

AN ASSESSMENT OF THE BARRIERS REGARDING INTERNATIONAL MEDICAL
DOCTORS' PATH TO LICENSURE IN ONTARIO AND THE INITIATIVES PUT
FORTH TO TACKLE THESE CHALLENGES

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ABSTRACT

Upon arrival to Canada, International Medical Doctors (IMDs) must undergo a lengthy and complex process in becoming accredited in order to be able to practice in this country. IMDs have historically contributed substantially to the Canadian healthcare system and have great potential to tackle the current physician shortages in the provinces. However, although they have significant skills and experience and can be regarded as a fairly obvious resource to address the physician shortage, their potential remains underutilized. Therefore, this major research paper will focus on the province of Ontario to examine some of the barriers IMDs face in their path to re-entering their profession and outline and assess some of the initiatives and programs put forth to tackle some of these challenges faced by IMDs in this province.

Key words: International Medical Doctors (IMDs), Licensure, Accreditation, Foreign Credential Recognition, Ontario, Regulated Professions

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Chapter 1: Introduction

The underutilization of highly educated and professional immigrants' skills is not a novel problem in Canada. However, this issue is becoming more problematic since recent immigrants' education levels are rising, yet the return on their human capital is declining. Although Canadian immigration policy has been committed to meeting economic objectives and labour market demands, immigrants' skills are continuously being undermined in the Canadian labour market as they struggle to find employment commensurate with their skills and field of expertise. As the former federal Minister of Citizenship Joe Volpe suggests, Canada has "an arcane infrastructure of professional organizations that essentially mitigate against the immediate integration of highly skilled immigrants" (Girard and Bauder 2005, 1). One of the major barriers to professional immigrants' labour market integration is the non-recognition of their foreign credentials and experience. Foreign credential recognition is defined as "the process of verifying that the education, training and job experience obtained in another country are equal to the standards established for Canadian professionals" (Foreign Credentials Referral Office 2008). Hence, the non-recognition of foreign credentials poses as a great labour market barrier and problem for skilled immigrants.

One of the areas in which the non-recognition of foreign credentials has become a pressing issue in Canada is in the medical profession. Canada's highly praised universal health care delivery system is under stress. Access to medical care remains a major public concern, as many jurisdictions in Canada are experiencing physician shortages. Canada's resource of physicians comes not only from Canadian medical schools but also from the pool of international physicians (Fernandez 2007). Any physician who received a medical

degree outside of a Canadian medical school is either referred to as an International Medical Doctor (IMD) or an International Medical Graduate (IMG); the two terms are interchangeable and for the purpose of this paper, the former terminology will be used. Accordingly, there is a higher demand than ever to integrate IMDs into our healthcare system and utilize their skills and expertise. However, although they have significant skills and experience and can be regarded as a fairly obvious resource to address the physician shortage, their potential remains untapped and underutilized (Brotten 2008). Most often IMDs are confronted with a number of constraints in their quest to get accredited to practice in Canada that includes the “lack of Canadian job experience, challenges with respect to credential recognition, misinformation regarding certification and registration, and in some instances limited language and communication skills” (Brotten 2008, 4). In recent years, the Canadian government and the Ontario Ministry of Health and Long Term Care have recognized this problem and have started to implement a variety of initiatives and programs to ease IMDs’ transition into the Canadian healthcare workforce.

1.1 Purpose

This major research paper seeks to outline and examine the constraints that confront IMDs in their attempt to re-enter their profession and assess some of the important steps our government and key stakeholders have taken to tackle some of these barriers and challenges. It will use the province of Ontario as a case study to explore some of these issues as a significant number of IMDs who immigrate to Canada choose to reside in this province. For the purposes of this paper, IMDs will refer to those international physicians who have significant skills, education and experience obtained from a foreign

country but who need a more extensive assessment and/or who lack some specific and necessary requirements which can be gained in Canada (Brotten 2008, 6). While past literature has to some limited extent explored some of the difficulties associated with international medical doctors' experiences in becoming accredited in Ontario, there has been very little discussion on assessing some of the agencies and initiatives put forth to address these barriers. Overall, this literature review aims to increase knowledge and understanding about international medical doctors of Ontario and their experiences, while exploring the avenues and agencies that have become available to them in the recent years to ease their pursuit in becoming accredited in Ontario.

The intended audience for this major research paper are policy makers and international medical doctors. Therefore, this paper seeks to outline practical solutions rather than building theory. One of the main goals of this paper is to assist IMDs in their quest to become accredited in Ontario by outlining some of the initiatives and programs available to them that can help them in the process of obtaining licensure.

1.2 Objective

This literature review aims to:

1. Demonstrate why it is becoming more important to prevent the underutilization of IMDs in the Canadian health workforce.
2. Outline the pathways to accreditation in Ontario for IMDs and describe some of the challenges and barriers they face through the process of licensure.

3. Identify some of the initiatives and governmental programs that have been implemented to alleviate IMDs' accreditation barriers and problems, while assessing their benefits and drawbacks in meeting the needs of IMDs.
4. Suggest policies to tackle the pragmatic barriers faced by IMDs that goes beyond the systematic challenges with the recognition of their foreign credentials and accreditation.

Overall, this paper finds that the Canadian government and the Government of Ontario have made some significant steps and substantial progress in initiating programmes and agencies to assist international medical doctors in their pursuit in becoming accredited in Ontario. These initiatives have made a real breakthrough to tackle some of the systematic problems associated with the issue of the recognition of foreign credentials. However, in a time where Ontario faces major physician shortages, the integration of IMDs into our healthcare system still remains slow. Although some foreign credential recognition barriers have been addressed, new challenges continue to arise. Both federal and provincial governments need to act more efficiently in responding to these challenges in order to improve and increase the integration of IMDs in our healthcare system to prevent the underutilization their human potential and skills and effectively tackle the problem of physician shortages in Ontario.

Chapter 2: Background

Over the past decades, Canada has been admitting large numbers of skilled immigrants through the point system, which values individual merits such as high levels of education and labour market experience. Applying the human capital theory in our point system has meant “identifying the most qualified potential immigrants based on their age, skills and educational attainments” (Bassett 2007, 2). However, despite human capital theory suggesting that worker earnings reflect the productive value of recent immigrants’ skills, their experiences contradict that expectation (Reitz 2004). Instead, the current selection system perpetuates false perceptions in immigrants about their ability to find employment consistent with their level of skills and expertise in Canada. Many newcomers come to believe that qualifying to immigrate to Canada by attaining enough points through their skills and education is sufficient for them to land jobs in their professions once in Canada. However, upon arrival, many skilled immigrants are faced with a harsh reality that qualifying to immigrate does not necessarily mean that their credentials and human capital are transferable in Canada.

The non-recognition of foreign credentials has a number of implications for Canada’s labour markets and aging population. Canada, like many other industrialized countries, is facing a substantial decline in birth rates, resulting in a shrinking pool of labour. It is expected that around 2030, deaths are to start outnumbering births, and from that point forward immigration would be the only growth factor for the Canadian population (*Statistics Canada 2008b*). As a result, there is a greater than ever demand for skilled immigrants to tackle future labour shortages in this country. Furthermore, according to Statistics Canada, “between 1991 and 1996, immigration accounted for 70% of the net

labour force growth in Canada and within the next ten years, this number is predicted to increase to 100%” (Prince-St-Amand 2005). In Ontario alone, more than 100,000 immigrants arrive every year, making up more than half of all immigrants to Canada (Citizenship and Immigration Canada 2007). Thus, it is evident that skilled immigrants provide a significant part of the supply of labour needed to enhance our economy and meet Canada’s labour market demands presently and in the future.

