Foreign Physicians: Filling the Gaps or Falling Short?

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Abstract
Over the years, the shortage of physicians in Ontario has become increasingly apparent and well publicized. Recently, the government of Ontario has responded by facilitating international medical graduates (IMGs) in gaining licensure to practice in Canada. This move includes expansion of the current Ontario IMG program, as well as the implementation of a new program to expedite the licensing of practicing foreign physicians. While this is intended to address the issues of physician supply and the distribution of specialties in under serviced areas, it is questionable whether these policies will meet their intended goals in the long term. Potential problems with these programs include lack of fulfillment of needed specialties, difficulties retaining IMGs in rural, remote and under serviced areas, and the exploitation of these opportunities by Canadian students unable to gain admission to domestic medical schools.

In the fall of 2001, the Ontario government increased the annual number of positions in the existing program to train international medical graduates (IMGs) and initiated a program to quickly license recently practicing foreign physicians.[1] The goal of this move is to ensure "an appropriate supply, mix and distribution of doctors throughout the province to meet the health needs of all Ontarians", as addressed in The George Report: "Shaping Ontario's Physician Workforce".[2] Increasing the number of IMGs will produce more physicians in Ontario, but sheer numbers are not enough. Based on current trends, it is questionable whether foreign-trained doctors will effectively fill the gaps in physician mix and distribution in Ontario and be able to provide the quality of care expected of Canadian-trained physicians.

As shown by recent years' residency match results, the mix of specialties required in under serviced areas has not been met. As described by The George Report, the most critically needed services in smaller communities are family physicians who can provide comprehensive care in obstetrics, emergency services or anaesthesiology.[2] Although the IMG program was designed to target the most-needed disciplines, only 12 of 70 (17%) graduates of foreign medical schools entering practice in the year 2000 were trained in family medicine in Ontario. In comparison, 210 of 582 (36%) Canadian graduates entered practice in family medicine that year.[3] Furthermore, in the 2001 Canadian Residency Match, 60 out of 387 IMGs were matched to a residency position while, across Canada, 38 family medicine and 2 psychiatry residency positions remained unfilled.[4] In Ontario alone, there were 22 unmatched positions, 21 in family medicine and 1 in psychiatry. It may be beneficial to explore why such a large number of IMGs are unmatched each year despite the large number of residency positions in the targeted disciplines remaining unfilled. Reasons for this discrepancy may include IMGs entering the match but not applying to these much-needed disciplines or being found to be unsuitable candidates. Given this predicament, educational resources might be put to more effective use by increasing enrollment in Ontario medical schools. This may be a viable solution since domestic graduates seem to be more inclined to enter fields in need and would have received an education tailored to the needs of Ontarians.[4]

Historically, the use of IMGs has not been effective in addressing problems of physician distribution, as noted in The George Report. The difficulties associated with retaining physicians in rural areas, including lack of support, resources and inadequate compensation, have been well described.[2] Foreign medical graduates would certainly be expected to face the same challenges but may also encounter difficulties communicating effectively with patients. Despite passing TOEFL (Test of English as a Foreign Language), IMGs have themselves raised the issue of language barrier in the past to account for poor performance on subsequent testing such as MCCQE Part II.[5] These same language problems would invariably compromise patient-physician interaction, which is an essential part of family practice.[6] This is particularly true in rural communities where English and French are often the only functional languages, and patients' choices of physicians are limited. Moreover, IMGs from for-

eign countries, much like the general Canadian immigrant population, might have an affinity towards urban centres, where they have established personal and cultural support networks as well as the opportunity to cater their clinical practices to members of their own ethnic background.[7] The IMG program will need to undertake the challenging task of developing longer-term binding contracts to ensure foreign doctors are retained in the under serviced communities. This will serve as a "band-aid solution" until increased medical school enrollment, particularly at the soon-to-be-launched northern medical school, begins to alleviate physician shortage in these regions. However, once their contracts expire, the potential migration of foreign physicians may contribute to an oversupply of physicians in urban centres, creating competition and provoking the emigration of Canadian-trained doctors to the United States.[8]

With the implementation of the new IMG program for fully trained foreign physicians, many spots in the recently expanded IMG program will become available to new graduates of foreign medical schools. Historically, foreign physicians who have come to work in Canada have made vast contributions to the development and quality of the current health care system. While it is hoped that this new program will attract high-calibre medical graduates, it may instead be exploited by Canadian students who were not able to gain entry into a highly competitive Canadian medical school. Some of these students may subsequently obtain a medical degree from any of the numerous foreign programs designed specifically to attract such candidates. Canadians returning from these offshore medical schools should not automatically be considered to meet the standards required of Canadian medical graduates for several reasons. Admissions criteria for these schools have lower academic requirements and are unlikely to include selection for those non-academic traits that are specifically desired of successful candidates at Ontario medical schools. These students, who were found to lack the necessary qualities to enter domestic medical programs, may later gain admission to the IMG programs without ever being screened for these characteristics. Furthermore, the objective of many of these offshore medical programs is merely to prepare students to pass accreditation exams; in short, a means to an end, rather than the comprehensive approach taken by Ontario medical schools. Considerable resources have been devoted to the continuing development of undergraduate medical curricula in Ontario with an emphasis on evidence-based medicine, health promotion, multidisciplinary care, culturally-sensitive clinical practice and the development of professionalism and medical ethics relating to Canadian issues.[9,10] At foreign institutions, Canadian students who do not speak the native tongue of the patient population would have difficulties adequately developing their interpersonal skills. Thus, in the haste to fill the physician shortage, it is imperative that high standards are upheld in the evaluation of potential candidates.

Having highlighted some of the potential problems of the IMG programs, careful consideration of program design, implementation and long-term implications seems warranted to ensure that their goals are not undermined by their shortcomings. Any compromise of quality for quantity will trivialize the selection process and curricula of Ontario medical schools, the efforts of students who apply to and study at these institutions and, most importantly, will jeopardize the standard of health care in Ontario.

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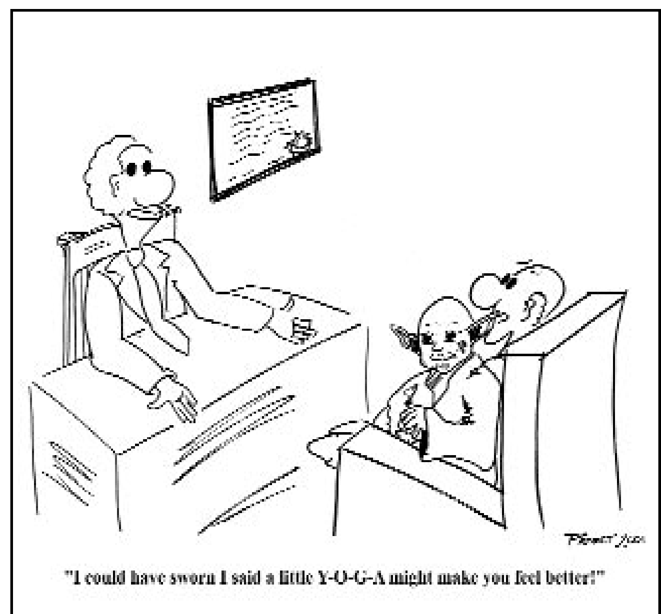

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