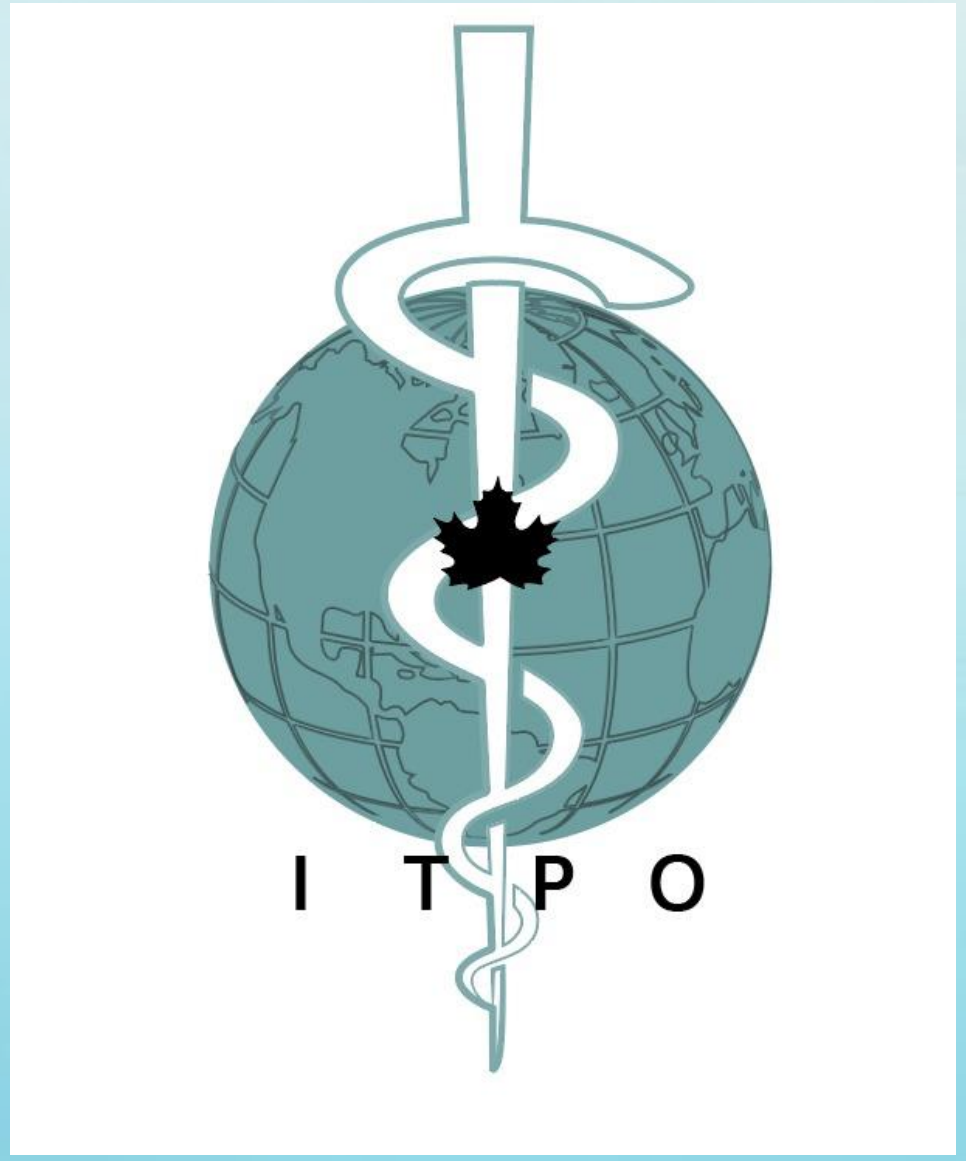


Pathways for [1]ITPs- Inclusion in Bill 27

A response and proposal by Internationally Trained Physicians of Ontario- ITPO

18/11/2021

1- Internationally Trained Physician

Inclusion of ITPs in Bill 27

Bill 27, Schedule 3, has made some strides toward reducing barriers for immigrant professionals.

Removal of mandatory Canadian experience and redundant language testing are steps in the right direction.

The exclusion of Internationally Trained Physicians (ITPs) however, is not.

This proposal

- highlights the barriers that ITPs face regarding “Canadian experience”
- presents evidence for the need for inclusion of ITPs to benefit the health of Canadians/Ontarians
- suggests adjustments to Bill 27, Schedule 3, that will ensure ITPs are able to actualize in their new home, such as the NAC-PRA, Clinical Assistant regulation and Increased Residency Positions

ITPs and the Canadian Experience Barrier

A vicious cycle

The Way to Licensure in Ontario

Eligibility for Independent Practice requires

- Active medical practice in Canada or Canadian certification (RCPSC or CFPC) (which also requires active medical practice in Canada).
- In Ontario, to obtain this active medical practice, one must vie for very limited residency and fellowship positions.
- The final participant IMG number in the last CaRMS cycle (2021) was 1358 participants (including the 1st and 2nd iteration and excluding those who were frustrated into withdrawing). These 1358 participants were competing for 325 dedicated IMG positions.
- This trend has been consistent as is the trend of continuing solicited immigration of ITPs. The actual number of ITPs in Canada is unavailable as the current capture methods are unsatisfactory.
- Alternative policies to active practice and licensure are equally unattainable. It is unreasonable to expect a new immigrant to find a Canadian physician willing to supervise and mentor them individually as some additional policies suggest.

