



Breakthrough For Foreign Trained Docs

By Dr. Lorne Foster

Canada's Minister of Immigration recently announced that the country faces a shortage of up to one million skilled workers within five years, and the government is committed to begin addressing this human resource deficit by acknowledging the foreign credentials of the professionals already here, so they are not forced to take menial jobs. More than ever before, it is being officially acknowledged that comprehensive policy strategies in the area of immigration and immigrant accreditation barriers are vital to Canada in keeping pace with the new market challenges set by the always changing and dynamic global economy.

In the light of this new official reality, the second annual Law and Diversity Conference held at the University of Toronto entitled "Making the Mosaic Work," focused on a critical examination of the complexities surrounding the integration of immigrants with foreign work experience and credentials into the Canadian labour market.

The unique and noteworthy aspect of the conference (on January 30, 2004) was that it brought together university academics, community activists, and government regulators in one forum, all engaged in a wide-ranging discussion on one of the most pressing issues of public policy and social justice facing the country in the 21st century.

The conference was divided into two distinct but related sessions that anchored and focused the public dialogue. The first session dealt specifically with immigrant medical graduates (IMGs) and the doctor shortage. Whereas the second session addressed the more general issue of credential assessment across the workplace spectrum, and what can be done to facilitate newcomer access. This week I will review the first half of the conference, with a follow-up in future columns.

The first session, which dealt specifically with the accreditation of foreign-trained physicians, attempted to articulate and flesh-out the policy challenges of governments and regulating bodies, in the context of the chronic doctor shortage and health care crisis. The irony is, while about one-third of Ontarians have had problems finding a doctor or had a relative who experienced difficulty, the conference audience heard that there are presently three to four thousand passionate but jobless internationally trained physicians in Ontario alone.

According to panelist Rocco Gerace, Registrar, College of Physicians and Surgeons of Ontario, from his perspective as a regulator, "the problem begins with defining a doctor." Medical education varies widely around the world, and there is no uniform international assessment process. Hence, the college has been "steadfast" in its position that it won't compromise standards, and has the sole responsibility for licencing all physicians in Ontario. In this respect, "while internationally trained physicians have an important role to play, it is critical that practice standards are maintained at a level acceptable to the Canadian public." The question is, Gerace maintained, "how to deal with the shortages of physicians without compromising standards"

From this regulatory-body perspective, a simple examination is not adequate. The fundamental criteria for determining qualified physicians includes knowledge skills and clinical judgment as measured during interaction with patient. In this perspective, the foreign credential is not the end but the beginning of the medical licensing process.

The second panelist, Brad Sinclair, Executive Director of the Ontario International Medical Graduate Clearinghouse, outlined the latest assessment eligibility procedures for medical licensure and contemporary training programs. The clearinghouse is the primary academic credentials assessment server in the province, and its assessment program is comprised of three pools of candidates allocated according to their medical specialty and immigration status as residents or temporary employment visa holders. All tolled, the program offered 200 entry level positions in 2004, which is comparable to the entry level openings of the largest medical schools. (In fact, Sinclair noted that the entry level enrollment of the University of Toronto Medical School is the largest in the world with approximately 214, which could make is the Ontario International Medical Graduate Clearinghouse the second largest in the world).

In addition, as Sinclair put it, the clearinghouse “objective is bringing order to the system” by act as a liaison between governments, regulatory bodies, medical schools and hospitals to streamline the process.

From this assessment server perspective, the goal is to begin looking at the Ontario doctor shortage from a systems-operation approach rather than a plugging-gaps approach – which includes, increasing the ability for assessing physicians and a comprehensive physician resource strategy.

The final panelist, Joan Atlin, Executive Director, Association of International Physicians and Surgeons of Ontario, emphasized the importance of focusing on the doctor shortage in Ontario through the lens of rights – human rights and the Charter of Rights. The question is, as Atlin put it – Why is medical licensure a right for Canadians and a privilege for internationally trained physicians?

At present, internationally trained physicians have to compete with each other for the limited assessment and training positions available, and only about 10 to 15 percent of the talent pool find a placement. At the end of the process, those who do succeed in obtaining a licence to practice also have to fulfill a five-year return of service contract with the government. This means that the present licensure system is creating two classes of Canadians – one class with full access and the other class who have to compromise and compete before they can gain access to the steps to prove competency.

So, according to Atlin, Canada’s doctor shortage is not only a regulatory and assessment problem but an equity problem as well, that requires a “paradigm shift” to eliminate the double standards that are embedded in the medical profession and society. Internationally trained physicians are “treated like labour market commodities and not like citizens with equality rights.” Yet, the possibility of a self-sufficient system that can provide adequate service to all Ontarians and Canadians lies precisely in organizing social policy principles around equity and fair practice, actualizing our already existing human resources.

From the perspective of internationally trained physicians this recommends (1) a focus on an adequate number of training opportunities, and (2) a focus on competencies that reflect clear and concise criteria and apply the same standards to all.

In this perspective, anybody who can perform to the standard that is accepted by society should have an opportunity to practice medicine. And for many internationally trained physicians – including a significant portion of the conference audience – this was the working assumption

about this country before they emigrated. It was only after their arrival that they realized that they had been seduced and abandoned.