MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE

Cliff # 1075185

PREPARED FOR: Ted Patterson, Assistance Deputy Minister, Health Sector Workforce-
FOR INFORMATION

TITLE: IMG-BC Clinical Assessment Program (CAP) Redesign

PURPOSE: To provide information on the transition of the CAP program from a four-week assessment to a one-day assessment using Multiple Mini Interviews (MMIs).

BACKGROUND:

- The Ministry of Health (the Ministry) and the University of British Columbia Faculty of Medicine (UBC) have an obligation to train more doctors for British Columbia, selecting only the best candidates regardless of where they were educated, to set standards that protect patients, and to ensure the process is fair, objective and transparent.
- As such, rigorous assessments are required on all internationally educated doctors (IMGs) to ensure they meet Canadian standards. The IMG-BC CAP program was developed to evaluate and select the best applicants for postgraduate medical education. As graduates of medical schools from around the world, the experience and training is diverse and must be assessed to ensure selected residents have the required skills and training to succeed in residency.
- There has also been a large increase in the volume of IMG applications to the UBC residency program. For example, in 2013, UBC had 576 applicants in comparison to 1001 applicants in 2016.[1] With only 58 IMG residency seats available per year, UBC is faced with the challenge of selecting the best applicants from an increasing oversupply of IMG applicants.
- The IMG-BC CAP is currently offered in the Fall and Spring of each academic year. It includes a one-week orientation and four-week evaluation in a clinical environment with a licensed physician. At the end of the program, a written evaluation is submitted on behalf of the candidate to the Canadian Resident Matching Service (CaRMS).
- The IMG CAP program is a necessary screening tool for UBC to identify the best applicants; however, the current design of the program is not feasible and presents many challenges. First, the recruitment and retention of qualified, trained physicians familiar with CAP assessment criteria is an ongoing issue for UBC. Second, as the current CAP is voluntary, UBC does not have a comparable baseline for evaluation and selection of applicants annually.
- Accordingly, UBC has proposed a CAP program redesign (see Appendices A and B) to address these intractable problems.

DISCUSSION:

- To assess clinical readiness, the redesigned CAP program will consist of two major components:

[1] http://carms.familymed.ubc.ca/img-applicants/img-statistics/

- **File Review** – a review of application materials in structured standardized approach. This will allow UBC to verify clinical experiences (quality, context, time since meaningful clinical experience, nature of the experience); and, rural and remote suitability.
- **Six Structured Oral/Interview Examinations** – Clinical skills are assessed against CanMeds competencies (communication with patients, communication with colleagues, problem solving, dealing with uncertainty, ability to accept feedback) and are scored quantitatively and qualitatively.

- For those who complete the assessment, a report will be submitted to CaRMS to be used by UBC residency programs to assist in the selection of residents. The summary will include:
  - Quality of clinical experiences;
  - Factors related to eventual practice in rural/remote/underserved environments;
  - Quantitative scores of performance in oral/interview scenarios; and
  - Narrative comment related to performance in these scenarios.
- The total intake will increase from 100 to 200 applicants per year and will be a mandatory requirement for all IMGs. 50 percent (100 positions) of the positions are reserved for BC residents to align with previous applicant positions available to British Columbians in the 2016/17 CAP program.
- Additionally, IMGs in their final year of undergraduate medical education will be able to participate in CAP; an identified restriction by IMGs.
- The redesign will also include an IMG orientation (see Appendix C) intended to introduce IMGs to the Canadian educational framework and medical culture. The orientation was identified as a necessary component of the redesign to address the difficulties often experienced by IMGs at the beginning of residency and possibly during their residency. The result of such difficulties involved remediation and even extensions in the length of training.
- The projected cost of the IMG orientation program is $196,575.47 (Appendix C). The total cost of the CAP program and IMG orientation is estimated to be $702,520.47 for 2017/18 (see Appendix B). The ongoing costs are expected to decrease to $673,520.47 per year.

ADVICE:

- To ensure fairness and transparency in the IMG selection process, it is advisable that the Ministry support this redesign.
- The Ministry will continue to work collaboratively with UBC to develop a communication strategy to inform applicants and other stakeholders of the changes to the program.