2.1 Immigration of IMDs

The medical profession is one of the major areas in the Canadian labour market where immigrants have made significant contributions. Canada has historically relied on foreign health labour largely to help solve shortages in underserved areas and in particular specialties. For example, “throughout most of the 1970s, roughly one third of physicians in Canada were Graduates of Foreign Medical Schools (GoFMS), but this has most recently dropped to 23%.” (Bourgeault 2005, 2). This downward trend reflects the number of systematic barriers international physicians face in getting their licence recognized, hampering their ability to practice in Canada. Regardless of this decline, international physicians still constitute a large portion of the human resource within the healthcare workforce and their skills and expertise should not be underutilized. It has been estimated that “around 2005-06, more than 22% of physicians were foreign trained and 37% were foreign born” (Dumont et al 2008, 34). According to the 2006 Canadian census, more than one out of 5 physicians has been trained abroad (Dumont et al 2008). This percentage of foreign trained professionals in related health occupations is higher than in most other professional occupations (Dumont et al 2008). Therefore, international

physicians play a large role in the shaping of our healthcare system and it is important to prevent the underutilization of their skills.

However, despite the need to integrate IMDs more efficiently into our healthcare, they continue facing many barriers in their process of getting accredited and licensed to practice in Canada. By committing to go through the arduous licensure process, the IMDs must take into consideration a variety of factors and face the problems of equivalency and transferability of skills. Moreover, they must accept that the “licensure process has many stages and can seem complex to those not familiar with the Canadian approach; that there are differences in the registration processes between provinces and territories; and that there is a significant financial and personal commitment required to pursue licensure” (The Medical Council of Canada 2008, no page). In addition, the website for Canadian Information Centre for International Medical Doctors further echoes some of the difficulties faced by IMDs in their process of getting their credentials recognized. The site explicitly states that “physicians, who immigrate to Canada, must understand that they may not be able to practice medicine in Canada. Qualifying to immigrate does *not* qualify anyone to practice medicine in Canada or guarantee employment as a medical practitioner” (The Medical Council of Canada 2008, no page). Accordingly, upon arrival, most international physicians are confronted with the harsh reality that their medical license is not easily transferable or compatible with Canadian standards and they must undertake a long and onerous journey in order to qualify to practice as physicians in Canada.

2.2 Implications for IMDs from the underutilization of their skills and labour

IMDs also face a number of negative outcomes by going through the slow and expensive process becoming accredited. One of these implications is the decline in the

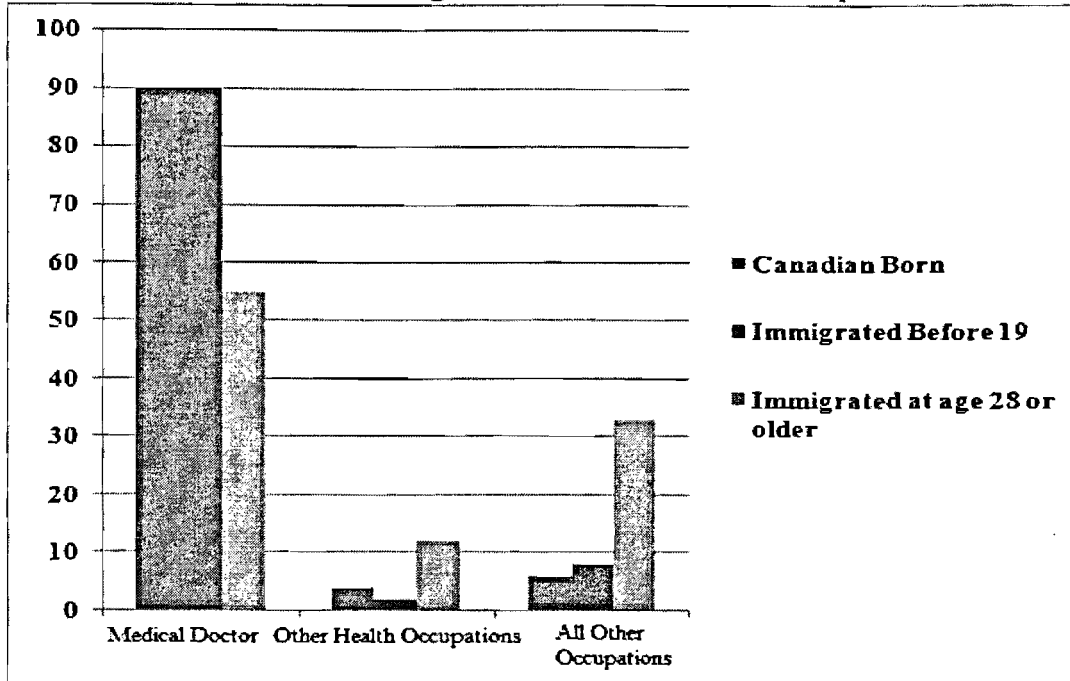
overall earnings of IMDs in Canada. Historically, the Canadian migration system has been a successful one, with favourable labour market outcomes for immigrants. However, since the early 1980s, gaps in the economic return of immigrants' education level started appearing in the system and became clearly evident by the mid to late 1990s (Dumont 2008). As a result, labour market outcomes for immigrants have not been as favourable as they were in the past (Reitz 2004). Despite immigrants' rising levels of education, research shows that economic returns of immigrants' education and labour market experience appear to be lower than for native born Canadians (Alboim et al 2005). For example, "immigrants start with an overall earnings disadvantage of about 30 percent, and make up less than 3 percent of that gap over the first five years spent in Canada" (Alboim et al 2005, 3). Overall, the decline in earnings has become a pressing concern for recent immigrant professionals as they receive less of an economic return on their education.

The decline in earnings is particularly a common problem among health professionals and immigrant physicians who wish to practice in Canada. A longitudinal study confirms that international medical professionals who came to Canada in the early 1990s and afterwards experienced a marked decline in their initial earning relative to previous cohorts of immigrants and to the Canadian average (Dumont et al 2008, 62). Additionally, according to a study by Fernandez (2007), of the 184 IMD respondents of Ontario in her sample, 22% reported no income while 18% reported earnings of under \$20,000. Overall, half of the IMD population earned either less than \$30,000 or declared no income. The decline in the earnings of IMDs in Canada is a clear indication that their human potential and skills and experience remain mostly untapped.

In addition, another hurdle facing IMDs is the difficulty in attaining employment in occupations that relate to their professional training. According to a study conducted by Boyd and Schellenberg (2007) that uses data from the 2001 Census, internationally trained physicians arriving after 1990 experienced a lower probability of working in their field of training relative to those who landed earlier. The study also reveals that while 90% of the Canadian-born who studied medicine are working as physicians, only 55% of internationally educated immigrants work as doctors. Chart 1 presents further findings of this study such as the percentage of immigrant doctors working in other health occupations, as well in all other occupations that are unrelated to the health profession. The mismatch between educational background of immigrants and their labour market integration has meant that a large number of IMDs do not work as physicians and are either forced to find employment in other related health occupations or find jobs in occupations that are unrelated to healthcare. For example, 33% of IMDs are employed in occupations that are completely unrelated to either medicine or healthcare in general (Dumont et al 2008, 62). For persons who are not employed as a doctor, examples of other occupations include “working in “technical and related occupations in health” (9%) or “teaching” (4.5%)” (Dumont et al 2008, 64). Overall, the underutilization of IMDs’ skills and human resources in the Canadian physician workforce leads to a number of implications for IMDs who come to Canada wishing to re-enter their profession.

