BARRIERS TO LICENSING IN ONTARIO

FOR

INTERNATIONAL PHYSICIANS

JUNE 2000

Association of International Physicians & Surgeons of Ontario (AIPSO)
2 Carlton Street, Suite 1004, Toronto ON M5B 1J3
Tel (416) 979-8611 • Fax (416) 979-9853
Email aipso@cassa.on.ca Website www.cassa.on.ca/AIPSO

BARRIERS TO LICENSING IN ONTARIO FOR INTERNATIONAL PHYSICIANS

Association of International Physicians & Surgeons of Ontario (AIPSO)

June 2000

The process of licensure for international physicians in Ontario, and across Canada, is complex and involves several stakeholders. Each year, more than 300 international physicians arrive in Canada as landed immigrants, and half of all immigrants settle in Ontario.[1] During the 1980s and early 1990s, studies predicting an oversupply of physicians resulted in policy development designed to limit the supply of physicians. In Ontario, the first direct response to these reports was the recommendation of the Joint Working Group on Graduates of Foreign Medical Schools in 1986 to limit access for international physicians. The outcome was the implementation of a restricted program for the integration of inter ended and designed to act as a barrier to international physicians. Since that time, the only change to this barrier has been the increase in number of positions from 24 to 36 in January 2000, based on the recommendation of the McKendry Report.

Today, Ontario and provinces across Canada are experiencing critical shortages of physicians, the extent of which is expected to increase as the negative effects of limited access for international physicians, medical school seat reductions and retirements are realized.

The Association of International Physicians & Surgeons of Ontario (AIPSO) is a community-based non-profit organization which provides a representative voice of international physicians and surgeons seeking access to the Ontario health care system. The mandate of the association includes a strong commitment to maintaining the standards of health care in Canada, and agreement in principle to the necessary training and examinations to ensure those standards.

AIPSO has been funded by the Maytree foundation to achieve four key objectives:

- to advance the formal organization of the association and develop effective communication and information dissemination among the membership;
- to develop a profile of international physicians and surgeons in Ontario and create a database of their educational and professional qualifications;
- to develop policy alternatives for responsible and equitable access to the Ontario health care system in consultation with the members; and,
- to build relationships with the College of Physicians and Surgeons of Ontario, the Ontario Ministry of Health and other significant stakeholders with the objective of establishing a constructive dialogue on practical and equitable means of integrating international physicians and surgeons into the Ontario health care system.

The purpose of this paper is to outline the barriers to licensing experienced by international physicians. The first section will follow the chart in Appendix A, moving step by step through the requirements for licensing set out by the College of Physicians and Surgeons of Ontario, providing recommendations for change at each level. The second section will identify broader issues that impact on access and equity for physicians, identifying key partnerships for change.

[1] This is based on Citizenship and Immigration Canada's statistics for landed immigrants indicating medicine as their intended occupation. It does not include those who come to Canada as a spouse, under family reunification or as refugees. According to an AIPSO survey of its membership, only 58% indicated that they listed medicine as an intended occupation on a landed immigrant application.

PART ONE: BARRIERS TO LICENSING

1.1 MEDICAL COUNCIL OF CANADA EVALUATING EXAM (MCCEE)

The Medical Council of Canada Evaluating Exam (MCCEE) is the first exam required of all physicians educated outside of Canada and the United States. The MCC has expressed three distinct purposes/goals of the Evaluating Exam. The first purpose has been historically to avoid unnecessary expense and dislocation on the part of international physicians who might seek admission to Canada. In agreement with Citizenship and Immigration Canada (CIC), the MCCEE was made a requirement in the granting of landed status. This practice is no longer relevant to CIC policies, as the MCCEE is no longer used as a requirement in the granting of landed status, and has not been for several years.