The Way to Licensure in Ontario

Eligibility for a Postgraduate Educational License

- This brings us back to the **limited residency spots.**
- Programs preference those with Canadian healthcare experience/knowledge and recency of clinical practice; one must be sponsored by their government (few are able to achieve this) or be a permanent resident. There are no sustainable pathways for immigrants to achieve this in Ontario.
- Many try to balance maintaining their days resident in Canada in order to secure citizenship while flying back home to maintain recency of practice. Evidence of this can be found in the ITPO-NAS survey.
- Others do clinical work for fees as low as $16/hr as some sort of assistant in a clinical setting in hopes that they may get this recognized as Canadian healthcare experience and recency. There is no official guarantee of this.
- Many go back to school to do health related degrees at substantial cost in order to prove health system knowledge.
- None of these set ITPs on an official pathway toward Canadian experience and therefore do not set them toward a licensure path.

The Way to Licensure in Ontario

Immigrants versus Canadians who Study Abroad (CSAs)

- "Canadian Healthcare experience or health system knowledge" is much easier to come by when you
  - did an undergraduate health science degree in Canada.
  - have had an opportunity to volunteer in health in Canada during your secondary and undergraduate years
  - are an alumni of the university that you apply for an elective with.
  - are not trying to also settle yourself and family into a new country and the expenses and time constraints that go along with that.

This is the difference that is not captured in data between immigrant IMGs and those born in Canada who go abroad for medical school and return for residency.

Both are categorized as IMGs and the difference is not documented by official statistics. Anecdotal evidence suggests that approximately 80% of those accepted into IMG positions are CSAs.

Immigrant ITPs are therefore again disadvantaged by the ever nauseating "Canadian Experience".

Gaps in Healthcare

ITPs can help

Issues in Healthcare

The need for immediate improvement in Healthcare is undeniable when compared to similar countries.

Canada is below the OECD average for physicians per 1000 population.

Insufficient access to family physicians AND specialists in Ontario

- in rural areas
- among minority populations
- and unequal access in urban centers

Ontario is among the longest wait times to see a specialist (Median 74.5 days).

Soon to retire physicians (Boomers). It takes about 10 years to send a medical student through to licensure. The Fraser Institute continues to predict a shortage of physicians through to 2030.

Massive backlogs due to the pandemic. CMA and Deloitte predict a backlog of 75 days per procedure and an additional budget of $500M over the Ontario budget.

Aging population therefore an inevitable rise in chronic illnesses and illnesses like cancer which plague this age group

Issues in Healthcare

ITPs are suitable

- Cultural diversity to care for Canada's large immigrant population in a culturally aware and culturally sensitive manner
- A breadth of clinical experience
- Tons of rural experience for many ITPs which makes them an asset to work in rural and underserviced areas in Canada
- Able to plan and implement effective policies for health promotion for minority groups again due to their diverse background and the additional health policy/administrative education often obtained once in Canada.
- Will allow Canada to live up to the mantra of the country of equity, diversity and inclusion and achieve health equity by providing adequate healthcare to all Canadians

Amendments and Policy Inclusions

PRA, CA & Residency positions

Inclusion of ITPs

The Bill must be extended to allow for specialist (including family medicine) ITPs to be exempt from Canadian Experience in order to sit RCPSC certification exams and to be licensed in Ontario.

AND

For ITPs without formal training, the Bill must clearly state that formalized pathways toward gaining the Canadian Experience must be implemented.

Inclusion of ITPs

Ontario should implement the NAC-PRA that exists in several other provinces.

- This pathway allows for ITPs who have formal postgraduate training in a specialty or in family medicine to achieve licensure through the Practice Ready Assessment
- Adopting it and adapting it for Ontario should be done with special emphasis on ensuring that Canadian experience remains excluded from this pathway
- This will allow thousands of ITPs to improve the issues that Ontario faces in healthcare

Ontario should formalize a regulated Clinical Assistant role

- This role should be specifically for ITPs that hope to match into residency
- It should serve as formal evidence of both Canadian Experience and Recency of Clinical Practice
- It should also provide a livable wage
- Such programs exist in Alberta and Manitoba

