

**THE CAPER QUESTIONNAIRE  
FOR  
POSTGRADUATE DEANS  
CONCERNING THE IMPACT OF  
INTERNATIONAL MEDICAL GRADUATES  
ON  
THE CANADIAN POST-M.D. TRAINING  
PROGRAMS**

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**Summary:  
Information Obtained from the CAPER Questionnaire  
for Postgraduate Deans Concerning the Impact of  
International Medical Graduates on the  
Post-M.D. Training Programs**

**Structured competitive processes for IMG entry to residency training**

Most provinces have either well developed long standing programs (Ontario, Manitoba) or are currently developing new programs. Initial requirements for entry across the country are relatively standard : Canadian citizenship or permanent resident status in Canada, graduation from a “acceptable” (WHO listed) university, passing the MCCEE (Medical Council of Canada Evaluating Exam), being a resident of the province for at least a year and English language competencies.

Initial screening (sometimes by multiple choice exam) leads to an Objective Structured Clinical Examination. Results of this determine whether there is direct entry to a residency program or further time in a pre-residency orientation and assessment period.

If additional orientation time is required it may be followed by a re-assessment.

The Manitoba program is unique in that it has an initial “Preparation and Pre-assessment” module which provides optional assistance to International medical graduates prior to assessment. The Manitoba assessment program “CAPE” (Clinicians Assessment and Professional Enhancement) is also used when required to assess physicians from Nova Scotia and Saskatchewan.

Quebec is the only province where some International medical graduates may obtain 2 years of undergraduate medical education prior to entry to post-M.D. training.

The cost for the assessment programs is about \$3,000.00 per physician. This may be paid by the Provincial ministry, Regional Health Authority or the physicians themselves.

A new program for specialty physicians already certified in their home country consists of credentialing by the RCPSC with recommended training requirements for challenging the certification exams.

### **Additional Training Requirements**

All post-M.D. departments noted specific areas of training which would be helpful to International medical graduates. It is important that funding is forthcoming for this additional training. Areas of additional training frequently required by International medical graduates as identified Postgraduate deans are :

1. Pharmacology
2. Communication skills
3. Training for OSCE examinations
4. Problem based learning and small group learning
5. Practice guidelines
6. Medical ethics
7. Teaching skills.

Additional funding for this type of training was the main recurring need expressed on this survey.

### **Administrative Support**

Many faculties already had additional funding for required administrative support and those that didn't, identified a need for such funds.

### **Increasing Numbers**

Post-M.D. departments in all provinces expect increasing numbers of post-M.D. trainees in response to the availability of positions for training and acceptance of some foreign post-M.D. training by the Royal College. The impact of these initiatives had not been experienced by the post-M.D. departments at the time of completion of this questionnaire, however past experience suggests that there will be additional work for the post-M.D. departments especially in the area of providing adequate assessment and upgrading.

A. Dianne Thurber, MA  
Director, CAPER

# **CAPER Questionnaire for Postgraduate Deans Concerning the Impact of International Medical Graduates on the Post-M.D. Training Programs**

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## **Background:**

This questionnaire was prepared in response to concerns expressed by members of the CAPER Policy Committee as to the impact of anticipated increases in the number of International Medical Graduates entering the Canadian post-M.D. training programs. The anticipated increase is in response to physician shortages in the community resulting from the decreased number of Canadian graduates through the 1990's coupled with such trends as: increasing retirement rates of practising physicians, physicians' attempts to develop a healthy balance between their work and personal activities resulting in a decrease in the hours spent in direct patient care, population increases and demographic shifts in the Canadian population. Although Canadian medical school entry began to increase by 2002, it will be 2008 before any of these graduates will be eligible for licensure. In the meantime, M.D. graduates from abroad will be the only way of enhancing physician supply in Canada.