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Clinical Assessment Program Developments
Briefing Note

Current Clinical Assessment Program

- UBC's Clinical Assessment Program (CAP) is a **four-week** evaluation designed to help International Medical Graduates (IMGs) — who wish to be matched to a residency position in British Columbia — demonstrate clinical experience.
- The CAP is currently offered in the Fall (December to April) and Spring (May to November) of each academic year. It includes a 1-week orientation and 4-week evaluation in a clinical environment with a licensed physician. At the end of the program, a written evaluation is submitted on behalf of the candidate to CaRMS.
- There are **100 CAP positions** available every year.

Opportunities for Program Improvements

- Based on ongoing discussions among members of a working committee comprised of assessment experts, UBC PGME leadership, and residency programs, UBC's CAP is exploring opportunities to further increase accessibility and reduce barriers for IMGs, while creating a more sustainable assessment program that will be more responsive to the needs of PGME programs looking to select residents for IMG PGY1 positions.
- The following table provides an overview of proposed CAP developments currently being explored.

Overview of Proposed CAP Developments

Revision	Current CAP	Proposed CAP	Rationale for Change
Accommodate more candidates	100 CAP positions	200-300 CAP positions	Currently, only a small portion (approximately 10%) of the 1000 applicants to PGY1 IMG positions at UBC is assessed by the CAP. Under the proposed change, an increased number of candidates would be assessed each year (helping to increase accessibility for IMGs, while remaining responsive to the needs of PGME programs looking to select candidates for residency). Note: The National Assessment Collaboration (NAC) exam score would be used to determine the candidates who are selected for the CAP. The NAC exam score is already used as one of the key benchmarks for selecting applicants for PGY1 positions.
Shorten the length of the assessment period and offer the program more frequently	4 weeks (+ 1 week of orientation to Canada's healthcare system), offered in the Fall and Spring of each year	1-2 days (with limited orientation to UBC, residency, and Canada's healthcare system), offered 3-4 times throughout the year	The current CAP requires significant human resources (assessors) and time to deliver – a model that is not sustainable over the long term. By shortening the length of the assessment period from 4 weeks to 1 or 2 days, resources required to deliver the program would be significantly reduced. Rather than being offered only in the Spring and Fall, several assessment sessions would take place throughout the year. Under the revised CAP, assessors would employ a combination of simulation, interviews, and file reviews to determine the quality of a candidate's previous clinical experiences, and assess critical skills based on the CanMEDS framework required for successful medical practice, including teamwork, leadership, and problem-solving (qualities deemed important by UBC residency programs when selecting candidates for residency).
Make the CAP mandatory for any candidate seeking a PGY1 CaRMS IMG position at UBC	Optional	Mandatory	The CAP is not currently mandatory for IMGs seeking a PGY1 position at UBC. By making the CAP mandatory for all prospective IMG residents, PGME programs will be better able to compare prospective applicants, based off of results from a standardized, required assessment.
Allow international medical students in their final year of medical school to	Only open to IMGs (who have graduated).	Open up the CAP to international medical students (in their final	The CAP is currently only open to medical students who have graduated, which can cause delays for applicants seeking to meet CaRMS Match deadlines. By opening up the CAP to international medical students who have not yet graduated,

apply to the CAP		year) who have not graduated.	but who are in their final year of medical school, entrance barriers for prospective residents looking to be assessed for the upcoming CaRMS Match would be reduced.
Streamline entry-criteria	Open to BC residents only	Open to all Canadians	Entry criteria for the CAP will mirror entry criteria for PGY 1 residency programs, helping to simplify the application process. For both CAP and PGY 1 residency positions all Canadians – not just BC residents – would be eligible to apply.

Estimated Timeline for Implementation

October – November 2016:	Application system opens for CAP 2017
January – February 2017:	First CAP cohort (assessment results would be available for CaRMS 2018)
March – November 2017:	Remaining CAP cohorts (assessment results would be available for CaRMS 2018)

Note: The proposed developments will not affect IMG candidates currently enrolled in the CAP. These candidates will have their assessment letters submitted to CaRMS for the 2017 Match as planned. Prospective residents seeking to be matched to a UBC PGY1 position for CaRMS 2018 would represent the first cohort to take part in the revised CAP.