Chart 1

Percentage of IMDs Working as Doctors and in Other Occupations in 2001



Source: Boyd and Schellenberg (2007)

2.3 Implications for the Canadian healthcare system from the underutilization of IMDs

The loss of human potential as a result of the underutilization of international medical doctors' skills and experience can also lead to unfavourable outcomes for the Ontario healthcare system. Canada is currently facing significant doctor shortages and faces heavy competition when it comes to the recruitment of health care professionals (Brotten 2008). According to Statistics Canada, in 2003, more than 1.2 million Canadians were unable to find a regular physician (CBC News 2006). This problem is especially prevalent in Ontario as the Ontario Medical Association warned of a serious shortage of doctors in Ontario where as many as 2,000 physicians are needed to meet current needs (Fernandez 2007). The number of Ontarians without a family doctor, while having fallen, remains at a high of one million people. The Expert Panel on Health Professional Human

resources further adds that by 2010, there will be a shortage ranging from 1,370 to 3,360 physicians in Ontario (Expert on Panel on Health Professional Human Resources, 2001). Thus, there is an evident problem of physician shortages in Ontario that poses a great strain on our healthcare system.

Accordingly, there is a significant need to integrate international physicians in the most efficient way in order to alleviate the problem of doctor shortages in Ontario. The need to effectively utilize international physicians is also emphasized with the finding that “without a significant addition of foreign-trained doctors, the Canadian physician-to-population ratio will decline between now and 2015” (CBC News 2006). In addition, there are a number of other implications associated with having physician shortages in our healthcare system. For example, the Romanow Commission that was released in 2002 making recommendations supporting a need for a coordinated approach to healthcare human resource planning (2002, pg. 17) lists longer wait times for surgery; an increase in physician workload and stress; under-servicing of rural and small communities; and a shortage in certain specialties as several repercussions that have emerged as a result of physician shortages in Canada.

Consequently, IMDs can play a significant role by contributing to the human resource pool of health professionals in Ontario as more than 50% of the estimated 300 or so international medical graduates who immigrate to Canada annually choose to live in this province (Fernandez 2007, 12). Investment in human resource planning for health care professionals, including physicians, becomes critical for the continuing ability of the healthcare system to meet the needs of Ontarians (Fernandez 2007). Overall, it is evident that there is a significant need for Ontario to ensure that human potential is not lost as a

result of the underutilization of international physicians' credentials and experience in effectively addressing its physician shortage problem.

Chapter 3: IMD and the Professional Regulation

3.1 The Regulation of the Medical Profession in Ontario

Prior to discussing IMDs' pathways to registration and accreditation and the challenges involved with this process, it is important to understand how regulated professions operate in Ontario. There are currently 141 trades and 38 regulated professions in Ontario (Weiner 2008). The assessment of credential recognition of "regulated professions do not directly fall under the federal nor the provincial government's responsibilities, as this is done by professional/regulatory bodies" (Weiner 2008, 13). Provinces and territories have delegated the regulation of professional occupations such as nurses, physicians, and engineers to the more than 400 regulatory bodies across Canada (Foreign Credentials Referral Office 2008). These regulatory bodies are the entities that establish the requirements for entry into particular professions.

The health professions make up a significant portion of the regulated professions in Canada. It is reported that out of the 38 self-regulated professions, "twenty-two (22) (55%) are health professions" (The Medical Council of Canada 2008, no page). The requirements for physicians vary by each province's regulatory body as there is no central or national institution where they can have their credentials evaluated. International medical doctors who wish to practice in a particular province must go through a rigorous assessment and examination process through that province's regulatory body. In Ontario, the College of Physicians and Surgeons of Ontario (CPSO) is the regulatory body responsible for setting entry to practice requirements and registering physicians in Ontario. For an internationally trained medical doctor to become eligible to practice in Ontario, he

or she must satisfy CPSO's registration requirements and obtain a certificate of registration (Brotten 2008).

This system of self regulation of the medical professions by different regulatory bodies across provinces has been criticized on a number of accounts. According to the Government of Canada's Task Force Two in its report on "A Physician Human Resource Strategy for Canada" (2006), Canada's regulatory systems are generally not designed in ways that can easily accommodate changes in the modes of provision and population health needs. For example, in the case of the medical professions, questions of liability arise such as whether accountability should lie in the province where the physician is located or where the patient is located. Accordingly, this system limits the healthcare systems of Canadian jurisdictions' capacity to 'adjust' to change and respond effectively and efficiently to new challenges. This results in the "prevailing needs of the population potentially being met either inadequately or inappropriately as the use of available resources is constrained by regulatory mechanisms that have failed to move with the times" (Task Force Two 2006, 25). As a result, the current regulatory environment also makes it very difficult for IMDs to understand and navigate the system.

Moreover, Brotten (2008) shares the same concerns regarding the regulation of medical professions in Ontario since it has made the assessment of internationally trained doctors' credentials into a complicated and time consuming process. It is an overarching principle that "access to the medical professions must be transparent, objective, impartial and fair" (Brotten 2008, 5). However, an objective analysis of the registration process for doctors reveals that the system favours Canadian medical graduates over international medical graduates. Brotten (2008) argues that the requirement that every doctor is obliged to meet

the exact same criteria and educational training may be procedurally fair but is substantively unfair when it comes to assessing the qualifications and experience of internationally trained doctors. It is argued that since the pool of candidates for medical practice in Canada has expanded over the years to include international graduates, the old system of requirements is going to restrict access to potentially qualified individuals. As a result, the current regulatory structure for assessing international physicians is convoluted and flawed since it is “ultimately failing the public interest of ensuring that healthcare providers are deployed in ways best to meet the needs of Ontarians” (Brotten 2008, 6). Hence, the current regulatory system faces several limitations in effectively and efficiently assessing international medical graduates’ credentials.

3.2 Pathways to Registration and Licensing

There are various lengthy requirements for the registration and licensing of international physicians seeking to practice in Ontario. In the simplest terms, there are two routes to medical practice in Ontario, “complete all of the rigid requirements established and put in place for those pursuing medical school and registration in Ontario or undergo a lengthy and cumbersome practical assessment to prove one’s ability to practice medicine safely and in a manner consistent with Ontario’s high standards” (Brotten 2008, 5). IMDs go through the latter requirements in proving their ability to practice in Canada. The core requirements for IMDs’ pathway to licensing are listed on the CPSO’s website. Please refer to the chart in Appendix 1 for an overview of Registration to Practice in Ontario. The chart compares the steps that Canadian-trained and foreign-trained physicians undertake to acquire a license to practice medicine in Ontario. The Canadian Information Center for

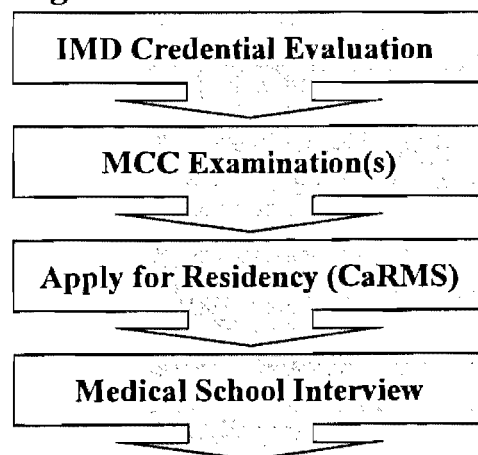
International Medical Graduates website (2009) lists the core requirements for an independent practice certificate in Ontario for IMDs as follows:

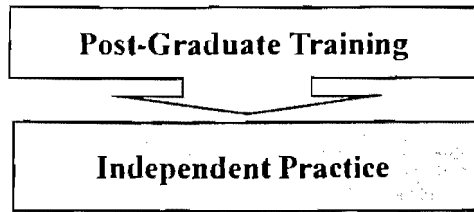
- A medical degree from an acceptable medical school.
- Canadian citizenship or permanent resident status.
- Proof of language proficiency, either French or English
- Passing results on the Medical Council of Canada (MCC) Qualifying Exams, Parts I and II (MCCQE I and MCCQE II). (Most IMGs must pass the MCC Evaluating Exam before being eligible to take the Qualifying Exams.)
- Completion in Canada of one year of postgraduate training or active medical practice, or completion of a full clinical clerkship at an accredited Canadian medical school.
- Certification by either the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC).

