



July 3, 2008

The Honourable David Caplan  
Minister of Health and Long-Term Care  
Hepburn Block  
10th Floor, 80 Grosvenor Street  
Toronto, ON M7A 2C4

Dear Minister Caplan:

**Re: Physician Shortages in Ontario**

On June 20, 2008, at a regular Board of Health meeting for Grey Bruce Health Unit, the Board considered the attached resolution from The Corporation of the Municipality of Kincardine. The following resolution #2008-83 was passed:

***THAT, the Board of Health support resolution #06/18/08-04 made by the Corporation of the Municipality of Kincardine regarding Physician Shortages in Ontario, and further***

***THAT, it be circulated to the Premier of Ontario, Ministry of Health and Long-Term Care, Acting Chief Medical Officer of Health, Ontario Boards of Health, and alpha for their support.***

Building Healthy Communities Together,

*Original Signed By*

Hazel Lynn, MD, FCFP, MHSc  
Medical Officer of Health

HL/se



Copies to:

The Honourable Dalton McGuinty, Premier and Minister of Research and Innovation  
Dr. David Williams, Chief Medical Officer of Health (Acting)  
Laurel Broten, Parliamentary Assistant to the Minister of Health and Long-Term Care  
Association of Local Public Health Agencies (alPHa)  
Larry J. Miller, MP Grey-Bruce-Owen Sound  
Bill Murdoch, MPP Bruce-Grey-Owen Sound  
Carol Mitchell, MPP Huron-Bruce  
Jim Wilson, MPP Simcoe-Grey  
Ontario Boards of Health  
Council, The Corporation of the Municipality of Kincardine

Attachments (3)



**THE CORPORATION OF THE MUNICIPALITY OF  
KINCARDINE**  
1475 RR5 Con. 5  
Kincardine ON  
N2Z 2X6

DATE: June 23, 2008

The Council of The Corporation of the Municipality of Kincardine has passed the following resolution regarding Physician Shortages in Ontario and is requesting your endorsement

Thank you.

**Re: Physician Shortage**

**Resolution #06/18/08 - 04**

Moved by: Larry Kraemer

Seconded by: Ron Hewitt

WHEREAS there is a Physician shortage in Ontario.

AND WHEREAS this Physician shortage is particularly acute in rural and northern Ontario communities.

AND WHEREAS the Physician shortage is predicted to worsen as senior Ontario Doctors retire.

AND WHEREAS the Physician shortage threatens the operation of hospitals and emergency rooms in rural and northern Ontario.

AND WHEREAS there are hundreds of Internationally Trained Medical Doctors and Graduates residing in Ontario who have been denied the opportunity to practice medicine by cumbersome and antiquated medical licensing requirements.

AND WHEREAS these Internationally Trained Medical Doctors and Graduates could be a tremendous asset in providing Healthcare, reducing the number of orphan patients and insuring the provision of emergency room services in Ontario communities.

NOW THEREFORE BE IT RESOLVED THAT the Council of the Municipality of Kincardine supports the recommendations contained in the Report on Removing Barriers for International Medical Doctors by Etobicoke-Lakeshore M.P.P. Lauren Broten, Parliamentary Assistant to the Minister of Health and Long Term Care.

AND FURTHER we encourage the Ontario Legislature to support this important legislation once introduced by Minister of Health George Smitherman as per his June 6/2008 announcement.

AND FURTHER that this resolution be circulated to the Municipalities of Ontario for their support.

Carried.

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Melanie Hogeveen  
Deputy Clerk  
Municipality of Kincardine

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# **Report on Removing Barriers for International Medical Doctors**

**Laurel Broten, MPP**

**PA to the Minister of Health and Long-Term Care**

**March 31, 2008**

# Report on Removing Barriers for International Medical Doctors

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## **Introduction and Overview**

Access to medical care remains one of the - if not the most - pressing health related public concern. Elements of our recent election platform directed at tackling this critical issue include: delivering access to a family doctor to 500,000 more Ontarians, creating 100 more medical school spaces and accrediting more internationally trained doctors. There is no more crucial element in the delivery of health services in Canada than its human resources. Ensuring we use the health human resources available to our province in the most effective way possible is key to our ability to deliver on these commitments. While public safety and high patient standards must always remain paramount, it is certainly in the public interest to provide greater access to care as well as to ensure that human potential is not lost as a result of the underutilization of international medical skills.