Summary of Benefits

- A sustainable system that will increase the number of candidates assessed.
- A system that will support UBC PGME programs in selecting residents by: being mandatory, increasing the number of candidates assessed, assessing qualities felt to be complementary to what has already been assessed by the NAC exam, and assessing both graduated and potentially final year medical students.
- An open, fair, transparent process accessible to all potential candidates.

FY17/18 Budget

	#of Candidates	Unit	Unit Cost	FY17-18 Budget			Notes
Revenue				**On-going**	**One-time**	**Total**	
IMG Assessment				781,000		781,000	JGPN
				781,000.00		**781,000**	
Expenses							
Salary and Benefits							
Program Director 0.50 FTE				85,000		85,000	Amanda Hill
Program Adm 1.0 FTE				99,500		99,500	Sharon Hall
Prog. Assistant .8 FTE				46,000		46,000	Carol Cole
Assessment Faculty .4 FTE				48,485		48,485	Gordon Page
Total Salary and Benefits				**278,985**		**278,985**	
Assessment Costs							
File Validation Module	200	1	41.3	8,260		8,260	Review of experience/CV/application file
Faculty-Case based module	200	6	90	108,000		108,000	Includes exam day orientation
Hall Monitors/Reg and data Clerks (6)		96	200	19,200		19,200	Eight Exam events
Exam Administrator		10	350	3,500		3,500	Eight exam days plus two days' preparation
Case Development 12 cases		12	2,000		24,000	24,000	One time only - repurposed assessment cost from 16/17
Case Maintenance		12	1,000	12,000		12,000	
Faculty Development/Training for 30	30	2	270	16,200		16,200	Assessor Training Workshops Spring/Fall
Consulting Spring and Fall cycles		2	4000	8,000		8,000	George Pachev -Statistician
Exam Catering Faculty Staff 35 p/day		280	25	7,000		7,000	Eight Exam events
Exam Day Catering Candidates	200	1	15	3,000		3,000	
Total Assessment Costs				**182,160**	**24,000**	**206,160**	
Others							
Computer equipment					5,000	5,000	2 Laptops to be used for exam onsite data entry
Travel & Meetings/Retreats				15,000		15,000	Including travel for rural faculty examiners
Ofice Supplies						0	
Telecommunication				1,200		1,200	Canada-wide toll free line & cell phone
Committees				1,100		1,100	Assessment Planning Committee
Exam Equipment - Radios		30				0	Borrow from EAU office
Batteries/replacement radios/timers				500		500	30*8*4*0.5
Exam Facility fee (maybe at DHCC)				28,000		28,000	$3500/day x 8 days
Total Others				**45,800**	**5,000**	**50,800**	
Recovery Application Fee	300	1	-100	(30,000)		(30,000)	
Total Expenses				476,945	29,000	505,945	
				2,385			Cost Per Assessment Candidate
Surplus(Deficit)				304,055	(29,000)	275,055	

IMG ORIENTATION

CURRENT STATE:

Prior to 2016/17 CaRMS year, incoming IMG residents had no direct orientation to a Canadian medical culture or educational framework, unless they went through the Clinical Assessment Program (CAP). The CAP was not mandatory for IMG applicants and it resulted in some IMG residents having had exposure to Canadian medical culture, and some not. It was noticed that this lack of an "implicit orientation" contributed to difficulties at the beginning of residency and possibly during the residency, in the way of remediation and extensions of the program. The number of IMG applicants due to program expansion has exponentially increased and this challenge became a pressing need for the program.

In the 2016/17 CaRMS year, the FP Residency Program planned and executed a 5 day unpaid, non-mandatory orientation pilot for incoming IMG residents; 50 of the 52 incoming IMG residents elected to attend voluntarily. The orientation was proven to provide significant benefits for those who attended and was highly recommended to implement permanently moving forward for IMG residents in Family Practice, Internal Medicine, Psychiatry and Pediatrics.

OVERVIEW OF NEEDS:

An orientation process is believed to have an impact on success in residency, clinical practice and potentially on certification exams.

