



Alliance for Doctors Denied by Degree

Overview

Vision

To eradicate the systemic discrimination faced by graduates of medical schools outside Canada and the United States by removing barriers so that access to the medical profession is based on competence of the individual regardless of place of education, race, or age.

Purpose of the Alliance for Doctors Denied by Degree

- To build strategic alliances to address systemic issues related to:
 - a) exclusion of graduates of international medical schools before and after they have proven equivalency and had their credentials recognized,
 - b) barriers to career advancement, and
 - c) equitable access of newcomers to the health care system.
- To support doctors who filed a Human Rights Complaint against the College of Physicians and Surgeons of BC and others, challenging the discrimination against graduates of international medical schools.

Introduction

There have been many attempts over the decades to level the playing field for graduates of international medical schools to provide a fair chance of accessing entry level jobs (called residency positions) necessary to practice medicine in Canada. There have been numerous briefs and reports written. What makes this initiative different is that the Alliance is supporting five doctors who are graduates of international medical schools who have filed a human rights case in BC. These doctors are building support across Canada to call on regulatory bodies to address the problems related to the application and selection of resident physicians that result in the exclusion of graduates of international medical schools from the medical profession.

The Problem

Systemic barriers preventing access to licensure are rooted in the assumption that the education graduates from international medical schools receive is inferior to that of graduates of Canadian and American medical schools. Research has shown that this is false. For example, Tsugawa et al (2017) study concluded that patients treated by graduates of international medical schools had a lower mortality rate than those treated by graduates of American schools, despite graduates of international medical schools treating patients with higher rates of chronic conditions. An earlier study by Ko et al (2005) indicated that little difference existed between patients managed by graduates of international medical schools and graduates of Canadian medical schools. The study demonstrates that graduates of international medical schools performed as well as graduates of Canadian medical schools in all aspects of quality of care. On outcome measures, patients treated by graduates of international medical schools

¹ See for example “Quality of care delivered by general internists in US hospitals who graduated from foreign versus US medical schools: observational study” BMJ 2017; 356. <https://www.bmj.com/content/356/bmj.i273>.

² Ko DT, Austin PC, Chan BT, Tu JV. Quality of care of international and Canadian medical graduates in acute myocardial infarction. Arch Intern Med. 2005;165(4):458-463. doi:10.1001/archinte.165.4.458. Online at: <https://www.ncbi.nlm.nih.gov/pubmed/?term=15738378>

and graduates of Canadian medical schools had identical risk-adjusted mortality rates at 30 days and 1 year after AMI. In addition, the study found that there was no substantial difference between the care provided by graduates of international medical schools from English speaking countries and non-English-speaking countries.

Nevertheless “protection of the public” is used to justify the existence of these systemic barriers. The systemic barriers are outlined in the Appendix: Systemic Barriers.

The exclusion of graduates of international medical schools, who have established that they meet the Canadian standard, from competition for the majority of resident physician jobs and disciplines in Canada is unfair and harmful, not only to the doctors denied by degree, but to the public as well. A double standard that allows graduates of Canadian and American medical schools and visa trainees to work as resident physicians before they are tested is not in the public interest. It is harmful to all Canadians who deserve to be treated by resident physicians who have first demonstrated their competence and are not merely assumed to be qualified even when they have failed the exam graduates of international medical schools must pass. Canadians deserve the best Canadian physicians determined on one standard for all and fair competition for employment.

Recommendations

In order to stop the systemic discrimination where the government/regulatory colleges/medical faculties have imposed a system that excludes graduates of international medical schools and perpetuates conscious and unconscious bias, we recommend:

1. All residency positions are open to competition by all Canadian citizens and permanent residents who are qualified to work as resident physicians regardless of place of education.
2. Implementing Practice Ready Assessments (PRA) of all graduates of international medical schools including specialists to determine if retraining is necessary, and if so to what degree.
3. Removing exclusive responsibility for the selection of residents from Faculties of Medicine and putting in place oversight to overcome the bias embedded in the system.
4. Implementing and/or increasing existing oversight and accountability (Fairness Commissioners) of all aspects of the entry to the medical profession to ensure admission to the profession is: (i) fair and free of discrimination, i.e., inclusive and consistent with the principles of a free and democratic society; (ii) impartial; (iii) objective; and (iv) transparent; together with providing enforcement powers.
5. Requiring representation of graduates of international medical schools on all committees which make decisions which affect graduates of international medical schools’ access to the medical profession.

If you require further information, please contact; Sandy Berman, Alliance Member, at sandyberman@shaw.ca or Zarghoona Wakil, Senior Manager of Specialized and Innovative Programs at zwakil@mosaicbc.org.