Figure 1 illustrates a simplified version of the licensing requirements for IMDs in Ontario:

Figure 1

Licensing Procedure for IMDs in Ontario





These lengthy requirements for the licensing of IMDs in Ontario have been criticized on a number of fronts as they create several major barriers that severely impede and in some cases prevent IMDs' ability to practice in Ontario. The entire process is very complex and time consuming and the number and percentage of successful candidates decreases as IMDs progress along the track. Some of the major barriers and challenges that IMDs experience in going through these requirements that makes this process very complex will be discussed in the next section.

3.3 Challenges and Barriers for Licensure

Lengthy and Expensive Examinations

One of the requirements that IMDs must fulfill is to demonstrate their medical knowledge by passing the Medical Council of Canada Evaluating Exams (MCCEE). The MCCEE is a general assessment of the candidate's basic medical knowledge in the principal disciplines 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 the first year of supervised postgraduate training or practice (Medical Council of Canada 2009). According to Fernandez's study (2007), almost all of the IMD respondents agreed that when they landed in Ontario, they would need to take further examinations to prove their competence. However, the majority disagreed that they learned many new things through their preparation for licensure, and a significant majority (82%) did not consider the examinations for licensing in Ontario a credible measure of their competence as a doctor.

In addition, many IMDs believe that the examinations are too long and expensive. The process is a long and complex one, contributed in part by the limited times of availability of examinations within the year. As a result, the length of time between sitting for examinations and getting the results added to the challenge (Fernandez 2007). According to a study conducted by Colette Peters (2009) on the licensing challenges of IMDs in Ontario, many of the international physicians she interviewed found the lack of preparatory educational courses or programs for licensing examinations, as well as the lack of feedback on unsuccessful examination performance problematic. Accordingly, there is a critical need for formal training and mentorship for IMDs who attempt to take these examinations. Overall, a majority of IMDs believe that more appropriate tools for the measuring of their skills are needed.

Cost of Licensure

Another important barrier that IMDs face in their pursuit to becoming licensed to practice in Ontario is the hefty cost and the large price that they must pay out of their own pockets for the different requirements. Every single step in the process to become accredited comes with a price. The cost is considered prohibitive by many IMDs and serves as one of the key underlying reasons for why some IMDs choose not to obtain a license. The reason for this discontinuation is because IMDs realize that even if they do invest a lot of money into fulfilling the different requirement to becoming accredited, it would not necessarily guarantee that they will land a job as doctors and be able to qualify for independent practice. In addition, most often IMDs immigrate to Canada with their families and they find it extremely difficult to support their families while going through the process of licensure as they have limited resources (Fernandez 2007).

Furthermore, in demonstrating the financial burden IMDs must undertake to become accredited, Fernandez (2007) finds that the majority of IMDs of Ontario in her study had spent over \$10,000 on resources associated with licensing. This finding is quite problematic since as mentioned before, half of the IMD population earned either less than \$30,000 or reported no income at all. In addition, in a recent study, Sharieff and Zakus (2006) identified the resource utilization costs in the process of entry into the Ontario International Medical Graduate (IMG) Program and the associated costs in relation to International Medical Graduates' annual income. The research found that the median percentage of IMDs' annual income spent on attempting the examinations was 42%, and concluded that "IMDs' limited financial resources in relation to the current process appear to negatively impact their pursuit for practice license in Ontario" (Sharieff and Zakus 2006, 4). Therefore, the hefty cost associated with the licensing procedure acts as a major deterrent in IMDs' pursuit to become accredited in Ontario.

Obtaining a Residency Position

Moreover, another one of the major barriers, if not the most important, is the limited residency positions available to IMDs. All medical graduates including IMDs must complete an accredited postgraduate training program (often referred to as "residency training") as a prerequisite for completing their medical training. However, prior to being able to complete this prerequisite, they must first be matched with a residency position. In Ontario, CaRMS is the system that is responsible for matching IMDs with first year postgraduate positions (PGY1). CaRMS is a computer match system to allocate candidates to available postgraduate training positions in Canada (CaRMS 2009). All provinces except Alberta, participate in the CaRMS matching program. For a number of years, a

problem existed with the number of places available to IMDs, which was very limited, if not nil (Dumont et al 2008). However, in recent years, the number of positions offered to IMGs through CaRMS has increased significantly. Table 2 illustrates the gradual increase in the number of positions offered to IMDs through CaRMS over the years.

Table 1- International Medical Graduates Match Results 1995-2006

| Year | International Medical Graduate Participation | Match Results | Percentage |
|------|--|---------------|------------|
| 2006 | 932 | 111 | 11.9 |
| 2005 | 629 | 80 | 12.7 |
| 2004 | 657 | 87 | 13.2 |
| 2003 | 625 | 67 | 10.7 |
| 2002 | 496 | 83 | 16.7 |
| 2001 | 387 | 60 | 15.5 |
| 2000 | 294 | 39 | 13.3 |
| 1999 | 231 | 35 | 15.2 |
| 1998 | 205 | 19 | 9.3 |
| 1997 | 208 | 16 | 8.0 |
| 1996 | 236 | 11 | 4.6 |
| 1995 | 240 | 23 | 9.6 |

Source: CaRMS <http://www.carms.ca>

Although the number of matches of IMDs has had an overall increase over the years, getting access to residency places seems to remain the main hurdle to enter the Canadian education pipeline (Dumont et al 2008). While there have been recent increases in postgraduate training capacity for IMDs, there are still many more applying for those positions than there are positions available. Accordingly, the number of positions may have gone up, but the percentage of matches when comparing the number of people who apply to the number of positions available, one can see in Table 1 that the percentage of this change has only gone up by a couple of percentages in 2006 compared to eleven years ago.

and remains minimal. With only the most qualified being accepted competition becomes fierce and individuals must undergo assessment examinations and achieve the highest score on their application for a residency training positions. Medical schools will then choose candidates from this pool of applicants to interview, and the Program Director of the school will offer the residency training positions to those that he/she considers the best qualified (Canadian Newcomer Magazine 2009). It is in this stage that IMDs are faced with their toughest barrier as a very limited number of IMDs usually get past the interview stage and obtain a postgraduate training position.

Moreover, this system of “matching” for residency spots for IMDs has been criticized by many, especially the IMDs themselves for being too exclusive. According to Fernandez’s (2007), many IMDs fail to understand why a particular IMD is selected from the residency interviews and another in the same position or even better is not. The majority of the respondents saw this step of accreditation as ‘red tape’ in the process of getting licensed as many IMDs who pass the necessary examinations do not get selected for residency. For example, although IMDs have lower pass rates than Canadian medical graduates, they still do not perform that badly in MCC exams compared to Canadian graduates. In 2006, “4,700 IMDs took the MCCQ-1 exam and 70% passed it, while 75% of the 3,200 IMDs who took the MCCQ-2 passed it” (Dumont et al 2008, 67). At the same time, 977 IMDs applied through CaRMS and only 156 were granted a post graduate position (34 positions remained unfilled after the second iteration match in 2006). In 2008, the statistics were even more surprising with 121 unfilled positions (Dumont et al 2008). Therefore, obtaining a residency position still remains a huge concern and challenge for IMDs regardless of the increase in the number of positions.

