

COFM Questions and Answers
IMG Selection: Review of Access to Postgraduate Programs
By International Medical Graduates

1. Who commissioned this review and why was it commissioned?

The review was commissioned by the Ministry of Health and Long-Term Care, with administrative support from the Council of Ontario Universities. The purpose of the independent review was to examine the selection process for international medical graduates (IMGs) seeking access to postgraduate training and assessment opportunities at the faculties of medicine in Ontario, to identify and assess barriers that may exist in that process, and to recommend potential solutions.

The review was conducted in the context of wider efforts by government and stakeholders to improve access to practice for qualified, safe and competent internationally trained doctors. The reviewers examined what is working well, successes, and potential areas for improvement.

2. What is an International Medical Graduate (IMG)?

IMGs are individuals who have completed an undergraduate medical degree outside Canada or the United States. IMGs have varying levels of training and experience, and may seek to practise in Ontario at different points in their careers.

3. Who were the reviewers?

The independent reviewers are well recognized for their expertise in social policy and justice. They are:

George Thomson - a retired judge, former Deputy Minister of Justice and Deputy Attorney-General of Canada, and current International Senior Director of National Judicial Institute.

Karen Cohl - former Assistant Deputy Minister of Citizenship in the Ontario Public Service.

4. Who was consulted during the review?

The reviewers conducted extensive consultations with medical schools, IMGs and provincial and national organizations. The reviewers heard from more than 200 people. The reviewers also looked at data and reports, including a special data-run from the Canadian Resident Matching Service.

Organizations consulted during the IMG review included, but were not limited to, the following:

- Each of Ontario’s six Faculties of Medicine
- the Association of Faculties of Medicine of Canada
- the Association of International Physicians and Surgeons of Ontario
- the Canadian Residency Matching Service
- the Centre for the Evaluation of Health Professionals Educated Abroad
- Citizenship and Immigration Canada
- the College of Family Physicians of Canada
- the College of Physicians and Surgeons of Ontario
- the Federation of Medical Regulatory Authorities of Canada
- the HealthForceOntario Marketing and Recruitment Agency
- IMG bridging programs
- the Medical Council of Canada
- the Ontario Ministry of Citizenship and Immigration
- the Ontario Ministry of Health and Long-Term Care
- the Ontario Physician Human Resources Data Centre
- the Professional Association of Internes and Residents of Ontario
- the Royal College of Physicians and Surgeons of Canada.

5. What are the report’s findings?

The report is largely positive and acknowledges that the selection processes are constantly changing, complex, and ensure a fair system. The reviewers emphasize that the postgraduate faculty and staff who lead, manage, and support the IMG selection process devote considerable time and attention to running a fair process in order to select the most qualified applicants.

The reviewers identify two main groups of IMGs and note that in some cases the existing selection process may impact each group differently:

- (a) “Immigrant IMGs” are physicians who immigrated to Canada *after* completing their MD. Many have completed some or all of a postgraduate training program or have practice experience abroad; and
- (b) Canadians who studied abroad (CSAs) are Canadian citizens or permanent residents who left Canada to pursue their medical education abroad. In many cases, CSAs apply to postgraduate training positions in Canada immediately following their MD.

The report provides 33 recommendations to help improve the system. The recommendations in many cases reflect current admissions practices, and are focused on the following key areas.

The Selection Process: The report recommends that initial filters used to assess applicants should consider not only date of graduation but other forms of recent, relevant clinical practice. The feasibility of having a mandatory national clinical examination should be explored (see question 9). Provincial collaboration on

assessments was recommended, as well as using standardized scoring tools. The feasibility of the establishment of a short, structured clinical placement to assess IMG's clinical skills should be explored.

Supporting IMGs in the programs and beyond: The report also suggests that support for IMGs before, during, and after the residency programs is key to success (e.g. bridge training, IMG Coordinators, focused preparation for certification exams, residency learning/curriculum supports). The report suggested that the government look at supports with respect to cross cultural communication and professional language skills.

Access to Advanced Level Positions: The report recommends a consistent "fast-tracking" mechanism for qualified IMGs who have previous postgraduate training or practice experience abroad and therefore may not need to complete a full residency program, and reviewing the practice-ready assessment program to look at ways to increase the uptake.

Transparency: The report makes recommendations with respect to transparency (e.g. providing clear information to candidates about the criteria used to filter/assess applications, posting selection criteria on the CaRMS website). It recommends that CaRMS post the number of IMG applications for designated positions.

Collaborate to support continual improvement: The report promotes ongoing discussion among government, medical school and sector partners to create a learning environment that supports continual improvement in the selection process (e.g. research, new tools and approaches). The report also suggests adopting evidence-informed tools and processes throughout all stages of the selection process.

A number of recommendations were not in the purview of the Faculties of Medicine.