All jurisdictions in Canada are experiencing healthcare provider shortages and as a result Ontario is facing heavy competition when it comes to the recruitment of health care professionals. Our aging population, shifting demographics within the healthcare profession and Ontario's desire to provide excellent accessible and patient-centered healthcare demands that we accelerate and improve the integration of international medical doctors as part of our comprehensive health human resource strategy.

Accordingly, you have asked me to examine the veracity of the public perception that the College of Physicians and Surgeons of Ontario (CPSO) is not allowing qualified internationally trained doctors to practice medicine in Ontario. In undertaking such analysis I have sought to contrast the practices and procedures established for physician registration and accreditation in Ontario to those of other Canadian provinces. I have examined the barriers to Ontario's ability to recruit doctors from around the world and have also considered our responsibility to provide those who come or would come to our province with equal opportunity to practice in their chosen professions and to create a fair and inclusive society.

At the outset, it is imperative to acknowledge the significant steps our government, HealthForceOntario, the CPSO and other key stakeholders have taken to tackle this important issue, steps which I have attempted to briefly summarize in Appendix 1.

MOHLTC has and continues to make significant financial investments to support the training and assessment of internationally trained doctors in addition to assuming the costs associated with the operations of HealthForceOntario's Access Centre for Internationally Educated Health Professionals (ACIEHP) and the Centre for the Evaluation of Health Professionals Educated Abroad (CEHPEA). In 2007-2008, MOHLTC's expected investment is to be \$64 million, but in spite our significant investments and our best efforts, the challenge remains daunting and our progress slow.

The proposal I have set out below attempts to put forward an action plan for change. One that will be sufficiently all-encompassing and comprehensive to make progress on a number of fronts while acknowledging that the critical element in making progress when it comes to the integration of internationally trained medical professionals is flexibility and recognition of the individual nature of one's life experience prior to coming to Ontario. The proposals centre around a number of signature pieces that can be put in place to build upon the work already undertaken by MOHLTC but that will reflect our desire to "shake-up" the system, get better value for our investments and not simply tinker around the edges. It is my view that minor changes within the already complicated and encumbered existing system will not accomplish our desired goals of making real and meaningful progress with respect to fairness and integration. .

**A five point action plan to improve access to healthcare by accrediting more internationally trained doctors:**

1. Fast track, simplify and streamline the registration process for doctors already practicing in Canada, the US or any other country with a comparable healthcare system to our own;
2. Help internationally trained doctors enter into medical practice in Ontario with the creation of a transitional license which will allow them to practice under supervision while they complete required education or gain specific practical experience;
3. Undertake assessments more efficiently to allow internationally trained doctors to get on with their education and integrate into Ontario's medical system;
4. Provide individualized bridging support which would include cultural and language education, mentorship and hands on training;
5. Develop a coordinated individualized assistance for those seeking to transfer their international medical skills and knowledge into another area of the health profession or a related career.

**Key Facts and Background**

In seeking to relocate to Ontario, internationally trained doctors face a number of barriers including, lack of Canadian job experience and references, challenges with respect to credential recognition, misinformation regarding certification and registration and, in some instances, limited language and communication skills.

The CPSO is the regulatory body responsible for setting entry to practice requirements and registering physicians in Ontario. The profession of medicine is regulated under the *Medicine Act, 1991*. Regulation 865/93 under *the Medicine Act, 1991* governs the registration of physicians in Ontario. As is the case with all health professions, *the Medicine Act* falls within the regulatory framework umbrella of the *Regulated Health Professionals Act (RHPA)*.

For an internationally trained medical doctor to become eligible to practice in Ontario, he or she must satisfy the CPSO's registration requirements and obtain a certificate of registration. The pathways to registration and the various and lengthy requirements are set out in Appendix 2. In the simplest terms, however, there are two routes to medical practice in Ontario, complete all of the rigid requirements established and put in place for those pursuing medical school and registration in Ontario or undergo a lengthy and cumbersome practical assessment to prove one's ability to practice medicine safely and in a manner consistent with Ontario's high standards.

