the number of entry-level IMG positions to 18, with the majority of the positions in Family medicine. The Faculty also agreed to review the number of positions at a later date, when undergraduate expansions were nearer completion and medical clinical teaching capacity would be better understood.
- In 2008, the Faculty and Ministry of Health reviewed the IMG-BC Program with a view to accommodating the interests of Canadians Studying Abroad (CSAs). Several options were identified, but later dropped due to Human Rights concerns. It was determined that IMGs and CSAs, a subset of IMGs – must be treated similarly, to avoid Canadian Charter of Rights or BC Human Rights challenges.
- IMG specific positions require a Return of Service of 2 years for Family medicine and 3 years for Royal College specialties, to an identified area of need in the province. IMGs can match to vacant CMG residency programs through the second iteration of the CaRMS match. Approximately 10 IMGs per year match to UBC through this route. There is no return of service for IMGs matched to regular CMG CaRMS positions in the second iteration of the match.
- In response to a 2010 BC Government Throne Speech commitment, the Ministry of Health, with the support of the UBC Faculty of Medicine agreed to expand and distribute the *IMG-BC Program (see Table 1)*
 - Over the next several years a total of 40 new entry-level positions are expected to be added in *family medicine* (a continued priority for the Ministry of Health)
 - At full implementation in 2015/16, 58 entry-level positions or 134 IMGs are expected to be in training at any one time (larger than each of the distributed medical programs in BC which have 32 first-year students or 128 undergraduate MD students in training at any one time). This will increase the postgrad / undergrad ratio to 1.2/1.0. Training will be distributed across the health authorities

While these increases will be welcome news for IMGs wishing to access postgraduate education in British Columbia, applicants will need to consider provincial requirements when applying to CaRMS. (note: only 21% of CSAs rated family medicine as their first choice in 2010, compared to 33.5% of CMGs) (*CaRMS Survey 2010*)

Table 1—"Planned Expansion" of the IMG-BC Program

Entry Level PGME Positions Funded by BC's Ministry of Health*

		2011/12		2012/13		2013/14		2014/15		2015/16		2016/17	
		Incr	Total	Incr	Total	Incr	Total	Incr	Total	Incr	Total	Incr	Total
IMG	Family Medicine	8	20	8	28	8	36	8	44	8	52	0	52
	General Specialties	0	6	0	6	0	6	0	6	0	6	0	6
	Total (IMG)	8	26	8	34	8	42	8	50	8	58	0	58
Location of Family Medicine IMG Expansion (Health Authority)		Vancouver, Fraser		Fraser, Island		Island, Fraser		Interior, Fraser		Northern, Interior, Fraser		Steady State	

***Note:** This table represents projected positions expected to be posted on the CaRMS website based on a funding formula agreed upon by the Ministry of Health. Positions will be filled in the following academic year, once the CaRMS application and selection processes have been completed.

Questions Frequently Asked:

Question: What is a CSA?

A CSA is a Canadian who chooses to study medicine in a medical school outside of Canada and the US. Foreign-trained physicians, or international medical graduates (IMGs), are individuals who hold a medical degree from schools not accredited by the Canadian and American accreditation committees. CSAs who complete their undergraduate medical education are IMGs. Foreign-trained physicians who immigrate to Canada are also IMGs. Often immigrant IMGs have graduated from the same schools that CSAs are graduating from.

Question: Why are there so many Canadians Studying Abroad?

It is not easy to get into medical school in Canada. Four times as many applicants apply than are accepted. While some students have entered into their international medical school directly from high school, most CSAs have not applied to Canadian medical schools as many times (1.76 times) as the successful Canadian students (CMGs) studying in Canada who apply 2.95 times prior to being admitted. (*CaRMS Survey, 2010*)

Canadian students who are unsuccessful in being admitted to a Canadian medical school and decide to attend a foreign medical school, do so largely because they believe there is a shortage of physicians in Canada, and there will be opportunities for them to return to Canada to practice medicine. More medical schools abroad are opening enrolment to international students each year. The majority of programs target North American students who are prepared to pay the high tuition fees for the opportunity to become physicians.

Question: If CSAs choose to go abroad for their undergraduate medical education, why don't they do their residency abroad as well?

Medical schools abroad welcome Canadians and other foreigners into their medical schools because they pay a higher tuition for their medical education, which in turn subsidizes the local students' education. Many of these countries are experiencing a physician shortage and their medical schools have limited clinical capacity to teach, so any available residency positions are often offered to local medical school graduates, rather than foreigners including Canadians.

Question: Do CSAs from other provinces have the same challenges when seeking a residency in their home province?

Yes. However, the numbers of IMGs and residency positions available to IMGs vary from province to province.

Question: Shouldn't we be giving CSAs preferential treatment over naturalized IMGs; after all, they grew up here?

Given that the greatest barrier for IMGs/CSAs to access postgraduate training positions in Canada is the fact that international medical school education and training is not necessarily comparable or equivalent to Canadian medical school education, there are no measures that can be introduced to privilege or otherwise treat differently CSAs who apply for postgraduate training positions in Canada or BC. CSAs must be treated in the same manner as all other IMGs. To do otherwise would breach human rights and Canadian Charter legislation.

Question: What steps are being taken to improve access for IMGs, including CSAs?

