

UNLICENSED

INTERNATIONAL MEDICAL GRADUATES (IMGs)

SURVEY 2000

- SHORT REPORT -

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for

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The Millwoods Welcome Centre for Immigrants / Indo-Canadian Women's Association
(MWC/ICWA)

ACKNOWLEDGEMENTS

This Project was funded by Alberta Health & Wellness (Physician Services Branch).

The research team would like to gratefully acknowledge the assistance of all the agencies for immigrants who made the recruitment so effective as well as the media for their interest and support. In particular, we would like to thank Jon Brehaut of Hummingbird Consultants for attending our partners' meetings and helping to focus our discussion, and Shufen Edmondstone of APCRU, Department of Family Medicine, University of Alberta, who coordinated our meetings and typed all the different drafts of this report.

- NOVEMBER 2000 -

EXECUTIVE SUMMARY

This research was supported by Alberta Health & Wellness who facilitated the development of the research partnership. The partnership consisted of the:

1. Alberta Primary Care Research Unit (APCRU) of the Departments of Family Medicine at the University of Alberta and The University of Calgary;
2. The Alberta/Northwest Territories Network of Immigrant Women (ANNIW); and
3. The Association of Foreign Physicians of Alberta (AFPA).
4. A fourth partner, the Millwoods Welcome Centre for Immigrants / Indo-Canadian Women's Association (MWCI/ICWA) joined the partners later.

Aims

The aim of the study was to describe the numbers and characteristics of the unlicensed physicians in Alberta who had graduated in other countries. The purpose was to provide information about this group's preparedness for licensure and practice in Alberta.

Method

International medical graduates (IMGs) living in Alberta were recruited for the survey using the existing networks of immigrant groups, public advertising in newspapers and on radio, the universities and colleges where many IMGs are employed, and other sites of medically-related employment. Using a specially developed and tested survey instrument and a mail-out technique incorporating a follow-up system, 160 eligible physicians were surveyed in the months of July-August 2000. 132 (or 82.5%) responded.

Results

The data shows that there are at least 160 unlicensed international medical graduates in Alberta, 60% are female.

Almost all live in Edmonton (58%) or Calgary (38%) and are Canadian citizens or landed immigrants. Two-thirds have been here less than 5 years. Between 15 & 30 new physicians join the numbers each year. Only 1 in 7 have passed the LMCC Part I exam but many more could take it if doing so helped them. The group that have passed the exam are slightly younger and more recently arrived but in other respects are very similar to the group as a whole.

Of those who passed the exam, none have been successful in being accepted to a residency program.

About half the physicians are specialist-trained and half general practice-trained. 60% have more than two years postgraduate training before coming to Alberta. Although only a handful believe they need undergraduate training, 40% would be prepared to go through that to obtain a license and 94% would be prepared to go through a residency program.

The physicians are very determined to pursue licensure and will go to great lengths to obtain it. Three-quarters would undergo an assessment period in practice, even up to a year, and over half would relocate to do this. Nearly 60% would be prepared to work anywhere in Alberta. They use a variety of methods to keep up-to-date in medicine.

IMGs come from over 35 countries, in particular India, Pakistan, the former USSR and the former Yugoslavia. 30% have come here to be with family among a host of other reasons, including political unrest in their former country of residence. English is the principal main language (96%) but 16% speak French. 80% speak another language fluently.

Executive Summary (cont.)

Three-quarters of the group have been employed in Alberta and only 7% are students. They have had a variety of non-medical training and a variety of jobs, 40% of which have been medically-related.

Despite the limitations of a survey taken at a single point in time, this survey presents the best data currently available about unlicensed international medical graduates in Alberta.

We recommend that there must be a variety of solutions for a complex situation but that any solutions and initiatives should be clear, inclusive and long-lasting. Specialist physicians will need a different approach from generalists.

We recommend that some initiatives to licensure be implemented as soon as practical and that the issue of staying clinically up-to-date be reconsidered.

Issues of gender, location and specialization should be taken into account in planning any re-training.

Access to residency programs by international medical graduates is severely restricted and should be made much easier to match their Canadian qualified colleagues. The number of residency positions needs to be expanded urgently and some of these should be reserved for international medical graduates.

The information reported in this study should be widely disseminated to educate persons involved with international medical graduates and to inform decision-makers seeking solutions to the issues of manpower resources and access to licensure.