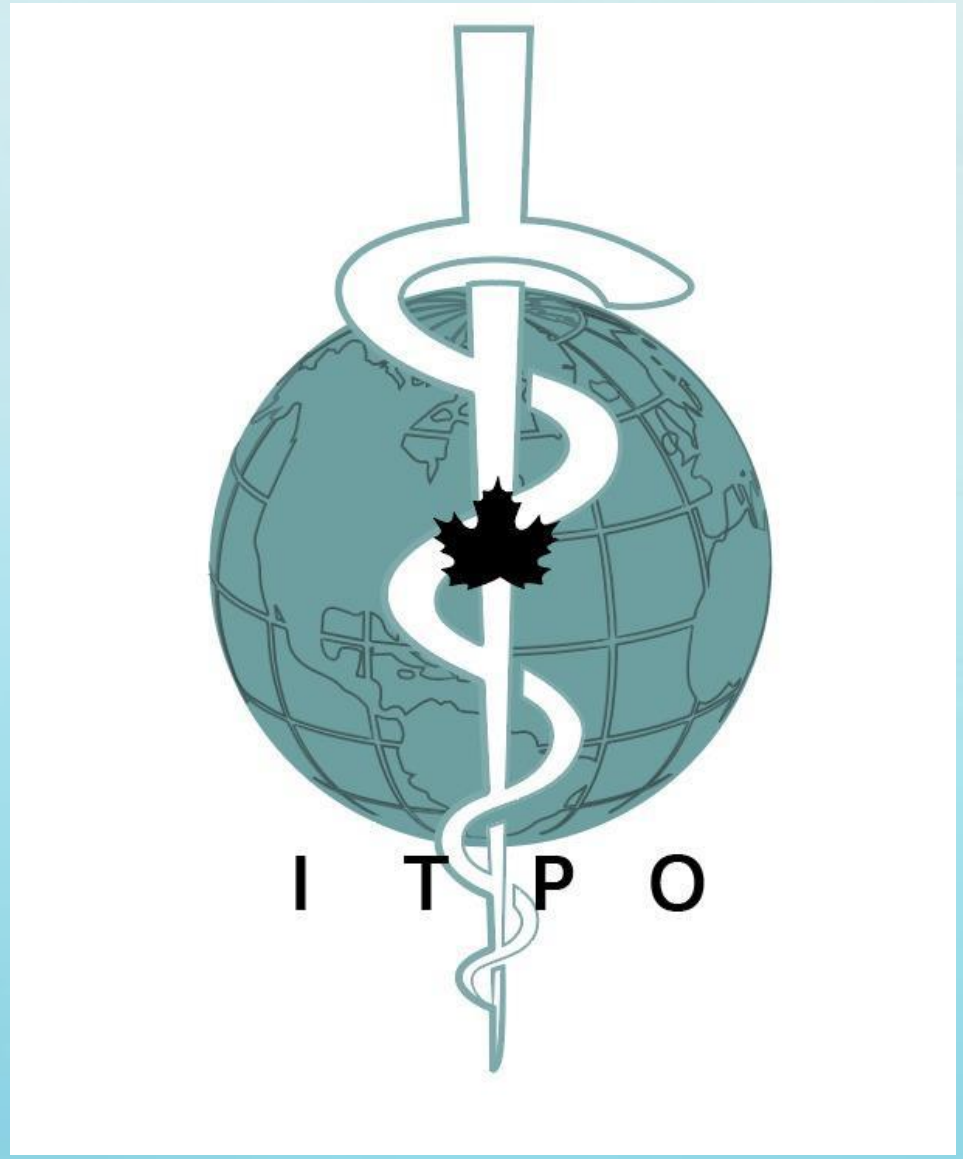
Ontario should increase available residency positions for ITPs

- Across all specialties (some specialties have no IMG positions)
- For those proven to have lengthy wait times, more spots should be offered

Collaboration

- ITPO and so many ITP organisations and ally organisations with which we partner are happy to provide valuable insight into the ITP experience as well as use our health policy and administration education to assist the legislature with improving the blaring issues within Canadian and Ontarian Healthcare.
- Contact us at:
  - Website: www.itpo.ca
  - Email: direct.itpo@gmail.com
  - Phone: 647-569-7325

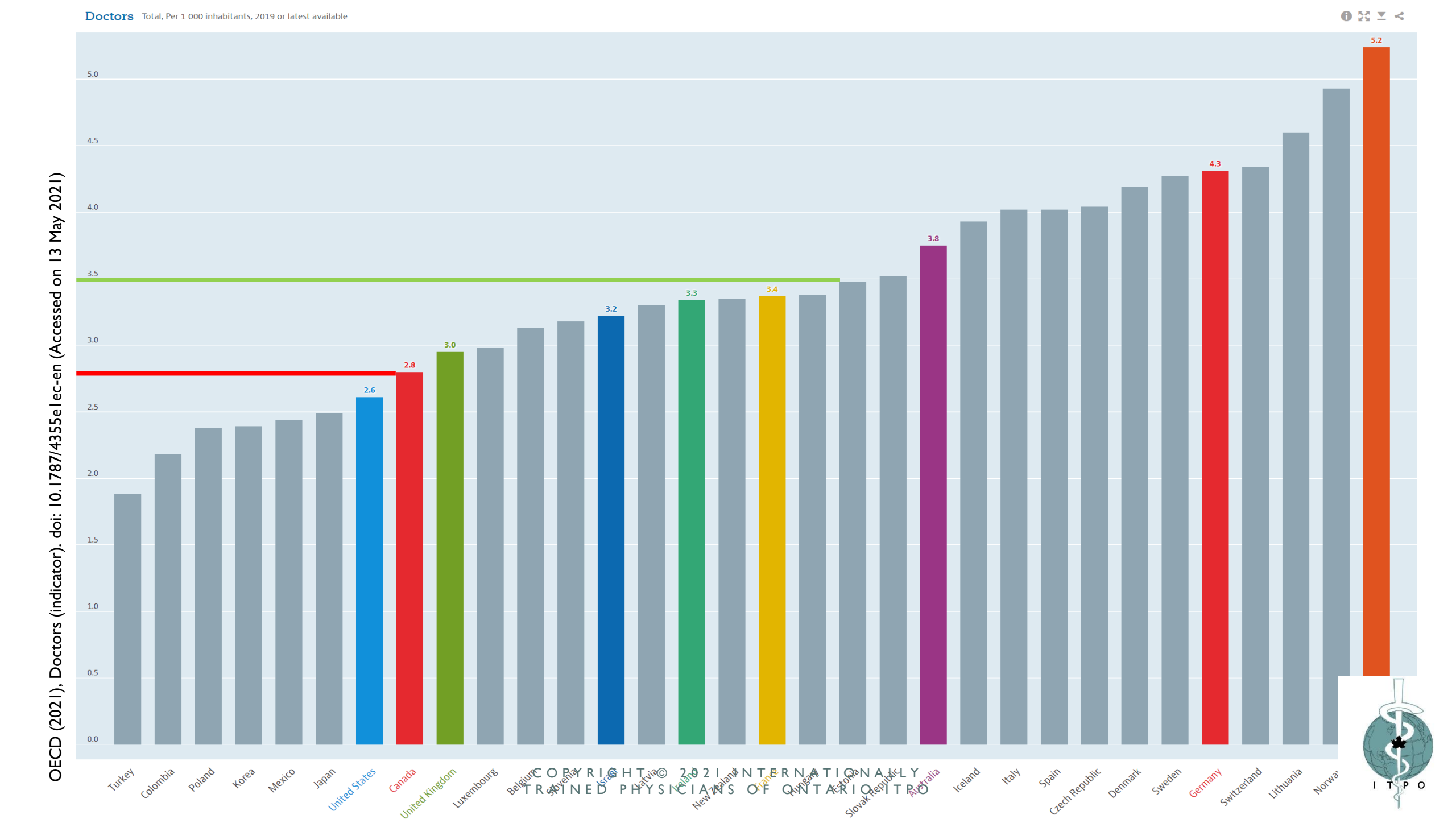
ITPO is a federally incorporated not-for-profit corporation that caters to the needs of all Internationally Trained Physicians across Canada.