6. What are the implications of the findings? Will it be easier for IMGs to gain access to residency positions and assessment opportunities? Will they receive more feedback? What are the benefits?

The purpose of the review was to examine the selection process for IMGs applying for postgraduate training or assessment positions, identify barriers and propose solutions. Broader questions about the number and availability of residency positions and assessment opportunities for IMGs were beyond the scope of the independent review.

The report took a focused look at how to ensure the selection process is fair and transparent. The reviewers made recommendations to improve fairness and transparency in the system for IMGs and help make the selection process more manageable for program directors. Improving fairness in the selection process will help to ensure that Ontario selects the IMGs who are most qualified and most likely to succeed in the residency program.

The review suggests that certain changes to the selection process would make the system more transparent. For example, the reviewers suggest that if the national clinical exam becomes mandatory and is used as the filter for deciding who gets an interview, IMGs will be aware of why they did or did not move to this stage of the process.

7. How will the Ministry of Health and Long-Term Care respond to the report's findings?

The report was commissioned to assess barriers in the selection process for IMGs applying for postgraduate positions. The ministry will work with the medical schools and other partners to implement recommendations where appropriate. The ministry will also engage in discussions with the medical schools through the Council of Ontario Universities. The ministry is also working with other government ministries to develop an action plan for government-related recommendations.

8. How are the Faculties of Medicine responding to the report's findings?

The Postgraduate Deans have struck a working group which has accomplished the following:

- Identified and prioritized recommendations that are within the scope of the faculties of medicine
- Initiated action on recommendations 1, 2 and 3
- Process and plans are in place so that the NAC examination will be mandatory for the CaRMS 2015 cycle
- Initiated discussion with the CPSO to improve the AVP process

The PG Deans will continue to work with CEHPEA, MOHLTC, CaRMS and CPSO to address the remaining recommendations that are within the scope of the Faculties of Medicine. Where appropriate the development of an action plan to implement change will happen with the input of all stakeholders.

9. Will the government mandate or require any of the recommendations to be implemented?

The government is a partner in discussions with medical schools and other stakeholders regarding the implementation of recommendations where appropriate. The government has not decided to mandate or require any of the recommendations to be implemented at this time.

10. Are there cost implications related to implementing the recommendations?

Implementation of some recommendations has significant cost implications. To date, the Ministry has not committed any resources to implement those recommendations that require additional resources.

11. Did the report recommend increasing the number of IMG designated postgraduate training positions as a means to improve access?

The report took a focused look at how to ensure the process through which IMG applicants are selected for the available postgraduate positions, and whether the process is fair and transparent. It was not in the review's mandate to recommend the number of positions that should be available for IMGs. The terms of reference acknowledged that financial and other constraints limit the number of training and assessment positions available in the system.

12. Will the government increase the number of training positions in Ontario?

Ontario offers 200 new training and assessment positions to IMGs each year - this is more than all the other provinces and territories combined. There are now more than 800 IMGs in training in Ontario. The Ministry has indicated that the number of training positions offered is in line with projected physician service needs in Ontario and the Ministry has no plans for further increases at this time.

13. What is a Canadian Studying Abroad? Are they both considered IMGs? And why?

Anyone who obtained their medical degree (undergraduate) outside of Canada and the US is considered an IMG.

There are in effect two groups of IMGs. One is immigrant IMGs who obtained their medical degrees abroad, and in many cases practised abroad, before immigrating to Canada. The other is Canadians studying abroad (CSAs). CSAs are Canadian citizens or permanent residents who left Canada to obtain a medical degree abroad. While some CSAs are also immigrants, the distinction is that these CSAs came to Canada before obtaining their medical degrees. Both groups are considered IMGs for all selection processes.

14. How do I get access to the report?

There are two volumes of the report. Volume 1 focuses on findings and recommendations. Volume 2 offers a more in-depth analysis of the review process, and background. Both Volumes are available on the Ministries website at http://www.health.gov.on.ca/en/common/ministry/publications/reports/thomson/v1_thomson.pdf and http://www.health.gov.on.ca/en/common/ministry/publications/reports/thomson/v2_thomson.pdf

15. What are IMG postgraduate/residency training and assessment opportunities and who may qualify?

Each year the six Ontario Faculties of Medicine offer a minimum of 200 new training positions for IMGs funded by the MoHLTC. This is more than all other provinces and territories combined. These positions are a combination of entry level and advanced level residency training positions and practice ready assessments. These positions provide opportunities for IMGs who do not meet the College of Physicians and Surgeons of Ontario's registration requirements to obtain the additional qualifications they need to be eligible for registration.

Postgraduate or "residency" programs provide clinical training in an area of specialization (e.g. family medicine, surgery, psychiatry). Residents work and are paid during their training. Those who successfully complete their residency become eligible to take the certification exams, which are necessary to enter medical practice. One must have an "MD" degree before they can enter a residency program.