It is an overarching principle that access to the medical profession must be transparent, objective, impartial and fair. Our government's commitment in this regard has been affirmed by the recent implementation of the *Fair Access to Regulated Health Professionals Act, (FARPA)*, the office of the Fairness Commissioner as well as related amendments to the *RHPA*. Any objective analysis of the registration process for doctors makes it clear that the current process, which is rooted in a process established to favour Canadian medical graduates and which puts in place a number of "requirements for requirements", may be procedurally fair (in that each and every proposed medical doctor is required to meet the exact criteria and educational training), but is substantively unfair when it comes to assessing the qualifications and experience of internationally trained doctors.

An examination of the requirements for registration as they currently exist reminds one somewhat of the outdated height and physical criteria that used to be required for firefighters. When all of your candidates are Caucasian males, it is another way of distinguishing between candidates but when your candidate pool starts to expand, these requirements had best be absolutely necessary for the profession because their enforcement is going to automatically restrict access to potentially qualifiable individuals. In other words, previous governments objective of restricting access to the profession of medicine and setting up a registration system that favours Canadian medical grads by way of exam based assessment, certainly achieved its unstated goals but is now unfair and outdated as we seek to expand access to the medical profession for the benefit of Ontario patients.

In order to break away from the current cookie cutter approach, any new system must assess and assist candidates based on their individual skills and educational

background. Amendments can be made to Reg 865/93 under the *Medicine Act, 1991* to facilitate the registration of safe, competent, practice-ready physicians from other jurisdictions. However, our current regulatory structure is so convoluted and flawed that it is ultimately failing the public interest of ensuring that healthcare providers are deployed in ways to best meet the needs of Ontarians. Accordingly, it is my advice that we need to re-evaluate the regulatory framework to ask ourselves to what end these regulations are serving and redraft new legislation to speak to our current values and ideals, as well as to improve access, patient care and the assurance of quality medical training and skills in our practitioners.

It is the general consensus that internationally trained doctors and graduates can be categorized into three fairly distinct groups and that each category requires a distinct game plan for success:

- International medical doctors who are currently practicing outside Ontario and who should be practice-ready for Ontario. (Action Plan #1 and 2)
- International medical doctors or graduates who have significant skills, education and/or experience but who need a more extensive assessment and/or who lack some specific and necessary requirements which can be gained through remediation, additional education and the experience gained through supervised practice. (Action Plan # 2, 3 and 4)
- International medical doctors or graduates who have some skill, education and/or experience but who need much more education and training to have any hope of success in meeting Ontario's standards and ultimately being eligible to practice medicine in Ontario. (Action Plan # 3, 4 and 5)

The recommendations made within the Five Point Action Plan to improve access to health care and accredit more internationally trained doctors respond to the specific and cross-over needs of each category of candidate.

1. Don't reinvent the registration wheel – move toward standardized registration criteria across comparable jurisdictions to fast track registration

In a day and age where information and products can travel around the world in a nanosecond, the medical profession has remained wedded in a time and place of isolation and closed door restrictions. When you can go on the internet and see the medical school curriculum's from around the world and medical experts virtually share research via broadband, how are we still unable to assess whether a medical degree and experienced practitioner from British Columbia, the US or New Zealand would be able to safely practice in Ontario, without making them write a series of exams and go through months or years of practical assessment.

It is not to say that MOHLTC has not made some significant strides when it comes to this group i.e. recruitment by HealthForceOntario and the registration through practice assessment (RPA) process, just to name two. However, for top-tier candidates who are highly sought after, the price of entry into Ontario is simply too high:

- The educational comparator structure is too restricted;
- The requirement for post-grad placement in Canada is out of step with a modern multicultural society;
- The practice ready assessment of six months plus is too invasive;
- One year of further clinical and educational evaluation obligations is too onerous, and
- The requirement to practice in an under serviced area is prohibitive.

Practice-ready practitioners are in current practice and their training and experience is essentially equivalent to that of an Ontario trained physician. This group would likely include physicians seeking to come to Ontario from other provinces, the US, other commonwealth jurisdictions or those with a healthcare system similar to our own. A fairly large subset of this group would include Ontario physicians seeking to return to Ontario after practicing elsewhere in Canada or the US.

