

Forum: Equal Access to Licensure For International Trained Physicians

A Project Of The
Alberta Network of Immigrant Women

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Red – is about life energy. Red is the life blood of the world: and through the actions of our hands we materialize our thoughts, our emotions, and even our will.

Orange – is a colour of enormous vitality and strength and thus is powerfully physical and spiritual. It is the expression of optimism. Joy and relationships are stimulated with orange.

Turquoise – is the colour of emotion, of feeling, expressed through word, through silence, through thought, through all forms including artistic communication. It is the colour of the wise teacher within.

Blue – is the colour of divinity, communication and the deepest possible peace. Where there is deep peace, creative energy can flow. Blue is the colour of high ideals and principles and is very calming.

About **Erindipity Designz**

Inspired by ancient art, archaeology and multi-cultural imagery, Erindipity Designz artists, Jan and Erin Johnson, (mother and daughter) have developed a unique selection of exciting products and customized design services. Hand- painting original art images, these artists create memorable visual messages and design themes, in rich primal colours that uplift and inspire.

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- The **International Medical Graduates** in setting aside individual interests for the betterment of all.

Thank you all: your support and your commitment made this forum possible.

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**“Health is the greatest gift,
Contentment the greatest wealth,
Faithfulness the best relationship.”**



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Executive Summary

As the population of Alberta grows, the strain on available health care resources is causing a shortage of physicians. At the current rate of growth, Albertans will face a shortage of 500 family physicians and 540 medical and surgical specialists by 2005.

One important way to address this shortage is to integrate more International Medical Graduates (IMGs) into the health care system. Currently, Alberta is home to at least 160 international trained physicians who are not licensed to practice medicine; 12 percent of the unlicensed international trained physicians are Canadian qualified, having passed the LMCC part I exam. IMGs are a valuable source of expertise, ready to meet Alberta's health care challenges.

The Alberta Network of Immigrant Women (ANIW) has had a longstanding interest in the issue of the under-utilization of immigrants' skills in the Canadian workforce and in removing the barriers that keep Canada, and, in particular, Alberta, from taking advantage of the rich store of expertise available in immigrant labor. Over the past few years, ANIW has supported research that focuses on current challenges in the Alberta health system. ANIW research illustrates that policy changes can remove barriers to employment of foreign trained personnel without compromising current health care standards.

ANIW research illustrates phases of increased understanding and strategy development, as ANIW and connected stakeholders continue to research the problems faced by Albertans in gaining access to health care. ANIW's interest is in serving community rather than individual needs, providing long term rather than short term solutions, and ensuring win-win solutions for all stakeholders. Alberta would benefit from the expertise of members of the community who are currently unlicensed. IMGs would, of course, benefit by working in their field, drawing on their training to serve the province.



ANIW, under the guidance of an advisory committee, successfully organized a one-day forum to address the challenges and seek solutions to the continuing shortage of physicians in Alberta. This forum represented the first of its kind at a provincial level, bringing together representatives of all the stakeholders in an effort to forge concrete recommendations and implementation strategies. In attendance were representatives of the Alberta International Medical Graduates Association, the Alberta Medical Association, Alberta College of Physicians and Surgeons, Regional Health Authorities, Standing Policy Committee, Health Canada, Alberta Health and Wellness, Alberta Learning, Citizenship and Immigration Canada, Alberta Employment and Career Development, Canadian Heritage and Multiculturalism, the University of Calgary, the Cultural Diversity Institute, the University of Alberta, practicing physicians, and community organizations.

The forum began with summary presentations by experts of the reasons for licensing as many physicians as possible in this province, followed by brief synopses of what is being done now and what is expected will be done in the near future by the licensing authority, the university, and the government. The main work of the day was done by the participants, who proposed solutions and recommendations for immediate steps forward. This work was done in small groups. The participants were assisted by a group facilitator. The groups addressed challenges and identified strategic partnerships that were needed for solutions that would enable international trained physicians access to licensure. The discussions were documented; common denominators were identified to form the basis of strategies that would require implementation.

Participant development of key strategy themes and recommendations aligned with recommendations from the IMGs “Blue Print” of the Alberta International Medical Graduates Association (Mathur). The Mathur report contains recommendations for increasing residency and training opportunities; assuring transparent, equitable, and accessible process/assessment/exams; using communication and marketing; drawing on strong provincial organization/coalition; and, finally, offering financial support to IMGs.



The specific recommendations in the Mathur report are as follows:

- Increase the number of IMG residencies to at least 32.
- Open observership and research assistants opportunities after successful completion of the Medical Council Qualifying Exam I (MCQE).
- Expand orientation opportunities to familiarize IMGs with the Canadian health care system, Canadian physician and patient interaction models, and Alberta's legal and ethical systems.
- Assess IMG experience on an individual basis to ensure that residency programs reflect individual training needs.
- Open residence positions in various specialties rather than restrict IMGs to family practice.
- Recognize the successful completion of the Medical Council of Canada Evaluating Exam as equivalent to the first year of residency.
- Make information more easily accessible to IMGs. Each entity involved in the training, accreditation and licensing process should forward information about the integration process, resources, observership and research assistant opportunities, and residency/regional programs to the Alberta International Medical Graduates Association.
- Policymakers and program developers involved in the integration process should acknowledge and support the role of the Alberta International Medical Graduates Association. Directly engage individuals who are affected by policy and program development.
- Offer the Medical Council of Canada Evaluating Exam in Alberta to eliminate the travel barrier and costs faced by Albertans.
- Make student loans or grants available to IMGs while undergoing the process of integration to mainstream practice (i.e., for examination fees, buying study materials, to cover child care costs, etc).