The second purpose of the MCCEE is to evaluate the candidate's knowledge of the principle fields of medicine. While the goal of evaluating the medical knowledge of applicants is critical, there is duplication in this process wherein applicants must subsequently also complete the MCC Qualifying Exam Part 1 in order to become eligible for the Licentiate of the Medical Council of Canada. The content of the MCCEE and the Qualifying Exam Part 1 is similar, with the latter being more comprehensive and intensive. Material tested and knowledge evaluated in the MCCEE is fully covered in the content of the Qualifying Exam Part 1.

> ***Since successful completion of the Qualifying Exam Part 1 ensures competence in the content of the Evaluating Exam, it is the position of AIPSO that the Qualifying Exam Part 1 is sufficient to evaluate medical knowledge. Therefore, requiring the MCCEE of international physicians is redundant and should be eliminated.***

And finally, the MCCEE functions as a screening mechanism used by various medical bodies for acceptance into their programs, specifically, CaRMS, the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada, and the Ontario International Medical Graduate Program. With the exception of only two provinces (Saskatchewan and British Columbia) in the CaRMS process and the IMG program in Ontario, the requirement of the Evaluating Exam is not made in isolation from the Qualifying Exam Part 1. Still, even in these provinces, the Qualifying Exam Part 1 remains an eventual requirement in the process, and can be used interchangeably in the current process without jeopardizing standards.

> ***Given the fact that all international physicians pursuing medical licensure in Canada will be required to complete the Qualifying Exam Part 1, requiring the MCCEE is redundant and should be eliminated.***

The current fee for the MCCEE is $1000. The rationale for this fee is explained as including a $100 credential assessment fee for the first writing, and a $900 fee for the cost of taking the exam. These figures are inconsistent with the fees applied to the Qualifying Exam Part 1, which is twice as long, includes non-multiple choice style questions, yet costs only $650. Furthermore, candidates for professional licensing are not eligible for OSAP or other existing student loan programmes.

> ***Many candidates abandon the process because of financial limitations, or have to work to subsidize themselves during the course of the examinations. Both of these issues are barriers to access for international physicians.***

After five years, the MCCEE expires and the MCC requires candidates to initiate the application process again without any recognition of the previous credential assessment or application to the MCC, and the candidate must re-sit the exam. There are two concerns that this policy raises. First, it is not clear why credential assessment and/or results become invalid at this time. Once an applicant's credentials have been assessed, the individual should be provided with the appropriate documentation and approval of the MCC, so that they are to able present their official records when required. Second, there is no parallel expiration policy for the Qualifying Exam Part 1, yet the two exams share the same objective, which is to assess medical knowledge. Furthermore, there is contradictory recognition of the MCCEE after five

years by the MCC and the Ontario IMG program, with the latter accepting the pass after five years. There is therefore a need to apply the same logic for both exams to ensure internal consistency.

Although there is now an extension policy pertaining to the expiry of the MCCEE which is based on enrolment in training to upgrade medical knowledge and clinical skills, there is no explicit reference to the type of training that is recognized for this purpose.

RECOMMENDATIONS

- Allow international physicians direct access the MCC Qualifying Exam Part 1 and eliminate the MCCEE as criteria for licensing by the CPSO.
- Once credentials have been assessed by the MCC, applicants should be provided with the appropriate documentation and approval of the MCC, so that they are able present their official records when required, without expiration.
- Should the MCCEE be maintained, evaluate the actual cost of exam administration and reduce the fee to reflect the real cost.
- Establish government sponsored loans board to cover the cost of exams and additional living expenses during the period of preparation.
- Should the MCCEE be maintained, eliminate the current policy of automatic expiry after five years.
- Ongoing professional development / education should be accessible to all candidates who have successfully passed the MCCEE and/or MCCQE Part 1.
- Should the expiry policy be maintained, the MCC needs to make explicit the form of medical training that would be recognized for extension of MCCEE validity.