Thank you!

APPENDIX

ITPO


Doctors
Total, Per 1 000 inhabitants, 2019 or latest available
OECD (2021), Doctors (indicator). doi: 10.1787/4355e1ec-en (Accessed on 13 May 2021)
5.0
4.5
4.0
3.5
3.0
2.5
2.0
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1.0
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Mexico
Japan
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France
Hungary
Estonia
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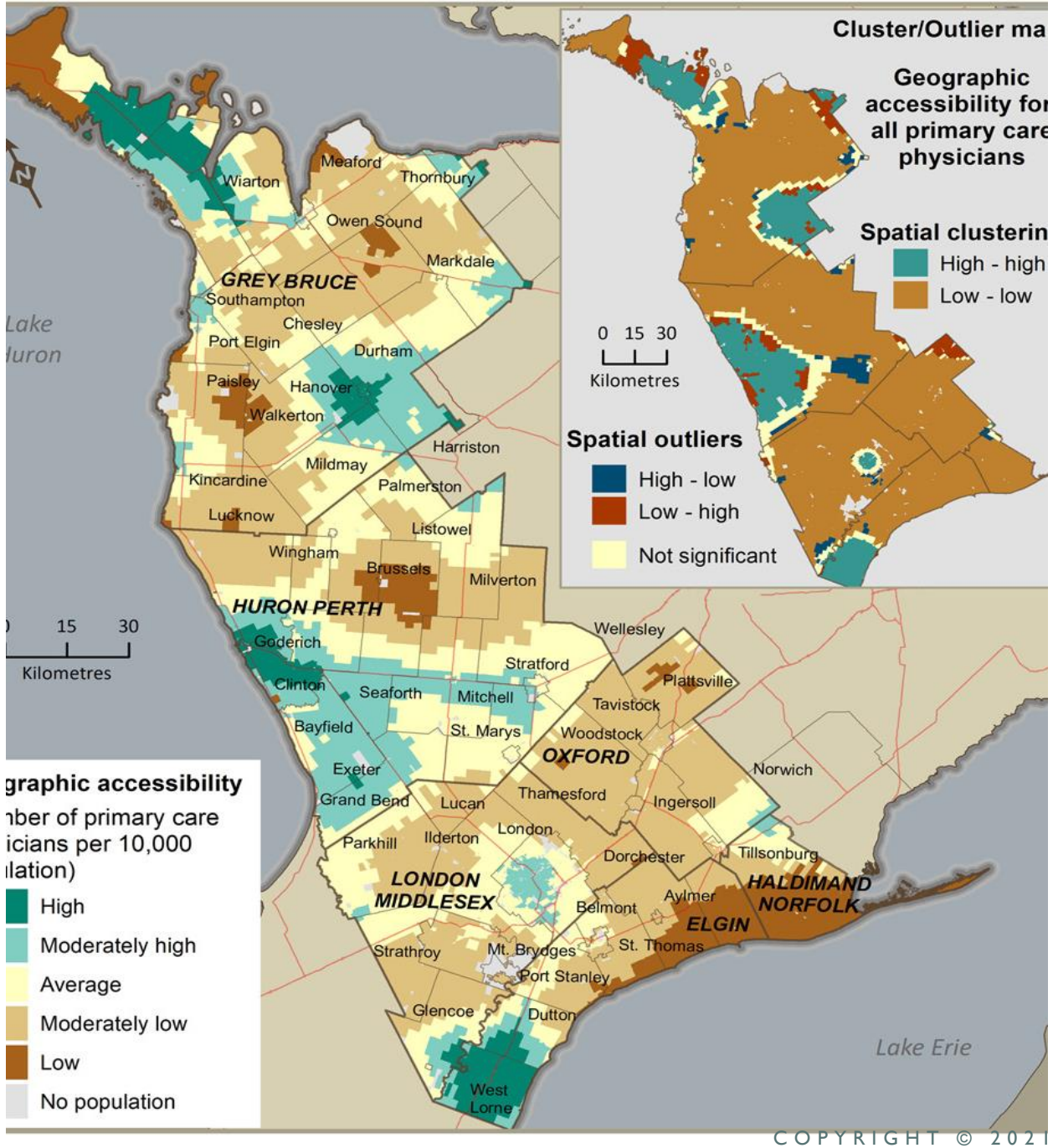


The mean geographic accessibility score within SWO was 6.59 PCPs per 10,000 population (SD = 2.39), which is slightly higher than the provincial average of 6.03 which would include Northern Ontario.

An examination of the geographic distribution of the accessibility to PCPs reveals an unequal distribution of PCPs across SWO.