The competition for these practice ready individuals is fierce and a number of provinces have sought to recruit and to facilitate that recruitment with a number of initiatives with respect to registration and licensing. A few representative examples are set out below:

- *Alberta: The Alberta Medical Professions Act* provides a designation for underserved areas such that IMGs from the US, South Africa, Britain, Ireland, New Zealand and Australia can get a restricted license as a locum.
- *Manitoba: The Manitoba Medical Act* and regs have two classes of registration, full and conditional for a limited period of 5-7 years. Manitoba also has an extensive examination assistance and clinical assessment program to facilitate this program.
- *British Columbia:* Recent throne speech announcements included new legislative authority to ensure health professionals who are certified to practice in other provinces are welcomed to BC and have their credentials recognized the establishment of a new restrictive license for IMGs with specialties, expansion of residency positions with a particular focus on a new framework for Canadians trained outside Canada.

In light of the steps being taken by other provinces, Ontario's stated shortage of medical doctors and our province's desire to be the employer of choice in healthcare; our proposed action when it comes to this group must be bold.

In respect of this group, Ontario is able to recruit the cream of the crop of practitioners and medical school graduates from around the world. If they are willing to come to our province and bring their knowledge and expertise, we are ready to make that happen quickly and smoothly for the benefit of Ontario patients. Accordingly, we need to acknowledge and accept post-grad training and extensive practice experience from the US, Canada and other jurisdictions that have practice and education standards congruent or highly similar to Ontario's.

The goal of our fast track strategy would be to amend the registration process by way of an amended *Medicine Act, 1991* and RHPA regulations in order to create a simplified and streamlined route of entry to the practice of medicine in Ontario. With these proposed changes, candidates who have established registration in another province or comparable jurisdiction will be deemed to have met the requirements for registration in Ontario.

The benefits of the proposed changes are two-fold; they allow for those who should be practicing medicine in Ontario without delay to move forward quickly and seamlessly. They also have the added benefit of allowing our resources, time and attention to be focused more extensively on a second-tier of individuals who, with some support from the province in the form of training, education and assessment support, could become eligible to practice in Ontario as well as to those individuals who may ultimately be able to transfer their skills and knowledge into another area of the health profession or a related career.

#### **Preliminary details of a new simplified Registration for Qualified International Medical Doctors:**

Where candidates are board certified in the US or other jurisdictions that have practice and education standards congruent or highly similar to Ontario's and are trained in programs that match Canadian specialty training requirements (and we should seek to expand this group as much as possible), the upfront practice assessment should be waived. Once in Ontario, candidates could undertake a peer assessment of one to three days (somewhat similar to Saskatchewan) that they or their employer would pay for to confirm their qualifications. The goal of this assessment should be to allow these individuals to practice almost immediately on unrestricted licenses.

This new proposed simplified process would respond directly to the multiple barriers imposed upon the entry of highly sought after medical specialists. At present, CEHPEA

is an entry point through which international medical doctors in Ontario may gain access to the Royal College of Physicians and Surgeons of Ontario (RCPSC) or the College of Family Physicians of Canada (CFPC) qualification required for independent practice. At present, if a physician is eligible to enter the Practice Ready Assessment, they would be eligible to be assessed for six months and have their practice monitored for five years in an underserved area without the need to complete full Canadian residency but they would still have to pass the Medical Council of Canada Qualifying Exam (MCCCQE) parts 1 and 2 and the RCPSC or CFPC. So although this process is of assistance, it takes an inordinately long time for physicians to be eligible for independent practice, does not remove the barrier of the exams and provides no recognition of years of safe practice.

Accordingly, it should be required that the CFPC must make good on its explicitly stated policy of willingness to offer individual consideration to applications for practice eligibility for its exams something which it has apparently never done. As set out above, the CFPC's strict adherence to the rules severely restrict Ontario's ability to recruit family physicians practicing in the US as well as those physicians whose area of specialty training is internal medicine or pediatrics, although their current practice in the US is family medicine and/or primary care. Similar consideration should be given to physicians trained in the UK, Australia, etc., where Family Medicine is trained and practiced similar to Ontario. The CFPC should be required to create a list of jurisdictions of reciprocity of practice and continually update that list, failing to do so would result in international certification of specialties assessed and accepted by the Registration Committee of the CPSO.