In response to a commitment to improve access for Canadians Studying Abroad (2008 and 2010 Throne Speech), the following steps have been taken:

- 40 new entry-level positions will be added to the IMG-BC Program. At full implementation in 2015/16, 58 entry-level positions or 134 IMGs are expected to be in training at any one time. The program will be larger than a distributed medical program (which has 32 first-year students or 128 undergraduate MD students in training at any one time)
- utilizing the Medical Council of Canada's national assessment tool
- removing the requirement for success in the Medical Council of Canada's Qualifying Exam part 1 prior to accessing CaRMS

Question: Why are IMGs not eligible to compete for all positions in the first iteration of CaRMS?

Canadians apply for entry into undergraduate MD education within Canadian Medical Schools in a highly competitive process. Canadian Medical Graduates (CMGs) also compete for residency positions and expect to be able to complete medical education, and become eligible to be licensed to practice medicine in Canada. The common practice therefore is to ensure that the national number of residency positions in the first iteration of the CaRMS will be equivalent to the number of students graduating from medical schools across Canada.

All Canadian medical undergraduate programs are rigorously accredited through the North American Accreditation process. Canadian graduates have demonstrated their competence to be eligible to enter the CaRMS match. Equally so, all Canadian residency programs are rigorously accredited. Medical schools outside of Canada and the United States are not measured against the same accreditation standards; therefore, those applicants that did not complete their undergraduate MD education in Canada, must demonstrate their competence to be eligible to compete for residency places in Canada.

Question: Are CSAs "competitive" in the selection process? If not, why?

There are approximately 80 medical schools around the world where Canadians are trained. The level of training varies and not all medical schools attain a standard of training equivalent to, or comparable to, that of Canadian medical schools. Some findings indicate that CSAs are not performing competitively in the national Canadian OSCE when compared with either CMGs or other IMGs. This is likely attributable to the lack of clinical experience in their undergraduate training.

Because of reasons such as timing of graduation, many CSAs choose to not take the National Assessment Collaboration (NAC) OSCE or the IMG-BC Program's Clinical Assessment and participate only in the 2nd iteration of CaRMS when the CMG and IMG streams are blended.

Question: Why don't we open up more spots for IMGs and CSAs? Isn't there a shortage of physicians across the Province that these individuals could be addressing?

The ministry of health, not the medical schools, determines the number of postgraduate training positions funded for IMGs. There is a convention, which guides our planning within PGME (which the Conference of Deputy Ministers of Health approved in the 1990s), that there should be 1.2 of a postgraduate entry-level position for every MD undergraduate first-year seat. The Province is aiming to have the additional 20% of residency positions in BC primarily allocated for IMGs—the .2 in the 1.2.

Expansion must be carefully coordinated to assure limited teaching resources are not overwhelmed, undergraduate medical education is not compromised, the quality of PGME at UBC is maintained, and accreditation standards of the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons are met. The Accreditation process both at undergraduate and postgraduate levels is rigorous and all increases in residency positions, or the development of new sites, are subject to scrutiny by external assessors. This includes assessment of the educational environment, the training of preceptors and the infrastructure resources required to deliver the program. Careful planning, adequate resources and time to prepare new sites and faculty are requirements of formal approval processes.

Question: Do we have a national standard for assessing IMGs wishing to access PGME in Canada?

The National OSCE provides a standard assessment for IMGs that all jurisdictions recognize.

Question: Communications regarding the challenges facing CSAs needs to be addressed. What is being done?

Information must be made available to K-12 students regarding postgraduate residency training requirements and limitations if they are considering medical undergraduate education abroad. Information on postgraduate residency requirements and limitations should also be made available to students who are not successful in applying to UBC's medical undergraduate program.

What do Canadians Studying Abroad Need to Know to Return to British Columbia?

Question: What is the IMG-BC Program?

The British Columbia IMG Program (IMG-BC) is funded by the Provincial Government to enable medical doctors who have trained in medical schools outside Canada and the United States to compete for and obtain residency positions that will lead to licensure for practice. The program is offered to *British Columbians who are Canadian citizens; Permanent Residents, Landed Immigrants or those that have Refugee Status.*

The IMG-BC Program expects candidates to have passed the MCCEE, a standard Canadian medical entry-level examination. Further evaluation includes a 16 station OSCE followed by an optional 12-week clinical assessment offered to the top 35 OSCE candidates.

Question: How important is the 12-week clinical assessment?

In order to apply for IMG residency positions through CaRMS, the 12-week clinical assessment is not required. However, candidates need to understand that in all disciplines the Residency Program Director and the Residency Training Committee are responsible for the selection of candidates, and are looking for those that have demonstrated good clinical skills.

For example, in some specialty disciplines a short period of clinical assessment is required, while in others there is no requirement. In others, such as the Family Medicine Program, experience with the IMG Program has demonstrated that candidates who have undertaken the 12-week clinical assessment are much more likely to be successful in completing the residency program. Due to this experience and the fact that the field is very competitive, applicants who have not undertaken the clinical assessment may not be competitive enough to be selected.

It is strongly recommended that all candidates check the selection criteria of programs they are considering applying for, as the selection processes are constantly under review.

Question: What is the Medical Council of Canada (MCC)?

The MCC is the body that grants a qualification in medicine known as the *Licentiate of the Medical Council of Canada* (LMCC) to graduate physicians who have satisfied the eligibility requirements and passed the Medical Council of Canada Qualifying Examination Parts I and II.

Question: What Is The Medical Council Of Canada Evaluation Examination?