- "The heterogeneity of the current IMGs' backgrounds carries a number of predictable knowledge, cultural and medical practice gaps that will place the incoming IMG residents in a potentially vulnerable position at the beginning of the residency. As a consequence, the residents may encounter significant difficulties and educational challenges; in addition, generally speaking, a remediation process and extensions of the program are more common with IMGs than CMGs, with resulting additional costs and with a delay of the Return of Service. IMGs have a significant higher failing rate in the certification exam than CMGs." (*Independent Review of Access to Postgraduate Programs by International Medical Graduates in Ontario by George Thomson and Karen Cohl*)

An orientation or "bridge" training to address the needs of IMGs as they make the transition to the Canadian health care system is needed to compensate for the loss of the exposure the candidates were receiving during CAP.

- The 6 and then 4-week CAP provided the candidates with an "implicit orientation" to the medical system and primed them for residency. The loss of this "implicit orientation" is likely to contribute to difficulties at the beginning of the residency and possibly during the residency.

- 4th year medical students from non-Canadian universities may be entering residency directly following medical a school and will have with no independent practice experience and limited Canadian and BC clinical practice exposure.

Given the likely unpredictable gaps and limited clinical experience, this specific group of applicants would need an orientation due to their possible immediate and future placement in underserviced and isolated communities, and the diversity in site orientations in a distributed program.

- In light of the Return of Service in underserviced and often isolated communities, there is a need for early orientation around the medical system and the resources in BC.
- When compared to their fellow Canadian graduates, IMGs face additional difficulties within the same 2-year program, including the integration in a new system and managing the challenges (professional and personal) of setting up the Return of Service.

Providing an introduction to their residency is likely to increase their learning capacity and overall resilience at a critical time in their learning journey.

- The pillars of family practice in Canada (e.g. patient centered approach) are not necessarily common practice in other systems; similarly, the competency-based assessment, cornerstone of our medical education, is often foreign to many of the incoming IMGs. To date, most of the incoming IMGs had never heard about the CMA Code of Ethics.
- These elements are part of the Canadian medical culture and are key in our educational framework. The negative consequence of an unstructured learning process may last for years and affect the educational experience and the future practice.

The IMG orientation appears to complement the CAP and Selection Process. The candidates identified by the selection will still present the gaps and needs typical of IMGs and addressing these challenges early on at a program level will augment the outcomes of the overall selection process.

SCHEDULE:

The pilot project in 2016 allowed for a 5 day orientation but was felt to be too short with too much information delivered in too short a time. Our recommendation is to allow for 7 days of specific IMG orientation, with an additional 2 days for the program and PARBC orientations, totalling a 1.5 week orientation prior to beginning residency.

Proposed 7 day Schedule

Day 1
Welcome/Introductions/Goal Setting Competency Based Program – How is the resident evaluated? Gap Analysis – Setting Rotation Goals and Objectives Learning Plan Asking for Feedback and Use of Field Notes, Giving and Receiving Feedback Learning Plan Development

Day 2
Legal/Ethical Issues in Medical Practice and College Complaints During Residency Acronyms – alphabet soup Family Medicine Scholarship: Research, Advocacy and Innovation in Residency
Day 3
Basics of Medication Prescribing in Canada Intro to Behavioural Medicine – What it is, and why it is relevant to residency and family practice Basics of Conflict Management Difficult Conversations
Day 4
Simulation Cases: Group 1 Simulation Cases: Group 2 Simulation Cases: Group 3 Pain medications and opioids
Day 5
BC Health Care System Being a mentor and a mentee Information Mastery (or How to Make your Life as a Resident and Beyond More Rewarding and Less Overwhelming) Resident/preceptor/faculty panel
Day 6
Simulation Cases Clinical Radiology Part I Pearls for Residency Practical skills
Day 7
Intro: Presenting clinical cases to a preceptor Dictation practice Presenting clinical cases to a preceptor Dictation practice Documentation practice Wrap Up and learning plan review

Learning Objectives:

By the end of the IMG Orientation, incoming IMG residents will have exposure to necessary Canadian medical practices within the medical expert roles. See Appendix A for detailed outcomes that will be achieved.