The Royal College must also be required to establish a quick individual assessment route to access certification. Reciprocity agreements should be established with US specialty boards, failing to do so would result in international certification of specialties assessed and accepted by the Registration Committee of the CPSO.

In circumstances where there is a challenge in assessing the competence of a specialist's credentials and skills as a result of the individual having practiced in a lesser known country or having received training at a lesser known post-secondary institution and if there is a sponsoring health care facility, we should consider following Manitoba's lead and developing a non-registered specialist assessment program and allow specialists to practice under a transitional license as set out more fully below.

2. Create a new Transitional Registration that better recognizes the experience and skill of International Medical Doctors

Our goal for this group is to build upon prior learning and get an accurate assessment of their current skill set. For candidates unable to meet reciprocal qualifications and to receive a fast track registration, we need to increase the capacity to assess candidates

and develop mechanisms to allow candidates to demonstrate their skill and competence while working in Ontario.

Ontario's Registration through Practice Assessment program (RPA) was developed in recognition of the difficulties in establishing registration in Ontario faced by US and Canadian applicants from other jurisdictions and returning Ontario registrants. As set out above, the RPA program is currently authorized to assess doctors with experience in active medical practice in Canada and the US. Since this group would now primarily be eligible to move through a fast track registration process, the RPA process would be able to accommodate more possible- practice physicians from around the world with some minor changes.

The signature piece to assist this group of international trained doctors would be to amend the *Medicine Act, 1991* and its regulations to create a transitional registration available to practitioners to practice on a restricted basis while they work to complete the necessary requirements for independent practice in Ontario. This transitional registration would be limited in duration (2-5 years, have a supervisory component and the practitioner's status would be identified by a nomenclature such as (UK, SA transfer in progress).

For candidates who are US or other board certified but whose training differs significantly from the comparable Canadian equivalent, candidates should undergo an assessment of their clinical skills while practicing under a transitional license. As set out below, the assessment would take place in Ontario, and be more limited in duration and scope to the current assessment.

Doctors in transition would be accountable to the CPSO, supervisors would be compensated and in place to allow for entry into Ontario. It is likely that the primary focus of the recruitment of these physicians would be into rural communities, in family health team models or CHC's. Following the Manitoba model – an orientation to healthcare system, ongoing mentorship, clinical placement and cultural sensitivity training should be put in place prior to a transitional registration.

Quicker assessment and better integration of international medical doctors in transition will assist MOHLTC in meeting the need in underserved areas. However, a community integration and training strategy is critical. In this regard we should work with AMO/ROMA to help under serviced communities better understand how to recruit and the process for transitional registration.

3. More help to bridge any gap that might exist in order for international medical doctors to gain entry into full medical practice.

For those international medical graduates not immediately eligible to practice medicine under a transitional license, bridging programs should be established. At present, very little has been done in the area of designing programs to help prepare internationally trained doctors to become practice ready in Ontario.

This is in stark contrast to the professions of nursing, pharmacy and optometry who have made significant investments and have had a great deal of success in integrating internationally trained professionals into practice in Ontario.

- The CARE centre for internationally educated nurses is an acknowledged leader. The York University Post RN BScN program which allows internationally trained RN's to complete a four year BScN in twenty months led to a 75% pass rate on licensure exams.
- The U of T pharmacy bridging program includes practical experience and occupational specific language skills development and has had a very high success rate.
- The University of Waterloo optometry bridge program includes exam preparation, cultural orientation, clinical placements and occupational specific language training. This program has seen student success rates on the optometry entrance exam increase from a 37% to 87%.

These are just a few representative examples of successful bridging programs and there are many others; but it appears that the key elements of any successful bridging programs includes: an individualized assessment to evaluate the candidate's skills, experience and needs, a customized learning plan, mentorship and hands on experience through placement or internship.

The support services put in place by our government, through HealthForceOntario will serve to triage and support those who need this individualized assistance, whether through the ACCESS Centre, CEHPEA, the CaRMS residency match or other specific training.