The following report contains an introduction giving the background leading to the forum, its purposes and achievements, opening remarks, panel presentations, a description of the key strategy themes developed by



the participant groups, and the recommendations that aligned with the strategy themes.

Prior to the forum, participants received a binder of materials consisting of three research papers. Participants were encouraged to read these papers so that they would be fully informed of the issues prior to participating in the forum.

... there is tremendous support—statistical, analytic, professional, and legal—for increases in licensure of IMGs and the removal of barriers to their contribution to Alberta’s health care shortage.

The forum clearly showed that in recognition of the needs of both the health care system and the IMGs who are currently unable to work in their field, that there is tremendous support—statistical, analytic, professional, and legal—for increases in licensure of IMGs and the removal of barriers to their contribution to Alberta’s health care shortage. Studies had already clearly indicated this, but the forum moved beyond the background work to advocate and identify concrete solutions as well as determining means to bring them into effect. As Dr. Herb Emery argues in his presentation “Those Really Are Thousand Dollar Bills on the Sidewalk: The Social Opportunity Cost to Alberta of the Underemployment of Un-Licensed IMGs,” Alberta has much to gain from the implementation of recommendations that arose from the forum.



1.0 Introduction

At the current rate of growth, Albertans will face a shortage of 500 family physicians and 540 medical and surgical specialists by 2005.

Background

The issue of the under-utilization of immigrant labor and the lack of recognition of foreign credentials in Canada has been studied and debated for some time. Early documents such as “Equality Now: Minutes of Proceedings and Evidence of the Special Committee on Participation of Visible Minorities in Canadian Society” (1984) identify, in part, some of the barriers faced by skilled immigrants, and more recent documents focus on the loss—both financial and social. Fernando Mata, in his paper, “The Non-Accreditation of Immigrant Professionals in Canada: Social Dimensions of the Problem” explores related issues and touches on major societal impacts, and examines policy initiatives. Jeffrey G. Reitz, in “Immigrant Skill Utilization in The Canadian Labour Market: Implications of Human Capital Research” (Jan. 2001), argues the under-utilization of immigrants results in earnings deficits in the billions of dollars. “Brain Gain: The Economic Benefits of Recognizing Learning and Learning Credentials in Canada” by Michael Bloom and Michael Grant (Sept. 2001) makes clear that more recognition of foreign credentials would be a great boon to Canada. Under-utilization of foreign trained professionals has been recognized as important, specifically to Albertans in papers such as “Bridging the Gap: A Report of the Task Force on the Recognition of Foreign Qualifications” by the Government of Alberta (May 1992).

The Alberta Network of Immigrant Women (ANIW) has had a longstanding interest in removing barriers faced by immigrants, particularly women. These barriers keep Alberta from taking full advantage of the rich store of expertise available in immigrant labor. They also deny immigrants the full advantages the province can offer its citizens.

The issue of the lack of recognition of foreign credentials comes again to the forefront as Alberta faces a critical shortage of health care professionals. At the current rate of growth, Albertans will face a shortage of 500 family physicians and 540 medical and surgical specialists by 2005. One important way of meeting this shortage is the integration of more International Medical Graduates (IMGs) into the health care system. Currently, Alberta is home to at least 160 international trained physicians who are not licensed to practice medicine; 12 percent of the unlicensed international



trained physicians are Canadian qualified, having passed the LMCC part I exam. A report to The Minister of Alberta Health and Wellness and the Alberta Medical Association by the Physician Resource Planning Committee entitled “Setting a Direction for Alberta’s Physician Workforce” (Feb. 2000) establishes the need for additional physicians and projected future needs, and suggests (among other solutions) that the use of IMGs would help fill that need.

Over the past few years, ANIW has supported research that focuses on the current challenges in the Alberta health system and how foreign trained personnel can help to meet these challenges. Barriers to employment must be removed without compromising current health care standards. ANIW’s research includes a report by the Edmonton Social Planning Council called “Over-qualified, Underemployed: Accessibility Barriers to Accreditation for Immigrant Women with Foreign Qualifications” (Sept. 1999), “Unlicensed International Medical Graduates (IMGs) Survey 2000” by Dr. Andrew Cave, and “Bridging Community and the Accreditation System in the Removal of Barriers to the Recognition of Foreign Qualifications” by Focus Groups with Unlicensed Medical Graduates (IMGs) in Alberta (March 2001). Most recently, the Alberta International Medical Graduates Association (AIMGA) produced “Alberta Blue Print—Addressing Alberta’s Physicians Shortage: Integration of International Medical Graduates into Alberta’s Health Care System.” Dr. Harshi Mathur proposes a model of an integration process for IMGs into the Alberta health care system. These documents helped prepare a way for the development of the forum, Equal Access to Licensure For International Trained Physicians, at which Dr. Mathur presented her paper on behalf of AIMGA.

The production of these documents can be seen as representative of phases of increased understanding and strategy development. ANIW and connected stakeholders continue to research the problems faced, always with an interest in serving community rather than individual needs, and providing long term rather than short term solutions.

The Report

The purpose of this report is to introduce and give the background to the forum, to present the proceedings, and to show the recommendations and key theme strategies that come together to provide concrete ways of moving towards solutions to the problem of licensure of IMGs in this province. By showing what was accomplished, this report can provide impetus for the implementation of the recommendations.