This survey was completed by either the Postgraduate Deans or their Administrative Assistants in the fall of 2001. Although all faculties were expecting to have increasing numbers of International Medical Graduates entering their post-M.D. programs, this had not started to have a major impact in the departments at the time the questionnaire was completed. The programs appeared to have adequate capacity to manage the number of International Medical Graduates entering so far. Having International Medical Graduates was seen as a way of maintaining capacity of the programs until increases in Canadian medical graduates would begin entering training starting in 2006. When the Postgraduate Deans responded to this questionnaire, however, it had become clear that more International Medical Graduates would be entering training in the future. There had been increases in the last two years in the number of International Medical Graduates passing both the Evaluating Examination of the Medical Council of Canada (MCCEE) – the first step to entry to post-M.D. training in Canada and also increase in the number of International Medical Graduates entering to the second iteration of the CaRMS match and successful matching to a Canadian post-M.D. training position. Most importantly, the structured processes for the evaluation of International Medical Graduates were increasing the quota of physicians who could be given access to post-M.D training in Canada. Also, provinces which did not have such formal evaluation programs were developing them or establishing the arrangements to have assessments done at other provinces.

## **Structured competitive processes for IMG entry to residency training**

Most provinces have either well developed long standing programs (Ontario, Manitoba, Newfoundland, Quebec) or are currently developing new programs (Saskatchewan, Alberta, British Columbia). Initial requirements for entry across the country are relatively standard : Canadian citizenship or permanent resident status in Canada, graduation from a “acceptable” (WHO listed) university, passing the MCCEE (Medical Council of Canada Evaluating Exam), being a resident of the province for at least a year and English language competencies.

Initial screening (sometimes by multiple choice exam) leads to an Objective Structured Clinical Examination. Results of this determine whether there is direct entry to a residency program or further time in a pre-residency orientation and assessment period. In many cases, an orientation training period is provided to all new IMG physicians.

If additional orientation time is required it may be followed by a re-assessment.

The Manitoba program is unique in that it has an initial “Preparation and Pre-assessment” module which provides optional assistance to International Medical Graduates prior to assessment. The Manitoba assessment program “CAPE” (Clinicians Assessment and Professional Enhancement) is also used from time to time to assess physicians from Nova Scotia and Saskatchewan.

Quebec is the only province where some International Medical Graduates may obtain 2 years of undergraduate medical education prior to entry to post-M.D. training.

The cost for the OSCE assessment programs is about \$3,000.00 per physician. This cost may be paid by the Provincial Ministry, a Regional Health Authority or the physicians themselves.

A new program for specialty physicians already certified (in a specialty) in their home country consists of credentialling by the RCPSC with recommended training requirements for challenging the RCPSC certification exams.

In the past years, all of the provinces which have such processes, the number of IMG physicians permitted to enter residency in the province has increased.

### **Additional Training Requirements**

All post-M.D. departments noted specific areas of training which would be helpful to International Medical Graduates. It is important that funding is forthcoming for this additional training. Areas of additional training frequently required by International Medical Graduates as identified Postgraduate deans are :

8. Pharmacology
9. Communication skills
10. Training for OSCE examinations
11. Problem based learning and small group learning
12. Practice guidelines
13. Medical ethics
7. Teaching skills.

Additional funding for this type of training was the main recurring need expressed on this survey.

### **Administrative Support**

Many faculties already had additional funding for required administrative support and those that didn't, identified a need for such funds. The administrative support is needed to assist IMG residents with visa issues and issues related to adjustment to residency training and personal issues in Canada.

### **Increasing Numbers**

Post-M.D. departments in all provinces expect increasing numbers of post-M.D. trainees in response to the availability of positions for training and acceptance of some foreign post-M.D. training by the Royal College. The impact of these initiatives had not been experienced by the post-M.D. departments at the time of completion of this questionnaire, however past experience suggests that there will be additional work for the post-M.D. departments especially in the area of providing adequate in training evaluation and required upgrading of skills and basic medical knowledge.

The data included in appendix 1 give a profile of the number of International Medical Graduate physicians training in Canada in the academic year 2001-2002 and data from 1999 to show the number of trainees who were located in Canada 2 years after they left training. The data show both the last training field and the eventual practice location of these physicians.