The MCCEE is a general assessment of the candidate's basic medical knowledge in the practice of medicine. It is designed to assess the skills and knowledge required at the level of a new medical graduate who is about to enter their first year of postgraduate training. A four-hour computer-based examination is offered at more than 500 centers in 73 countries worldwide. International medical graduates and international medical students in their final clinical year must take the MCCEE as a prerequisite for eligibility to the MCC Qualifying Examinations. The MCCEE is required for application to the IMG-BC Assessment Program.

Question: What is the OSCE?

Due to differences in how residency programs around the world are structured, an increasing number of IMGs intending to practice medicine in Canada require assessment and additional PGME training. The National Assessment Collaboration, led by the Medical Council of Canada, introduced a standardized objective structured clinical exam (OSCE) for IMGs requiring completion of PGME in Canada, in order to obtain licensure. The OSCE

utilizes standardized patient encounters to assess clinical skills, medical knowledge, and communication skills. Five provinces including BC offer the NAC OSCE, the only exam result in addition to the Medical Council's evaluating exam, required *prior* to competing for a residency position in CaRMS.

The number of applicants varies each year (approximately 150). Twice as many OSCE places are offered (n=70) than clinical assessments; the top 35 OSCE candidates have the option to proceed to the 12-week clinical assessment. All 70 IMGs can use their OSCE results in their CaRMS applications. IMGs can take the OSCE a maximum of three times and the clinical assessment twice, therefore they should be strategic in their application process.

Question: What Is the Canadian Resident Matching Service (CaRMS)?

CaRMS is a not-for-profit organization that provides medical students with an electronic application service and a computer match for entry into postgraduate medical training throughout Canada. CaRMS is the way for applicants to decide where to train and for program directors to decide which applicants they wish to enroll in postgraduate medical training.

Question: What is the definition of BC residency? How is permanent residence assessed for a student who is out of the country?

Applicants to the IMG-BC Program must have lived in BC for one year prior to application. A BC resident who is studying medicine internationally is not bound by these criteria, but they must have lived in BC for one year prior to studying medicine abroad.

Question: Do I have to do a Return of Service if I am internationally trained and matched in CaRMS in British Columbia?

If you match in the first iteration to one of the IMG designated positions, you are required to sign a Return of Service Contract whereby you agree to return service in an identified community of need in BC in exchange for a Ministry funded residency position. The Return of Service for Family Medicine training is 2 years, for Royal College programs, it is 3 years. If, you match to a second iteration position, a Return of Service is only required if that position is a dedicated IMG position that was not filled in first iteration.

Question: Why are CSAs required to sign a Return of Service requirement, given that they have already self-funded the cost of their undergraduate medical education?

The ROS has nothing to do with UGME. The Return of Service is an exchange of service for a Ministry funded residency position that has been placed in CaRMS over and above the 1:1 ratio of UGME to PGME positions. The additional residency positions are identified in the ratio 1:1.2 – the .2 or 20% of additional positions include IMG positions.

Question: Are there any incentives I can apply for?

Yes. Incentive programs exist for residents that plan to practice in rural communities. Please visit <http://www.health.gov.bc.ca/pcb/rural.html> to review the handbook, *Rural Programs: A Guide for Rural Physician Programs in British Columbia* for an overview of programs available to rural physicians in BC.

Question: How many residency positions are available to CSAs in BC?

In BC, CSAs can apply for all IMG designated positions in the first iteration of CaRMS and all unfilled CaRMS positions, including CMG positions, in the second iteration. In the first iteration of the CaRMS match, there are 20 Family medicine positions and 6 specialty positions planned for 2012. There is a planned expansion that, on completion in 2015/16, will have 58 CaRMS entry-level positions for IMGs.

Question: What can I do to enhance my competitiveness?

The Residency Training Committee of each Residency Program sets selection criteria and selects applicants for residency positions. Program specific information is usually available on the Program and/or CaRMS website. Some specialty programs may require a period of clinical assessment in their field. Completion of the IMG-BC Clinical Assessment is considered important for applicants to the family medicine program. IMGs should also consider the following:

- Reference letters particularly from clinical experiences;
- Solid training records, transcripts and MCCEE results are highly preferred;
- Demonstrated clinical competence in the National OSCE exam;
- Undertaking Canadian clinical experiences that demonstrate clinical competency, such as the BC IMG Assessment program;
- Obtaining clinical clerkship rotations in Canada

FACT SHEET

BC MEDICAL SCHOOL EXPANSION

ISSUE

The BC government expanded and distributed the University of British Columbia (UBC) undergraduate and postgraduate medical programs to educate more doctors across the province to better meet the health care needs of British Columbians.

KEY FACTS

Undergraduate Training Spaces

In 2002/03, BC's annual intake of medical students was 128. The expansion and distribution of medical education doubled the number of first-year students to 256 in September 2007,¹ for a potential of 256 Canadian graduating medical students each year by 2011/12. The opening of the Southern Medical Program added a further 32 for a total of 288 Canadian graduating medical students each year by 2014/15.²

Postgraduate Residency Positions

The Ministry of Health expanded postgraduate medical education (residencies) to keep pace with undergraduate program growth. A graduating medical student (physician) must complete postgraduate medical education to be licensed for independent practice.

In 2003, the Ministry funded 134 entry-level residency positions: 128 for Canadian medical graduates; 6 for International Medical Graduates (IMGs)³.