Furthermore, Colette Peters' (2009) IMD interviewees expressed concern over the lack of information and preparation for residency interviews. Their responses referred to the lack of transparency and fairness in the process of getting past the interviews as the information that was provided to IMDs was most often ambiguous. These participants also criticized the absence of feedback on their performance in the interview and how they can improve the following year. Thus, IMDs are placed at a significant disadvantage as there are small number of residencies available to non-Canadian medical graduates and the conditions revolving around the admission to these postgraduate training positions remains vague.

Language

Language and the lack of proficiency in either English or French is also one of the major obstacles that IMDs face in their pursuit of becoming accredited to practice in Ontario. Not only is insufficient language proficiency an impediment to practice for IMDs but they also often lack job-specific language training in the medical professions. All these language-related challenges explain part of the difficulties encountered by foreign-trained doctors and calls for reinforcing bridging programmes and specific language training courses.

Equity and Discrimination

Lastly, the issues of equity and discrimination are also important to consider when dealing with the accreditation process of IMDs. According to Fernandez's (2007, 45) study, several of her IMD respondents felt that "there was discrimination within the system, citing lack of recognition and respect for foreign credentials as a key example." Also discriminatory was the lack of guarantee for placement for residency or jobs in spite of having passed all the required examinations. According to the Association of International Physicians and Surgeons of Ontario (AIPSO), which is a non-profit, independent professional association representing IMDs in Ontario, Canada has the capacity to offer more residency positions for IMDs; however reserves those spots for foreign visa trainees instead. In 2008/09, Canadian hospitals had 2,153 foreign visa trainees (Leslie 2009). Foreign visa trainee residency spots are generally paid for by foreign governments (Saudi Arabians make up the largest group in Canada). Therefore, the capacity to train more overseas-educated doctors who have chosen Canada as their new home exists— but only if the number of spots reserved for foreign visa trainees were reduced (Leslie 2009). Thus, issues of equity are also another important issue that present potential challenges and should be considered.

Overall, a number of major barriers and challenges that IMDs face in their path to obtaining their licensure to practice in Canada were discussed in this section. The following section will outline and assess some of the recent governmental solutions and initiative that have been implemented to assist IMDs in their process to accreditation.

Chapter 4: Identifying and Examining the Initiatives to Facilitate IMD Licensure

Over the last few years, the Government of Canada has recognized that IMDs face substantial challenges in their pursuit of becoming accredited to practice in Canada. Accordingly, impressive efforts have been devoted at both the federal and provincial levels to improve foreign credential recognition processes of IMDs, as well as provide assistance to recent international physicians to integrate into the labour market. By working with key stakeholders and regulatory authorities, the Canadian government, as well as the government of Ontario have initiated and implemented a number of solutions to address some of the barriers faced by international physicians. The following section of the paper will examine these governmental agencies and initiatives in further detail and assess their role in addressing some of the barriers faced by IMDs by examining some of their benefits and drawbacks.

4.1 Federal Efforts

i) Foreign Credential Recognition Program (FCRP)

The federal government has taken a number of significant steps in tackling some of the problems and barriers associated with the foreign credential recognition of international physicians. A major federally funded program that has been initiated in response to the difficulties skilled immigrants face with respect to the recognition of their foreign credentials is the Foreign Credential Recognition Program (FCRP). With an allocation of \$68 million over the next six years, the FCR seeks to improve the foreign credential recognition processes in Canada. This program is a key component of the Internationally Trained Worker's Initiative that was launched in 2005 and aimed at integrating

internationally educated immigrants in the health care professional field. The main objective of this program is to help address the problem of health care professional shortages by providing \$75 million over the next five years to improve the integration of internationally trained doctors, nurses and other health care professionals into the Canadian healthcare system (International Immigration Agency 2008).

Although the FCRP does not provide assessment services directly to immigrants, it has partnered with provinces, territories, and key stakeholders to develop “foreign credential assessment and recognition processes that are fair, accessible, consistent, transparent, and rigorous in targeted regulated and non-regulated occupations and sectors” (Doiron 2006, no page). Federal and provincial governments are working with key medical community stakeholders to improve procedures for licensing internationally trained doctors to strengthen the healthcare system and increase the supply of doctors (HRSDC 2005). Potential partners include “sector councils, occupational and professional regulatory organizations, educational institutions, other governments within Canada, and employers” (HRSDC 2007, xi). Thus, the FCRP fosters a pan-Canadian approach to bring more consistency and transparency to the process of foreign credential recognition by partnering with key stakeholders.

In a short period of time, the accomplishments of these initiatives are noticeable (Dumont et al 2008, 66). For example, the FCRP has provided funding to the Medical Council of Canada to create an internet- based self-assessment examination (Weiner 2008). This internet based self-assessment initiatives provides evaluating examination services to help IMDs determine their readiness to undertake the assessment process for physicians in

Canada (Dumont et al 2008, 67). This program has also increased access to assessment and evaluation tools before coming to Canada.

Moreover, the FCRP's funding has assisted the MCC to develop a central website of information for international medical doctors. This website (www.img-canada.ca) provides comprehensive information and path-finding for foreign trained physicians that are seeking to become accredited to practice in Canada. It provides information on IMD routes to licensure for each province and territory in Canada and also offers helpful links to resources and support groups for IMDs in each province (Canadian Information Center for International Medical Graduates 2009). This website receives more than 450 daily visits, illustrating the scope of need for such information (Dumont et al 2008, 67). Overall, the FCRP has made a considerable amount of progress with working with the MCC in tackling some of the systematic problems associated with the non-recognition of IMDs' foreign credentials by providing several initiatives to enhance assessment and examination services, as well as increase licensure pathway information to international physicians.

On the other hand, the FCRP also faces a number of restrictions in seeking to improve the process of foreign credential recognition in Canada that need to be considered. For one, the implementation of this program is still recent, which makes critiquing its effectiveness at this early stage a very difficult task. Weiner (2008) points out that although an initial evaluation of the FCRP in early 2007 showed that it is on track and that the use of partnerships is effective, the program still needs better performance measurements. In the meantime, one can mostly rely on key informant opinions about the outcome of the program. According to a formative evaluation of the FCR program in 2007, HRSDC key informants revealed that they felt the FCRP will do well in achieving most of its outcomes.

However, “they were less optimistic about the program’s prospects for achieving standardization of pan-Canadian processes in targeted regulated occupations” (HRSDC 2007, xiii). Hence, although initial assessments of the FCR program show some optimism about the future success of the program, further evaluation of the program needs to be conducted to ensure that the objectives of the program will be met in the long run.

