

Medical Credential Recognition – Fact Sheet

August 2020

A. Unequal Exam Requirements to Assess Medical Graduate Credentials:

- Canadian regulatory authorities in medicine do not recognize the training of immigrants from most countries.¹ Immigrant physicians, with few exceptions², can only become fully licensed physicians by re-training by working as resident physicians in Canada for a specified number of years.
- Current Government policy and practices are designed to discriminate between Canadian graduates of Canadian and USA medical schools (CMGs) and Canadian³ graduates of medical schools outside Canada or the USA (International Medical Graduates - IMGs) by segregating them during the medical residency job matching process, and additionally prohibiting IMGs from competing for most resident physician jobs and specialties.
- The segregation of the residency application process is not based on an inability to assess or demonstrate the competence of IMGs.
- IMG applicants must have passed exams administered by the Medical Council of Canada that demonstrate their training is substantially equivalent to Canadian medical training before they can apply for a resident physician job in Canada.
 - The MCCQE1 exam is taken by both Canadian and IMG medical graduates, and it assesses the critical medical knowledge and clinical decision-making ability of a candidate at a level expected of a medical student who is completing his or her medical degree in Canada.
 - The National Assessment Collaboration Observed Structured Clinical Examination is for IMGs, and tests the knowledge, skills and attitudes essential for entrance into postgraduate training in Canada.
- CMG applicants do not have to take the NAC OSCE. CMGs are required to take the MCCQE1 but not prior to applying for or starting a residency position. They take it at the end of medical school. CMG physicians are allowed to practice as resident physicians even if they have failed the MCCQE1. The Medical Council of Canada's data indicates that approximately 5% of CMGs

¹ The training of physicians from 9 countries is recognized without the necessity of residency training in Canada (working as a resident physician for a specified number of years) as a condition of full licensure: USA, Australia, New Zealand, Ireland, United Kingdom, South Africa, Singapore, Hong Kong, and Switzerland. However, it is important to note that recognition of training is different than recognition of medical degrees. Those who graduated from a medical school outside of Canada or the USA, are all called "IMGs", i.e., international medical graduates. Place of education is a huge determinant of whether or not one gets a residency position.

² In family medicine, a small number of immigrant physicians can avoid having to take residency training by going through a Practice Ready Assessment which some provinces offer.

³ Canadians are defined as citizens or permanent residents of Canada.

(approximately 140 CMGs) fail the MCCQE1 each year,⁴ but most treat the public as resident physicians, nevertheless.

- International medical graduates who are not Canadians who come from oil-rich Gulf countries are allowed to work as resident physicians in Canada by providing financial incentives to the university faculties of medicine and the ministries of health. These non-Canadians are allowed to treat the Canadian public without taking either the MCCQE1 or the NAC OSCE in British Columbia. In some provinces, these non-Canadians must pass the MCCQE1, but no province requires them to pass the NAC OSCE.

B. IMGs are denied the right to compete for 90% of resident physician jobs in Canada.⁵

- Provincial governments across Canada funded a total of 3397 resident physician jobs in 2020.
- IMGs were prohibited from applying for 3072 of these jobs, excluding Quebec (open to francophone only). Thus, Canadians who are IMGs who are qualified to work as resident physicians are prohibited from applying for 90% of resident physician jobs across Canada.⁶

Table 1. Government funded resident physician positions: % available to Canadian IMGs by province

Province	Total gov't funded positions	Total positions in the IMG Stream	Maximum % of positions all IMGs can apply for	Total positions IMGs resident of the province can apply for
British Columbia	352	58	58 (16%) ⁷	58 (16%)
Alberta	401	38	0 (0%)	38 (9%)
Saskatchewan	123	8	8 (7%)	8 (7%)
Manitoba	141	15	15 (9%)	15 (9%)
Ontario	1207	200	200 (17%)	200 (17%)
Quebec	946	n/a	0 (0%)	946 (100%)
Maritimes	144	6	6 (4%)	6 (4%)
Newfoundland	83	0	0 (0%)	0 (0%)
Total in Canada	3397	325	287 (8%)*⁸	

The number of resident physician jobs the provincial governments fund and protect for Canadian CMGs is increasing. The number of resident physician jobs the provincial governments fund and

⁴ Medical Council of Canada Annual report: <https://mcc.ca/media/2018-2019-Annual-Report.pdf> page 23

⁵ Based on 2020 data from Canadian Resident Matching Service (CaRMS): [Table 3](#), [Table 43](#), and <https://www.carms.ca/pdfs/2020-carms-forum.pdf>, page 8