1.2 MCC Qualifying Exam Part 1

Based on the rationale for eliminating the MCCEE provided in section 1.1, there is a need for the MCC to allow international physicians access to the MCC Qualifying Exam Part 1 directly. The MCC, in consultation with the various provincial Colleges of Physicians and Surgeons, the CaRMS, and other relevant stakeholders, should devise a direct route of application for this exam. New policies must grandfather current access privileges for those who already hold the MCCEE within those jurisdictions that require only the MCCEE.

RECOMMENDATIONS

- Development of new policies providing direct access to the MCC Qualifying Exam Part for international physicians.
- Grandfather current access privileges for those who already hold the MCCEE within those jurisdictions that require only the MCCEE.

1.3 MCC QUALIFYING EXAM PART 2

There is currently a requirement of one year of postgraduate training for access to the MCC Qualifying Exam Part 2. Although this year of training may be completed outside Canada, this policy fails to recognize that there are many countries where postgraduate training per se is not provided to family physicians. In these cases, family physicians are recognized as such upon completion of medical school and internship and are then able to proceed in professional practice in the capacity of physician.

RECOMMENDATION

- There is a need for the MCC to recognize other forms of postgraduate training, such as internship and professional experience, that would be equivalent to the Canadian practice of postgraduate training, and to allow access to the Qualifying Exam Part 2 accordingly.

1.4 CERTIFICATION BY EXAMINATION BY THE RCPSC OR THE CFPC

A critical barrier for international medical graduates is access to the examinations provided by the RCPSC and CFPC, as registration in a residency program in Canada is usually required. In Ontario, access to residency programs for international medical graduates is limited to the International Medical Graduate (IMG) Program of the Ontario Ministry of Health which recently increased the number of positions to 36 from the 24 which had been in place since 1986.

A key issue of fairness in the evaluation of a professional's competencies is the criteria being used. The emphasis should not be on the route taken to acquire a particular set of skills, but rather an evaluation of those skills. There is a need for regulatory and licensing bodies to remain open to new and innovative methods of comparing courses and training within a comparable and equitable scale. The examination and training requirements which Canadian medical graduates must undergo need not necessarily be the same for international medical graduates because the latter have already gone through these processes in other jurisdictions. Rather, their competencies should be assessed, and if there are areas identified that require further training, bridging programmes to meet those needs can be undertaken. All international physicians and surgeons should not be required to begin their integration into the health care system at the same point as new Canadian graduates. Developing methods that are comparable to the peer assessments and quality assurance programs of licensed physicians in Ontario is a more equitable and economical approach.

RECOMMENDATIONS

- Recognize that international physicians represent a broad continuum of experience, and there is need for flexibility of integration at all levels of medical education / licensing.
- Develop a permanent mechanism for the assessment of fully trained physicians. Such a mechanism is already being contemplated by the CPSO and the COFM. Monies have been allocated by the Ontario Budget 2000 to the Ministry of Training Colleges and Universities for projects related to bridge training for foreign-trained health care professionals to meet Ontario licensing standards.
- In the development of options for integrating international physicians, there is need to establish a multi-stakeholder dialogue among the Ministry of Health, CPSO, the RCPSC, the CFPC, universities, hospitals and international physicians in developing a programme that meets the needs of both the Ontario health care system and international physicians.
- Expand the pilot programme of the Federation of Medical Licensing Authorities of Canada (FMLAC) and the RCPSC for specialists, with transparent and equitable policies around access.
- Establish a Residency Review Board to review specialists' experience and make recommendation for the length of residency required (operating on a continuum from no residency required, to advanced standing, to full residency). The Residency Review Board would have an appeal process.

<u>TOEFL / TSE</u>

Acceptance into the Ontario IMG programme requires verification of competence in written and spoken English through the TOEFL exam, costing $110 US and the TSE exam costing $125 US. Exact scores are required for each, a practice that the TOEFL program advises against in its own guidelines. Further, the TOEFL program provides the caveat that it does not test English proficiency comprehensively, and that it is a measure of general English proficiency, not specific to any particular profession.