In addition, the FCRP does not directly address the root of the problem, which is the lack of a consistent national standard and a national body responsible for the assessment of foreign credentials of IMDs. One of the major sources of the problem with the non-recognition of foreign credentials is precisely the absence of a central coordinating agency responsible for organizing information and standards on the assessment of IMDs’ foreign credentials that is consistent throughout all provinces. In addition, the FCRP does not directly address the “lack of understanding of the separation of federal and provincial responsibilities related to the regulation of professions” (Weiner 2008, 13), nor does it seek to standardize requirements for regulatory bodies. Moreover, the FCRP’s ability to address issues that go beyond credential recognition is also uncertain. For example, “even with the implementation of a fast track system to assess the credentials of foreign trained physicians, the limited number of residency positions for foreign trained doctors means queue licensure remains long” (HRSDC 2007, xiv). Overall, although the Foreign Credential Recognition Program has made breakthrough accomplishments in providing assistance and support to IMDs in Canada, there still remains much to be done to successfully and effectively make foreign credential recognition more consistent and transparent for IMDs in the long term.

ii) *Foreign Credential Referral Office (FCRO)*

Additionally, another federally funded program aimed at easing the labour market integration of skilled immigrants is the Foreign Credential Referral Office (FCRO). The FCRO was launched in the spring of 2007 with the objective of helping internationally trained individuals, both overseas and in Canada, to find the information they need to work in the Canadian labour market as soon as possible after arrival (Foreign Credential Referral Office 2008).

One of the major dilemmas immigrant professionals encounter upon arrival to Canada is realizing that their qualifications are not easily transferable and that they must go through an onerous process to get their credentials recognized. With a budget of C\$37 million over 5 years, the FCRO seeks to address this exact problem by providing “information on how newcomers can get their credentials assessed via the internet, by telephone, or in person prior to their arrival” (Weiner 2008, 14). The most important feature of the program’s website is the Work in Canada tool which enables internationally trained individuals to find information about the labour market related to their occupations in Canada. This tool provides information on “job duties, skill requirements and wage rates for a chosen province in Canada” (Vail 2008, no page). By and large, the FCRO website is innovative in aiming to reach and inform immigrants about their particular labour market outcomes prior to their arrival in Canada.

On the other hand, the FCRO faces a number of challenges with respect to misunderstandings related to Internet-based information that may hinder its usefulness. For example, even though the website has been successful indicated by over 400, 000 hits since its establishment, no research has yet been done on the extent of which immigrants have

been able to fully utilize the information provided on the site and clearly understand it (Weiner 2008). As a result, one of the major concerns is whether the information included is comprehensible to its diverse audiences around the world. Some of the questions that need to be considered are “Is the language on the site accessible to those for whom English is a second language? Do the terminology and expressions used have the same meaning around the world?” (Weiner 2008, 32). These matters must be taken into consideration in order to avoid any misunderstandings of the information provided on the FCRO website.

Additionally, some of the information posted in the occupation profiles can also be vague and at times misleading. For example, under the Outlooks and Prospects link for international physicians, the website states that “your work prospects will continue to be good because the employment growth rate for this profession will likely be above average and opportunities should increase” (Foreign Credential Recognition Office 2008). This information can be completely misleading for IMDs as it does not provide a real picture of the struggles that they will face in getting their credentials recognized once in Canada. Accordingly, IMDs should have access to a website that is realistic about the difficult licensure procedure they have to go through in their respective province before qualifying to practice independently. The information on this website should also transparently explain the underlying steps to accreditation and be honest about the job outlooks of IMDs in Canada.

Another drawback of the FCRO is that many prospective immigrants may not have access to the Internet overseas. Other methods of presenting labour market information to newcomers prior to arrival should be taken into account to reach a broader array of immigrants who may not have access to the internet or not know how to use it. Therefore,

the FCRO has made some breakthrough in being the first of its kind to offer such services, but it also faces a number of drawbacks that can impede its role to effectively and clearly inform immigrants of labour market trends and occupational requirements prior to arrival.

iii) Physician Credentials Registry of Canada (PCRC)

In order to make the credential evaluation of IMDs easier and efficient, the Medical Council of Canada has created the Physician Credentials Registry of Canada (PCRC). In February 2004, the Federal-Provincial-Territorial Advisory committee on Health Delivery and Human Resources released its Report of the Canadian Task Force on Licensure of International Medical Graduates which recommended for the implementation of a central credentials verification service to validate documents required for licensure and certification of IMDs and maintain a repository of verified credentials (PCRC 2009). Accordingly, in 2005, the PCRC was established in response to this recommendation, providing service to all physicians practising in Canada. IMDs can access the PCRC services by visiting the PCRC website (www.pcrc.org).

The PCRC serves as a centralized repository for physicians' core medical credentials that aims to reduce duplication of credentials and verify and permanently store credentials in a centralized repository. According to a survey for IMDs prepared by the MCC to assess the services offered by the PCRC in getting credential documents source verified, the majority of survey users ranked the services they receive from PCRC quite highly (PCRC 2009). However, survey respondents indicated that some areas can still improve such as the processing times and simplifying instructions for certification and translation requirements (PCRC 2009). Thus, this program that was initiated by the MCC also helps to

reduce some of the systematic barriers involved with foreign credential recognition of IMDs.

Overall, in outlining some of the major federal government initiatives put forth to address the problem of non-recognition of foreign credentials of IMDs, I have shown that these programs have demonstrated significant progress in providing information and assessment services and resources to IMDs that were not available before. However, as these initiatives are still quite recent, more performance measurements of the success of these programmes needs to be made in the future in addressing IMDs' current and future challenges in becoming accredited in Canada.

4.2 Provincial Efforts

At the provincial level, important efforts have also been devoted to alleviate barriers in the accreditation process of IMDs and to improve transparency in recognizing foreign credentials. Significant efforts have been made in Ontario to support IMDs. The Ministry of Ontario's Health and Long Term Care (MOHLTC) has made and continues to make significant financial investments to support the training and assessment of internationally trained doctors in addition to funding a variety of programmes to assist IMDs (Brotten 2008, 3). In 2007-2008, MOHLTC's expected investment in this area is to be \$64 million (Brotten 2008, 3). The following sections will outline and assess some of the major initiatives and programmes that have been implemented by the provincial government to assist IMDs in their pursuit of becoming accredited in Ontario.

i) Centre for the Internationally Educated Health Professionals Educated Abroad (CEHPEA)

On April 19, 2007, the Ontario Ministry of Health and Long Term Care launched the Centre for the Evaluation of Health Professionals Educated Abroad (CEHPEA) to serve as an evaluation and orientation center for international medical doctors. This not-for-profit organization is an IMG-specific programme with a mandate to “provide standardized evaluation and orientation services for international medical graduates, allowing them a clear comparison with Canadian competencies” (Brotten 2008, 16). Some of the services offered through CEHPEA include written and clinical assessments for IMDs in two streams that include the Family Medicine Stream and Specialist stream (CEHPEA 2009). Overall, CEHPEA seeks to address some of the barriers involved with IMDs’ examinations by serving as a helpful resource that assists IMDs with their evaluation and assessment procedures.

ii) Office of the Fairness Commissioner/Implementation of the Fair Access to Regulated Health Professionals Act (FARPA)

Moreover, as mentioned in the previous section, one of IMDs’ concerns with respect to their journey in obtaining licensure to practice in Ontario is the lack of transparency and consistency in some of the regulations and requirements. In order to address some of these concerns associated with the assessment process, the Office of the Fairness Commissioner was established in 2007 to ensure that certain regulated professions have registration practices that are “transparent, objective, impartial and fair” (Dumont et al 2008, 66). Furthermore, the government’s commitment in this regard has been affirmed by the recent

implementation of the Fair Access to Regulated Health Professionals Act (FARPA) (Brotten 2008). The purpose of this Act is “to help ensure that regulated professions and individuals applying for registration by regulated professions are governed by registration practices that are transparent, objective, impartial and fair” (OCASI 2006, 2).