UNEQUAL DISTRIBUTION OF HEALTHCARE ACCESS

The Canadian Geographer / Le Géographe canadien, Volume: 64, Issue: 1, Pages: 65-78, First published: 08 August 2019, DOI: (10.1111/cag.12557)

ITPO

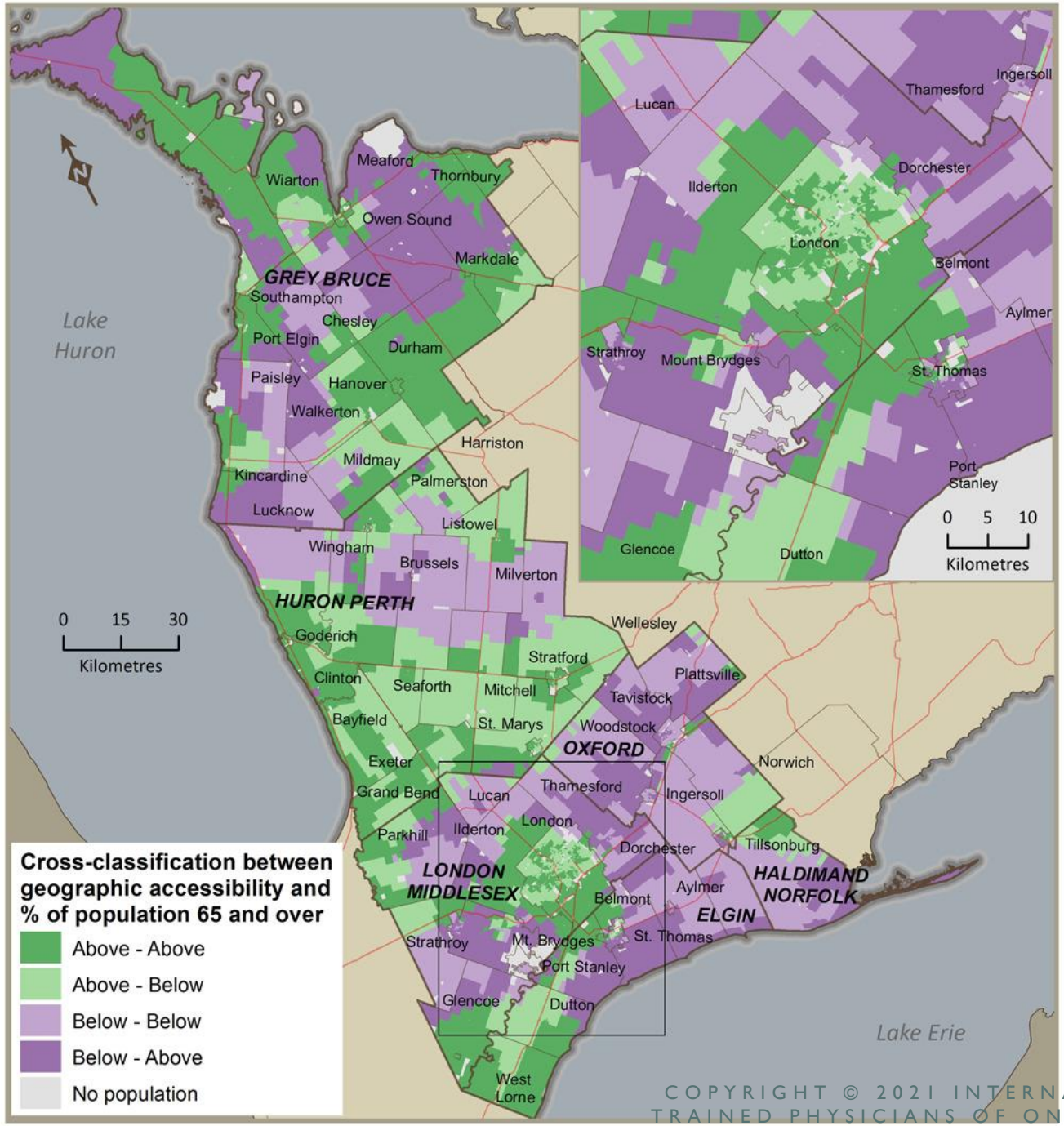
UNEQUAL DISTRIBUTION OF HEALTHCARE ACCESS

The Canadian Geographer / Le Géographe canadien, Volume: 64, Issue: 1, Pages: 65-78, First published: 08 August 2019, DOI: (10.1111/cag.12557)

Table 1. Cross-tabulation between the urban-rural variables: mean geographic accessibility along with proportion of total population

Population Centre/Rural Area Class (POPCTR Class)	Mean score [% of population]	Statistical Area Classification Type (SAC Type)				
		Within CMA	Within CA (no cts)	Strong MI	Moderate MI	Weak MI/No MI
Rural area	**5.87**	5.15	4.81	5.24	6.99	5.64
	[27.20]	[4.57]	[2.48]	[9.89]	[8.00]	[2.25]
Small population centres (1,000 to 29,999)	**7.20**	4.55	6.07	6.07	8.50	8.91
	[20.70]	[2.65]	[5.38]	[4.40]	[5.55]	[2.71]
Medium population centres (30,000 to 99,999)	**5.97**	5.36	6.27			
	[11.88]	[4.39]	[7.50]			
Large urban population centres (100,000 or more)	**8.04**	8.04				
	[40.23]	40.23]				
South West LHIN	**6.59**	**6.84**	**5.87**	**5.44**	**7.48**	**7**
	[100]	**[51.83]**	**[15.36]**	**[14.29]**	**[13.55]**	**[**