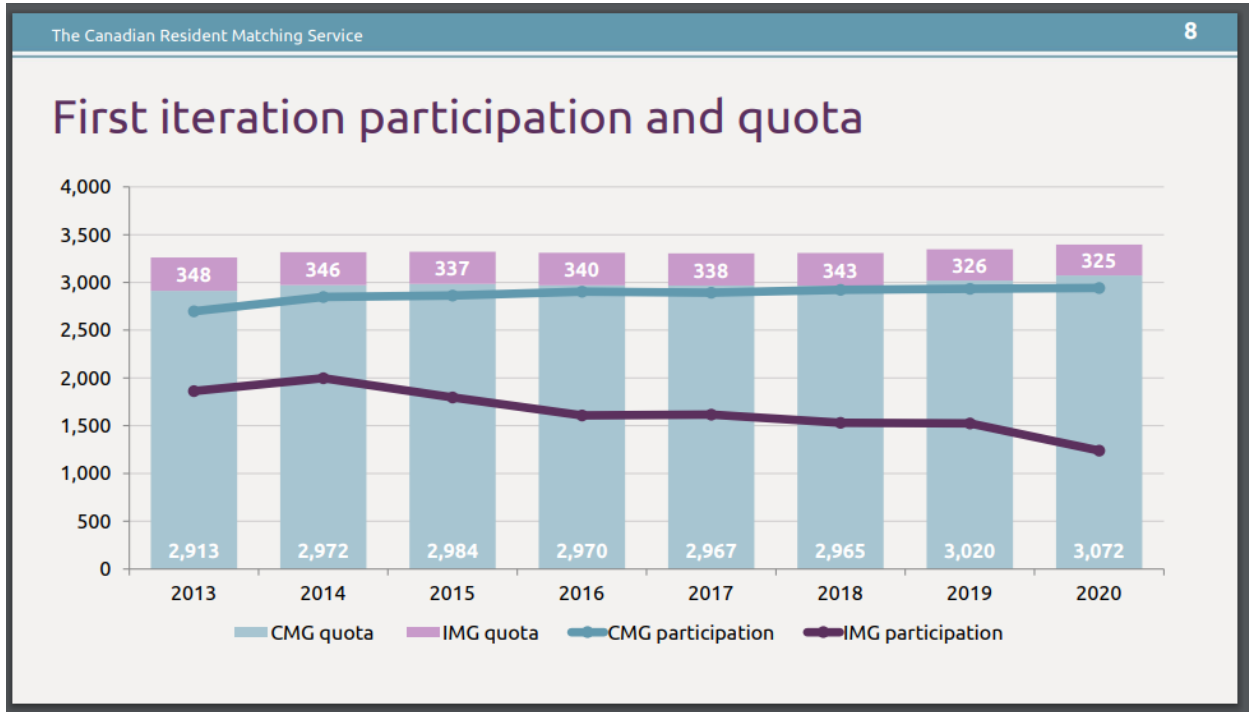
⁶ IMGs from Quebec were prohibited from applying for 2126 of these jobs.

⁷ BC limits the number of IMGs who can apply to BC to 300 which excludes approximately 700 IMG applicants each year. There is no limit on the number of CMG applicants.

⁸ This number takes into account Canadian IMGs being excluded on the basis of provincial residence only. It does not take into account numerous other discreet barriers such as requiring an assessment but not allowing the majority of IMG applicants who have demonstrated equivalency to take the assessment; requiring an elective at the site where the resident physician job is located (which is mostly impossible for immigrant physicians), etc.

designate for IMGs who are Canadian is declining. 499 Canadian IMGs entered Canadian residency positions in 2013, and in 2020 this declined to 418.

Table 2. Number of residency positions reserved for Canadian CMGs vs Canadian IMGs



C. IMGs are denied access to most medical specialties in Canada⁹

- In 2020 provincial governments offered resident physician jobs in 37 medical specialties. Canadian CMGs were eligible to apply for 3072 positions in all 37 disciplines. Canadian IMGs qualified to work as resident physicians were restricted to 325 positions in only 23 disciplines across Canada (excluding Quebec), with 168 of these positions being family medicine.
- In 2020 the BC Ministry of Health offered 352 resident physician jobs. Canadians IMGs were restricted to 58 of these jobs in only 4 disciplines, whereas Canadian CMGs were eligible for 294 positions in 29 disciplines. Of the 58 IMG positions, 52 were in family medicine and 6 were divided between psychiatry, internal medicine, and pediatrics.
- After residency training, Canadian CMGs have a further opportunity to sub-specialize and become certified in a choice of more than 70 disciplines recognized by the College of Physicians and Surgeons. In British Columbia, due to conditions placed upon them as they enter residency, Canadian IMGs cannot sub-specialize. For the most part, Canadian IMGs are limited to practicing

⁹ Based on 2020 data from Canadian Resident Matching Service (CaRMS): [Table 3](#) and [Table 43](#)

in family medicine in BC due to the restrictions and conditions placed upon them, not because of their competency but solely because they studied outside Canada or the USA.

D. Canadian IMGs must sign a return of service contract and promise to work where the government directs them as a condition of getting a job as a resident physician in all provinces except Alberta and Quebec. Canadian CMGs, whose education was subsidized by taxpayers, do not have to sign such a contract.

- Due to the requirement to work as directed, Canadian IMGs are effectively prevented from pursuing sub-specialty training, again not due in any way to their competency.
- In British Columbia, the penalty for an IMG not working where directed by the Ministry of Health is punitive.

• Family Medicine	\$480,375
• Internal Medicine	\$835,085
• Pediatrics	\$796,085
• Psychiatry	\$897,581

- The penalty amounts are derived as follows - IMGs must pay back wages and benefits they earned while working under a collective agreement for working up to 80 hours per week; pay for one year's wages of a licensed physician; pay the cost of training another IMG; and other alleged "damages" including a claim that should the IMG obtain a billing number and practice in British Columbia "in breach of this Agreement" that any MSP billings in relation to those health services will give rise to further damages.
- Canadian CMGs, whose medical education was subsidised by taxpayers, are not required to sign a return of service contract.