## **The Assessment and/or Training of International Medical Graduates in Each Province**

Following are descriptions of the assessment and training programs available across the country in September 2001, when this questionnaire was completed by the Postgraduate deans. Background information was provided by the Provincial Ministries of Health in the document "IMG Access to Licensure/Medical Practice in Canada".

## **The Assessment and Training of International Medical Graduates in Canada**

### **A Newfoundland**

In Newfoundland there are two routes available through which International Medical Graduates may obtain training in preparation for licensure i) Clinical Skills Assessment and Training Program (CSAT) and ii) Postgraduate Medical Education (PGME).

Screening of candidates for eligibility for entry on the Educational Register for CSAT and PGME is the mandate of the licensing authority (NMB), as is the case for all categories of licensure. However, there are cases where the NMB will refer individuals to CSAT for assessment of level of competency before a license is issued. For example, cases where individuals have been out of practice for 1-3 years, a 2-day clinical skills assessment is required. The length of training required (maximum of six months) depends on the assessment results. A re-assessment may be required at the completion of the prescribed training period. A provisional license is granted upon successful completion of the educational requirement of the Clinical Skills Assessment and Training Program. CSAT costs (\$3,500 for the assessment, \$600 per week for training, and \$1,500 for re-assessment) may be covered by a regional hospital board through a mutually agreed upon sponsorship arrangement. The sponsorship arrangement with a hospital board would then consist of a job offer upon successful completion of the program and a provisional license being granted.

International Medical Graduates, including Canadian Citizens who have earned the MD Degree abroad, who are seeking training and who meet Memorial's registration requirements may apply through CaRMS (2<sup>nd</sup> Iteration) and the Special Funded Postgraduate Positions Program (return-in-service) for Postgraduate Medical Studies. However, for IMGs with no prior medical experience in Canada (clinical/educational) a maximum number of two individuals in this category may be accepted through the CaRMS Match.

The LMCC is a requirement to obtain a Full License to practice as a generalist or specialist in the Province. Physicians holding a provisional license for general practice, in the province, are given three years to complete the LMCC.

At Memorial University there have been no training modules designed specifically for IMGs to date however, the faculty is reviewing the need for such training programs.



## **B Nova Scotia**

In Nova Scotia, there is currently no funding for assessment process or for administrative support at Dalhousie. However, an assessment program is being developed in collaboration with the Federation of Medical Licensing Authorities. This will be for the assessment of specialists.

If assessment is required now, this is done in the Physician Assessment and Professional Enhancement program in Manitoba (CAPE). This program will be described in more detail in the description of IMG training in Manitoba. Also, in the future, the CSAT assessment program in Newfoundland may be used also for IMG physicians entering training in Nova Scotia.

Sponsorship and supervision are required to work in Nova Scotia with the defined licensure provisions after the assessment. There are no special training modules for IMG trainees within the faculty, although a need has been recognized for programs in the following four areas : problem based learning, the practice of medicine in Canada, communication skills and pharmacology.

About 7-10 “return in service” post-M.D. trainees who are International Medical Graduates are contracted each year. There are no new initiatives currently for Canadians who earned the M.D. degree abroad or trained abroad, although such physicians may apply for the 2<sup>nd</sup> iteration of the match.

In 2000, there were 30 Canadian citizen IMG residents with 13 having entered residency that year.

## **C. New Brunswick**

Although New Brunswick does not have a medical school, the province is committed to expanding opportunities for IMGs to practise by funding residency training so that these International Medical Graduates can meet certification requirements by either the CFPC or RCPSC. Residency training programs are funded through Dalhousie University, Université de Sherbooke and in the future, Memorial University. New Brunswick is considering using the CSAT process in Newfoundland for physicians who would go directly into practice in New Brunswick without more than a few weeks or months of upgrading training.