However, although the Office of the Fairness Commissioner and FARPA both share the objective to bring more transparency and impartiality to the assessment and evaluation process of foreign credentials, both have yet to provide much practical benefits for IMDs within the registration process for physicians. In fact, Brotten (2008, 5) argues that “any objective analysis of the registration process for doctors makes it clear that the current process is substantively unfair when it comes to assessing the qualifications and experience of internationally trained doctors.” In addition, the “transparency” required in this act does not directly apply to all jurisdictions, especially the ones such as the match system for residency that need the most transparency. Moreover, many parts of the act have been criticized for being too ambiguous and broad. For example, OCASI (2006) critiques the act for not clearly defining what is meant by ‘transparent, objective, impartial, and fair’. It is argued that these are broad, abstract terms and it would be important to define them and set benchmarks, rather than leave that responsibility up to the regulated professions. Although a step forward to enhance and increase transparency within the regulated professions, the Office of the Commissioner and the FARPA face a number of limitations that hinders the potential success of their objectives.

iii) *HealthForceOntario*

Furthermore, as mentioned previously, one of the major barriers with respect to the IMDs' pursuit in re-entering their profession is the lack of training and bridging programmes. In order to address this barrier, the government of Ontario launched the HealthForceOntario Access Centre for Internationally Educated Health Professionals in 2006 to improve access to information for IMDs. This program is innovative as it is one of the first to provide individualized assessment services for IMDs based on their individual past experiences. Some other related services include "referrals to the appropriate regulatory body; links to education, retraining and assessment programs; information about standards for professional qualifications, licensing and registration processes" (Brotten 2008, 15). Overall, the Access Center is a significant breakthrough in providing IMDs with individualized services toward their process for licensing and registration in Ontario.

However, despite providing all these services, *HealthForceOntario* still does not fulfill the much needed role of an effective bridging program that provides training and work experience for IMDs. According to Brotten (2008, 11) the key elements of any successful bridging program include: "an individualized assessment to evaluate the candidate's skills, experience and needs, a customized learning plan, mentorship and hands on experience through placement or internship." What international medical graduates need is to formalize a bridging program for selected candidates to work with them on an individualized and group basis to gain entry into the medical profession in Ontario. Although the Access Center already provides much of this work, this plan would help to focus on a specific tier of candidate so government efforts could shift from information providing to guiding and assisting our candidates through the individualized process

(Brotten 2008, 11). Therefore, there is still a significant need to develop effective and accessible bridging programs for IMDs, so that they can obtain the necessary skills and Canadian work experience. Overall, great improvements in terms of access to information have resulted from these initiatives but more needs to be done in terms of access to training and bridging programmes.

Chapter 5: Policy Recommendations and Conclusion

An analysis of the programs and initiatives reveal that they mostly address the systematic problems IMDs face in their process of becoming accredited to practice in Ontario. However, what is noticeably missing are solutions that are pragmatic that address other sensitive problems IMDs face such as the financial burden they must carry and the reduced quality of life they may suffer as a result of a change in their status as doctors. Therefore, it is recommended that to provide some initiatives that tackle the pragmatic barriers such as counselling services and more support groups for those IMDs who feel that their quality of life has been reduced due to a change in their status as doctors upon their arrival to Canada and as a result of the long licensure process they must go through.

In addition, IMDs also need financial support in their path to becoming licensed to practice as physicians in Ontario. As mentioned previously, one of the major obstacles that IMDs confront is the hefty price they need to pay for the registration process and for the examinations in the process of becoming accredited. According to a report of the Canadian Task Force on Licensure of International Medical Graduates (2004, 20) “IMDs who did not become licensed immediately told the Task Force repeatedly how difficult it was for them economically, as they struggled to establish a new life in Canada and study for their medical examinations.” Additionally, unlike their Canadian counterparts, most IMDs find they are not eligible for bank loans to bridge from the period of assessment to the point at which they are licensed or enter into formal remunerated training programs (Report of The Canadian Task Force 2004). Therefore, it is recommended to provide and offer some form of financial support either through grants or student loan programs for them to continue

and successfully complete all the necessary requirements for becoming licensed physicians in Ontario.

Moreover, in terms of how to improve and build on the existing initiatives, it is important to conduct and invest in more performance measurements of these programs as they are still fairly recent. These initiatives have been implemented only within the past few years and it is important to evaluate and determine their effectiveness in assisting IMDs with their needs in their path to re-enter their profession. In addition, it would also be helpful to “develop a longitudinal database which will track IMDs from Canadian medical assessment, training and licensure processes until they begin practice in Ontario, thereby providing a complete picture of integration pathways for IMDs in Canada” (Dumont et al 2008, 67). Hence, by tracking IMDs coming and going out of these agencies and programs, one can keep track of their progress and use this measure as one of the factors in evaluating a programs’ success. Furthermore, in measuring these programs and initiatives’ performance, it is crucial to use IMDs’ feedback and integrate their suggestions into policy making in order to truly improve the provision of services offered to them.

In addition, another direction that research pertaining to IMDs wishing to practice in a Canadian province can take is to explore what impact the geographical source country of IMDs has on their accreditation and successful integration into the medical workforce. It is important to invest in research that focuses on examining whether there are active sources of resistance that hinder IMDs’ ability to become accredited and practice as physicians in Ontario. This research would look into questions such as whether there is a cumulative racialization effect that suggests there is a wall established against the

accreditation of IMDs in Ontario. It would be helpful to compare how IMDs from different source countries fair in their quest to re-enter their profession in Ontario and examine whether they have different experiences. Overall, another important direction that the research surrounding IMDs' path to becoming accredited is to explore to explore the extent of which racialization comes into play and serves as a source of resistance in impeding IMDs' ability to re-enter their profession.

Lastly, it is also strongly recommended to increase transparency within the system of accreditation of IMDs in Ontario; while also increasing access to resources for IMDs. It is important for IMDs to have access to transparent and accurate information regarding the licensing, rates of success of IMDs, and feedback on examination performances. This information can be conveyed through a website and provide realistic and transparent information with respect to IMDs' accreditation and job outlooks in Ontario and in other provinces of Canada. In addition, more studies and reports need to be conducted on this topic, particularly studies using IMDs' feedback to report what challenges they face and what still needs to be done.

In conclusion, this major research paper outlined and examined some of the challenges that IMDs face in their path to become accredited in Ontario and assessed some of the major initiatives put forth to tackle some of these barriers. The need to effectively and efficiently utilize IMDs' skills and integrate them in our healthcare system to address the physician shortage problem in Ontario was discussed in the first chapter. Moreover, the pathways to registration and licensure were discussed in the next chapter, followed by a list of barriers IMDs face in going through this licensure process. Lastly, this paper identified and assessed some of the important initiatives and programmes put forth by the

government and key stakeholders to address some of the challenges IMDs face in their path to accreditation. Overall, this major research paper illustrated that in recent years, the government of Canada together with the Government of Ontario has made breakthrough progress by acknowledging the difficulties IMDs face in their path to accreditation and has taken a number of steps to alleviate this problem. However, in a time where Ontario faces physician shortages, the integration of IMDs into our healthcare system and their licensure process still remains slow. In addition, a number of the pragmatic challenges IMDs face in their path to re-enter their profession has not been properly addressed in any of the programs and initiatives that are available.

Overall, this major research paper seeks to inform IMDs of the services and programs available to them in order to ease their transition to becoming accredited and assist them in meeting the necessary requirements for licensure in Ontario. Please refer to Appendix B for a listing of these programs' websites. The programs and other important agencies and key stakeholders' websites are grouped under the different steps of the licensing procedure. This appendix makes it easier for IMDs to know who to contact at which stage of their process to accreditation in Ontario.