The signature piece for this group of international medical doctors and/or graduates would be to immediately formalize a bridging program for selected candidates and to work with them on an individualized and group basis to gain entry into the medical profession in Ontario. The Access Centre already does much of this work, but this plan would help them to focus on a specific tier of candidate so our efforts could shift from information providing to guiding and assisting our candidates through the individualized process.

4. Better support and improved assessments for all international medical doctors and candidates seeking to practice medicine in Ontario.

The assessment process through which international medical graduates must go through is a critical bottleneck in the system and a number of improvements can be made fairly easily.

MOHLTC in cooperation with the CPSO and Ontario Medical Schools should put in place orientation programs for physicians new to the practice of medicine in Ontario and provide information with respect to the cultural, legal and ethical climate. This would be consistent with the approach recently taken by Manitoba in a program set up in cooperation between the Manitoba Health College, University of Manitoba and the Regional Health Council for an enhanced assessment program with the goal of facilitating the transition into rural and northern Manitoba and increasing retention. The program put in place a pre-employment interview, an orientation to Manitoba's health system, a three day classroom assessment, twelve week clinical placement and ongoing mentorship.

Similarly, lessons on how to improve the turnaround time of assessments may be taken from Saskatchewan's Action Plan for Healthcare, whereby the province funded and then co-managed the assessment process for better and quicker results.

In Ontario, the MOHLTC already funds the RPA program, which is administered by the CPSO. Moving to a more co-managed approach will give MOHLTC a greater role in ensuring our health human resources objectives are met.

Other improvements to be made:

- Develop a program to assist internationally trained physicians to communicate in a culturally sensitive and professional manner. The CPSO, the province and U of T are midway through the first trial of a new program entitled Communication and Cultural Competency Program, which could be used as a model.
- Better train and compensate physicians who are working in a supervisory role with internationally trained physicians.
- If supervision is required it should be fixed and of a lower level than is the current norm.
- Candidates should be allowed to pay for their assessment and have no return of service provision. If the ministry funds the assessment, the return of service should be limited to two years.

- There should be a time frame guarantee on the turnaround of the assessment, we should increase the number of practice assessors to allow for quicker assessments.
  - Develop an on-line self assessment tool – to better help manage expectations of the process.
  - The role of the CPSO Registration Committee should be altered to have a policy setting mandate.
5. Assistance for those unlikely to qualify to practice medicine in Ontario to enter alternate medical careers.

There will always be those individuals who have received international medical training who as a result of the timing and/or quality of the training received or as a result of their current family and/or financial situation will have extreme difficulty in meeting Ontario's high medical standards.

The challenges and hardship faced by these individuals needs to be met head on if we as a province, hope to ensure fair access to the medical profession, as well as been seen as an inclusive and welcoming province. Accordingly, we must seek to develop alternative career paths in order to allow internationally trained medical professionals to use their skill and expertise in a variety of diverse roles within the healthcare system.

In this regard, we may consider opening up more medical school spaces where we would provide some recognition for the educational work already completed and earmark a specific number of spaces for these students.

Lessons can also be learned from successful retraining programs funded by MCI such as the joint effort between the Waterloo Wellington Training and Adjustment board and Conestoga College, to train thirteen international health professionals to become RPN's in one year rather than the usual two years.

We may also learn some lessons from successful organizations like careerbridge that have put in place internship programs which have helped internationally trained professionals from a variety of backgrounds gain valuable Canadian experience – ultimately seeking to eliminate the age old catch 22 of no experience - no job / no job – no experience. Opportunities also appear to exist in homeopathic and naturopathic medicine, as laboratory technicians and in the pharmaceutical industry. A great deal of promise has been expressed in respect of the physician assistant and surgical first assist roles recently developed.

A number of models already in use in the career retraining field by MTCU and MCI could be of assistance. Partners such as Maytree Foundation and their successful TRIEC

program and/or the programs currently on offer in our colleges such as George Brown, Michener or Humber could serve as a basis for a call for proposals to develop a pilot retraining program paralleled after the recent skills development budget initiatives; giving recognition of previous health care education, providing language skills, Canadian experience and contact development and financial assistance with loan and bursary programs.

