# BACKGROUNDER of Access to the Medical Profession for International Medical Graduates

# Who we are.

Society for Canadians Studying Medicine Abroad (SOCASMA) supports Canadians who study or studied medicine abroad. It tries to assist them to return home despite an unfair system which discriminates against international medical graduates who are citizens and permanent residents of Canada.

# How the system of access to medical residency works for Canadians.

In order to become licensed as a physician, one must first complete medical residency training.

Access to residency training is different than access to mandatory postgraduate medical training in any other profession in that the Colleges of Physicians and Surgeons of the provinces have allowed eligibility criteria unrelated to competence to determine who will get a job as a resident physician and be licensed for practicing medicine.

The current system segregates access to residency training, providing full opportunities to Canadian and American medical school graduates while limiting the number of positions and the disciplines that Canadians who are international medical school graduates can access—even after passing the examinations that prove that they have the knowledge and skill expected of a Canadian medical school graduate. The system is discriminatory and unfair. It contravenes principles of inclusion required under the law that governs government. It is also contrary to the Charter of Rights and international treaties Canada has signed.

The segregated system of access to the medical profession is nation-wide with the exception of Quebec. Although each province has slightly different rules, there is commonality:

1. Canadian citizens and permanent residents must go through the CaRMS Match to access residency positions where they are segregated into two groups;
2. Graduates of Canadian and American medical schools must compete in the “CMG Stream”. Graduates of international medical schools must compete in the “IMG Stream”.
3. In the CMG Stream there are more positions than there are Canadian medical school graduates (2984 Canadian school—same and prior year-- graduates compete for 3020 positions);
4. By contrast, in the international medical graduate stream (“IMG Stream”) there are few positions. The number of qualified applicants to positions varies by province but averages to about 16 positions per 100 qualified applicants. There are generally about 326 positions available to Canadians who are graduates of international medical schools in all of Canada but provinces place additional restrictions such as physical residency requirements or an additional mandatory “assessment” where the number of assessments available are a fraction (30%) of international medical graduates who have proven substantial equivalency and want to apply or require an elective to have been done in their school. Thus, the actual number of positions any given international medical graduate has open to him/her is a small fraction of 326.[[1]](#footnote-1)
5. In the CMG Stream each province has residency positions in all College recognized disciplines graduates of Canadian and American medical schools;
6. Only a limited number of disciplines are available in the IMG Stream. Most residency positions available to international medical school graduates are in Family Medicine. The limited number of specialty positions are generally in internal medicine with some universities offering one or two positions in psychiatry and pediatrics. The high paying disciplines like ophthalmology and dermatology are not available to international medical school graduates. Most provinces do not offer any surgery positions (which also tend to be on the higher side of the income spectrum) to international medical school graduates.
7. Canadians who are international medical school graduates can only participate in the CaRMS Match if they agree that if they match, they will sign an agreement called a “return of service contract” when they are licensed for independent practice. Under the terms of this contract they must work in a Ministry-identified “underserviced” area for a specific number of years. In British Columbia failure to work where directed for the requisite number of years can result in penalties as high as $897,581. Canadian medical school graduates whose education is highly subsidized by the taxpayers have no such responsibility.
8. The terms of the return of service contract require that an international medical school graduate begin work as soon as he/she is certified. In some provinces, the practice is to allow an international medical graduate to defer this obligation if the(s)he wants to take sub-specialized training. In some provinces, such as British Columbia, the practice is not to defer, thus preventing IMGs from being able to sub- specialize which means that international medical graduates can only access 4 of 70 recognized disciplines in Canada.

This system of discrimination began in 1993.[[2]](#footnote-2)

This policy has the effect of excluding Canadian international medical graduates from the medical profession. When extra physicians are needed, the need is filled by importing licensed foreign doctors from recognized jurisdictions leaving immigrant physicians from unrecognized jurisdictions in a position where they could not practice medicine and forcing young Canadians who went overseas to study medicine to emigrate to other countries if they want to practice medicine.

1. In 2019 Newfoundland did not provide any positions to international medical school graduates. [↑](#footnote-ref-1)
2. Prior to 1993 the first stage of postgraduate medical training was called “interning”. Intern programs were administered by hospitals who hired medical graduates on the basis of competence. At that time all Canadian citizens and permanent residents were free to compete on the basis of individual competence and character relevant to the practice of medicine.

Effective 1993, interning was abolished and everything became a “residency”. Residencies were administered by the universities. With this change the universities were put in a position where they chose who would be given access to postgraduate training mandated by the Colleges of Physicians and Surgeons. If they stopped Canadians who were international medical graduates from competing on the basis of individual competence against their graduates, they could ensure that their graduates got residency positions and thus licensed for independent practice.

The Association of Faculties of Medicine of Canada in 1993 passed a resolution protecting all residency positions for Canadian and American medical school graduates; Canadians who were international medical graduates could only compete for the positions leftover after Canadian and American medical school graduates had gone through the main Match.

In 2006, an immigrant physician challenged this system by bringing legal action. The Association of the Faculties of Medicine of Canada responded by asking the provincial Ministries of Health and universities to restructure to have two segregated streams. In this way Canadians who are international medical graduates would not be totally excluded. This is the current system.

The Colleges of Physicians and Surgeons despite their legal responsibilities, did not step in to challenge this policy. This is perhaps not surprising as the Boards of Colleges are well populated with physicians associated with the universities. In addition, prejudice against international medical graduates, especially in the medical profession, is prevalent and well- documented. This prejudice and treatment of international medical graduates as unworthy persists despite studies demonstrating that international medical graduates are not inferior to Canadian or American medical school graduates. [↑](#footnote-ref-2)