**Appendix A**

**Canadians Studying Medicine Abroad (CSAs) :**

**An Economical & Ready Resource for Ontario**

**Who are CSAs?**

**CSAs are Canadian students who are so passionate about becoming physicians that they choose to study abroad to ensure they achieve this goal. CSAs study medicine at competitive medical schools that are listed in the Canadian recognized World Directory of Medical Schools. CSAs fund their own education at no cost to Ontario. The majority of CSAs are from Ontario.**

**Compared to Canadian Medical Graduates (CMGs), CSAs are typically older and more have advanced degrees before entering medical school. Also, many CSAs make the decision to study elsewhere sooner, while the typically younger CMGs make multiple attempts for admission in Canada. In fact over one-fourth of CSAs have never applied to a Canadian medical school and an additional one-third applied only once to Canadian medical schools.** [**https://www.carms.ca/pdfs/2010\_CSA\_Report/CaRMS\_2010\_CSA\_Report.pdf**](https://www.carms.ca/pdfs/2010_CSA_Report/CaRMS_2010_CSA_Report.pdf)

 **CSAs often choose to go abroad to seek academic excellence by attending medical schools of the highest international calibre, access direct entry programs, explore family roots and experience another culture.**

**CSAs come from diverse backgrounds. They are exposed to a multitude of cultures, healthcare systems and technology applications around the world. As such they are ideal candidates to serve a diverse population and to bring new ideas and innovation to Ontario.**

**CSAs are required to pass Canadian equivalency exams prior to seeking residency training in Canada and thus those qualified to apply have demonstrated they have the same high-quality education expected of graduates of Canadian medical schools and the same competence as CMGs. In 2017 there were more than 500 unmatched competent and qualified CSAs who are now under or unemployed physicians, unsure of how to use their specialized skills and knowledge. \*(CaRMS 2017, CAPER report)**

**The majority of CSAs are from Ontario and want to return to provide medical service in Ontario. Unless they receive residency training in Canada, many will train in other countries and settle abroad, representing a brain drain from Ontario. CSAs are an untapped resource that could provide immediate and near future care solutions if the Ontario government was willing to fund necessary residency positions.**

**Obstacles**

**We hear of patients without access to family doctors and preventative care, more and more patients waiting hours in ER and deteriorating health during delays of months to years to see a specialist or enter long term care.**

**Qualified CSAs want to help but Ontario’s training positions are unavailable to most.**

***Why the mismatch? Where is the disconnect?***

**According to CaRMS, decisions regarding residency eligibility requirements for Ontario applicants are made by the Ministry of Health and Long Term Care, and the six Faculties of Medicine in Ontario. While the Ministry of Health has a mandate to act in the public interest, the Faculties of Medicine have a strong interest in protecting the future of their graduates. This has resulted in policy that privileges CMGs, generates inequalities for CSAs and hinders Ontario from training the best candidates to be their future practicing physicians.**

**Past governments have incorrectly assumed paying fewer doctors will help contain costs, and thus have been very hesitant to increase training positions. We now know delays in accessing care impacts the population's health and our economy with overall higher cost to government.**

[**https://legacy.cma.ca//Assets/assets-library/document/en/advocacy/EconomicReport-e.pdf**](https://legacy.cma.ca//Assets/assets-library/document/en/advocacy/EconomicReport-e.pdf)

**https://www.fraserinstitute.org/categories/health-care-wait-times**

**The Ontario government can be a leader in evidence based changes and provide citizens *more* upfront health care with *less* cost in the long run.**

**Real and Timely Solutions**

***Economically Training the Best Doctors to Best Meet Ontario’s Needs***

**To ensure Canada trains the very best next generation of physicians there must be comparable timing of examination of *all* medical students, CMGs and IMGs, including CSAs, with one common exam completed *prior to* the CaRMS residency selection process. Uniform evaluation will allow truly informed, merit-based decisions that ensure those candidates who are most knowledgeable and well suited to providing needed service are provided with the opportunity to train.**

**Residency training represents a significant government investment. Wise investment decisions are not made by looking back at previously invested funds, but by analyzing current, complete and comparable information to maximize return going forward. Governments do not need to fund more undergraduate pre-medical and medical student educations and wait the 8-10 years for a resource Ontarians need now. Ontario could save hundreds of millions by using the ready resource self-funded CSAs provide.**