Additional notes:

This orientation will be for successful IMG applicants for the Family Medicine, Internal Medicine, Pediatrics and Psychiatry programs. We have also included for 5 possible 2nd Iteration IMG residents.

Costs for the travel & accommodation would only cover IMG applicants who have successfully matched with a site that is out of the Greater Vancouver area, as well as the 5, 2nd Iteration spots.

Budget:

IMG Orientation St. Paul's Hospital, Vancouver				
			# residents (estimated at 58 plus 5 Second Iteration spots, attendance mandatory)	
EXPENSE	**UNIT**	**COST**	**TOTAL 7 days**	**NOTES**
FACULTY				
Teaching stipends		$90.00	$20,430.00	227 hours teaching in 7 days
Honorarium for non-faculty experts		$1,000.00	$1,000.00	
RESIDENTS				
Resident salary and benefits	63	$154.76	$ 68,247.47	salary and benefits costs
EQUIPMENT				
Laptop/projector/screen				
Misc medical equipment		$500.00	$500.00	
TRAVEL COSTS (Faculty/Staff)				
Residents Transportation	31	$500.00	$15,500.00	Only for IMGs coming out of town (& 2nd iteration IMG's) - flights, parking, mileage, etc
Faculty/Staff Transportation	5	$500.00	$2,500.00	Only for faculty from out of town
Resident Accommodation	31	$150.00	$46,500.00	Only for IMGs coming out of town (& 2nd iteration IMG's) - 10 nights @ $150/night pp
Faculty/Staff Accommodation	5	$150.00	$7,500.00	Only for faculty from out of town
FACILITIES RENTAL				
Classroom, breakout rooms, Simulation labs				free venue through Health Authority
CATERING				
Full day per diem	63	$60.00	$34,020.00	breakfast, lunch, and coffee for breaks
MATERIALS				
Handout supplies	63	$4.00	$252.00	
Misc supplies	63	$2.00	$126.00	
TOTAL COST:			**$196,575.47**	

Appendix A: IMG Orientation Learning Objectives 2016

By the end of the IMG Orientation, incoming residents will be able to:

Family Medicine Expert:

- Describe 3 key components of the patient centered clinical method
- Identify common medication names and dosages used in BC primary care settings
- Write prescriptions to Canadian standards
- Comfortably manage acute clinical issues and to lead a "code" within a state of the art simulation laboratory, with high definition mannequin and a team of colleagues and instructors
- Demonstrate skilled sexual history interviewing and a sensitive clinical exam

Communicator:

- Employ effective communication as a member or leader of health care team or other professional group (e.g. give and receive feedback more effectively)
- Acquire skills of cross-cultural communication
- Communicate clinical cases effectively in emergency, internal medicine, surgery and family practice contexts
- Appropriately document an admission note, a progress SOAP note, a discharge summary and a consult request.
- Demonstrate ability to use dictation

Collaborator:

- Employ collaborative negotiations skills commonly adopted in conflict resolution in Canada.

Manager/Leader:

- Describe 3 main aspects of the role of the family physician in the British Columbia health care system
- Recognize medical resources specific to BC, including RACE, BC bedline, WorkSafeBC, ICBC, BCCDC, BCCH and BCWH, BCCA

Scholar:

- Utilize relevant competencies contained within the CanMEDS roles when approaching clinical situations
- Demonstrate understanding of the competency based curriculum framework

Professional:

- Name up to 3 issues that highlight medical educational culture differences between Country of training and Canada.
- Develop a general understanding of the CMA Code of Ethics and will be able to name 3 responsibilities of personal interest.
- Know the primary role of CMPA and list 5 basic medico-legal concepts and issues pertinent to family practice

Summary of IMG Clinical Assessment Program Retreat – Sept 9, 2016

Participating Members: Dr. Amanda Hill, Dr. Gordon Page, Dr. Willa Henry, Dr. Kevin Eva, Dr. Ravi Sidhu, Dr. Alfredo Tura, Sharon Hall (Administrative Director)

Purpose of Retreat: To continue to develop a plan for an assessment system for IMG candidates applying to Residency Positions in British Columbia.

