



Law and Diversity Conference: Making the Mosaic Work January 30, 2004

Panel: Accreditation of Foreign Trained Physicians: Policy Challenges and Solutions

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Choosing a lens to view the problem through

- Don't want to look at the problem from the perspective of:
 - Doctor shortage
 - Self sufficiency
 - Those problems have a technical fix – but this isn't only a technical problem...

Want to look at it from the perspective of

- Making the mosaic work
- Of human rights, charter rights

AIPSO

- Not founded because of shortages, or to fill quotas - although passionate about medicine
- Founded to fight for rights
- but they are asking a different question – they are asking about their rights as residents and citizens of this country – *they are asking why licensure is a right for any Canadian-trained Canadian physician who can show they are competent, and a privilege for any internationally trained Canadian physician who meets standards.*

The panel is called Policy Challenges and possible solutions:

The policy challenge as far as we're concerned is **not so much a technical fix as a paradigm shift – an equity fix.**

- how do we build a system that levels the playing field and provides an equal opportunity for any Canadian doctor, whether trained here or abroad, to meet the requirements for licensure.

- How do we create a system that doesn't leave a new Canadian with the distinct impression that there are two classes of Canadians - Canadian born/trained Canadians and immigrant Canadians?

The answer is that we need a real paradigm shift that would mean:

- eliminate the numerous double standards that are imbedded in the system and that amount to systemic discrimination.
- shift from a paradigm that treats international medical graduates (IMGs) simply as commodities to fill a shortage, to one that treats them as citizens (or citizens to be) with equality rights.
- Not just the regulators problem to fix – they are the technicians – they were never meant to be social policy makers – and they've been left essentially alone on the front lines to deal with this issue, without resources of guidance from government until very recently

Under that new paradigm we would have a system in which:

- recognizes that licensing is in fact an entitlement if you meet the requirements, regardless of where you were trained
- all the elements of licensing are accessible to an applicant regardless of where they trained
- that our professional education and regulatory systems have two constituencies and two roles to play – to assess and license those trained in Canada who meet the standards, and to orient, assess, and license those trained outside Canada – and we need two parallel and equivalent systems to do those two jobs
- that self sufficiency means enough Canadian doctors licensed to practice, not enough Canadian trained Canadian doctors licensed to practice

What are the policy implications be if we worked from this paradigm:

The biggest challenge in achieving that paradigm right now in technical terms is the issue of access

- access to licensure is essentially an entitlement for any Canadian trained medical student who completes all the requirements successfully
- (explain the system)
- but for IMGs, access is a competition. Only the top ranked candidates in the competition for the limited number of spaces available for

assessments or training spots to meet the training requirements are available.

- Give example: we don't take a group of 600 medical residents who've met the standard every year, rank them, and then only license the top 50 or 100. But that is precisely what we've been doing with IMGs

Solutions: summarize them into four categories

1. Provide an adequate number of assessment and training opportunities so that IMGs can actually access the required post graduate training element of the licensing processing

2. Focus on competencies, not same training or "Canadian experience"
international candidates by definition don't have those two things and can't get them

invest in assessment tools to do this

3. Focus on clear and consistent entry to practice "pass" standards - not a ranking or a competition.

Level that is required for safe and competent practice.

Licensing is not meant to be a competition

- in technical competencies
- in soft skills - language and communications - level required for competent, safe and compassionate practice - not assimilation to a perceived cultural norm - cultural competence is very dangerous ground

4. Ensure consistent treatment of internationally trained Canadians and Canadian trained Canadians - get rid of double standards that still permeate the system

- Recent practice
- Return of Service
- Access to specialties

The Clearinghouse is an important step in the right direction – it's made a good start on the technical fix:

- It has begun to solve the technical problems of assessing people to move into the system at different levels, rather than assuming that if you didn't train in Canada you must essentially go back to 4th year medical school and redo all your residency training, and it has increased significantly the

number of positions available from 12 just a few years ago to almost 200 now

And we've made some hard won gains on the equity front:

- Recognizes that Ontarians and Canadians who meet standards have first right to limited spots, and shouldn't be put into competition with other international applicants
- Has removed recent practice as an eligibility criteria (although it may still play out exactly the same way in the actual selection)

But:

- *until we change the paradigm and have clear policies that require that all who meet the requirements get a license, and make all licensing requirements accessible to all, we'll still be stuck with a system where licensing is a right of some Canadians and a privilege of others depending on their place of*
- *And until we do that, we will continue to reinforce the breakdown of our society into two classes of Canadians – those born here/trained here, and those born/trained elsewhere*