LIMITATIONS

This report should be read bearing in mind the following limitations:

1. An 83% response rate by 132 IMGs may not represent all the IMGs in the province. Just as many are too disillusioned with any prospect of licensure to take the exams, there may be many physicians who felt this study was “just another survey” offering no prospects. Some members of the team felt this was likely to cause our sample to be not inclusive of all IMGs in Alberta.
2. Numbers alone do not describe the reasons **why** respondents answer the way they do. We recommend following up this study with an analysis of the open comments received, which we are pursuing. This will enable us to take up the themes and questions raised in focus groups and one-to-one interviews to help answer “why” as well as to describe “what” is happening.
3. This survey is conducted at a moment in time and does not demonstrate trends or changes. Repeat surveys over time will be necessary to do this, most importantly if interventions which affect the situation (such as a training program) are made.

CONCLUSIONS (From the data)

This section includes conclusions made directly from the data, followed by comments/ interpretation by the research partners.

1. There are at least 132 international medical graduates living in Alberta and nearly 60% are female. The large majority (83%) of both genders are married.

Comments/Interpretation by Research Partners

- a) *There are a large number of unlicensed physicians in the province who could potentially help the manpower resource problem. A limited residency program alone, although an important initiative, will only be part of the solution.*

- b) *The gender difference is the reverse of that seen in last year's study of IMGs who do have a license.*
- c) *Marital status and gender issues might be factors in planning training programs.*

2. **Location**

Of the responders, 58% live in Edmonton and 38% in Calgary, and only a few (4%) live outside the metropolitan areas.

Comments/Interpretation by Research Partners

This apparent regional imbalance may be an effect of the recruiting methods used in the study but it might also be a real reflection of physician location. Most immigrants prefer to live near support systems such as other family members and settle in areas of job availability. We do not know what factors are at work here. Some in-depth interviews or focus groups may find the clues.

3. **Residence**

90% of the physicians are Canadian citizens or landed immigrants, 54% being in Alberta less than 3 years and 68% less than 5 years.

Comments/Interpretation by Research Partners

Most physicians are eligible to work here and may be relatively up-to-date medically having only come here a short time ago.

4. **Canadian Qualifications**

Only 19% (30) have taken the LMCC Part I exam, 19 have been successful (63% pass rate). A smaller number have taken Part II which requires clinical experience. This group of 19 does not differ significantly from the main group who have not yet passed Part I.

Comments/Interpretation by Research Partners

Many IMGs do not take the qualifying exams because success rarely leads to licensure or even residency which depends on other factors. Many more physicians may be of the standard but 102 of them have not been tested. They are in most respects similar to those who have. They need some incentive to do so. Lack of prospects are deterring qualification.

5. **Previous Training**

Nearly half of the physicians trained in general practice but substantial numbers were trained in surgery, obstetrics, pediatrics or internal medicine. Very few (6) had no specialty training. Three-fifths had 2 or more years of postgraduate training, the minimum required in Alberta.

Comments/Interpretation by Research Partners

The wide range of specialty experience fits better with the province's wide ranging manpower shortages than if they were all general practitioners. A large number have substantial postgraduate training but it is currently not recognized as equivalent to postgraduate training done in Canada.

6. **Re-training**

Although only 4% of physicians felt they needed undergraduate training in Canada, 40% would be prepared to re-train at undergraduate level and similarly only 49% believe they need residency training but 94% would re-train if required.

Comments/Interpretation by Research Partners

The research group believe these figures and the large differences between perceived need and willingness to undergo re-training they do not believe they need, is a measure of how keen these physicians are to be licensed to carry on their profession in Alberta. Over 75% are willing to undergo an assessment period in practice even if this was full-time. Over half would relocate for this if necessary.

7. Determination and Flexibility

The IMGs who responded to the survey are very keen to pursue their chosen career in Alberta and will go to great lengths and be extremely flexible to achieve licensure. Over half from either city would relocate to do so. 58% would be willing to work anywhere in Alberta.

Comments/Interpretation by Research Partners

The willingness of the IMGs to re-train, relocate and even undertake re-assessment in the clinical setting indicates that they are prepared to more than meet reasonable expectations of the licensing authorities if they were given the opportunity.

8. Origins

The IMGs are from a wide variety of countries (35) with about 9% each from USSR, Yugoslavia, India and Pakistan. Almost everyone did their undergraduate and postgraduate training in their country of origin. The reasons for coming to Canada are varied but include political unrest and to join family as well as (for some) to improve their own quality of life. 96% of IMGs speak English and 16% speak French. 80% speak another language fluently.

Comments/Interpretation by Research Partners

IMGs are a very heterogeneous group and there is a case for treating each individual differently but they still have a great deal in common. They have not all come to Canada for personal gain. Not only do they speak in one of the two major languages to varying degrees but have the added advantage of being able to speak another language spoken as a first language by some Canadians in Alberta. In this respect they should be an asset to the province.