The current policy in Ontario only recognizes the successful completion of these exams for two years, after which candidates must re-sit the exams at the same cost. It is redundant to re-test language skills when an individual has already passed the exam and has since been living, studying and working in Canada. In addition, there are cases where individuals have been required to sit these exams when they are native speakers, but have not been educated in English-speaking universities, or when they have worked professionally in the English language.

RECOMMENDATIONS

- Eliminate expiry policies related to the TOEFL and TSE exams so that successful completion of one set of the exams is sufficient proof of English competence.
- Establish an exemption process whereby candidates may present evidence of professional experience in English and/or native competence and be exempt from this requirement.
- Develop a profession specific test of English proficiency, to measure competency in patient and colleague communication.

ONTARIO INTERNATIONAL MEDICAL GRADUATE PROGRAM

The selection process for the IMG program does not rely on an objective assessment of knowledge, skills and experience (i.e. merit-based evaluation) but rather acts primarily as a gatekeeping mechanism. Each December, approximately 250 to 300 international medical graduates who have already successfully completed the Medical Council of Canada Evaluating Exam write the competitive entrance exam for the IMG program. The content and structure of the exam is comparable to the MCC Qualifying Exam Part I. Given the redundancy of administering this exam, the purpose historically has been to restrict access of international physicians to the Ontario health care system. In January 2000, 90 applicants were invited back for the Objective Structured Clinical Exam, from which only 36 were admitted to the program.

> ***This admission process has been intentionally designed to limit access to candidates who may otherwise qualify based on a merit-based assessment of their professional competence, in order to control the supply of physician resources. These exams function as an elimination process and add no value to the evaluative process.***

The current IMG pre-residency program corresponds with the clerkship required of Canadian medical school graduates. The clerkship concept implies a practice period for the application of learned skills. For a fully trained physician, this requirement is redundant, and does not constitute a clearly defined evaluative process. What full-trained international physicians and surgeons require instead, is a concise professional orientation.

> ***Given the fact that fully trained and experienced physicians should only be expected to demonstrate competence, a more efficient evaluative tool (e.g. applied clinical evaluation) should replace this current program. However, for those international physicians who have not completed postgraduate training, or who have been out of practice for a substantial period of time, a modified pre-residency training may be appropriate.***

RECOMMENDATIONS

- For fully trained international physicians, replace the pre-residency and residency programs with a professional orientation and clinical evaluation process.
- Implement a model of clinical evaluation that is built on the premise that international physicians have sufficient practical experience and where the objective is to establish equivalence and meet national standards.

CANADIAN RESIDENCY MATCH SERVICE (CARMS)

The only other access to residency programs for international medical graduates in Ontario is through the Canadian Residency Match Service (CaRMS) for placement in other provinces. This program runs two separate iterations for matching medical graduates to residency positions. International medical graduates do not have access to the first iteration in which 94.3% of applicants were successfully matched in 1999 (78.3% of these were matched within their top three choices). The statistics for International Medical Graduates from 1995-1999 on the other hand, show that less than 10% of the applicants, on average, were placed in residency programs across Canada.

The above figures clearly demonstrate that international medical graduates experience a radically different rate of placement in the match. This is an obvious example of systemic barriers to gaining access to residency programs through the CaRMS match for international physicians.

RECOMMENDATIONS

- For those international physicians requiring a full residence, allow access for application to CaRMS on the first iteration
- Increase the number of residency positions available from the current 100:100 ratio to at least 120:100 ratio.

PART TWO:

WORKING TOGETHER TO IMPROVE ACCESS AND EQUITY FOR INTERNATIONAL PHYSICIANS

2.1 PARTNERSHIP WITH CITIZENSHIP AND IMMIGRATION CANADA (CIC)

The first step taken by most international physicians is their application for immigration to Canada, when they are assessed, approved and advised by Visa Officers at Canadian posts overseas. It is at this point that applicants are advised to contact the MCC for information on licensing and options for beginning that process. Given the fact that this is generally the first and most critical contact with the Canadian health care system and information on licensing, it would be appropriate for the MCC to take a more pro-active role in presenting a more comprehensive description of access to the profession in Canada.