Since 2003, the Ministry has provided additional funding for 176 new entry-level positions: 148 for Canadian medical graduates; 28 for IMGs. In 2012/13, the Ministry is funding 310 entry-level residency positions: 276 for Canadian medical graduates; 34 for IMGs – or a total resident population of 1,143 (all Canadian medical graduates and IMGs in family medicine and specialties in years 1 through 7).⁴

In 2013/14, the Ministry expects to fund 330 entry-level residency positions: 288 for Canadian medical graduates; 42 for IMGs.⁵

Distributed Campuses

In 2004, *university academic campuses* for undergraduate medical education opened at Northern Health Sciences Centre (University of Northern BC), Medical Sciences Building (University of Victoria), and Life Sciences Centre (UBC). In January 2012, the Health Sciences Centre opened (UBC Okanagan).

As of January 2010, each health authority has one *clinical academic campus* made up of one or more teaching hospitals:

- Northern Health Authority - University Hospital of Northern BC
- Vancouver Island Health Authority - Royal Jubilee Hospital/Victoria General Hospital
- Interior Health Authority - Kelowna General Hospital
- Fraser Health Authority - Royal Columbian Hospital/Surrey Memorial Hospital
- Provincial Health Services Authority - BC Children's Hospital/BC Women's Hospital & Health Centre/BC Cancer Agency
- Vancouver Coastal Health Authority - St Paul's Hospital/Vancouver General Hospital and related facilities.

¹ Office of the Premier (2010) UBC Clinical Teaching Facility Opens at KGH. 2010 PREM0015-000073

² Same as 1 above

³ Public Affairs Bureau, News Release 2005HEALTH0039-001058 November 18, 2005

⁴ Funding Letter for Postgraduate Medical Education 2012/13 from Nichola Manning, ADM to Dr Gavin Stuart, Dean, Faculty of Medicine, University of British Columbia, November 27, 2012. (Cliff # 953593)

⁵ International Medical Graduate Program (IMG-BC) Challenges Facing Canadians Studying Abroad, Briefing Document Prepared by the Ministry of Health, Ministry of Advanced Education, and UBC's Faculty of Medicine, December 2011, p11

FACT SHEET

FINANCIAL IMPLICATIONS

The Ministry has allocated a total capital investment of \$98 million to upgrade and expand clinical-academic space as follows:

- March 2007: an investment of more than \$49.4 million – \$34.5 million for new or renovated teaching space in clinical-academic campuses and related facilities, and a further \$14.9 million for an audiovisual information technology (AVIT) infrastructure. This investment allows faculty members to conduct classes with undergraduate medical students and postgraduate residents from any of the locations noted above and links virtual learning with the classroom setting.
- May 2007: an estimated \$22 million for clinical-academic space at Kelowna General Hospital.
- February 2009: a further estimated \$16 million for clinical-academic space at Surrey Memorial Hospital, to be included in the new Critical Care Tower.
- August 2010: a further estimated \$9 million for clinical academic space to be included in the BC Children's and Women's Hospital Redevelopment project.
- April 2011: a further estimated \$1.6 million for clinical academic space to be included in the Hope Centre at Lions Gate Hospital.
- Ministry program operating funding for postgraduate medical education in 2012/13 is \$115 million, up from \$110 million in 2011/12. Actual transfer of funds is \$113 million due to a \$2 million reduction in resident benefits. Program operating funding includes:
 - \$8.6 million for the *IMG-BC Program* (OSCE and 8 week clinical assessment) and IMG residency positions in family practice and specialties which includes \$2.8 million Health Canada contribution.

BACKGROUND

A Collaborative Model

In March 2002, government announced an expansion and distribution of UBC medical school, under an initial \$134 million investment by the Ministry of Advanced Education. Distributed medical programs were established in Prince George (University of Northern BC) and Victoria (University of Victoria).

In February 2006, government announced a fourth medical program in Kelowna (UBC Okanagan), and in September 2008 kicked off the construction of the Health Sciences Centre (\$33.7 million)⁶ for the Southern Medical Program (the Health Sciences Centre received its first students in January 2012).

Medical students in the distributed programs take their first semester and final month in Vancouver (UBC) and complete the majority of their undergraduate education at the academic and clinical-academic campus in the health region. All graduates receive a medical degree from UBC.

APPROVALS

Approved by: Nichola Manning, ADM, Medical Services & Health Human Resources Division [date]

Approved by: Manjit Sidhu, ADM, Finance & Corporate Services Division [date]

Approved by: Nick Grant, ED, Management Information Branch, Planning & Innovation Division [date]

⁶ Bridgitte Anderson, News Release 2008OTP0228-001427 September 23, 2008.

FACT SHEET

MEDICAL RESIDENCY POSITIONS

ISSUE

BC has more than doubled the total number of medical residency positions for Canadian Medical Graduates (CMGs) and International Medical Graduates (IMGs) including Canadians Studying Medicine Abroad (CSAs), to better meet the health care needs of British Columbians.

