LETTER TO YOUR QUEBEC MEMBER OF NATIONAL ASSEMBLY, AND/OR THE QUEBEC MINISTER OF HEALTH – see links below:

Link to Quebec’s Minister of Health and Social Services: <http://www.assnat.qc.ca/en/deputes/mccann-danielle-17887/index.html>

Link to Members of Quebec’s National Assembly: <http://www.assnat.qc.ca/en/deputes/index.html#listeDeputes>

(TEMPLATE LETTER FOR QUEBEC ONLY. A TEMPLATE LETTER IN FRENCH IS ALSO AVAILABLE FOR QUEBEC.)

Date XXX

Dear XXXX:

I would like your support to establish for 2020 onward a fair and equitable system for all qualified Quebecers and Canadians applying for medical residency training in Quebec and Canada.

Quebecers and Canadians who study medicine abroad and who have successfully passed all required Medical Council of Canada exams should be able to compete for medical residency positions in Canada, coast to coast, on the same terms as Graduates from Canadian and American medical schools.

TELL YOUR OWN STORY EITHER AS A CANADIAN MEDICAL STUDENT ABROAD (CSA), AS A CSA WHO HAS GRADUATED BUT HAS NOT YET MATCHED, AS A CSA TRAINING IN ANOTHER COUNTRY, AS A CSA PRACTICING MEDICINE ABROAD, AS A PARENT, A FAMILY MEMBER OR A FRIEND OF A CSA OR AS A MEMBER OF THE PUBLIC WHO BELIEVES THAT THE SELECTION OF PHYSICIANS SHOULD BE OPEN TO ALL CANADIANS BASED ON COMPETENCE.

HIGHLIGHT AS MANY ARGUMENTS AS YOU FEEL TO EXPRESS YOUR SUPPORT OF THE ABOVE-MENTIONED GOAL AND SUB-GOAL MENTIONED BELOW (I.E. UNIFORM EXAMINATION, BEING ABLE TO COMPETE IN YEAR OF GRADUATION).

YOU CAN ALSO ASK TO **MEET WITH YOUR MEMBER OF NATIONAL ASSEMBLY AND HAVE HIM OR HER CALL YOU BACK. IN FACT, WE STRONGLY ENCOURAGE IT.** IN FACT, PROVINCIAL MEMBERS OF PARLIAMENT PLAYED A ROLE IN REVERSING THE STATEMENT OF NEED RESTRICTIONS WHICH, UNTIL SEPTEMBER 2018, PREVENTED A NUMBER OF CSAs FROM BEING ABLE TO TRAIN IN THE U.S.A.THESE TYPE OF ACTIONS GO A LONG WAY AND ARE REALLY WORTH YOUR EFFORT.

I am requesting that **equal access be established to compete for the same positions on the same terms** for all qualified medical graduates who are Canadian Citizens or Permanent Residents, including Canadian Medical School Graduates (CMGs), International Medical Graduates (IMGs) & United States Medical Graduates (USMGs), for **2020** onward. Quebec’s Ministry of Health and Social Services can instruct CaRMS so that its residency recruitment system is better aligned to meet the needs of applicants.

On the one hand, Quebec is the only province with a single stream recruitment system for both Canadian Medical Graduates and International Medical Graduates. We are currently encouraging other provinces to adopt a single stream system like Quebec. On the other hand, there are two major problems in Quebec that I am asking you to re-evaluate in order to redress.

First, to apply for residency, the College of Physicians of Québec currently requires IMG applicants to have completed their medical degree, received their diploma, and passed all necessary examinations. All documentation is then sent to the College of Physicians of Quebec to determine whether degrees are equivalent to that of a medical degree in Canada. This results in a delay in applications as CSAs cannot apply during the fourth year of medical school, as is the case with all other programs. It deters applicants from applying to Quebec for residency training due to the lengthy and complicated process and because they must sit out a year.  Fairness requires that Canadians who study medicine abroad (CSAs), like CMGs be able to compete in the year of graduation.