There is also one program that was put forward by the Association of International Physicians and Surgeons of Ontario (AIPSO) for an Ottawa pilot program entitled career transitions IMGs which was very small in scale and whose goal was to help internationally trained medical professionals to transition in alternative medical careers which may be able to be further examine and built upon.

### **Ontario to take National Leadership**

Ontario can take a leadership role and push for the development of a national physicians credential registry such as the Federation of State Medical Boards in the US or the US Federal Credentials Verification Service. Ontario is currently leading an FPT working group on international trained physicians. Ontario should publicly commit to lead the charge toward the standardization of licensure requirements across Canadian jurisdictions as well as to move toward the adoption of common screening tools and a modernized assessment process.

### **Conclusion**

Ontario has the opportunity to take some very bold steps. A healthy Ontario means access to safe, quality health care services. Too many Ontarians do not have access to a family physician, yet every day we are reminded that there are many qualified, safe and competent international medical doctors who have chosen to come to Ontario, but cannot practice here.

This Five Point Action Plan will bring Ontario into the 21<sup>st</sup> Century, improve access to medical care in Ontario and make real and meaningful progress with respect to better welcoming and integrating international medical doctors into our province.

**APPENDIX 1**  
*MOHLTC Accomplishments in Lowering Barriers to  
Registration for IMG's and Other Physicians*

**Ontario's IMG Program**

- Providing 200 new training and assessment positions for IMGs each year. In the last two years, we exceeded this with 218 positions in 2006/07 and 235 positions in 2007/08
- Over 200 IMG's have begun practicing in underserved communities and over 500 IMG's have signed return of service agreements to begin providing service throughout the province
- Expected investment of \$64 million in 2007/08 in IMG's (a 300% increased since 2003/04), including:
  - Ongoing support to over 500 IMG's in various levels of training and assessment positions
  - Funding of the Centre for the Evaluation of Health Professionals Educated Abroad (CEHPEA), which offers standardized evaluation and orientation services
  - Registration through Practice Assessment (RPA)
- In the 2005/06 academic year, 156 IMG's accepted training and assessment positions and in 2004/05, 165 IMG's accepted position in Ontario

**Ontario Services/Facilitation for Registering to Practice**

*HealthForceOntario*

**Access Centre for Internationally Educated Health Care Professionals (Access Centre).** Part of the services offered by the HealthForceOntario Marketing and Recruitment Agency, it provides Referrals to the appropriate regulatory body; links to education, retraining and assessment programs; information about standards for professional qualifications, licensing and registration processes. It also offers intensive

case management services to facilitate access to programs that address language requirements, qualification assessment and immigration approval.

*Centre for Evaluation of Health Professionals Education Abroad (CEHPEA).*

Provides standardized evaluation and orientation services for international medical graduates, allowing them a clear comparison with Canadian competencies and improving their chances of obtaining residency positions. CEHPEA also offers the pre-residency program for IMGs entering Family Medicine. This program provides didactic and clinical experience to make them more successful in their residency program. CEHPEA is widely regarded as a leader in the field of clinical examination and assessment.

*Registration through Practice Assessment*

The RPA is funded by the ministry and administered by CPSO. It allows experienced physicians who do not meet certain criteria requirements for registration to be registered in Ontario following a successful assessment of their existing practice.

- As of April 2008, 26 physicians were able to set up practice in Ontario through the RPA Program

*Three Levels to Training and Assessment Positions in Ontario:*

**Entry Level Training (PGY1)** – includes Family Medicine and Specialist positions.

PGY1 level refers to the first year of postgraduate or residency training.

Requirements: complete full residency (2 years for family, 4-5 for specialist) to meet registration requirements and practice in Ontario.

**Advanced Level Training (PGY2+)**

PGY2 refers to the second or more advanced years of postgraduate training in a specialty. After successfully completing a qualifying assessment, this allows participants

to skip years in their postgraduate training and qualify for registration and practice more quickly. The Ministry will support them to undertake between 1 and 4 years of training.

