March 4, 2019

Dr. Rueben Devlin

Special Advisor and Chair

Premier’s Council on Improving Healthcare

And Ending Hallway Medicine

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Dear Dr. Devlin:

The Society for Canadians Studying Medicine Abroad (SOCASMA) respectfully requests your committee examine Canadian medical students studying abroad (CSAs) as a low-cost solution to hallway medicine, healthcare wait times, and physician burnout in Ontario.

As you are aware, residency training positions for qualified International Medical Graduates (IMGs) are extremely limited in Ontario and Canada. Unfortunately without this final residency training, many young Canadians are unable to care for patients despite graduating from some of the world top medical schools and having demonstrated competence by successfully passing all required Canadian exams. .The result is a brain drain of qualified Canadian physicians to the United States, the United Kingdom, Australia, and other countries.

These bright minds have experience within other health care systems and technologies and have valuable ideas to share with Ontario. Most CSAs are from Ontario and want to return home and be of service. CSAs represent a large spectrum of cultural and linguistic backgrounds and would be particularly well suited to meet the needs of an increasingly diverse population.

But for CSAs to be part of the solution to hallway healthcare, the Government of Ontario needs to increase residency positions and recruit the best qualified Canadian doctors available based on a transparent, equitable and merit-based selection process.

Entry to residency training is the appropriate time to evaluate all medical graduates’ abilities and aptitudes for medicine. It is the best time to determine if future investment in their training is in the best interest of the Government of Ontario and Ontario patients. Past education subsidy is not a reason for future investment.

Neither is it wise to use valuable resources to train foreign visa trainees, mostly from Saudi Arabia, in the short term, only to see them return to their home country after their training is completed.

Recruiting for residency those candidates who are most effective, most resilient, and best suited to engage with patients and lead health care teams is a net gain for Ontario in the long term.

Funding of training more residents, including CSAs, is a cost efficient investment that will contribute to both immediate and longer term solutions in the following ways:

a) provide immediate increased physician service in emergency rooms and on hospital wards to more quickly address patients’ needs, to transition patients out of the hallway and into wards, or ideally to home with community supports;

b) provide immediate increased community access for acute illness by assisting in community health settings;

c) bring tech savvy care providers into hospitals and the community to lead peers and patients in adopting these efficiencies;

d) increase in new community physician team leaders, specifically trained in coordinating efficient care in three crucial areas of family medicine, palliative care and psychiatry in just 2 to 5 years of training;

e) support licensed physicians and other providers to reduce their burnout resulting in improve quality and efficiency of care.

Attached is additional information about SOCASMA and its proposal to the Government of Ontario.·

Sincerely,

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