The body of the report that follows begins with the proceedings of the forum (which, unless otherwise indicated, is taken verbatim from the speakers’ notes), the



recommendations (aligned with the key strategy themes and suggested working groups), and a conclusion.

Materials Provided Prior to the Forum

Prior to the Forum, each participant received a binder of materials. The participants were encouraged to read the materials in advance so that they would be more fully informed prior to the forum. The materials consisted of three recent papers:

1. “The Alberta Blue Print—Addressing Alberta’s Physicians Shortage: Integration of International Medical Graduates into Alberta’s Health Care System” prepared by Dr. Harshi Mathur on behalf of the AIMGA.
2. “Those Really Are Thousand Dollar Bills on the Sidewalk: The Social Opportunity Cost to Alberta of the Underemployment of Un-Licensed IMGs” prepared by Dr. Herb Emery.
3. “The Legal Case to Accommodate International Medical Graduates in their Integration into Alberta’s Health Care System” prepared by Dr. Gail Forsythe, Executive Director of the Cultural Diversity Institute.

The binder also included two brochures that provided information about

1. AIMGA (Alberta International Medical Graduates Association)
2. ANIW (Alberta Network of Immigrant Women)

The Forum

The forum draws on these earlier efforts. At the Forum, ANIW brought together, for the first time, those affected by the issue and those who make the policies for licensure. The opportunity was created so people could speak face-to-face, and work together, to develop solutions, and the strategies to implement recommendations for the benefit of all. The Forum’s purpose was to highlight how equal access to medical licensure for IMGs will benefit the Alberta health care system as well as the IMGs. An additional purpose was to identify current shortages and an anticipated increase in shortage of licensed medical practitioners could be met. Removal of barriers to recognition of qualifications of internationally trained medical graduates was an important discussion point.

Every effort was made by the members of the advisory committee to ensure that the forum had representation from all stakeholders. There were approximately 85 participants at the Forum. Forum participants from across sectors included

- Alberta International Medical Graduates Association
- Alberta Medical Association



- Alberta College of Physicians and Surgeons
- Regional Health Authorities
- Standing Policy Committee
- Health Canada
- Alberta Health and Wellness
- Alberta Learning
- Alberta Employment and Career Development
- Citizenship and Immigration Canada
- Canadian Heritage and Multiculturalism
- University of Calgary
- Cultural Diversity Institute
- University of Alberta
- Practicing physicians and community organizations

The forum began with an introduction by Dr. Andrew Cave, followed by opening remarks by the forum's Chair, Ms. Maureen McTeer. Both stressed the need for the forum and recognized the day as a landmark event. The first panel consisted of these three speakers, outlining the need for licensing as many physicians as possible in this province:

1. Dr. Harshi Mathur, Chair, Alberta International Medical Graduates Association. Her presentation outlined important statistical information and made concrete recommendations for the effective integration of IMGs into Alberta's health care system.
2. Dr. Rob Wedel, Research Co-Investigator, Alberta Medical Association. Dr. Wedel presented preliminary findings on practitioner burnout and the results of increasing demands on Alberta's doctors.
3. Dr. Herb Emery, Associate Professor, University of Calgary. Dr. Emery argued the great unrealized value of IMGs to the province, evidenced in the title of his talk: "Those Really Are Thousand Dollar Bills on the Sidewalk: The Social Opportunity Cost to Alberta of the Underemployment of Un-Licensed IMGs."

The second panel described what is being done now, and licensing authority, the university, and government plans for the near future:

1. Dr. Brian Ward, Assistant Registrar, Alberta College of Physicians and Surgeons. Dr. Ward outlined the changes in Alberta's licensing procedure.



2. Dr. Rodney Crutcher, Program Director, International Medical Graduates Program. Dr. Crutcher examined the Alberta International Medical Graduate Program, how it works to increase the number of IMGs eligible to work as physicians in Alberta, and its aims for the future.
3. Mr. Dave Broda, MLA Red Water. Mr. Broda added a voice of concern and support and highlighted recent developments that will help to increase the number of successfully licensed IMGs.

After the panel presentations, the main work of the day was done by the participants, who proposed solutions and immediate steps forward. This was done in small groups. The participants of the forum were allocated into groups, each group with its own facilitator. The groups addressed challenges and strategic partnerships that were needed for solutions that will enable international trained physicians access to licensure. The discussions were documented; common denominators were identified to form the basis of strategies that would require implementation.

The groups developed strategies under five key theme areas:

- Communication and Marketing
- Financial Support (individual and program)
- Increase Residency and Training Opportunities
- Strong Provincial Organization/Coalition
- Transparent, Equitable and Accessible Process /Assessment/Exams

These key areas were aligned with the specific recommendations made by the AIMGA and appear, in table form, under **Recommendations** in this report.



2.0 Proceedings

(Excerpts as submitted by Chair and Panel participants)

2.1 Opening

2.1.1 Introduction by Dr. Andrew Cave, Forum Advisory Committee Chair

Dr. Andrew Cave, the Research Director in Family Medicine at the University of Alberta, an International Medical Graduate licensed in Alberta, and the Chair of the Advisory Committee for the forum, welcomed the participants.

Dr. Cave acknowledged the support of the Alberta Network of Immigrant Women for the organization of this project, as well as Canadian Heritage and Multiculturalism for their generous grant support that made it possible to organize the forum.