**Practice Ready Assessment (PRA)** – includes Family Medicine and Specialist positions. After successfully completing a qualifying assessment, it allows IMG's with recent practice experience to undergo a six-month assessment in a supervised clinical setting to confirm readiness to enter directly into practice or direct them to further training. If deemed practice ready after his/her assessment, the IMG may apply for registration for the CPSO and enter practice immediately.

### **HealthForceOntario**

- **HealthForceOntario** is our health human resource strategy designed to make Ontario the employer-of-choice in health care and to ensure that Ontarians have access to the right number and mix of qualified healthcare providers, now and in the future. Focus on making Ontario more competitive, maintaining and developing a competitive workforce and establishing new and expanded roles in areas of high need.
- **HealthForceOntario Marketing and Recruitment Agency** works to attract health care providers to communities across Ontario through external recruitment efforts, individualized case management for health professionals seeking to move to Ontario, and support to communities in settling and retaining physicians. The services offered include: the HFO Jobs website for employment opportunities, Ontario Physician Locum Programs, Recruitment and Relocation Program, and North America wide marketing. The Agency also includes the Access Centre for Internationally Educated Health Professionals referenced above.

## ONTARIO CONTINUES TO OPEN MORE DOORS FOR INTERNATIONALLY TRAINED DOCTORS

*McGuinty Government Takes Next Steps to Help More Families Get Access to Physicians*

### NEWS

June 6, 2008  
2008/nr-032

Ontarians looking for a family doctor will benefit from the government's initiatives to create more opportunities for internationally trained doctors to enter medical practice in the province.

Swift action to provide more opportunities for internationally trained doctors in the province, delivering more physicians to Ontarians and improving access to health care are the focus of Etobicoke-Lakeshore MPP Laurel Broten's *Report on International Medical Doctors*. Released today, it complements the significant progress Ontario has made for International Medical Graduate (IMG) doctors since 2004, when the number of residency training positions more than doubled, from 90 to 200 annually. Currently, 630 IMG doctors are in residency training in Ontario.

In her report, Broten, Parliamentary Assistant to the Minister of Health and Long-Term Care, includes five key recommendations on how to further increase the number of IMG doctors in Ontario to help improve access to health care for Ontario families:

1. Fast track, simplify and streamline the registration process for doctors already practicing elsewhere in Canada, the U.S. or any other country with a comparable healthcare system to our own;
2. Help internationally trained doctors enter into medical practice in Ontario with the creation of a transitional license which will allow them to practice under supervision while they complete required education or gain specific practical experience;
3. Undertake assessments more efficiently to allow internationally trained doctors to get on with their education and integrate into Ontario's medical system;
4. Provide individualized bridging support which would include cultural and language education, mentorship and hands on training;
5. Develop individualized assistance for those seeking to transfer their international medical skills and knowledge into another area of the health profession or a related career.

These recommendations will help form the basis of new legislation to further reduce barriers for IMGs.

Today's announcement was made at a celebration honouring newly minted IMG doctors who are heading off to independent practices throughout Ontario.

### QUOTES

"Access to medical care remains one of the – if not the most – pressing health related public concern," said Laurel Broten. "While public safety and high patient standards must always remain paramount, it is certainly in the public interest to provide greater access to care as well as to ensure that human potential is not lost as a result of the underutilization of international medical skills."

“Our government is ready to take on the next steps and we intend to introduce a bill before the current session ends that will promote opportunities for internationally educated doctors and we will move quickly to remove remaining barriers,” said George Smitherman, Deputy Premier and Minister of Health and Long-Term Care. “We’re going to be building on our success by further dismantling barriers so that more qualified internationally educated doctors can provide Ontarians with the care they need.”

## QUICK FACTS

- More than 5,000 internationally trained doctors are practicing in Ontario, representing almost a quarter of the physician workforce
- More than 500 IMGs are currently taking advantage of training and assessment opportunities
- For the fourth straight year, more certificates were issued to IMGs than to Ontario graduates by The College of Physicians and Surgeons of Ontario (CPSO)
- CPSO also reports the number of full practice certificates issued to IMGs this year was the highest in 20 years, marking the seventh straight year of an increasing number of certificates for internationally trained doctors

## LEARN MORE

Find out how internationally-trained doctors can qualify for [professional practice](#) in Ontario.

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