

International Medical Graduates: The BC Doctor Shortage Solution

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ABSTRACT

International medical graduates (IMGs) originate from several parts of the world including the United Kingdom, Australia, and Ireland. Despite receiving comprehensive medical training similar to North American graduates, there are still several obstacles they encounter when applying for Canadian residency positions. In particular, British Columbia has a low availability of residency spots making it especially difficult for international graduates to return and practice medicine within the province. Despite concerns in accurately assessing whether IMGs are appropriately qualified, they are an essential component of the Canadian healthcare system. In the midst of a serious physician shortage that will only deteriorate further with the high number of retiring physicians, IMGs need to be considered to alleviate the situation.

A physician shortage is crippling the health care infrastructure in Canada. Yet, many qualified doctors are not considered to alleviate this shortage. These physicians are referred to as International Medical Graduates (IMGs), having received a medical degree outside of a North American medical school.¹ There are two types of IMGs: experienced medical professional immigrants and Canadians graduating from international medical schools. The majority of the former group come from Asian and Eastern countries.² IMGs, both originally from Canada and from abroad, believe they are the solution to the healthcare deficiency. This paper will focus solely on Canadians who graduated from international medical schools.

According to a recent 2009 report, approximately 1500 Canadians are studying abroad, of which 200 are from British Columbia.² Most commonly, the competitive environment of medical school denied many qualified students the privilege of medical education at home.³ Unaccepted applicants were left to pursue other options such as completing post-graduate studies, research, or reapplying the following year.³ Others opt to apply abroad to international medical schools including Ireland, UK, Australia, and the Caribbean.

After completion of their medical degrees, students consider an array of options. Some graduates, for example Canadian-Irish medical graduates, reserve a year to complete an internship in order to obtain licensure in the EU. However, the majority of North Americans apply for residency either in Canada or the US.³

The process for IMGs applying to residency positions in Canada is remarkably similar to that of Canadian medical students, with a few notable exceptions. For example, IMGs are required to

sit for the Medical Council of Canada Evaluating Examination (MCCEE), which is designed to assess basic medical knowledge and necessary skills to be successful in residency.⁴ Students must apply through the Canadian Resident Matching Service (CaRMS).⁵ Each year, numerous students compete for 12 family practice and 6 specialist residencies at St. Paul's Hospital.⁶ For this method, there is an evaluation process, which consists of a 12 station Objective Summative Clinical Examination (OSCE)

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and a clinical assessment.⁶ The culmination of these obstacles ultimately contributes to the lack of primary physicians in Canada.

This issue has elevated to a critical level, raising a need for the government to respond. An estimated four million Canadians currently do not have a family physician, particularly in rural areas. Furthermore, the BC Medical Association stated in 2005 the province needs more than 400 new general practitioners every year to compensate for

those retiring.⁷ Also, a 2005 report by the Fraser institute stated, “Without a significant addition of foreign-trained doctors, the Canadian physician-to-population ratio will decline between now and 2015, just as it would have through the 1990s if foreign physicians had not been used to ‘top up’ the shortfall caused by insufficient medical school admissions.”⁸

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Arguments against incorporating IMGs into the Canadian healthcare system consist of the concern that the quality of education and training of various IMGs may be lower than Canadian medical school standards.⁹ Assessment of IMG training is difficult to gauge because of the lack of education quality standardisation. Furthermore, studies have proven the inefficacy of replacing the rural shortage of doctors with IMGs. According to a retrospective study carried out in Newfoundland and Labrador between 1995 and 2006, the number of provincially licensed IMGs staying in the rural area declined to 55% after two years. Approximately 90% of IMGs who initially worked in the rural areas moved to urban centres due to increases in financial compensation and cultural similarities.¹⁰

In order to tackle the issue on measuring the quality of IMG training, the Alberta International Medical Graduate (AIMG) program was created in 2001.⁹ This program includes standardised review credentials, performance on national examinations (MCCEE and MCCQE1) and an OSCE exam. Moreover, it was discovered that for the same financial costs and resources needed to train one Canadian medical student to enter residency training, the AIMG program identifies ten “residency ready” IMGs.⁹ Concerning the efflux of IMGs from rural areas, government policy changes are required for greater incentives to sustain a long term impact on rural healthcare. However, this does not diminish the significant role IMGs have in improving the acute shortage of physicians.

The most essential adjustment to improve the physician shortage would be expanding the number of Canadian medical school positions; however, this is not the only approach. An alternative solution could be an increase in residency positions for IMGs. Many of these graduates are Canadian citizens who have passed national qualifications exams, speak English and respective native dialects, and are prepared to work in rural areas in need of their services. A study conducted among general practitioners found IMGs were more likely to practice in small towns or rural areas in comparison to Canadian medical graduates, further supporting an increase in residency positions for IMGs to appease the physician shortage in these areas.¹¹ Despite being the second highest preferred location after Ontario, British Columbia (BC) still has the lowest acceptance rate of IMGs for CaRMS match residencies per capita in the country. However, the IMG family practice residencies increased from 6 to 12 in November 2005 in BC.¹¹ Nonetheless, it is vital for BC to continue increasing the residency spots in order to address the aforementioned lack of physicians.

In spite of the numerous qualified applicants for Canadian medical schools, many often choose to pursue medicine abroad. Similar to Canadians at home, IMGs have to go through great lengths to achieve residency positions. Although the number of positions has increased over time, it is still evidently insufficient, particularly for BC. Studies have proven the willingness of IMGs to practice medicine in rural areas, but it is crucial for government to support this outlook by means of providing extra benefits. We can hope that raising awareness of this issue will result in better outcomes for IMG future prospects. 🙌

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