## **D. Prince Edward Island**

New initiatives are being developed concerning the requirements for licensure for International Medical Graduates. Currently, each physician’s credentials are assessed individually.

## **E. Quebec**

In Quebec, there are two ways by which International Medical Graduates (IMGs) can eventually obtain a regular licence to practise medicine.

Firstly, IMGs can enter Medical School at the third year level after having been chosen by the universities up to a maximum of approximately 8 per year.

Also, they can obtain their equivalency for their M.D. Diploma by passing exams and then completing at least one year of training in regular residency position and eventually obtain their licensure after passing the ALDO-Québec exam (Legislative, Ethical and Organizational Aspects of Medical Practice in Quebec) and the Quebec Family Medicine or Specialty examinations.

The Schools of Medicine use the Medical Council (MCC) of Canada Part I or a modified Quebec written exam to classify candidates in order.

To get equivalency of their diploma they can either pass the Quebec Clinical Medical Sciences examination (*Examen des sciences cliniques médicales*) from the *Collège des médecins du Québec (CMQ)* for which there is a MCQ part and an Oral and Clinical Examination, which is administered by CESSUL from Laval University (*Centre d'évaluation des sciences de la santé de l'Université Laval*). Since last year, equivalency can also be obtained by being successful at the MCC Qualifying exam parts I and II.

Canadian citizens who earned their M.D. Diploma abroad are assessed by the *CMQ* as IMGs and would be offered a funded residency position, usually in Family Medicine or in the five basic specialties or in a specialty which is very much in need, like Radiation Oncology.

In areas of special needs, a restrictive licence can be issued after a three-month evaluation period in a postgraduate program; success at the MCCEE and ALDO-Québec exams are prerequisites. Specialists may also be recruited from abroad by academic health centres as teachers or researchers; a restrictive licence is given and the three-month assessment is not required. The total number of new restrictive licences given for academic health centres cannot be in excess of 20 per year.

In a case where a restrictive licence is issued for a non academic health centre the three-month evaluation period is paid for by the physicians themselves, who are occasionally supported by the hospital or the regional health boards. Even if the evaluation period is done through the postgraduate program director, this is not done within the Faculty of Medicine system and legal responsibility for the evaluation is supported directly by the *Collège des médecins du Québec*.

## **F. Ontario**

In Ontario, assessment for entry into residency training is carried out by the Ontario International Medical Graduate Program (OIMG). Assessment consists of a 6-hour multiple choice exam, then followed by a 14-station Objective Structured Clinical Exam (OSCE). The top 90 physicians in the multiple choice exam are admitted to the OSCE, and the top 50 from the OSCE are accepted into the pre-residency training program. After success in the pre-residency program, residents are matched to positions in Ontario in Family Medicine or designated specialties.

Also for certified specialists sponsored by an underserved area, a new assessment program has just been started by the Council of Ontario Faculties of Medicine (COFM) and the College of Physicians and Surgeons of Ontario consisting of a 6-month assessment period followed by up to 2 years of training if required.

The Provincial ministry of Health funds all IMG assessments with payment for each physician assessed. The funding for assessment is adequate according to the Postgraduate Deans. Additional training prior to entry into residency is funded as part of the clerkship program in the Undergraduate medical education curriculum.

Faculties of Medicine do provide specific training modules for IMG residents covering the practice of medicine in Canada and language and communication skills. These modules include other areas where additional training is needed such as : ethics, palliative care, and teaching skills. Funding is through the clerkship program.

There is a repatriation program for Canadian graduate M.D.'s who have trained abroad with up to two years of MOH funding so that the Canadian exams for certification can be written. Fifteen (15) positions have been allocated for this annually.

Additional funding is required during the clerkship phase of assessment so that IMGs could have OSCE assessment exams given during the program. Also, courses in clinical reasoning skills would be provided and core seminars would be given if funding was made available.

There has been no funding for administrative support in the faculties as the OIMG Program is responsible for the assessment process.