There is no substantive reason that the College’s substantive concerns cannot be addressed in a timeframe which would allow CSAs to compete in their year of graduation.

Currently the national examinations, the MCCQE1 and the NAC OSCE are available in a timeframe which allows IMGs to prove substantial equivalence by passing the examinations before the CaRMS Match. Thus, this should not cause delay.

Quebec also requires verification of the medical degree to ensure equivalence. The Medical Council of Canada and the College must have a list of the institutions which issue recognized degrees such as those on the FAIMER World Directory of Medical Schools. This should not cause delay.

First, the College requires IMGs to have obtained their medical degree prior to competing for residency positions. By contrast CMGs’ do not. They can compete in their final year before they have their degree in hand. Fairness requires equity. If a CSA is studying in a recognized FAIMER school, there is no reasonable basis to force that person to sit out a year.

Second, Quebecers are entitled to the best physicians. This is best achieved by ensuring that all have an equal opportunity to compete on the same conditions with selection being determined on the basis of competence. A competence-based selection process requires that all medical graduates, including CMGs, IMGs and USMGs as well as Visa trainees, pass the same examinations in the same time frame. Currently only IMGs must complete exams before applying to the CaRMS Match. Because of this, there is no objective basis for comparing applicants and choosing the best applicant. The Ministry of Health and Social Services for Quebec can instruct Quebec Medical Schools and CaRMS that Quebec will require this standard as of the Fall 2021 and to begin preparations now.

Third, CSAs who apply for medical residency in Quebec need to prove that they are Quebec residents while CMGs need not. There is no reason to discriminate against Canadians from other provinces, especially as more and more are fluent in both French and English, a key requirement in Quebec. Given that many medical residency positions go unfilled, it is in Quebec’s interest to consider applications of other Canadians who are fluent in French, including francophones outside of Quebec, as well as from Canadians who have on their own initiative become fluent in French.

Our residency recruitment system would gain from being competitive and open for the benefit of all the citizens that we serve. 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 which candidates, on their merit, should benefit from future investment in their training, regardless of where they received their medical degree.

A full outline of improvements to the training and recruitment of medical residents being sought by the Society of Canadian Medical Students Abroad is the following SOCASMA SEVEN document: <http://socasma.com/general/socasma-seven/>

Sincerely,

XXXXX

cc. IF LETTER TO YOUR MEMBER OF NATIONAL ASSEMBLY, SEND COPY TO MINISTER OF HEALTH. IF LETTER TO MINISTER OF HEALTH, COPY YOUR MEMBER OF NATIONAL ASSEMBLY.

YOU MAY ALSO WANT TO COPY YOUR PROVINCIAL ASSOCIATION OF FACULTIES OF MEDICINE, AS WELL AS THE COLLEGE OF PHYSICIANS AND SURGEONS FOR YOUR PROVINCE.

FINALLY, IT WOULD NICE IF YOU COULD COPY SOCASMA (socasma@outlook.com) AS IT WOULD SHOW THAT WE HAVE STRENTHS IN NUMBERS AND ORGANIZATION

NOTE THAT THIS TEMPLATE LETTER IS ALSO AVAILABLE IN FRENCH SHOULD YOU WISH TO SEND IT TO YOUR ELECTED OFFICIAL IN FRENCH.

**Additional Points for consideration**

Being an inclusive society should not just be rhetoric; it should be real. Once a Canadian citizen or permanent resident has proven that (s)he has passed the examinations required to prove (s)he has the same knowledge and skills expected of a Canadian medical school graduate, there can be no legitimate reason to prevent that person from competing for higher education and training on the basis of individual merit and competence.

Fairness requires that ­**all** qualified Canadians be allowed to compete. A robust and efficient health care system demands that the best is selected from the pool of all qualified Canadians. We will pay, suffer, and lose more if we protect less able physicians and turn away more able physicians.