APPENDIX A

MEDICAL TRAINING AND LICENSURE SYSTEM IN CANADA

Overview of Registration to Practice in Ontario (summary chart)
 Licentiate of the Medical Council of Canada (LMCC)
 Certification
 Registration to Practice

Overview of Registration to Practice in Ontario: All licensed physicians and surgeons in Canada follow the same basic path to licensure. The chart below illustrates the steps that Canadian-trained and foreign-trained physicians undertake to acquire a license to practice medicine in Ontario. For each step, you will see the requirements of a Canadian-trained physician on the left and of an IMG on the right. The last two steps are identical regardless of where you were trained.

| Education/ Licensing Steps | | International Medical Graduate |
|---|--|---|
| Step 1: Undergraduate Medical School | | |
| In order to practice medicine in Ontario, a physician trained in Canada or in another country requires an acceptable medical degree equivalent to the undergraduate Medical Doctor (MD) degree conferred by accredited medical schools in Canada. | | An acceptable medical degree equivalent to the undergraduate Medical Doctor (MD) degree conferred by accredited medical schools in Canada. |
| Step 2: Equivalency Examinations | | |
| Medical Knowledge and | | Pass the Medical Council of Canada |
| Language/ Communications In addition to an acceptable medical degree, IMGs are required to demonstrate equivalency of medical knowledge and English language/ communications ability. | | Evaluating Exam (MOCEE) in order to demonstrate equivalent general medical knowledge. Provide proof of language proficiency. May involve taking Test of English as a Foreign Language (TOEFL) and Test of Spoken English (TSE). |
| Step 3: Post-Graduate Training | | |

| | |
|---|---|
| <p>All medical graduates must complete an accredited Postgraduate training program (often referred to as "residency training") as a prerequisite for completing their medical training. Postgraduate medical training is undertaken through a Canadian-accredited medical school.</p> <p>Family medicine: 2 - 3 years Other specialties: 4 -5 years</p> <p>Postgraduate students, called Residents, practice under an "educational license" and are not licensed to practice independently.</p> | <p>Apply through IMG-Ontario. Must complete supervised clinical training or assessment to meet licensure educational requirements. Two Program Streams:</p> <p>Family Medicine Specialist</p> <p>Four Entry Levels:</p> <p>Clerkship</p> <p>Postgraduate Year 1</p> <p>Postgraduate Year 2 (specialist stream only)</p> <p>Practice Ready Assessment</p> <p>Selection process generally includes:</p> <p>written multiple choice/ short answer question exams</p> <p>file review of training and experience</p> <p>objective structured clinical exams (communications skills emphasis)</p> <p>interviews</p> |
| <p>Step 4. Licentiate of the Medical Council of Canada</p> | |

| | |
|---|---|
| <p>To obtain an independent practice license, Residents must pass the Medical Council of Canada Qualifying Exams Part 1 (MCCQE Part 1) and Part 2 (MCCQE Part 2).</p> | <p>Many IMGs take the MCCQE Part 1 and 2 (where permitted) before applying to IMG-Ontario</p> |
|---|---|

| | |
|--|--|
| <p>Step 5. Specialty Certification</p> | |
| <p>All physicians are specialized in either Family Medicine (not General Practice) or a Specialty. Upon completion of residency training:</p> <p>Family physicians must pass the College of Family Physicians of Canada Certification Exam.</p> <p>Other specialists must pass the Royal College of Physicians and Surgeons of Canada Certification Exam specific to their specialty</p> | |
| <p>Step 6. Ontario Registration</p> | |
| <p>Registration to practice medicine in Ontario is done by the College of Physicians and Surgeons of Ontario.</p> | |

Source: This chart is a word by word reproduction of a chart obtained from www.aipso.ca

APPENDIX B

List of Resources, Regulatory Authorities, Key Stakeholders and Organization for IMDs in Ontario (Listed in the order of the steps for licensing)

STEP 1: CREDENTIAL EVALUATION

CICIMG “The Canadian Information Center for International Medical Graduates” is a web site that serves as a central resource for International Medical Graduates (IMGs) (also referred to as Internationally Trained Physicians). It will be useful for IMGs who are currently overseas and for IMGs that are already in Canada as it provides comprehensive information regarding the steps to accreditation in each Canadian province.

(Website: www.img-canada.ca)

PCRC “The Physician Credentials Registry of Canada” (PCRC) is a division of the Medical Council of Canada (MCC), which was established to provide a centralized repository for physicians’ core medical credentials. It was established in 2005 to serve as a central credentials verification service to validate IMDs’ documents required for licensure

(Website: <http://www.pcrc.org/>)

RCPSC “The Royal College of Physicians and Surgeons of Canada (RCPSC) is a national, private, non-profit organization established in 1929 by a special Act of Parliament to oversee the medical education of specialists in Canada.”

(Website: <http://rcpsc.medical.org>)

CFPC “The College of Family Physicians of Canada is a national voluntary organization of family physicians that makes continuing medical education of its members mandatory. The College strives to improve the health of Canadians by promoting high standards of medical education and care in family practice, by contributing to public understanding of healthful living, by supporting ready access to family physician services, and by encouraging research and disseminating knowledge about family medicine.”

(Website: <http://www.cfpc.ca>)

STEP 2: EXAMINATIONS

CEHPEA The Centre for the Evaluation of Health Professionals Educated Abroad is a new, not-for-profit organization launched on April 19, 2007. CEHPEA's mandate is to serve solely as an evaluation centre. Resident selection or placement functions will now be performed entirely by University programs. CEHPEA is not a successor organization to IMG-O. This organization was not included in this study.

Website: <http://www.kehpea.ca>

STEP 3: RESIDENCY AND INTERVIEW

CaRMS The Canadian Resident Matching Service is a not-for-profit organization that works in close cooperation with the medical education community, medical schools and students to provide an electronic application service and a computer match for entry into postgraduate medical training throughout Canada. .

Website: www.carms.ca

STEP 4: POSTGRADUATE TRAINING

McMaster University Faculty of Health Science: <http://fhs.mcmaster.ca/main/index.html>

University of Toronto Faculty of Medicine: <http://www.facmed.utoronto.ca/site4.aspx>

Queens University Faculty of Medicine: <http://meds.queensu.ca/>

University of Ottawa Faculty of Medicine: <http://www.intermed.med.uottawa.ca/>

Northern Ontario Medical School: <http://www.normed.ca/>

University of Western Ontario Faculty of Medicine and Dentistry:
<http://www.med.uwo.ca/>

OTHER IMPORTANT IMD RELATED WEBSITES

AIPSO The Association of International Physicians and Surgeons of Ontario is the principal organization of international medical doctors of Ontario. It serves as a support group for International Medical Doctors of Ontario.

(Website: www.aipso.ca)

CHC/CIC/VO Government of Canada: Canadian High Commission/Citizenship and Immigration Canada/Visa Offices are often the first points of access of potential immigrants to Canada.

HC “Health Canada is the federal department responsible for helping Canadians maintain and improve their health, while respecting individual choices and circumstances.”

(Website: <http://www.hc-sc.gc.ca>)

OMOH Ontario Ministry of Health and Long-Term Care is “responsible for administering the health care system and providing services to the Ontario public through such programs as health insurance, drug benefits, assistive devices, care for the mentally ill, long-term care, home care, community and public health, and health promotion and disease prevention. It also regulates hospitals and nursing homes, operates psychiatric hospitals and medical laboratories, and co-ordinates emergency health services.”

(Website: <http://www.health.gov.on.ca>)

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