**A 2004 University of Calgary Economics report concluded “for the same resources needed to train 1 medical student to enter Residency the Alberta IMG program identified 10 ‘residency-ready’ IMGs. The rate of return to Albertans from licensing an IMG to practice as a family physician was between 9% and 3% which is clearly a desirable and socially accountable use of public resources”** [**https://pdfs.semanticscholar.org/9207/dcf2a0c175142abbe05ed2ae6793efaeb0a1.pdf**](https://pdfs.semanticscholar.org/9207/dcf2a0c175142abbe05ed2ae6793efaeb0a1.pdf%29)

**Canadians do NOT support ongoing unexamined visa trainee’s purchase of residency positions. Ontario is particularly vulnerable to the sudden withdrawal of essential services given the highest proportion of Saudi residents: numbering 216 in Toronto, 156 in Hamilton, 91 in London and additional in Ottawa etc.** [**theglobeandmail.com/canada/article-canadian-hospitals-scrambling-as-saudi-medical-students-withdraw-from/**](https://www.theglobeandmail.com/canada/article-canadian-hospitals-scrambling-as-saudi-medical-students-withdraw-from/)

**Providing training resources to Visa trainees must stop.**

***Increased numbers of residency positions***

**To ensure adequate medical services for underserved areas and patient populations, in the setting of a growing and aging population and an aging physician workforce fast approaching retirement, the Ontario government must fund increased numbers of residency positions. The present rate of increase in number of physicians is inadequate to meet needs in a timely fashion. More positions are required in community-based care (Family Medicine, Psychiatry, Emergency Medicine and Internal Medicine for end of life care) and competent, qualified CSAs want to immediately train in these specialties.** [**https://afmc.ca/sites/default/files/qa/FutureMDCanada.pdf**](https://afmc.ca/sites/default/files/qa/FutureMDCanada.pdf)

***Ontario Universities can then train efficient Canadian physician leaders in the models, knowledge and skills identified as most needed in Ontario.***

**Canadians Studying Medicine Abroad (CSAs):**

 **A Ready Resource for Ontario’s Health Care Needs**

***CSA immediate and near future Contributions to***

 ***Enhanced Patient Care***

|  |  |  |
| --- | --- | --- |
| **Time to Benefit** | **Increased Service Provision**  | **Efficient Care Delivery** |
| **On entering****residency** | assess & provide acute care to ER & hospitalized patients assist in community teaching practices enabling patient access  | reduce ER wait time, reduce hospital stays & complications reduce other providers’ burnout to improve their care delivery |
| **After 2-5 years****training** | enhanced targeted community-based preventative care, mental health & chronic disease management to an increasing & aging population | skilled physician team leaders, coordinating tech supported, enhanced community care to patients that prevents admissions   |

***CSA immediate and near future Contributions to***

***System Efficiency Improvements***

|  |  |  |
| --- | --- | --- |
| **Time to Benefit** |  **Enhanced Provider Efficiency**  | **Enhanced Technology Efficiency** |
| **On entering****residency** | salaried, cost effective physician services highly committed & qualified individuals proven to adapt to change with resiliency assist other providers, reducing their burnout and improving their performance  | introduce to Ontario other country’s technology & systems approaches |
| **After 2-5 years****training** | modern, Ontario trained physician team leaders that coordinate other providers in delivery of Ontario care models & priories  | influencers of change, users of new & extended technology models |

**Terms**

**CSAs** = Canadians Studying Abroad are Canadian citizens who grew up attending school in Canada then chose to study medicine at recognized and reputable medical schools outside of Canada and the United States.

**IMGs** = International Medical Graduates are Canadian citizens and permanent residents who obtained their medical degrees outside of Canada or the United States.

There are 2 subgroups of IMGs:

(1) CSAs and

(2) physicians who immigrated to Canada from countries whose training is not recognized in Canada and seek to become qualified to practice medicine in Canada.

**CMGs** = Graduates of Canadian (and American) medical schools

**CaRMS** = Canadian Resident Matching Service administers the system which matches medical graduates to medical residency training programs in accordance with rules established by each individual province.

*Submitted March 2019 by SOCASMA working group-Ontario chapter to*

*Premier's Council on Improving Healthcare and Ending Hallway Medicine*