It is interesting to note that nearly one quarter of physicians practicing in Alberta have trained abroad.

Dr. Cave's remarks continued as follows:

Research conducted both by this group and others in Alberta and elsewhere looked at the barriers to licensure that physician graduates experience if they trained outside Canada. It is interesting to note that nearly one quarter of physicians practicing in Alberta have trained abroad. Once, apparently, licensure was straightforward – now it is more complex. A wide diversity of interested parties are addressing these barriers but an underlying problem that has been identified is in fact this diversity of parties involved and the resulting fragmentation of effort. This is why today's meeting is such an important achievement. It may have taken over three years from conception to realization but this is indeed a landmark meeting.

It is the first meeting at a provincial level in this province to bring together all the interested parties to this issue. *It is NOT another meeting to voice complaints or make position statements of our various organizations. It is a **solution-focused** meeting out of which we expect practical next steps to be agreed and which we hope will lead to a continuous dialogue process between all parties and a commitment to action.*



The importance of the IMG issue and the commitment of the parties to it are underlined by the depth and length of the participant list. It is my privilege to welcome all the participants to this Forum.

2.1.2 Remarks by Ms. Maureen McTeer, Chair

In Alberta alone, a shortage of doctors means many communities are not served adequately. Ensuring medical services to all Albertans is one reason why we need to resolve these issues.

Welcome to this forum to discuss how the provinces and federal government can ensure access to the practice of medicine by physicians trained in foreign jurisdictions.

As a medical law specialist, former lecturer in law, medicine and nursing at the University of Calgary; and a current member of the Accreditation Committee for Canadian Medical Schools, I am pleased to be a volunteer in this effort. On your behalf I thank the Alberta Network of Immigrant Women for their initiative and their many sponsors for their support in making it happen.

This is a prestigious gathering, sharing their expertise with us today are people of diverse backgrounds who are committed to a common cause [...]

All of us bring a particular perspective, but by including all of the community of interests in our work here today, we can move more quickly and cohesively to change public policy and lobby government for change. In a letter to this meeting, Health Minister Anne McLellan [...] advised that she will set up a Task Force on these issues. As Andrew [Cave] said, this is an important meeting where solutions are sought.

Today, we will provide answers to the thorny and often controversial question *“What framework is required to respect and build upon medical credentials earned abroad? Or put another way, “How do we ensure that the medical education of foreign – trained physicians benefit all Canadians?”*

This forum comes at a critical time. In Alberta alone, a shortage of doctors means many communities are not served adequately. Ensuring medical services to all Albertans is one reason why we need to resolve these issues. This topic is as much about economics as it is about fairness and access to medical care.



It is an issue that involves ensuring qualified doctors and quality medical care to all Albertans. It is also an issue of equality and equity.

In that, this is an issue of gender, as this matter unduly affects women. As Dr. Cave's recent report on these issues indicated, of the 160 unlicensed foreign – trained medical doctors who responded to this study in Alberta alone in 2000, 60% were women.

By maintaining the status quo on these issues, we are wasting the education and talent that qualified foreign trained physicians can bring to the people of Alberta and of Canada. In Dr. Cave's study we see that nearly half of the foreign – trained physicians are GPs but a significant number also have specialty training, with a majority (three-fifths) having more than 2 or more years of postgraduate training.

In preserving the status quo, we serve neither the profession nor the larger public, nor the people, who have chosen Canada as their home. The purpose of today's forum is to present the issues and propose actions to resolve this challenge.

The question before us is clear, and this forum can provide us with a concise plan of action.

These are emotional issues for many in this room; and they affect many of you personally. Today, we will address them with an eye to provide public policy options for both the provincial and federal governments.

To help us do this, we are joined this morning by experts who will speak to the plenary on two panels [...]



2.2 Panel I: *How we integrate foreign trained physicians into Alberta's health care system*

2.2.1 Dr. Harshi Mathur: Chair, Alberta International Medical Graduates Association

Paving the Path today for Better Access Tomorrow: Effective Integration of IMG into Alberta Health Care System (summarized below)

Alberta must effectively integrate IMGs into Alberta's medical care system AND prepare more Canadian graduates.

Dr. Mathur provided statistical information as to the current number of IMGs in Alberta and their field of specialization:

- Since 1969, approximately 20-30% of practicing physicians in Canada have been graduates of foreign medical schools.
- Since 1980, there has been a steady decline of IMGs employed in Canada; the most recent figure is 23% in 2000.

Alberta is at the

- 7th place regarding the physician/population ratio.
- 8th place regarding the family physician/population ratio.
- 6th place regarding the specialist/population ratio.

At the current rate of production, retention and attrition of physicians during 1999 - 2000 and 2004 - 2005, Alberta will face a **net deficit** of

- 499.4 family physician full time equivalent (FTE's).
- 393.4 medical specialist physician FTE's.
- 140.8 surgical specialist physician FTE's.

This shortage represents a total supply gap of 1,033 full time equivalent physicians for Albertans during the coming years.

To address a shortage of physicians of this magnitude, Alberta must effectively integrate IMGs into Alberta's medical care system AND prepare more Canadian graduates. IMGs can play a vital role to alleviate Alberta's shortage of physicians,



while at the same time, providing economic, social and cultural benefits to the Alberta health care system, and without compromising the standards of Alberta's health care delivery.

Dr. Mathur's presentation included the current integration process followed by a proposed integration process that will fast track IMGs into the health care system. She presented the pros and cons of the current regional programs in Alberta to integrate IMGs.