There is a need for CIC and the MCC to work together to present a fair representation of the opportunities available to physicians immigrating to Canada. Although CIC introduced the “waiver” regarding access to the profession for physicians, applicants receive mixed messages when they are presented with the option of commencing the licensing process overseas. As well, the level and presentation of information currently made available on the MCC website should be revised to offer a more helpful and realistic understanding of the licensing process in Canada. A recent survey of the AIPSO membership has shown that 59% felt that their knowledge of the barriers to becoming a licensed physician in Canada, prior to arrival, was fair or poor.

It is imperative that the MCC and CIC work together to provide a consistent message to international physicians applying to immigrate to Canada. To this end, AIPSO would also be a willing partner to work toward improving the accessibility of information.

2.2 Effective Human Resource Management for the Future

As the federal Ministry of Citizenship and Immigration continues to set ambitious objectives for immigration, the need for medical service delivery in ethno-specific communities can be expected to grow significantly. This aspect of physician resource management is further to the current recognition of a crisis in the health care system in Ontario, and further emphasizes the critical need to process and employ the current reserve of international physicians in Ontario. As Canada continues to rely on significant levels of immigration to sustain the economy and demographic balance, it is critical that the Ontario Ministry of Health and the various licensing and regulating bodies respond to the emergent needs of the community. This response must include a careful review of the explicit need for diversity in Ontario medical practice.

It is important also to consider that the supply of international physicians and IMGs is quite likely to continue at current levels or increase. "Physician" has not been on the Citizenship and Immigration Canada (CIC) occupation list for several years, but still the numbers arriving have remained constant. Now, CIC is proposing Bill C31 which, the Minister has expressed clearly, will move away from occupation lists altogether, and focus more on levels of education, transferability of skills, facility in official language, etc. Based on this shift in policy, we can expect to see at least the same number of physicians, if not more, arriving in Canada.

> ***This is a critical time in Ontario and across Canada for health planning bodies to identify sustainable means of integrating international physicians as part of generalized physician resource planning.***