KEY FACTS

- The Ministry of Health continues to 'step' the expansion of postgraduate medical education (residency) to keep pace with the undergraduate MD program expansions.
- In 2012/13, the Ministry is funding 310 entry-level residency positions: 276 for CMGs; 34 for IMGs – or a total resident population of 1,143 (all CMGs and IMGs in family medicine and specialties in years 1 through 7).¹ In 2013/14 the Ministry expects to fund 330 entry-level residency positions: 288 for CMGs; 42 for IMGs.²

Canadian Medical Graduates

- Graduating CMGs must access postgraduate medical education (residency) to complete their medical education and qualify for a full license for independent practice. In 2012/13, the Ministry is funding 276 entry-level residency positions for CMGs. This is over a 100% increase from 128 entry-level residency positions for CMGs in 2003, when the stepped expansion began.³

International Medical Graduates

- Some IMGs must access postgraduate medical education to complete their medical education, or qualify for independent practice in BC. In 2012/13, the Ministry is funding 34 entry-level positions for IMGs: 28 entry-level positions in family medicine; 6 in generalist specialties - such as internal medicine, psychiatry, and pediatrics.⁴ Specialty positions change from year to year, depending on teaching capacity.
- In 2006/07, the Ministry tripled the number of postgraduate entry-level positions for IMGs to 18, from 6 positions since 2003.⁵

Canadians Studying Abroad

- CSAs wishing to return to BC to complete their postgraduate medical education are IMGs. They compete for IMG entry-level positions posted in the Canadian Resident Matching Service (CaRMS) in the first run of the match, and for unfilled IMG and CMG positions in the second run of the CaRMS match.
- In 2011/12, BC-specific results show IMGs filled all of the 26 BC positions for IMGs. Also, 12 IMGs filled CMG positions in the second run of the match, for a total of 38 IMG placements in BC.⁶
- CSAs who want to complete their postgraduate medical education in BC can apply to the *IMG-BC Program*. After taking the Objective Structured Clinical Examination (OSCE), the CSA may complete an optional 8-week clinical assessment, before competing for the BC positions for IMGs posted in CaRMS.

¹ Funding Letter for Postgraduate Medical Education 2012/13 from Nichola Manning, ADM to Dr Gavin Stuart, Dean, Faculty of Medicine, University of British Columbia, November 27, 2012. (Cliff # 953593)

² International Medical Graduate Program (IMG-BC) Challenges Facing Canadians Studying Abroad, Briefing Document Prepared by the Ministry of Health, Ministry of Advanced Education, and UBC's Faculty of Medicine, December 2011, p11.

³ Office of the Premier (2010) UBC Clinical Teaching Facility Opens at KGH; Ministry of Health Services, UBC Faculty of Medicine, Interior Health, 2010 PREM0015-000073

⁴ Same as 2 above

⁵ International Medical Graduate Program (IMG-BC) Challenges Facing Canadians Studying Abroad, Briefing Document Prepared by the Ministry of Health, Ministry of Advanced Education, and UBC's Faculty of Medicine, December 2011, p3.

⁶ CaRMS 2012 Match information http://www.carms.ca/eng/operations_e.shtml#

FACT SHEET

- In 2010, the University of British Columbia (UBC) Faculty of Medicine, the Ministry of Advanced Education, and the Ministry agreed to a further expansion of IMG family medicine residency positions. Beginning in 2011, over several years, a total of 40 new entry-level positions in family medicine is expected to be added for a grand total of 58 entry-level positions. By 2016/17, at full expansion, 134 IMGs are expected to be in training at any given time.⁷
- This expansion meets government's 2010 Throne Speech commitment to 'increase access to residencies for Canadians who have received their medical undergraduate training outside Canada'.

Distribution of the IMG Residency Positions (Family Medicine)

The IMG family medicine residency positions are expected to be distributed to the Fraser Health region and the Vancouver Island Health region in 2011/12 and 2012/13, to the Interior Health region in 2013/14, to the Northern Health region in 2014/15, and again to the Fraser Health region in 2015/16.

FINANCIAL IMPLICATIONS

- The Ministry program operating funding for postgraduate medical education in 2012/13 is \$115 million, up from \$110 million in 2011/12. Actual transfer of funds is \$113 million due to a \$2 million reduction in resident benefits.
 - Program operating funding includes \$8.6 million for the *IMG-BC Program* (OSCE and 8 week clinical assessment) and IMG residency positions in family practice and specialties which includes \$2.8 million Health Canada contribution.⁸

BACKGROUND

- The Health Human Resources Planning Branch in the Ministry of Health works with UBC Faculty of Medicine to deliver postgraduate medical education.
- In March 2002, government announced the first expansion of the UBC medical school, in collaboration with the University of Victoria and the University of Northern BC. This expansion increased the number of new first-year spaces for undergraduate medical education from 128 in 2002/03 to 256 in 2007/08.⁹ A second expansion in collaboration with UBC Okanagan was announced in February 2006; the Southern Medical Program opened in 2011/2012, bringing the number of first-year spaces for medical students to 288.¹⁰
- The 2008 Throne Speech announced a new framework would be developed and implemented to allow CSAs to find residencies and practice in BC. The 2010 Throne Speech repeated Government's commitment to 'increase access to residencies for Canadians who receive their medical undergraduate training outside Canada'.

APPROVALS

Approved by: Nichola Manning, ADM, Medical Services & Health Human Resources;
Approved by: Hilary Woodward, ED, Finance & Corporate Services;
Approved by: Glynis Soper, ED, Planning & Innovation;

⁷ Same as 1 above

⁸ Same as 1 above

⁹ Same as 3 above

¹⁰ Same as 3 above

FACT SHEET

Appendix

Pathway and Flowchart for IMG Entry to Postgraduate Medical Education (PGME) in BC

Pre-screening determines if the IMG is a likely candidate for PGME in BC. The IMG must:

- Be resident of BC for 1 year immediately prior to application (CSAs must live in BC for 1 year immediately prior to studying medicine abroad).
- Have degree from medical school which the Foundation for Advancement of International Medical Education and Research (FAIMER) recognizes.
- Have passed MCCEE.
- Have passed English Language Proficiency requirement.
- Have had Physician Credentials Registry of Canada (PCRC) verify paper credentials.