9. Currency (Being Up-to-Date)

Half of the IMGs have been out of practice 5 years or less; two-thirds have been in Canada less than 6 years. A variety of methods are used to keep current, for example over 40% have been employed in a medically-related field since coming to Alberta.

Comments/Interpretation by Research Partners

The time taken to go through the series of exams means that most IMGs would be considered out of practice by the College of Physicians and Surgeons of Alberta by the time they complete all of them. This "Catch 22" situation is seen as one of the biggest hurdles to licensing.

10. Employment

Three-quarters have been employed at some time in Alberta. Over half are currently employed and half of these are currently employed full-time. 7% are students.

Comments/Interpretation by Research Partners

IMGs have to support their families and take work where they can get it, always trying to keep in touch with medicine. Some work in research and some in paramedical fields. The first few years as an immigrant are very stressful, difficult and money is short. Studying and paying for exams is sometimes impossible.

11. Work Preferences

One in seven would prefer rural work; over half would work anywhere. More than 8 out of 10 would move to take a physician post and almost 9 out of 10 would accept a special program arrangement in exchange for training.

Comments/Interpretation by Research Partners

Again the IMGs would make many accommodations to become licensed. Some of them see the system as inflexible and unresponsive, whereas they are prepared to work anywhere. Whether an IMG would settle successfully in a rural area far from support is another matter not discussed here.

12. Suggested Solutions

IMGs have creative and varied suggestions for roads to licensure as would be expected from the wide variety of individual situations.

Comments/Interpretation by Research Partners

The universities, the Health Ministry and the College of Physicians and Surgeons of Alberta, might be or have been considering some of the solutions suggested. In view of the heterogeneity of the IMGs as a group, the research partners suggest that as wide as possible a view be kept on possible solutions. They feel that concentrating on one solution will not help many IMGs or solve the province's manpower problems.

The then Minister of Health of Alberta, Halvar Johnson, announced in February 2000 that it was intended to provide eight residency positions for international medical graduates in Alberta. This was to occur as soon as practical.

The requirements in Canada for entry to a residency program include success in the Medical Council of Canada's licensing exam (Part I). If IMGs are to start the next residency program in July 2001, they will need to have passed this exam now or to pass in this year's competition (May 2000 and November 2000).

We therefore looked for data on physicians who have passed LMCC Part I.

Conclusions about this Group

1. Only 19 of 132 physicians have passed LMCC Part I and the gender difference is equivalent to that in the main group.

Comments/Interpretation by Research Partners

This number is too small for the number of respondents but as mentioned previously (Conclusions #4 above), there is little incentive to take the exam as it does not lead to licensure whilst postgraduate training is unavailable.

2. In many respects this group's demographic profile reflects the profile of the whole group of IMGs. 40% are over 40, 100% are married, slightly more than 74% compared to 68% have lived here five years or less. All are work eligible and speak English. They are from and trained in a variety of countries, the majority having less than 8 years' experience in their previous country and the majority being generalists, but also including specialists. They had a variety of full-time or part-time employment but are more likely than the group as a whole to have had a medically-related job.

Comments/Interpretation by Research Partners

The group who took LMCC Part I are representative of the whole group if a little younger and similarly include specialists as well as generalists. A common re-training program aimed at general practice will not be appropriate for everyone. They have tried to keep current and are relatively novices in medicine but have some clinical experience before coming to Canada. If this group are offered openings to licensure many very similar physicians are available to follow them.

3. Despite passing the exam, none of the 16 who have applied for residency has been successful.

Comments/Interpretation by Research Partners

This is extremely unrepresentative of the picture for CARMS applicants in general. The reasons for this need investigation. Nationally 16 IMGs or 8% of IMG applicants were matched to only 1% of 1,214 residency positions in 1997. Over 90% of graduates of Canadian schools are matched. This supports our belief that many IMGs do not take the exams because there is no more likelihood of entry to a residency program than if they did not.

4. The responses from medical schools that the IMGs approached were inconsistent, ill-informed and discouraging.

Comments/Interpretation by Research Partners

The IMGs who have LMCC Part I are being treated very differently from final year students of Canadian schools about to take the LMCC Part I. No one is responsible and the people giving information are not correctly informed.

5. They would all re-train at residency level if required and about one-third, although they had passed the written exams, would re-train at undergraduate level if they had to.

Comments/Interpretation by Research Partners

Some of the IMGs have previously suggested a shortened undergraduate program excluding the basic sciences in which they have shown they are proficient. This sounds like a very extended clinical assessment period and might be worth considering.