The OIMG Program located in Toronto gives courses in problem based learning, clinical reasoning skills and communication skills. Subject areas which are also needed are : Pharmaceuticals, clinical practice guidelines, principles of Family Medicine and the skills needed for physicians to fulfill all of the CANMEDS roles.

A small number of IMG residents in Ontario fill "return in service" contracts. These contracts fund their residency training in return for a commitment to work in the underserved region (with which they contracted) upon completion of training.

## **F. Ontario** (con't)

The Postgraduate Deans express a need for more leniency in the appointment of academic specialists who are International Medical Graduates. The process now delays such appointments in an unacceptable way, and there is a desperate need to facilitate such appointments. Ontario Faculties of Medicine are noticing the shortage of academic physicians as well as physicians in clinical practice.

## **G. Manitoba**

### Medical Licensure Program for International Medical Graduates (MLPIMG)

The MLPIMG will assist foreign trained physicians to obtain medical licensure to practice as primary care physicians in Manitoba. The Program consists of three parts.

#### 1. Preparation and pre-assessment

Language testing and training programs are available at no cost to all International Medical Graduates preparing for the Clinicians Assessment and Professional Enhancement (CAPE), the licensure examination as well as orientation to medical practice in Canada. The Canadian Communications for Physicians Trained Abroad (CCPTA) program offers training about the Canadian health care system. This includes communicating with patients, physicians and other health care providers, legal and ethical issues related to medical practice in Canada and simulated care management.

#### 2. Assessment and enhanced training

Candidates applying for the assessment must meet all of the following criteria:

- must be a landed immigrant or Canadian citizen;
- must be a resident of Manitoba for at least 12 consecutive months before the CAPE assessment date;
- must have a minimum of one year of postgraduate medical training acceptable to the College of Physicians and Surgeons of Manitoba and;
- must have an unexpired pass standing on the Medical Council of Canada Evaluating Examination (MCCEE) or Medical Council of Canada Qualifying Examination Part 1 (MCCQE1).

The Clinicians Assessment and Professional Enhancement (CAPE) process will be used to measure the performance of the applicant against provincial standards for physician practice.

The CAPE is a 3-day assessment process with four components:

- Multiple choice questions
- Structured oral interview
- Therapeutics assessment
- Clinical and communication skills evaluation using standardized patient scenarios

## **G. Manitoba** (con't)

CAPE is a cost recovery program. The cost of CAPE is \$ 3,500. At the present time, this cost is borne by the candidate.

Up to ten individuals are accepted yearly for the CAPE assessment. Candidates who meet the eligibility criteria and require enhanced training prior to medical licensure will receive an individualized training program which must be completed in a maximum of one year.

### 3. Licensure

- I Candidates who do not require further educational enhancement may apply for conditional registration with the College of Physicians and Surgeons of Manitoba.
- II Candidates requiring enhanced training may apply for conditional registration with the College of Physicians and Surgeons of Manitoba upon receiving confirmation of satisfactory completion of the training program and CAPE reassessment.

## CaRMS

Manitoba accepts the applications of Canadian citizen or landed immigrant International Medical Graduates in the second iteration of the CaRMS match. Those International Medical Graduates who do not meet the above criteria for licensure may apply for such residency training through CaRMS.

## **H. Saskatchewan**

Saskatchewan is in the early stages of developing a program that will use the Manitoba CAPE Program for physicians interested in practising Family Medicine in Saskatchewan. A process is also proposed for the assessment of specialists (Anesthetists and Psychiatrists) within the College of Medicine. This development of this process for assessing specialists comprises representatives from: the College of Medicine, the Provincial Licensing Authority, the Saskatchewan Medical Association and Saskatchewan Health.

## **I. Alberta**

Alberta has just put in place the Alberta International Medical Graduate (AIMG) Program.

Following a review of the credentials of the applicants, the best 30 are given an OSCE type assessment exam. The top 12 are interviewed and 8 are chosen to begin an 8-week orientation program. After the orientation, the residents enter the 2-year Family Medicine training program at the University of Calgary.