Upon meeting pre-screening criteria, IMG:

- Must take OSCE.
- May take IMG-BC 8 week clinical assessment
- Be eligible for educational license with College of Physicians and Surgeons of BC (CPSBC).

Pre-screening and pre-residency information helps the IMG compete in CaRMS.

All designated IMG residency positions in CaRMS have a return-of-service condition attached to them.

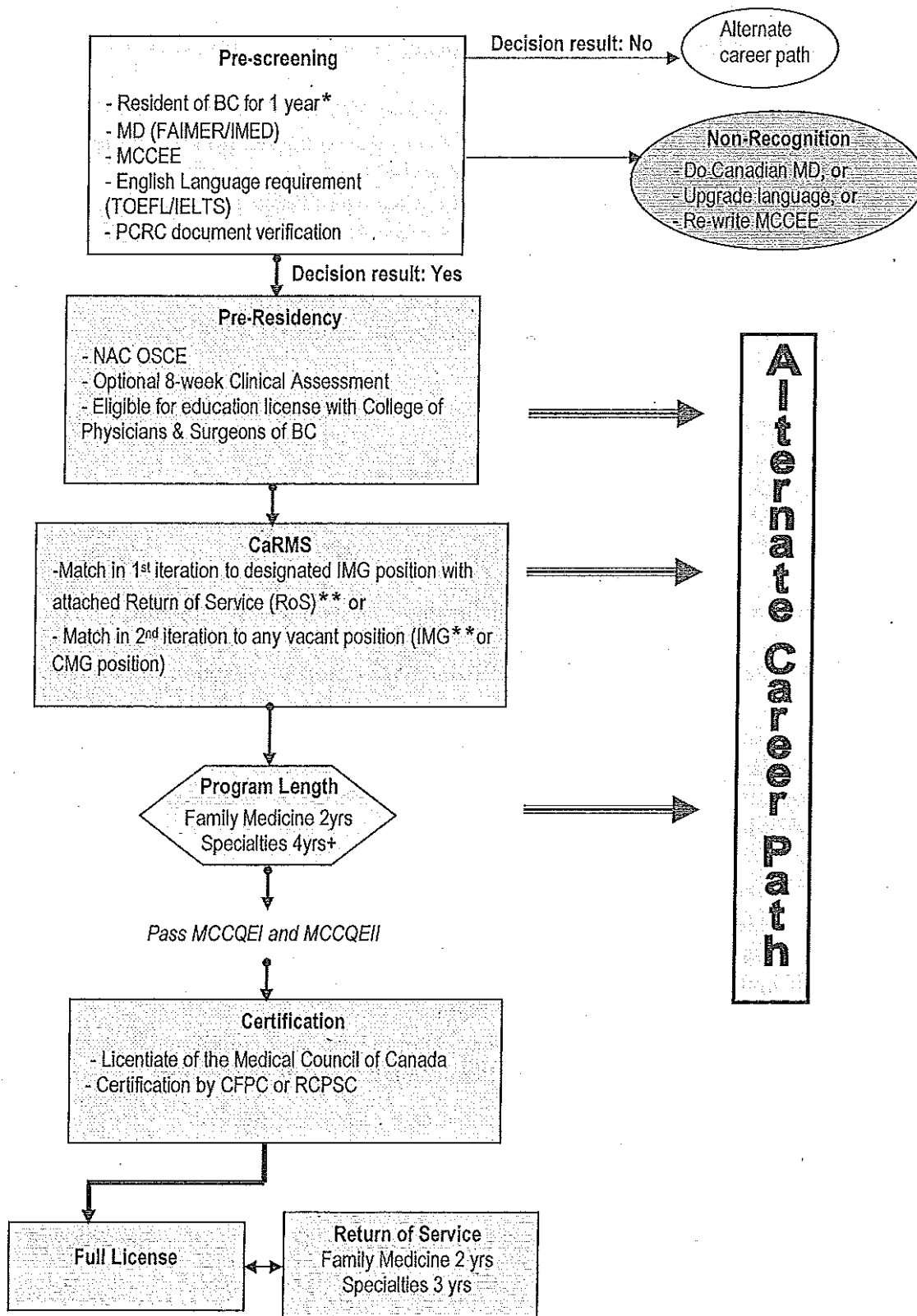
- A match in CaRMS is a binding contract (candidate to training program).
- Candidates matched to an IMG-BC position must sign a return-of-service contract before starting PGME. PGME offered in exchange for promise to return service in rural or hard-to-serve community.

After completing PGME, passing Medical Council of Canada's qualifying exams, and passing national college's certification exams, physician is eligible to apply for full license from CPSBC.

- IMGs completing a family medicine residency are expected to return service for two years and offer full service family practice; IMGs completing a specialty residency must fulfill a three-year return of service.
- If they do not return service, they are held in breach of contract and pay BC the full cost of PGME (including costs of distributed medical education).

FACT SHEET

Pathway for IMG Entry to PGME / Licensure in BC



* Must also be a Canadian citizen or permanent resident.

** RoS condition is attached to all designated IMG residency positions.

FACT SHEET

INTERNATIONAL MEDICAL GRADUATES (IMGs)

ISSUE

Foreign-trained physicians, also known as international medical graduates (IMGs), are an important part of our physician workforce. Differences in structures of postgraduate medical education (PGME) internationally require in-depth assessment and additional training of an increasing number of IMGs intending to practice medicine in Canada. Canadians studying abroad become IMGs when they complete their MD undergraduate medical education.