Dr. Mathur also presented **recommendations** that appear in the Recommendations section of this report.



2.2.2. Dr. Rob Wedel: Research Co Investigator Alberta Medical Association

“we are expected to run on fewer beds, fewer hospitals, sicker patients, a larger population, and fewer primary care physicians.”

Alberta Physician Stress and Burnout Survey: Preliminary Findings

Dr. Wedel’s presentation included

The goals of the survey

- What is the prevalence of burnout among Alberta physicians?
- Are there any differences across occupations, across countries?
- Are there any significant demographic differences?
- What should the “best” measure of burnout look like?

The methodology of the survey

- 8 Demographic Questions
- Burnout Measures
- And Qualitative Comments
- 6806 surveys distributed, 1152 useable surveys returned, 253 International Medical Graduates

Current Health Climate: Survey Comments

- “we are expected to run on fewer beds, fewer hospitals, sicker patients, a larger population, and fewer primary care physicians.”
- “ever increasing expectations of patients... limited access to investigative tests and specialists, skepticism amongst my peers, and demoralization amongst all health professionals.”
- “I am working harder and longer hours now than when I initially began practice. “Where have all the doctors gone?”
- “we can NEVER say “no, we can’t deal with any more”.”

The meaning of *burnout*

- A specific pattern of strain that progressively reduces workforce productivity and general employee health.
- A type of **chronic job stress** resulting from demands at the workplace that tax, and exceed an individual’s resources.



- A state of physical, emotional, and mental exhaustion caused by long-term involvement in situations that are emotionally demanding, particularly those of an interpersonal nature.

The features of *burnout*

- *Depersonalization*, or the tendency to view people as things or objects
- *Personal Accomplishment*, or the sense of job satisfaction gained from performing well and having a positive influence on co-workers.
- *Emotional Exhaustion*, or the sense of operating beyond one's normal coping limits

The coping Strategies

- "I've cut down a lot, tried to set limits, and keep fit so I'm a lot better now."
- "Without my faith and family, I would never be able to manage the intensity and quantity of work that I do each day"
- "We should think big, enjoy life and not get tangled in the web we weave."

[...]

Dr. Wedel concluded his presentation with two quotations:

- "If we don't look after the health care of our providers, they can't look after the health care of ourselves." -Roy Romanow, CMA meeting, Aug 2002.
- "Please secure your own oxygen mask before assisting others" -Air Canada Flight Attendant.



2.2.3 Dr. Herbert Emery: Associate Professor, University of Calgary

If the government of Alberta announced that it had lost \$34 million to \$64 million this year alone, or that it had destroyed a physical asset with that market value, taxpayers would be outraged.

Those Really Are Thousand Dollar Bills on the Sidewalk: The Social Opportunity Cost to Alberta of the Underemployment of Un-Licensed IMGs

If the government of Alberta announced that it had lost \$34 million to \$64 million this year alone, or that it had destroyed a physical asset with that market value, taxpayers would be outraged. Within the context of a society experiencing a shortage of physician services relative to demand, the under-employment of International Medical Graduates, and barriers to obtaining a license for medical practice in Alberta faced by International Medical Graduates result in a social cost for Albertans that is equivalent to wasting that amount of money today.

A recent survey of 53 Alberta IMGs suggests a high level of human capital amongst the responding IMGs. On average, the IMGs have 9 years of clinical experience and the majority of IMGs (60 percent) are in their prime working years, 30 to 45. Despite high levels of training and years of experience as practicing physicians, barriers to licensure for medical practice have resulted in the under-employment and unemployment of IMGs. As much as half of the Alberta un-licensed IMGs are currently not employed at all; only a handful work in areas related to their medical training. The average annual earnings of the un-licensed IMGs who reported working at least part-time in the last year were only \$16,455.

The plight of un-licensed IMGs in Alberta and Canada has been an intended outcome of Canadian policy-makers over the 1990s. In the early 1990s, Canada was thought to have a surplus of physician manpower that was, in turn, identified as a problem for governments interested in containing health care costs. Thus, as part of a policy environment aimed at controlling health care costs by controlling the growth of physician supply, several measures were taken to reduce the intake of IMGs in Canada. Licensing of IMGs became more restrictive in the early 1990s; the numbers of IMGs entering Canada on special visas for postgraduate training was reduced, and along with all physicians in Canada, IMGs faced reduced opportunities for post-graduate training as one-year rotating internship programs were eliminated. Recommendations were also made to close the Medical Council of Canada's overseas



testing facilities and to require immigrants to Canada to sign a stronger declaration agreeing that there would be no guarantee of medical practice in Canada.

If reducing the intake of IMGs was so effective for reducing physician supply, then it follows that policies aimed at increasing the intake of IMGs should be an effective way to address the shortage of physician services in Canada.

In his recent study for the Canadian Institute for Health Information, Benjamin Chan argues that since the late 1990s, the consensus view of policymakers and governments has increasingly been that there is a shortage of physicians in Canada. As a consequence of population growth in Canada and policies implemented in the early 1990s to control the growth of physician supply, Chan estimates that the ratio of total physician services to population in Canada has declined to its 1987 level after reaching a peak in 1993. Chan estimates that one fifth of the total decline in the growth physician manpower in the 1990s can be attributed to a decreased intake of IMGs after 1993. If there is a shortage of physician manpower in Canada, then obviously we need to replace policies aimed at limiting the supply of physicians with policies that will increase the supply of physician manpower. *If reducing the intake of IMGs was so effective for reducing physician supply, then it follows that policies aimed at increasing the intake of IMGs should be an effective way to address the shortage of physician services in Canada.*



2.3 Panel II: *Alberta's experience with licensing foreign trained physicians to practice in this province*

2.3.1 Dr. Brian Ward: Assistant Registrar, Alberta College of Physicians and Surgeons

There are currently 5500 physicians registered for practice in Alberta. 27% of those 5500 physicians graduated from a medical school outside of North America.