ITPO

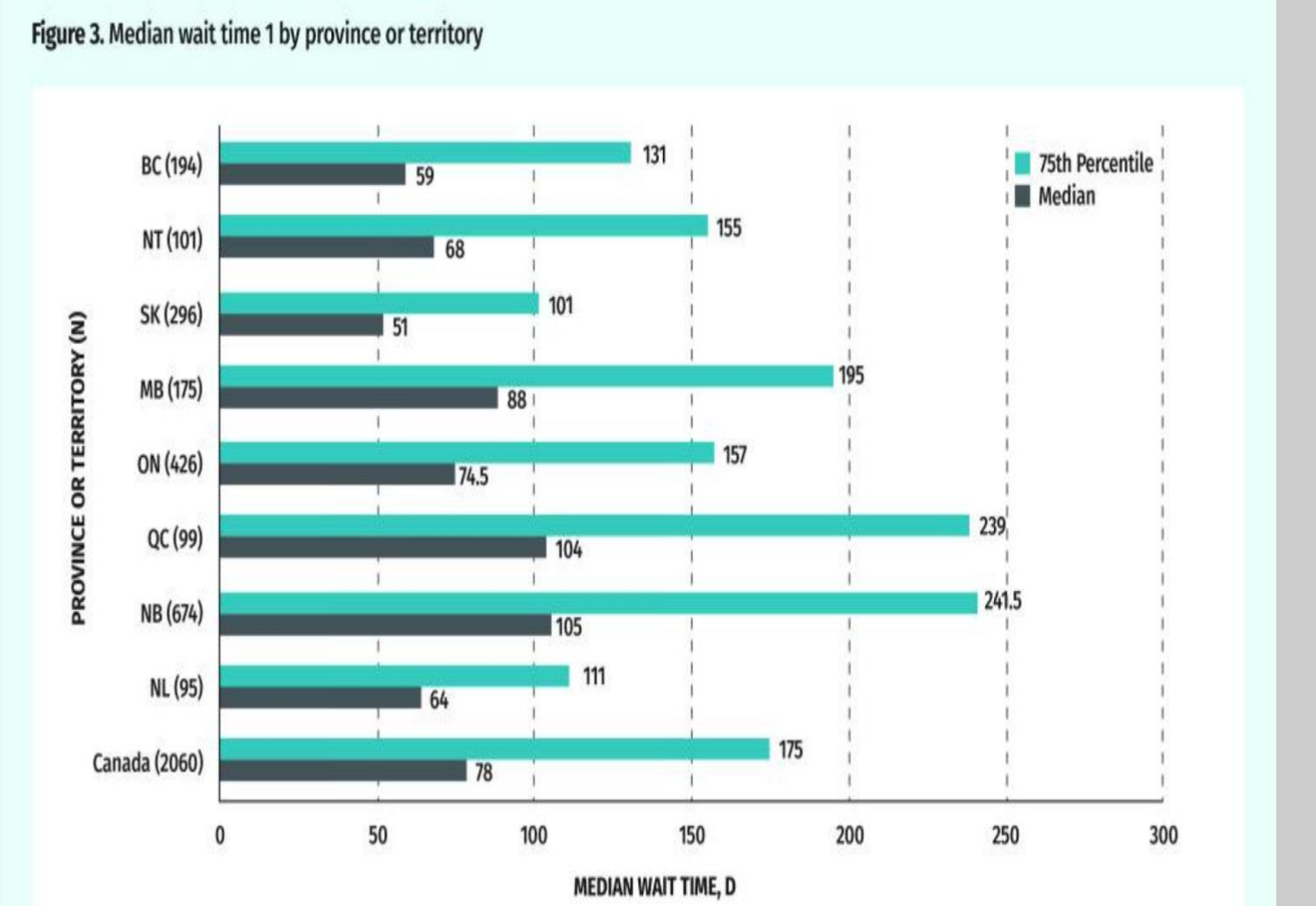


- Geographic accessibility to primary care providers: Comparing rural and urban areas in Southwestern Ontario- Over 65 population

The Canadian Geographer / Le Géographe canadien, Volume: 64, Issue: 1, Pages: 65-78, First published: 08 August 2019, DOI: (10.1111/cag.12557)