2.3 COMMUNITY PARTNERSHIP

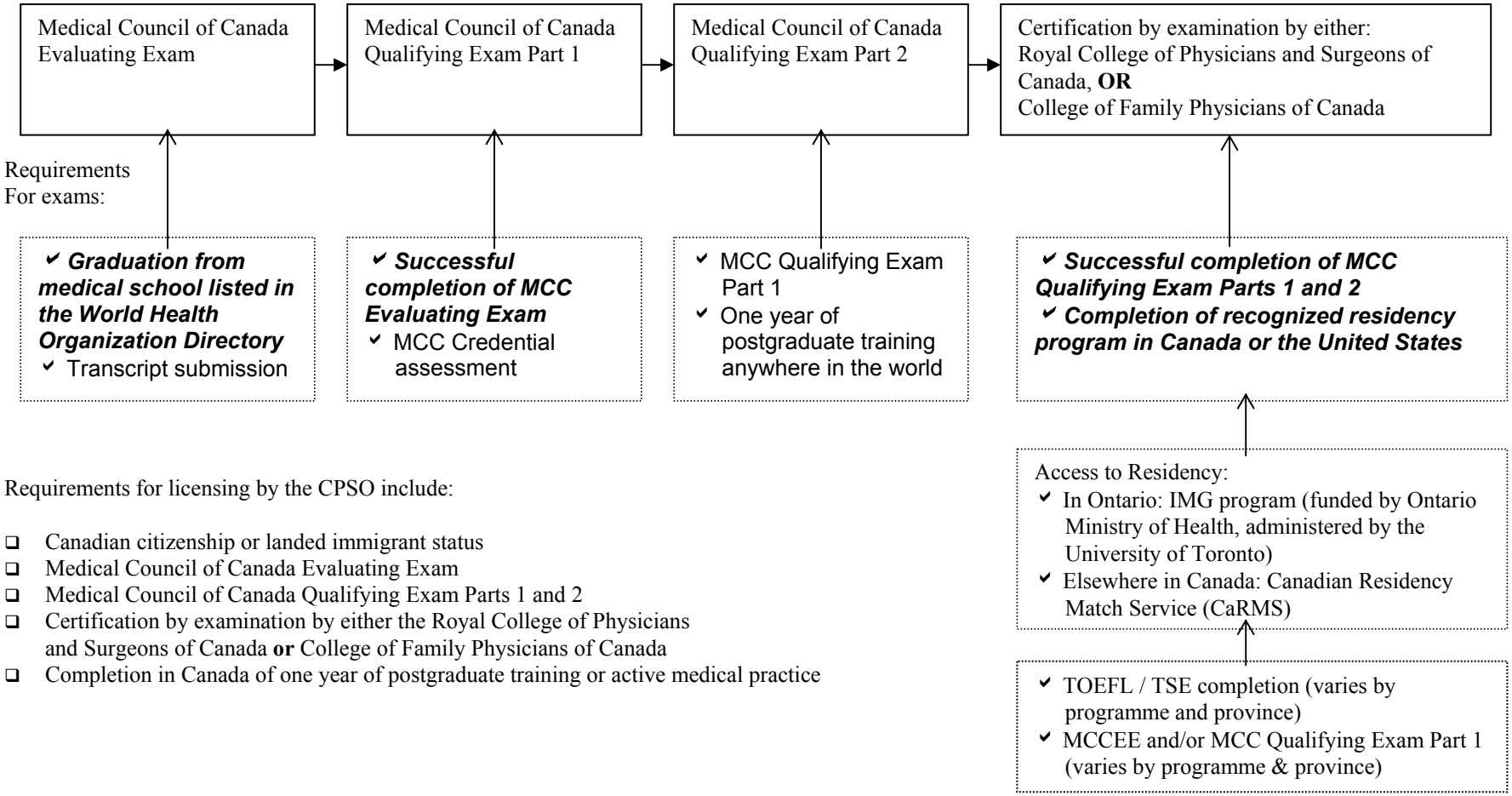
Given the complex challenges that international physicians face when they pursue licensing in Canada, it is important for government and regulating and licensing bodies to work with international physicians. As organizations like AIPSO work to provide grounded and representative input, it would be helpful to have the support of these bodies. There is a need for regulatory and licensing bodies to disclose statistics related to exam results and applications as this information is critical in the analysis of how international physicians proceed in the current system. Providing this information to community stakeholders is an important step in developing a broader and more accurate understanding of the challenges faced by international physicians. In addition, when regulatory and licensing bodies undertake policy development that affects international physicians, it is imperative that they consult international physicians through a meaningful and inclusive process.

In conclusion, it is a key objective of AIPSO to work toward establishing multi-stakeholder dialogues that focus on international physician issues. The Medical Council of Canada, the College of Physicians and Surgeons of Ontario, the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada, the Council of Ontario Faculties of Medicine, and the Ontario Ministry of Health would be critical partners in this endeavour to ensure access and equity for international physicians, and to benefit Ontario through the efficient and responsible use of the human capital our economy and society need.

Appendix A

REQUIREMENTS FOR LICENSURE IN ONTARIO FOR INTERNATIONAL PHYSICIANS

Required Examinations for licensing by the College of Physicians and Surgeons of Ontario (CPSO):



Requirements for licensing by the CPSO include:

- ❑ Canadian citizenship or landed immigrant status
- ❑ Medical Council of Canada Evaluating Exam
- ❑ Medical Council of Canada Qualifying Exam Parts 1 and 2
- ❑ Certification by examination by either the Royal College of Physicians and Surgeons of Canada **or** College of Family Physicians of Canada
- ❑ Completion in Canada of one year of postgraduate training or active medical practice