KEY FACTS

The College of Physicians & Surgeons of BC (the College) is the regulatory body for physicians.

- The overall number of professionally active registrants (Canadian Medical Graduates and IMGs) in BC increased by 116 physicians from 10,726 in 2010 to 10,842 in 2011.¹
- IMGs represent 29% of current practising physicians licensed in BC.²
- In 2011, 112 new IMG applicants were granted provisional registration (licensure) and 80 new IMGs applicants were granted full registration by the College.³

PATHWAYS TO LICENSURE:

In BC, pathways to licensure for IMGs include:

1. **Reciprocal Recognition (Family Medicine)** – recognition of the training and certification obtained by an IMG in an approved country (US, Australia, UK and Ireland) as equivalent to Canada by the national College of Family Physicians of Canada (CFPC).
2. **United States (US) Board Certification (Specialties)** - US board-certified specialists may obtain a provisional license to practice.
3. **Canadian Certification Exams** – successful completion of national certification exams in family medicine or a specialty.
4. **Sponsored Employment** - An IMG living and practicing outside Canada may come to work in BC through the federal government *Temporary Foreign Worker Program* on a temporary visa. If the PGME in the country in which the physician trained is recognized in Canada, and the physician meets English language requirements and passes the Medical Council of Canada Evaluating Exam, the College issues a provisional license. When the physician successfully completes national certification exams (usually within three to five years), the College issues a full licence.
 - The physician usually works in an under-served area of BC.
 - The Federation of Medical Regulatory Authorities of Canada (FMRAC) is working on a common approach to the assessment and licensure of IMGs in Canada to meet labour mobility requirements under the *Agreement on Internal Trade*. Effective 2012, IMGs from countries without reciprocal recognition with Canada must first undergo a competency-based assessment developed by FMRAC before obtaining a provisional license.
5. **Interprovincial Migration** - IMGs (and Canadian Medical Graduates) who have full licensure in another province or territory may apply for licensure to practice in BC. In certain situations, IMGs on conditional licenses in other provinces may be eligible for licensure in BC.

¹ 2011 Annual Report, p12, College of Physicians and Surgeons of B.C.

² 2011 Annual Report, p.10-12, College of Physicians and Surgeons of B.C.

³ 2011 Annual Report, p.11, College of Physicians and Surgeons of B.C.

FACT SHEET

INTERNATIONAL MEDICAL GRADUATES (IMGs)

6. **Postgraduate Medical Education in Canada** – IMGs who complete residencies in Canada are eligible to apply for full licensure in BC providing they meet English language requirements and pass national certification exams.

PGME IN BC:

The *IMG-BC Program* is funded by the Ministry of Health (the Ministry) to enable physicians who have trained in medical schools outside Canada and the United States to compete for assessments and residency positions that will lead to licensure for practice. The Ministry also funds all residency positions for IMGs through the Faculty of Medicine at University of British Columbia (UBC).

IMG-BC Program

- The program is offered to British Columbians who are Canadian citizens, permanent residents, or refugees.
- The *IMG-BC Program* is designed to assess IMG applicants, and prepare them for application to UBC Faculty of Medicine Residency Training programs, which are available to IMGs in the first and second iterations of the Canadian Residency Matching Service (CaRMS).
- IMGs in the *IMG-BC Program* take a *mandatory* half-day Objective Structured Clinical Examination (OSCE). Based on OSCE results, the top-ranked 60 candidates may take an *optional* 8-week clinical assessment. The OSCE is offered twice yearly, while the clinical assessments are offered at intervals throughout the year to better accommodate IMGs.
- IMGs who are accepted into the *IMG-BC Program* and take the OSCE may apply for residency positions in BC.

IMG Residency Positions

- In 2013, all 34 entry-level residency positions (28 family medicine and 6 specialty) in BC for IMGs are posted and will be competed for in 2013 CaRMS. A return-of-service condition is attached to each of these positions.^{4 5}
- Since 2011, the number of IMG family medicine residency positions at UBC are increasing each year over 5 years to an expected 40 new entry-level positions in *family medicine*.⁶ In addition, the IMG family medicine residency positions are being distributed to multiple training sites in health authorities.
- A total of 58 entry-level residency positions are expected at full implementation in 2015/16 or 134 IMGs in training in all years at any one time.⁷

RESTRICTED LICENSE: Foreign-trained physicians who do not meet the requirements for full licensure may be authorized to practice subject to individual-specific limits or conditions that reflect their current qualifications on a permanent basis (restricted). The College bylaws are expected to enable restricted registration in 2013, adding another pathway to licensure for IMGs in BC.

⁴ International Medical Graduate Program (IMG-BC) Challenges Facing Canadians Studying Abroad, Briefing Document Prepared by the Ministry of Health, Ministry of Advanced Education, and UBC's Faculty of Medicine, December 2011, pp3-4.

⁵ Funding Letter for Postgraduate Medical Education 2012 /13 from Nichola Manning, ADM to Dr Gavin Stuart, Dean, Faculty of Medicine, University of British Columbia, November 27, 2012. (Cliff # 953593).