## **I. Alberta** (con't)

IMG physicians may also enter the second iteration of the CaRMS match. The potential resident must have lived in Alberta for 1 year and have passed the MCCEE and MCCQE.

In communities designated as having emergency physician needs, physicians may go directly into supervised practice requiring peer review.

Within the post-M.D. training programs, the need is expressed for more training in cultural aspects of the practice of medicine in Canada which may differ from the physician's country of basic education and language.

Communication skills, problem based learning and small group learning are skills also identified as requiring upgrading. It is expected that physicians who are assessed and given the orientation in the new AIMG program will not have these needs.

## **J. British Columbia**

British Columbia provides Family Medicine training for 6 residents annually through the British Columbia International Medical Graduate Program. About 30 physicians apply to the OSCE process leading to a 6-8 week clinical evaluation period and a 6-month introductory program leading to 2-yr. Family Medicine training. Funding for assessment is shared by the Provincial Ministry, the physician and sometimes a regional health board wanting to recruit the physician.

IMG physicians can also enter training programs through the 2<sup>nd</sup> iteration of the CaRMS match and through an underserved area recruitment program where the physician would work for 5 years of supervised practice before permanent licensure would be earned.

In all cases, the MCCEE, MCCQE1, established residence (living) 1 year in British Columbia, and English language competency are required.

Funding has also been provided for administrative support within the faculty. UBC does not have special training modules targeted for IMG residents, but plans to introduce them once funding becomes available. About 4 residents enter each year with "return-in-service" agreements. There are no new licensing provisions for International Medical Graduates or upgrading positions for Canadian graduate physicians who did post-M.D. training outside Canada.

## **Future surveys**

As this survey was done prior to major increases in the number of IMG physicians training in Canada, the impact on the post-M.D. offices could not be assessed. It is proposed that a survey be done in 2003 to determine if there are new concerns or pressures within the postgraduate training programs related to providing the educational and assessment services for increasing numbers of IMG residents.

## **Acknowledgements**

The assistance of the following people in gathering this information is greatly appreciated.

1. Associate Deans responsible for Postgraduate Medical Education at the sixteen Canadian Faculties of Medicine
2. Administrative assistants to the Postgraduate offices at the 16 Canadian Faculties of Medicine
3. Dr. Jean Parboosingh, Senior Medical Consultant, Health Canada
4. Ms. Hélène LeBlanc, Administrative assistant, CAPER
5. Mr. Les Forward, Database manager, CAPER
6. Dr. Adrien Dandavino, Collège des médecins du Québec
7. The Federal/Provincial/Territorial Advisory Committee on Health Human Resources

## **Appendix 1**

### **CAPER data for 2001-2002**

*Table 1* shows there were 1127 IMG residents in Canadian training programs in the current (2001-2002) academic year. Of these, 385 were Canadian citizens or permanent residents of Canada and 742 had visas to train in Canada. By the time they complete training we would expect that over 10% of the visa trainees would become permanent residents of Canada and stay in Canada (Table 4).

Looking at the R-1 level, there are 150 permanent residents of which 87 or close to 60% are in Family Medicine training. As there were only 94 R-2 trainees in 2002, it would appear as though the R-1 level cohort for 2002 had increased by 50% (from 94 to 150 trainees) between 2000 and 2001.

## **Appendix 2**

Questionnaire completed by the 16 Associate Deans for Postgraduate Medical Education in Canada

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Postgraduate Dean

**October 3, 2001**

**To: Associate Deans Responsible for Postgraduate Medical Education**

**From: Dianne Thurber, Director/CAPER**

### **QUESTIONNAIRE ON THE PRE-LICENSURE EVALUATION AND TRAINING OF INTERNATIONAL MEDICAL GRADUATES**

#### **Background**

This questionnaire has been developed at the request of Dr. Brian Hennen, the Dean of Medicine at the University of Manitoba.