Alberta's Experience with Licensure of International Medical Graduates

The College is the body mandated by Provincial statute to regulate medical practitioners in Alberta.

Mission statement: To serve the public and guide the profession.

Principal regulatory functions are:

1. licensing physicians;
2. setting standards for medical practice;
3. reviewing the performance of licensed physicians; and
4. responding to and resolving complaints about physicians.

The Council governing the affairs of the College is composed of 17 elected physicians, the two Deans of Medicine, and 3 members of the public. Under new regulations, public members on the Council will increase to be a minimum of 25% of the membership of Council.

The College collaborates with the Ministry of Health and Wellness, the medical schools, Regional Health Authorities, and other professional regulatory bodies in Alberta. Nationally, the College is a partner in the Federation of Medical Licensing Authorities of Canada and is on the Board of the Medical Council of Canada. At Federation meetings, attempts are made to increase the uniformity of licensing and practice standards across Canada. As a Board member on the Medical Council of Canada, the College has input into the content and conduct of the LMCC examinations.



There are currently 5500 physicians registered for practice in Alberta. 27% of those 5500 physicians graduated from a medical school outside of North America.

Over the past 40 years many decisions -- federal, provincial and local ones -- have caused the supply of physicians in Canada to fluctuate from too many to too few. Those decisions have also affected the flow of international medical graduates.

International medical graduates have long had difficulty being recognized for licensure in Canada because their training systems lack transparent standards, cross-evaluation and accreditation programs.

In the history of medical licensure in Canada, the 1960's were a time of near-reciprocity between Canada and the United Kingdom. In the 1970's, the LMCC was adopted as the national standard for full licensure and portability of licensure within Canada. The 1980's saw debate about the length of postgraduate training needed to prepare medical graduate for practice. That led to agreement in the early 1990's that full licensure requires a minimum of two years of accredited postgraduate study, and certification from either the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada.

International medical graduates have long had difficulty being recognized for licensure in Canada because their training systems lack transparent standards, cross-evaluation and accreditation programs. Even where medical school credentials were considered similar, IMGs came up against too few opportunities to become familiar with the Canadian healthcare system through postgraduate training.

However, Canada's needs are changing and our institutions are being challenged to adapt -- more quickly and more boldly. Canada is not keeping up with the demand for medical services. Statistics show the ratio of physicians to patients in Canada and in Alberta is worsening. Patients, physicians, and administrators tell us that the shortage of physicians and surgeons in Alberta is serious. The shortage affects general practitioners and specialists, and rural and urban communities. The Association of Canadian Medical Colleges (representing Canada's 16 medical schools) predicts that Canada's shortage of physicians will worsen over the next 10 to 20 years. For new Canadians from non-English speaking countries looking for a physician who understands their needs, the prospects are probably even worse.



And yet, it is our experience that international medical graduates enrich our profession through the varied experiences they bring to caring and curing. So, if ever there was a need to increase opportunities for international medical graduates, the time is now.

The College of Physicians and Surgeons intends to be part of the solution. To date, the College has been a major player in the creation of opportunities for IMGs in Alberta. Its current roles include:

- Founding member of the Board of the Alberta IMG Program
- Developer and advocate for individualized assessments of IMGs in Alberta
- Facilitator for IMGs in new roles with regional programs
- Advocate for more postgraduate training positions in Alberta
- Promoter of national initiatives to improve access for IMGs to training and licensure in Canada

The Council of the College has not discussed your Blue Print for action. However, I personally support its recommendations in principal and look forward to working on solutions for IMGs.



2.3.2 Dr. Rodney Crutcher: Program Director, International Medical Graduates Program

The Alberta International Medical Graduates Program: Today and Tomorrow

The goal of this program is: To increase the number of International Medical Graduates eligible to work as physicians in Alberta.

The program was launched in January 2001 and its target population is physicians trained in countries other than Canada and United States. The program is a provincial program housed at the University of Calgary, with a part time staff and a provincial steering committee to oversee the program. The program currently focuses on Family Medicine. Dr. Crutcher highlighted the program principles, program assessment stages, and the admission process.

The application criteria are

- Canadian Citizen or permanent resident
- Alberta resident minimum of one year
- Proficient in English--may require TOFEL
- Medical education documentation and transcripts
- Successful completion of Medical Council of Canada Qualifying Exam Pt. I
- References and a personal statement

The selection criteria are

- Maturity
- Excellent communication skills
- Self-directed learners /proven team skill
- English Language proficiency--essential
- Applicants must be committed to Family Medicine, have compassion, integrity, adaptability and role flexibility

“ We are not seeking applicants that fit any particular or narrow stereotype.”

The Alberta International Medical Graduate Program includes Clinical Orientation. This mandatory four month program focuses on Family medicine and selected other specialty Experience. The intent is to familiarize the applicant with the Canadian



health care system, clinical approaches and expectations, physician and patient expectations and responsibilities. Specific administrative procedures and a clinical orientation workshop are integrated into the orientation period.