⁶ Same as footnote 5

⁷ Same as footnote 5

FACT SHEET

INTERNATIONAL MEDICAL GRADUATES (IMGs)

FINANCIAL IMPLICATIONS

- The Ministry program operating funding for PGME in 2012/13 is \$115 million, up from \$110 million in 2011/12.⁸ Actual transfer of funds is \$113 million due to a \$2 million reduction in resident benefits. Program operating funding includes:
 - \$8.6 million for the *IMG-BC Program* (OSCE and 8 week clinical assessment) and IMG residency positions in family practice and specialties which includes \$2.8 million Health Canada contribution.
- Program operating funding for PGME in 2013/14 is expected to be \$120.5 million⁹ which includes \$0.7¹⁰ million Health Canada contribution.

BACKGROUND

- Foreign-trained physicians, or 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 (United States).
- To be eligible for a full license (independent practice), physicians must complete MD undergraduate *and* postgraduate (residency) medical education.

APPROVALS

Approved by: Nichola Manning, ADM, Medical Services & Health Human Resources;
Approved by: Hilary Woodward, ED, Financial & Corporate Services;
Approved by: Glynis Soper, ED, Planning & Innovation;

⁸ Same as footnote 5.

⁹ Same as footnote 5.

¹⁰ Expansion and Distribution of IMG-BC Program for Underserved Communities in BC (2011-2016), Health Canada Contribution Agreement, March 30, 2011

FACT SHEET

INTERNATIONAL MEDICAL GRADUATES (IMGs)

Appendix

Pathway and Flowchart for IMG Entry to Postgraduate Medical Education (PGME) in BC

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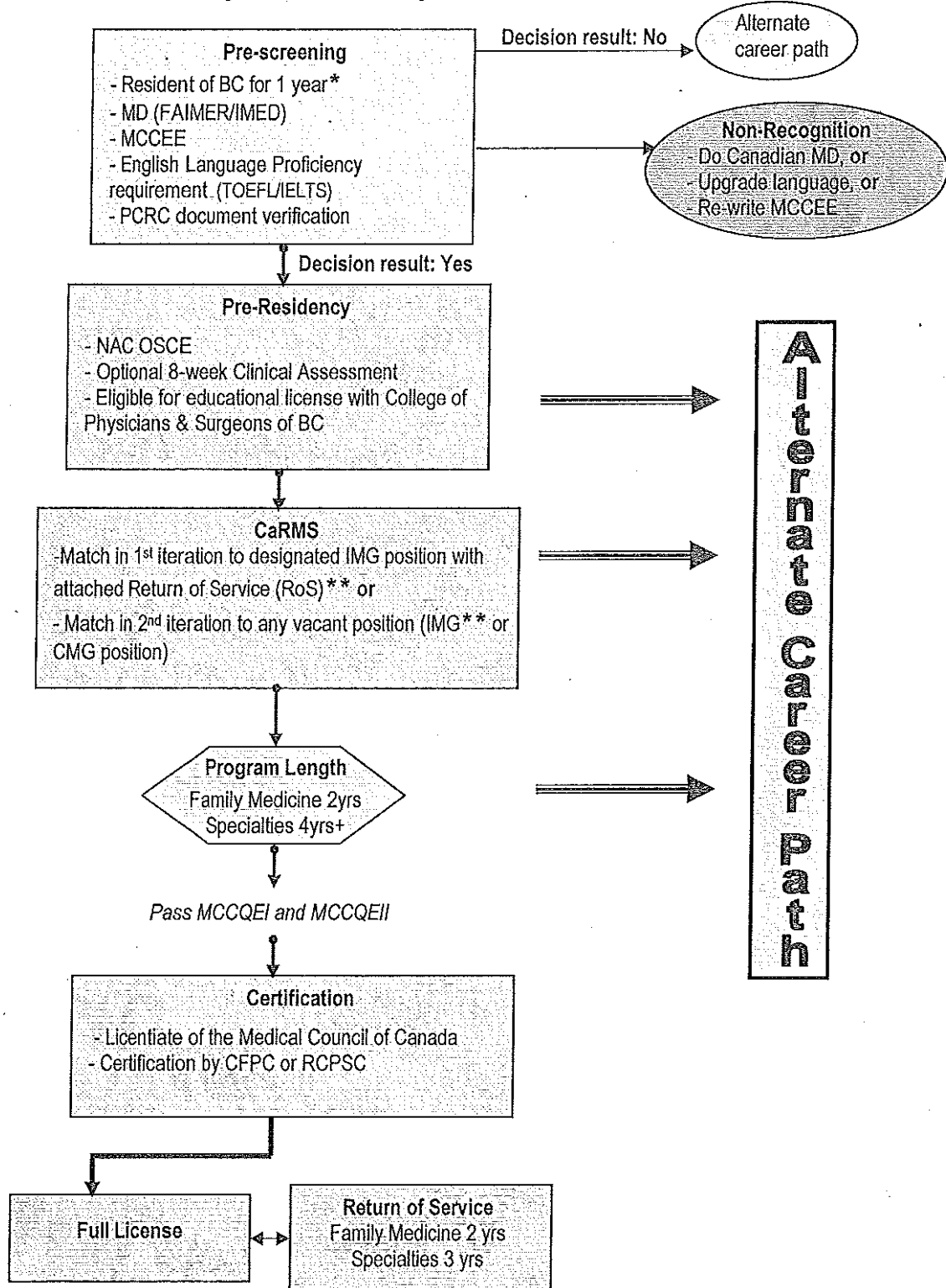
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FACT SHEET

INTERNATIONAL MEDICAL GRADUATES (IMGs)

Pathway for IMG Entry to PGME / Licensure in BC



* Must also be a Canadian citizen or permanent resident.

** RoS condition is attached to all designated IMG residency positions