If you would like to obtain more information about the BC Human Rights Case to address the discrimination against immigrant physicians, or if you would like to support Canadian On Paper Society for Immigrant Physicians Equality and become involved in advocating for the elimination of discrimination and marginalization of immigrant physicians, please contact info@canadianonpaper.com

Appendix: Systemic Barriers

1 There is a double standard to prove qualifications

- Graduates of international medical schools must meet a higher standard than graduates of American or Canadian medical schools and medical graduates in the visa trainee program. Currently, there are three different standards of competence for resident physicians depending on whether an applicant is

- (i) a Canadian citizen or permanent resident who is a graduate of a Canadian or American medical school;
 - (ii) a Canadian citizen or permanent resident who is a graduate of an international medical school (i.e., outside of Canada or USA); and
 - (iii) a non-Canadian (visa trainee) who is sponsored by one of the Gulf countries, mostly Saudi Arabia, where the sponsor generally pays the universities a fee of \$100,000 per resident physician per year, and also pays the resident physician's remuneration.
- Medical regulatory bodies have delegated to university faculties of medicine the right to administer postgraduate medical training. The effect is to institutionalize discrimination where the qualifications necessary to apply for a resident physician position depend not on an individual's competencies, but on the group to which one belongs.

Although the regulatory authorities recognize a medical degree in the WHO/FAIMER World Directory of Medical Schools, an applicant must first work as a resident physician to become licensed. To be considered eligible to apply to work as resident physicians, Canadians who are graduates of international medical schools must, in addition to having a recognized medical degree, pass the Medical Council of Canada Qualifying Examination Part 1 (MCCQE1) and the National Assessment Collaboration Objective Structured Clinical Examination (NAC OSCE). These exams are designed to establish whether a medical graduate has the medical knowledge, decision-making ability, and clinical skills expected of a graduate of a Canadian medical school ready to enter residency.

- Passing these examinations is not enough. Graduates of international medical schools must excel in these examinations to be considered by administrators of postgraduate medical programs for an interview for a resident physician job.
- By contrast, graduates of Canadian medical schools never take the NAC OSCE and are allowed to practice as resident physicians even if they fail the MCCQE1. In other words, these graduates of Canadian and American medical schools can and do work as resident physicians, although they cannot demonstrate they have the critical medical knowledge and decision-making ability which the regulatory colleges have determined are necessary to work as a resident physician in Canada.

Unlike graduates of international medical schools, visa trainees in some provinces are allowed to work as resident physicians without passing any examinations to prove that they have the necessary knowledge, decision-making ability, and skills expected of a medical graduate. Some provinces do require visa trainees to pass the MCCQE1, but in no Provinces are visa trainees required to take the NAC OSCE and prove their competence to the standard of graduates of international medical schools who are Canadian.

2. Segregation and Exclusion from most resident physician jobs

- To ensure graduates of Canadian medical schools get a residency, the system of access to residency segregates graduates of Canadian and American medical schools and graduates of international medical schools. Segregation prevents competition so that weak graduates of Canadian medical schools will become licensed over graduates of international medical schools who, if allowed to compete, would displace the weak. The number of resident physician positions allocated for graduates of international medical schools who are Canadians is small. While graduates of Canadian and American medical schools have 1.014 to 1.080 resident physician jobs per applicant in their stream in any given year – more positions than there are graduates of Canadian schools-- graduates of international medical schools are restricted to a minimal number of residency positions. While the number varies year to year, generally, there are only enough positions for approximately 15% to 17% of the graduates of international medical

schools who have proven that their knowledge and skills meet the Canadian standards and have applied for residencies. In 2020 there were 325 available positions for 1822 graduates of international medical schools compared to 3072 for 3011 graduates of Canadian and 60 graduates of American schools. Canadian citizens and permanent residents who are graduates of international medical schools are prohibited from applying to 90% of the resident physician jobs available to other Canadians, despite having the requisite knowledge and skills.

3. Restrictions in disciplines graduates of international medical schools can practice

- While graduates of Canadian and American medical schools have the opportunity to apply for more than 37 recognized base medical disciplines, graduates of international medical schools can only get residency physician jobs in most provinces in the general disciplines such as family medicine, internal medicine, and psychiatry. In British Columbia, graduates of international medical schools can only access 58 positions: 52 in family medicine, 3 in internal medicine, 2 in psychiatry, and 1 in pediatrics. Graduates of international medical schools are not allowed to sub-specialize in British Columbia. Thus, in British Columbia, graduates of international medical schools can only become licensed in 4 of more than 70 recognized medical disciplines.

4. Restrictions on where graduates of international medical schools can practice

- When graduates of international medical schools match to a residency position, they must (except in Alberta and Quebec) sign Return of Service agreements, which mandate them to work in an under-served community for a period of 2-5 years depending on the province. While a few residency positions available only to graduates of Canadian and American medical schools are tied to Return of Service agreements, the vast majority are not. Graduates of Canadian and American medical schools have a choice; graduates of international medical schools do not.
- These contracts are aggressively enforced. For example, in BC, penalties of between \$480,375 and \$897,581 are imposed should graduates of international medical schools dare to try to walk away from the contract. Part of the penalty includes paying back salary and wages, paying the wages of another physician, paying the cost of training of another physician, and other alleged damages.