6. They are all pursuing a full license in Alberta but will accept provisional licensure as a first step. Over half are aiming at a specialist license.

Comments/Interpretation by Research Partners

As mentioned in #2, it is important to note that these IMGs have experience and skills across the range of specialties.

7. As with the main group, the vast majority (73%) will work anywhere in Alberta but would prefer urban or metropolitan areas.

Comments/Interpretation by Research Partners

These are where their spouses can get work, they have support systems, and also where the majority of non-physician immigrants live and require services.

8. Nearly 90% would accept special program arrangements or commitments in order to obtain training.

Comments/Interpretation by Research Partners

This was viewed as a measure of what the IMGs would tolerate to achieve licensure. Most residents make no such commitment and to ask IMGs to do so might set a dangerous precedent.

RECOMMENDATIONS

- A. More than one solution should be considered and instituted to solve a variety of problems. In particular, although a first step to opening up a route to licensure, a small and exclusive residency program for IMGs will not on its own solve the problem for the IMGs or for the physician manpower services. The data show over 130 physicians may be eligible and available for licensure, the ones who pass the exams are typical of the whole group.
- B. Experienced specialists will require a different initiative than experienced generalists or than inexperienced junior physicians. The group is not a homogenous group of generalists, many are specialists with several years' experience.
- C. Any solutions should be inclusive, straightforward, long lasting and open equally to all. Temporary, unsustainable programs or solutions will do as much harm as good. There is a sense of injustice detected from the responses. The reasons for lack of progression are not always clear to the applicants and need clarification.
- D. We recommend that some route(s) to licensing be opened up as soon as possible, as the lack of these is seen as a deterrent to IMGs taking the necessary exams as shown in this survey. This does not mean opening up 132 residency positions over a few years. Some physicians are really experienced and do not need it, and some would take permanent conditional licenses such as would meet the requirements for so-called "hospitalists".
- E. The problem of remaining "up-to-date" or current whilst awaiting licensure was highlighted by the survey and it is recommended that the present criteria for assessing a physician's currency be reviewed. Half of the IMGs had been out of practice for 5 years or less.
- F. Costs of re-training or any other solutions were not considered by the research team for this survey but the data suggest an enormous human and economic cost to the province of not having some plan for the licensing of such a potentially valuable resource as more than one hundred and thirty physicians. It is likely that updating a foreign-trained physician will be cheaper and quicker than expanding the provincial undergraduate medicine programs. However, we are not recommending using IMGs as an alternative solution to meet the province's future needs. The average annual increase in unlicensed international medical graduates is only 16 (96 in the last 6 years in this study) which will not alone make up the predicted deficiencies in the province.
- G. Women are a majority in this group of physicians and other studies have demonstrated that women immigrants often leave their own professional resettling until the family is settled. We recommend that gender issues be further explored and that they be considered in solution generation.
- H. It seems sensible that IMGs have a special period of orientation to the Canadian healthcare system, physician/patient interaction models in Canada and provincial legal and ethical systems. Nearly one-third of the physicians agreed with this recommendation.
- I. The study should be used to inform any dialogue between the IMGs and the training, licensing and employing authorities. We believe that, despite the limitations to this study, it contributes facts where anecdotal evidence was previously used to make decisions. Therefore the data should be circulated as widely as possible to interested parties.
- J. The inability of IMGs to gain access to residency programs despite having met the exam requirements (none of the 16 applicants were accepted) is a major hurdle and a serious deterrent to other IMGs to persevere in their attempts at licensure. The current system for accessing residency programs (the

CARMS matching system) puts this group of Canadian citizens at an enormous disadvantage. Although this survey did not ask the question specifically, it came up as an issue in a number of the suggestions proposed by the IMGs.

The examination success is not the only eligibility criteria for residency. Canadian graduates also have assessments of their clinical skills during their approved undergraduate programs. To counter any accusations of unequal treatment, the introduction of a clinical assessment period for IMGs as conducted in British Columbia and Ontario and supported by 77% of responders in this study, is recommended.

Since lack of approved postgraduate training was often quoted as the reason for not receiving a license, and since access to Canadian postgraduate training is the critical limiting factor, we recommend that the CARMS system for limiting IMGs to the second iteration be urgently re-examined.

- K.** The lack of correct information available to IMGs from medical schools should be addressed at once. It is recommended that one or two people in Alberta be given a portfolio for international medical graduate issues including training and licensing, with authority to inform and oversee the information being given at the points of contact.

We believe that with goodwill and implementation of these recommendations that both the province and the international medical graduates will benefit. We urge the Working Group to adopt them.