ITPO

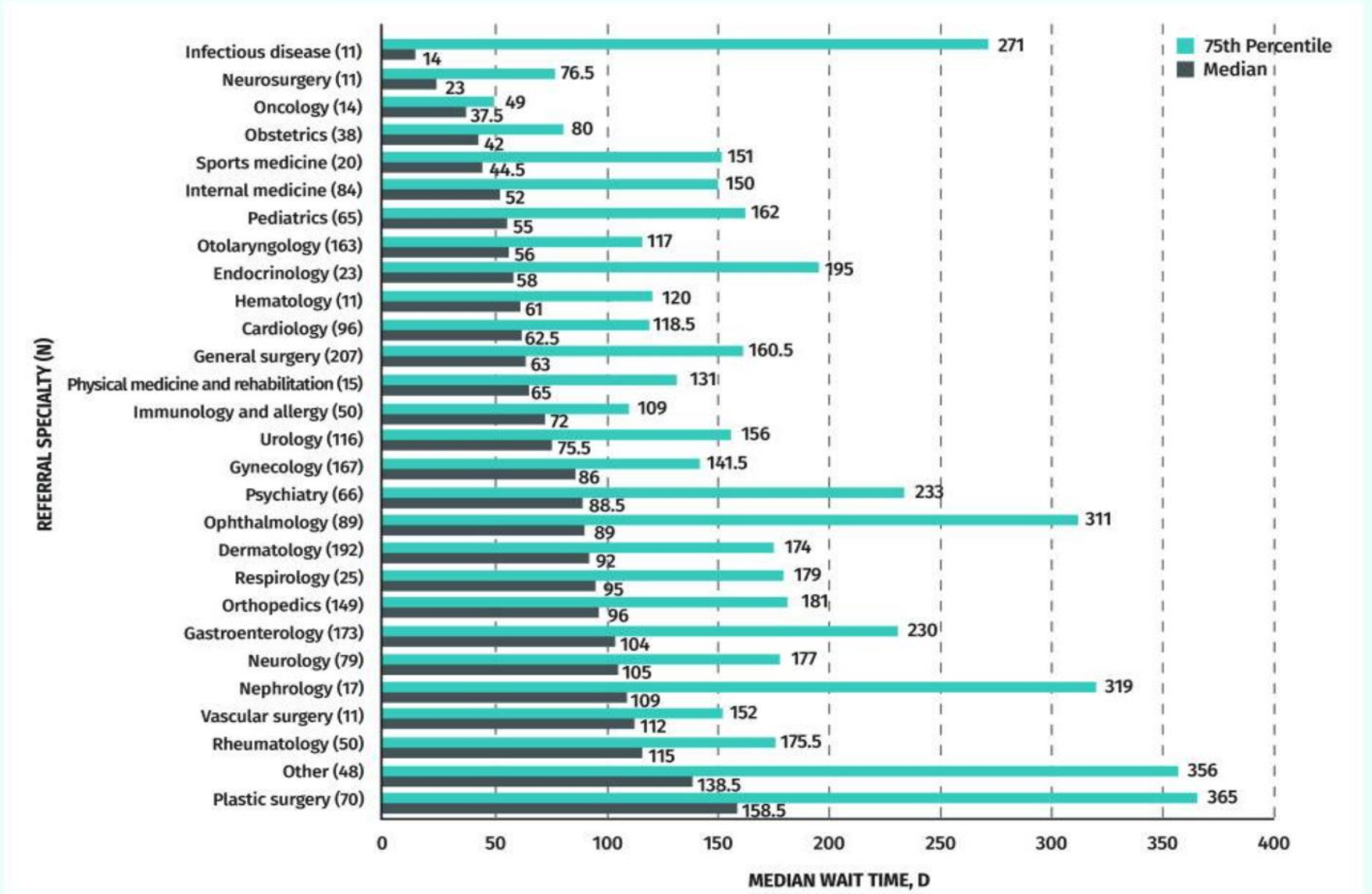
LENGTHY SPECIALTY WAIT TIME



- Median Wait Time to See a Specialist in ON- 74.5 days
- 75th percentile- 157 days
- Worse than 4 other provinces

Liddy, C., Moroz, I., Affleck, E., Boulay, E., Cook, S., Crowe, L., Drimer, N., Ireland, L., Jarrett, P., MacDonald, S., McLellan, D., Mihan, A., Miraftab, N., Nabelsi, V., Russell, C., Singer, A., & Keely, E. long are Canadians waiting to access specialty care? Retrospective study from a primary care perspective. *Canadian family physician Medecin de famille canadien*, *66*(6), 434–444.

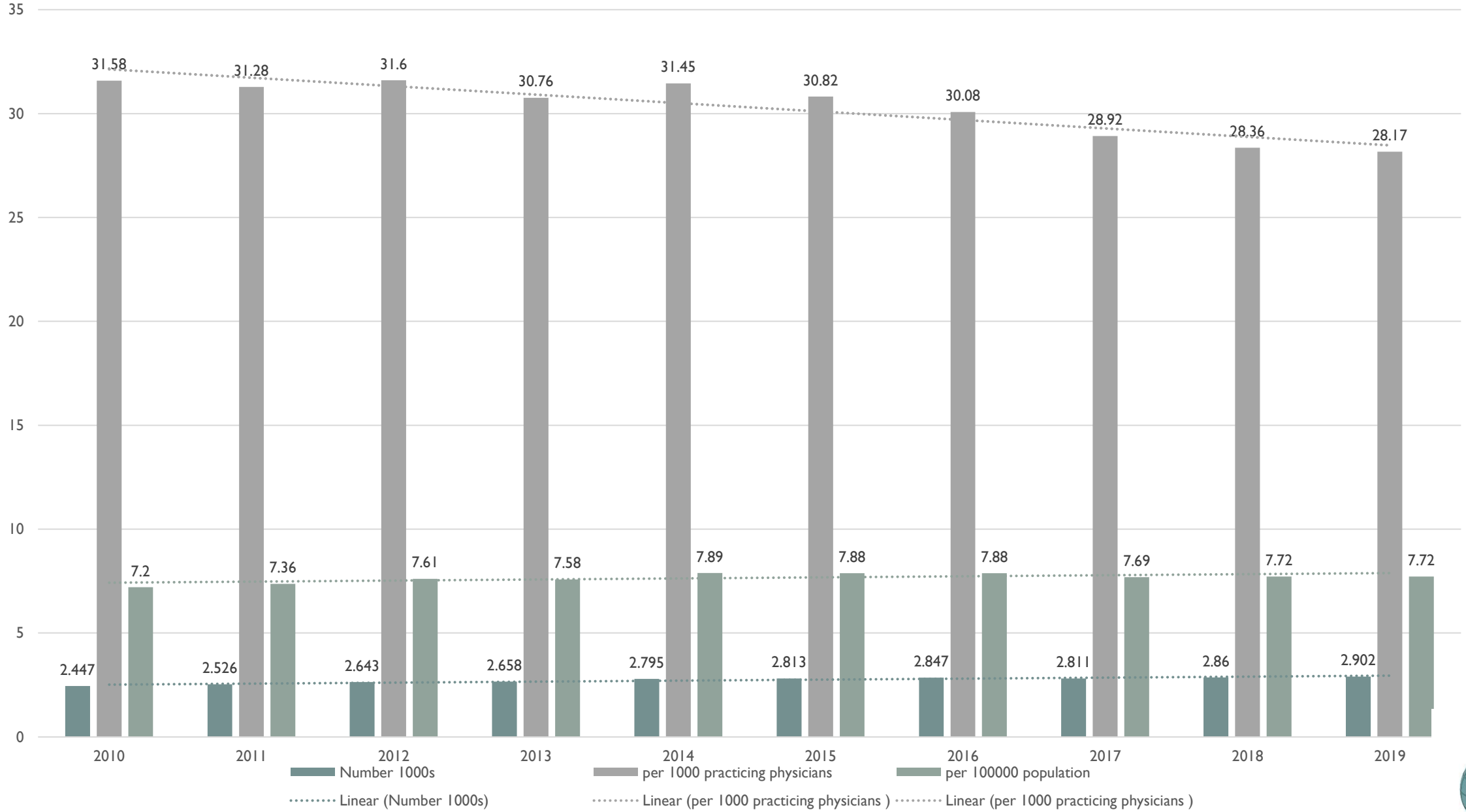
Figure 4. Median wait time 1 by specialty