In 2001 the program had 56 applicants: 20 were interviewed and 11 were chosen for the program; in 2002, there were 31 applicants: 20 were interviewed and 8 were selected.

The program's work currently includes

- Strategic Planning
- Assessment preparation
- Measuring what is being done
- Advocacy/ support/ mentorship
- Partnering with residency programs, regional health authorities government and the IMG communities.

For tomorrow, the program includes

- Sustainability issues – ongoing review/need/cost effective
- Preparedness of the applicant pool
- Training- specialty, duration and flexibility
- Equity issues – What about those who are not qualified and do not get in?
- Partnering with IMG communities and conjoint planning

Regarding the national level, Dr. Crutcher mentioned the IMG taskforce contribution on the portability of credentials and program harmonization, and he noted that IMGs will always be needed as part of a sustainable Canadian workforce.

He left the participants of the forum with a question: **Who speaks for the IMGs in Alberta and in Canada? How?**



2.3.3 Mr. Dave Broda: MLA Red Water

A recent University of Alberta department of family medicine survey, funded by Alberta Health and Wellness, found that only 40 percent of 160 Alberta unlicensed IMGs had been able to find work that was medically related.

Physicians are a trusted and vital part of our province's health care system. Albertans rely on doctors to counsel them on how to stay healthy, diagnose and treat their illnesses and refer them to the appropriate health care professionals and services in their community.

The knowledge, experience and skills of a physician are earned from many demanding years of training, study and practice.

Our focus today is the state of IMGs in Alberta. What we are speaking about is the inability of many foreign-trained physicians to practice their profession and provide valuable medical services to a community.

Many people who had dreamed of a career in medicine are instead driving cabs, working as janitors or employed in jobs that cannot offer them the same challenge and satisfaction.

We agree that this is a tragic waste of human potential.

A recent University of Alberta department of family medicine survey, funded by Alberta Health and Wellness, found that only 40 percent of 160 Alberta unlicensed IMGs had been able to find work that was medically related. These individuals came from 35 different countries, were Canadian citizens or landed immigrants and listed English as their principal language. About 60 percent were women; half were trained as general practitioners, the other half as medical specialists.

But we do know that many international IMGs are an integral part of Alberta's physician workforce. At the end of June 2002, 1,506 or 27 percent, of Alberta licensed physicians graduated from medical schools outside of North America.

Yet, for many, the hurdles to be licensed as a physician in Alberta are insurmountable.



Physicians who were trained outside North America and immigrated to Canada without employment or licensure prospects or Canadian citizenship have faced the greatest challenges. The Alberta College of Physicians requires that applicants pass a number of Canadian qualifying exams.

Some international medical graduate (IMG) physicians pass the required Canadian licensing exams, have residency training and practice experience acceptable to the College of Physicians and Surgeons of Alberta, but still cannot be licensed to practice.

One of the main reasons for this is that they have been out of active practice for a period of two years or more. These individuals must now successfully complete a period of Canadian medical residency training before they can be granted a license.

Getting a Canadian medical residency spot has been very difficult, because traditionally in Canada, there has been one postgraduate position for every undergraduate medical school position.

Many IMGs recruited to practice under the Alberta College Special register experience frustration in writing their Canadian licensing exams and in practicing under a restricted license. These physicians also must adjust to a new culture and professional environment, and cope with feelings of isolation when they work in remote communities.

Fortunately, the Rural Physician Action Plan, funded by Alberta Health and Wellness, assists international medical graduates and their families with these professional and cultural issues.

**... international medical graduates are a resource
we cannot leave untapped ...**

I am pleased to highlight four recent developments that will help to increase the number of international medical graduates who will be successful in gaining a license to practice medicine in Alberta.

- The Canadian Resident Matching Service, a non-profit organization that assists medical schools to select candidates for postgraduate medical training, has seen an increase in placements for international medical graduates. In 2002, 83 foreign applicants were given residency positions. Recent increases in postgraduate medical residency training positions across



Canada, including 80 more positions in Alberta, will create further opportunities for international medical graduates to get a residency match.

- The New Alberta International Medical Graduates Program accepted 11 residents into a two-year family medicine residency program in the University of Alberta and the University of Calgary on July 1, 2001. These 11 residents will be fully licensed to practice family medicine by 2003. On July 1, 2002, 8 more residency training spaces were filled, making a total of 19 IMGs in the program.
- As of March 2001, Alberta Health and Wellness eased the requirements for IMGs who want to pursue postgraduate specialist training in the United States.
- As of January 2001, the Royal College of Physicians and Surgeons of Canada is again providing the opportunity for specialist foreign-trained physicians to have their training evaluated regarding eligibility to take the Royal College certification examination.

With the pressure to meet the growing demands for health care, and the aging baby boomers affecting the ranks of physicians as well as patients, international medical graduates are a resource we cannot leave untapped for their benefit, or for ours. That is why Alberta has moved to open more doors for these graduates.

Our society and health care systems have truly benefited from the contributions of new Canadians who have chosen Canada as the place to realize their dreams.

I congratulate the Universities of Calgary and Alberta, and the Alberta International Medical Graduate Program, on the residencies they have accepted so far. I also congratulate everyone here for accepting this opportunity to take a closer look at issues like training, licensing and standards for practice, language proficiency, and other supports so you can welcome more first-generation Canadians with medical training as your colleagues.