Practice ready assessments allow physicians with recent practice experience to undergo a six-month assessment in a supervised clinical setting at a medical school in Ontario to determine whether they are ready to enter directly into practice or if they need further training.

In order to qualify for any of these opportunities, IMGs must:

- have completed a medical degree from a school listed by the World Health Organization of the Foundation for Advancement of International Medical Education and Research;
- be a permanent resident or Canadian citizen;
- meet provincial criteria for fluency in English or French;
- submit documents to the Physician Credential Registry of Canada for verification;
- and pass the Medical Council of Canada (MCC) evaluating exam.

16. What is the process for an IMG to apply for a postgraduate/residency or assessment position at an Ontario university?

IMGs are encouraged to work with the HealthForceOntario Marketing and Recruitment Agency Access Centre to obtain information on entering practice in Ontario. They can be reached at:

163 Queen Street East
Toronto Ontario M5A 1S1
Tel: 416-862-2200 or 1-800-596-4046
Email: AccessCentre@healthforceontario.ca
Web site: www.healthforceontario.ca

Applicants should be aware that the process for obtaining a position is highly competitive.

First Year Positions

IMGs interested in first-year post-graduate training positions must apply through the Canadian Residency Matching Service (CaRMS). To apply to CaRMS for positions in Ontario, IMGs must have a pass standing on the Medical Council of Canada Evaluating Exam, and the NAC examination. Also they must demonstrate language proficiency and have status in Canada (citizen or permanent resident). If selected for an interview, the medical schools will interview and rank the candidates, who in turn rank the schools. CaRMS administers a computerized matching system that places candidates into positions based on these rankings. The medical schools will offer positions to successful candidates. Unsuccessful candidates may apply to the second iteration of the CaRMS match.

Advanced level positions

Each year, CEHPEA advertises opportunities to apply to advanced-level training and practice-ready assessment positions in various medical specialties, in accordance with the potential capacity to offer such positions at Ontario's medical schools.

Postgraduate Year + (PGY+) Positions:

Candidates who have completed some postgraduate training outside of Canada, may be eligible to apply directly to a second-year or higher residency position.

Practice Ready Assessment (PRA) Positions:

Candidates must have completed a post-graduate training program and be certified in another jurisdiction and have practiced independently and had recent clinical experience in the specialty in which they are applying within the last five years.

Candidates apply directly to the medical schools for PRA positions. They must pass part one of the MCC qualifying exam. They must also take a CEHPEA specialty written exam and advanced clinical exam in the relevant specialty. They may also be required to take the NAC examination for some specialties.

If CEHPEA assesses the candidate as eligible, medical schools will interview them. CEHPEA may coordinate the interviews if more than one school is participating. The medical schools will offer positions to successful candidates.

Assessments are only available in a limited number of specialties.

17. What is the national clinical exam? Do IMGs have to write it?

The National Assessment Collaboration examination is intended to assess the readiness of an IMG for entrance into a postgraduate position. It is a national, standardized examination that tests knowledge and skills.

In Ontario, the NAC examination is administered through the Centre for the Evaluation of Health Professionals Educated Abroad (CEHPEA). CEHPEA is an independent, not-for-profit organization funded by the MOHLTC to develop and deliver assessment and orientation programs for internationally-educated health professionals.

COU has worked closely with the Medical Council of Canada and CEHPEA to allow all IMG's the opportunity to complete the NAC examination. Completion of the NAC examination will be mandatory for all IMGs to access the 2015 CaRMS R-1 Match and beyond.

18. The Medical Council of Canada requires a pass on the MCCEE before I can apply to sit the NAC examination. Has the MCC changed any of their requirements?

As of June 1, 2013, international medical students will be able to apply to take the MCCEE up to 20 months before their graduation date. This means international medical students will no longer need to be in the final clinical year of their medical school program to apply.

The MCC is making this change to improve students' access to the National Assessment Collaboration (NAC) examination. A pass result on the MCCEE is a requirement for application to the NAC examination.

With the change in eligibility criteria, candidates will be able to access both examinations more easily within the CaRMS application timeframe. For candidates seeking a residency position on July 1, 2015, as an example, this change will mean:

1. Candidates graduating in spring 2015 will be able to apply for the MCCEE 20 months before their graduation date, i.e. as of fall 2013.
2. Once their application to the MCCEE is accepted, these candidates must take the MCCEE by the March 2014 session. The March 2014 session is the last possible chance for candidates to take the MCCEE if they also wish to take the NAC examination prior to the 2015 CaRMS R-1 Match.
3. Candidates who have taken the MCCEE in March 2014 or earlier and who have received a pass result can apply for the September 2014 NAC examination in spring 2014.
4. Results from the September 2014 NAC examination will be provided in time for the CaRMS application process for the 2015 R-1 Main Residency Match.