Process: Participants discussed the previous proposed model (briefing note of August 2016).

Outcome of Retreat: Summary of Major Points:

1. *Overall perspective*: Participants agreed that some assessment system is required in addition to the UBC Programs' usual CaRMS selection process. This is particularly important for IMGs because of the heterogeneous nature as well as the growing number of applicants. In order to best serve its purpose of assisting residency programs in selection, there was agreement that the assessment system be mandatory and that its application requirements mirror residency application requirements.

2. *Eligibility Criteria:* The proposed CAP will be open to residents of all provinces and entry based on a combination of NAC OSCE and MCEE scores. In addition to graduated IMGs, current medical students who have taken the NAC OSCE would be eligible. The initial capacity for the proposed CAP will be 200 candidates / year.

3. *The Assessment System:*

   The proposed CAP will be a **one-day assessment** with two major components:

   1. File Review / Experience Verification

   - This process will include a review of application materials in a structured, standardized approach. Data obtained will be verified in face to face interviews with the candidates. It is anticipated that this can be performed with non-physician staff.
   - The purpose of this component of the assessment is to obtain verification and information related to:
     - Clinical Experiences (Quality, Context, Time since meaningful clinical experience, Nature of the experience)
     - Rural / Remote Suitability

- Suitability for work with marginalized / underserved populations

2. **A Series of Six Structured Oral / Interview Examinations**
   - An initial blue print of desirable clinical skills was discussed based on creation of a matrix of CanMeds competencies and those competencies deemed important in the selection process (communication with patients, communication with colleagues, problem solving, dealing with uncertainty, ability to accept feedback).
   - Given the time and resources available, the desired format for this phase is a series of six structured oral interviews/ examinations.
   - These 'interviews' will be scored quantitatively and qualitatively.

Final Assessment Product: For each candidate who completes the assessment, a report will be generated that will be used by the residency programs to assist in selection. This report will include the following information:

- Summary of quality of Clinical Experiences
- Summary of factors related to eventual practice in rural / remote / underserved environments
- Quantitative score of performance on Oral / Interview Scenarios relative to peers in that annual cohort.
- Narrative comment related to performance in these scenarios.

4. *Issues arising from this change:*

- Accessibility to IMGs – It is anticipated that there will be 8 sittings a year (25 candidates / sitting) timed to occur after each NAC OSCE.
- BC candidates: Given the desired outcome is to have physicians who remain in BC and provide services in needed areas, it is recommended that BC residency status positively influence entry into the CAP program (perhaps via reserved positions).
- Orientation / Pre-residency: The group is unanimous in recommending a program of orientation for those candidates eventually selected into the residency programs. Ideally, this should occur in the weeks leading up to entry into residency and should be designed to assist IMG residents in obtaining important knowledge and skills requisite to being a resident. This is especially important given the lack of workplace based assessment that previously existed with the CAP.

- Evaluation: A process of evaluation of the impact of this program should be put into place as a method of ensuring its effectiveness.

5. Issues addressed by this proposal

- There will no longer be two different groups applying to residency programs (those with and without CAP).
- Medical students in final year of training were previously not eligible for CAP. They will be with the current proposal.
- Timing of the current CAP may delay CaRMS application for those participating in the Fall Cohort. In the proposed CAP, candidates will be able to apply to CARMS with a UBC CAP the year after doing the NAC exam.
- File Review – programs are overwhelmed by the volume of files that require review. The standardized clinical experience verification and assessment of remote / rural / underserved qualities portion of the proposed CAP addresses this issue.
- Sustainability (previous reliance on clinical placements made sustainability difficult)

6. Proposed Timeline

1. Proposal to MoH September
2. MoH meeting September 26
3. Working group meeting early October
   a. Rural/underserved assessment tool
   b. File review template
4. Communication / Web Content Development (early October 2016)
5. Communication with assessors at the time of release to the UBC website early October 2016
6. Communication on website early October 2016
7. Date for opening application Spring 2017
8. Retreat for development of assessment tools Dec 2016
9. Faculty development retreat Jan 2017
10. Assessments begin May 2017