Liddy, C., Moroz, I., Affleck, E., Boulay, E., Cook, S., Crowe, L., Drimer, N., Ireland, L., Jarrett, P., MacDonald, S., McLellan, D., Mihan, A., Miraftab, N., Nabelsi, V., Russell, C., S
A., & Keely, E. (2020). How long are Canadians waiting to access specialty care? Retrospective study from a primary care perspective. *Canadian family physician Medecin de fa
canadien*, *66*(6), 434–444.

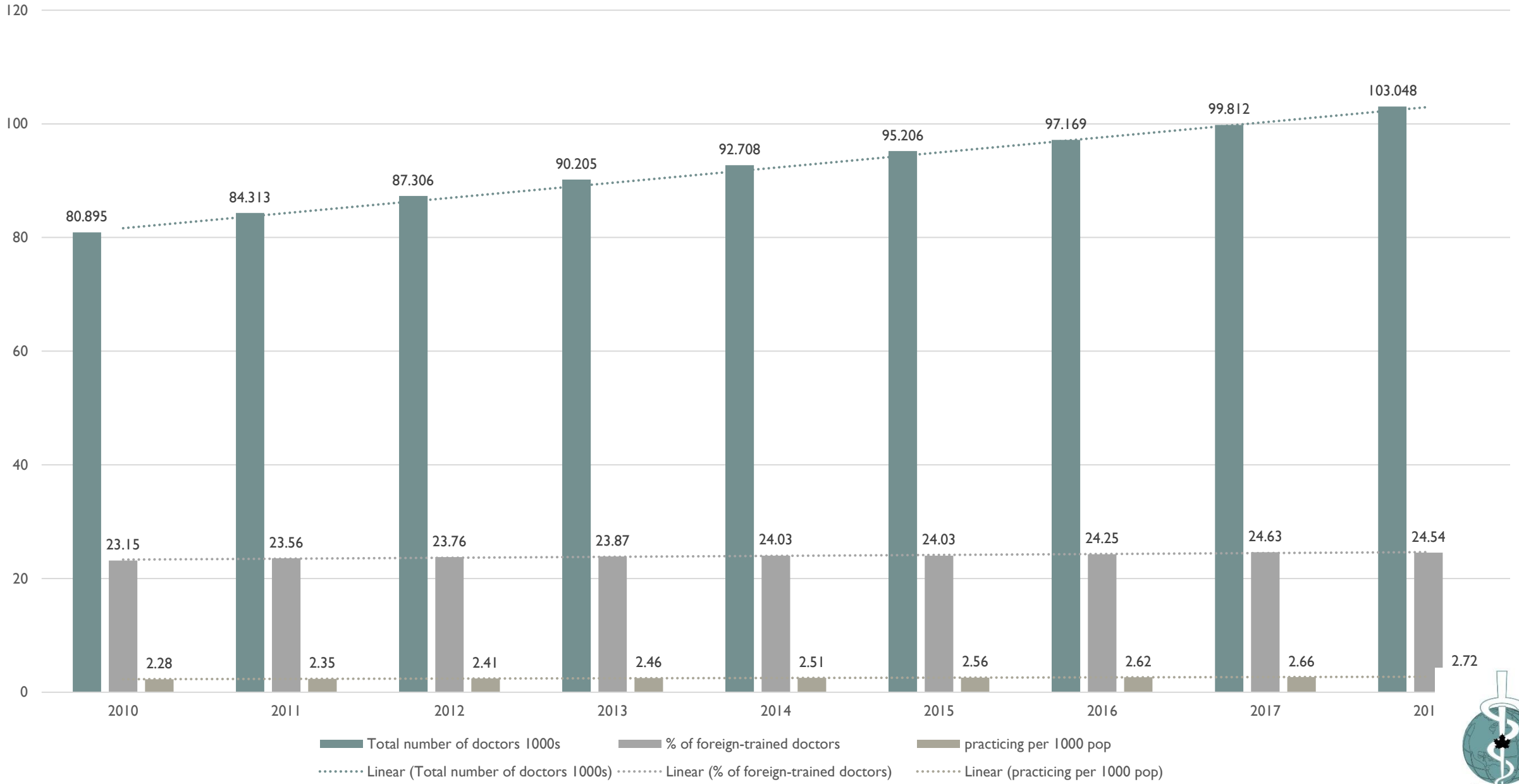
ITPO

Canadian Medical Graduate Data



ITPO

Underusage of Internationally-trained graduates



ITPO