One of the challenges with creating residencies for people trained elsewhere is ensuring compliance with our own standards. Of course, we must protect the integrity of our own codes of practice and the safety of our citizens.



At the same time, it seems to me it takes a special commitment to pursue the best available medical education, under circumstances in their own country, that may be less than socially, economically, or politically ideal.

That commitment speaks well of the personal drive and initiative of many IMGs in Canada. I know our own health community identifies with those qualities.

Our society and health care systems have truly benefited from the contributions of new Canadians who have chosen Canada as the place to realize their dreams.

Thank you.



2.4 The Key Strategy Themes

Strategy themes were tabulated from the four discussion groups at the Forum. The Strategy themes are

I. **Communication and Marketing:**

- Development and implementation of a comprehensive communication and marketing strategy
- Develop two-way communications between IMG physicians and policymakers at all levels
- Create an organization and mechanism for information exchange
- Establish a clearinghouse of information for IMG, which is credible, linked, and user friendly
- Raise public awareness and support for culturally sensitive (relevant) health care (all parties)
- Recognize the added value to Albertans of physicians who are multilingual, multi-cultural and develop policies to attract and retain such physicians

II **Financial Support (individual and program):**

- Provide financial support for IMGs getting into the system
- Reduce the financial barriers to licensure and employment for IMGs
- Develop and find programs and services to achieve successful integration (loans, child care, exam preparation workshops)
- Investigate and develop innovative funding sources and partnerships for IMG training and licensure/integration (RHA, federal transfers, World Bank, foreign aid)

III **Increase Residency and Training Opportunities:**

- Increase AIMG residency positions overall including new specialty positions
- Increase designated residency positions and training and preparation opportunities. Provincial government to increase residencies for family physicians and include specialists too
- Develop opportunities for local experience by providing observerships in all areas/departments
- Increase number of IMGs practicing medicine in Alberta
- Create educational and training opportunities for individual success

IV **Strong Provincial Organization/Coalition:**

- Create an organization and mechanisms for information exchange



- Recognize the Association as the center for information for IMGs and links to other stakeholders
- Build a coalition among stakeholders to create effective changes in policies and practices
- Establish a leadership coordinating mechanism
- Take action – maintain the momentum

V Transparent, Equitable and Accessible Process /Assessment/Exams:

- Develop fair, merit-based nationally based assessment process
- Promote a national screening assessment of IMG credentials
- Develop an assessment tool that evaluates specialist IMGs on an individual basis to address their personal learning needs and training
- Create a process to effectively integrate all IMGs into the health care system
- Streamline and improve access to Medical Council exams
- Create equitable policies for IMGs (licensing bodies, training programs)



3.0 Recommendations (The Next Step)

The recommendations made by Dr. Mathur on behalf of the Alberta International Medical Graduates Association were correlated with strategy themes that evolved from the discussion groups. To further the implementation of the recommendations, suggested working groups were correlated to the strategy themes

The table below aligns the work of the participants of the forum with the recommendations in the IMGs Blue Print.

Recommendations	Strategy Theme	Suggested Working Group
1. Increase in the number of IMG Residencies to at least 32	To Increase Residency and Training Opportunities (Alberta Government)	Residency and Training Steering Committee
2. Open observership and research assistants opportunities after successful completion of MCQE	To Increase Residency and Training Opportunities	Residency and Training Steering Committee
3. Expand orientation opportunities to familiarize IMGs with Canadian health care system, Canadian physician and patient interaction model, and Alberta legal and ethical systems	To Increase Residency and Training Opportunities	Residency and Training Steering Committee
4. Assess IMGs experience on an individual basis to ensure that residency programs reflect individual training needs	Transparent, Equitable & accessible Process / Assessment / Exams	Equitable Policy and Assessment Group
5. Include residence positions in various specialties rather than restrict IMGs to family practice	Transparent, Equitable & accessible Process / Assessment / Exams	Equitable Policy and Assessment Group



Recommendations	Strategy Theme	Suggested Working Group
6. Recognize the successful completion of the Medical Council of Canada Qualifying Exam II as equivalent to the first year of Residency	Transparent, Equitable & accessible Process / Assessment / Exams	Equitable Policy and Assessment Group
7. To make information more easily accessible to IMGs, each entity involved in the training, accreditation and licensing process should forward information about the integration process, resources, observership and research assistant opportunities, and residency/regional programs to the Alberta International Medical Graduates Association	Communication & Marketing	Communication Group
8. Policymakers and program developers involved in the integration process should acknowledge and support the role of the Alberta International Medical Graduates Association. Directly engage individuals who are affected by policy and program development.	Strong Provincial Organization /Coalition	Communication Group
9. Offer the Medical Council of Canada Evaluating Examination in Alberta to eliminate the barrier of travel costs faced by Albertans.	Financial Support	Financial Support Group



<p>10. Make student loans or grants available to IMGs while undergoing the process of integration to the mainstream practice (i.e., for examination fees, buying study materials, to cover child care costs, etc.).</p>	<p>Financial Support</p>	
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4.0 Conclusion

The Alberta Network of Immigrant Women and the Alberta International Medical Graduates Association recognize the importance of what was accomplished in this landmark Forum: stakeholders have entered into a dialogue and developed concrete strategies for change in the achievement of licensure of IMGS in Alberta. Those committed to continuing the dialogue and insisting upon practical steps being taken - the steering committees and other interested members - take on crucial roles in seeing that the plans developed in this forum become realities.