The purpose of this questionnaire is to obtain national information pertaining to the resources within the faculties of medicine being used to assess and train international medical graduates for Canadian licensure and practice in Canada. As this activity may involve the undergraduate as well as the post-graduate areas of your faculty, information you can provide on all initiatives and programs at your faculty will contribute to a complete national picture.

I would also welcome information on current or proposed initiatives by your provincial licensing authority concerning the assessment and upgrading of skills of international medical graduates.

The results of this questionnaire will be used, first of all, to provide a national perspective of how the Canadian post-M.D. training programs are providing educational services for the international medical graduates who are entering their programs.

**NOTE: TO BE RETURNED TO CAPER BY OCTOBER 31, 2001**



1. **New Initiatives**

Have there been new initiatives at your faculty of medicine or in your province for assessing and training international medical graduates for entry into Post-M.D. training or to practice (licensure) in addition to those described on the attached summary table prepared by the Provincial Ministries of Health (IMG Access to Practice in Canada)?

\*NOTE : A summary table giving training initiatives in each province will be sent with the questionnaire.

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2. **Funding for Assessment of International Medical Graduates (IMG)**

A. How is the assessment of international medical graduates funded at your faculty?

Provincial ministry of health funds all IMG assessment.  Yes  No

The physician being assessed pays the full cost of the assessment.  Yes  No

Shared payment by the provincial ministry and the physician being assessed..  Yes  No

Some portion of assessment costs paid for by another agency. (regional health unit, hospital, licensing authority, etc.) \_\_\_\_\_ (write in the agency)  Yes  No

B. How are provincial funds allocated to the faculty for assessment of IMG physicians?

As base funding for the assessment program  Yes  No

Payment for each physician assessed  Yes  No

A combination of base and per/physician funding  Yes  No

C. Is the funding for assessment adequate?  Yes  No

If “**No**”, could you describe how increased funding would be used to improve the evaluation of international medical graduates at your faculty.

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**3. Administrative support**

Has funding also been made available for the administrative support related to the assessment and training of international medical graduates at your faculty?

Yes

No

Comments \_\_\_\_\_  
\_\_\_\_\_

**4. Additional Training for International Medical Graduates**

The following questions concern the additional training which may be required by international medical graduates.

Are there training modules for international medical graduates in such areas as those which follow, in addition to those already part of your Family Medicine or Specialty programs?

A. Problem based learning or small group learning  Yes  No

B. The practice of medicine in Canada - How it may differ from the physician's country of education or practice.  Yes  No

C. Language and communication skills.  Yes  No

D. If you do not have any training modules designed especially for international medical graduates, is there a need for such programs?

\_\_\_\_\_  
\_\_\_\_\_

E. Can you specify other subject areas where training designed especially for graduates of foreign medical schools would be desirable?

\_\_\_\_\_  
\_\_\_\_\_

**5. Return-in Service**

Are return-in service contracts often offered to international medical graduates in your residency programs? If so, approximately how many such physicians are contracted each year?

Yes                       No                      \_\_\_\_\_(number)

**6. New Licensure Provisions**

Can you describe any new licensure provisions within your provincial licensing authority pertaining specifically to the licensure of international medical graduates?

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**7. Canadians Who Earned the M.D. Abroad**

Have any special post-M.D. training initiatives been developed for Canadian citizens who have gone to other countries to study for and earn the **M.D. degree** outside Canada?

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**8. Canadian M.D. Graduates Who Trained Abroad**

Have additional post-M.D. training opportunities been made available to graduates of Canadian medical schools who have done their **residency training** (all or part) in ACGME accredited programs in the United States?

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**9. Additional Information**

Please provide additional comments or insights you may have concerning initiatives required to integrate international medical graduates into Canadian Post-M.D. training programs and the funding for these initiatives.

If you have any documentation about your initiatives for international medical graduates, I would appreciate receiving it.

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Thank you so much for your help. The results of this survey will be made available to you.

Again, many thanks.

Dianne Thurber  
Director/CAPER  
DL/hl

**Please return to CAPER by fax at (613) 730-1196**