



Fighting discrimination of International Medical Graduates (IMGs)

Presenters: Vahid Nilforushan, Deidre Lake, Rosemary Pawliuk

Agenda

- **Welcome**
- **Personal experience of discrimination and the Human Rights case,**
Vahid Nilforushan M.D., Canadian On Paper Society for Immigrant Physicians Equality (COPSIPE)
- **Pathways to licensure and systemic challenges IMGs face in accessing residency seats,** Deidre Lake, Alberta International Medical Graduate Association
- **Legal Implications of Segregated Access to Medical Licensing,**
Rosemary Pawliuk, Society for Canadians Studying Medicine Abroad (SOCASMA)
- **Questions**

Introductions

Vahid Nilforushan M.D.

Vahid Nilforushan is an anesthesiologist and highly respected as a physician and assistant professor of anesthesiology at a university in Iran. His establishment of an effective inpatient addiction treatment center drew the attention of the United Nations. Since immigrating, he has excelled at all exams necessary for Canadian credential recognition. He worked in supervised clinical practice for 3 years in Vancouver and conducted research. Unfair barriers prevent Vahid from becoming licensed. He is currently the president of the Canadian On Paper Society for Immigrant Physicians Equality and is one of the complainants in the current BC Human Rights Case.

Deidre Lake, Executive Director of the Alberta International Medical Graduate Association, believes in the economic integration of newcomers to Canada. Deidre has been working with IMGs since 2004 and developed the innovative, statistically proven Medical Communication Assessment Program. Prior to her current role, she specialized in performance, competency-based assessment tools related to language, communication, and workplace integration. She's managed various initiatives for non-profit and large organizations. She's been a member of various provincial and national advisory committees in the settlement sector and has led research studies related to language assessment and a longitudinal study on International Medical Graduates in Alberta.

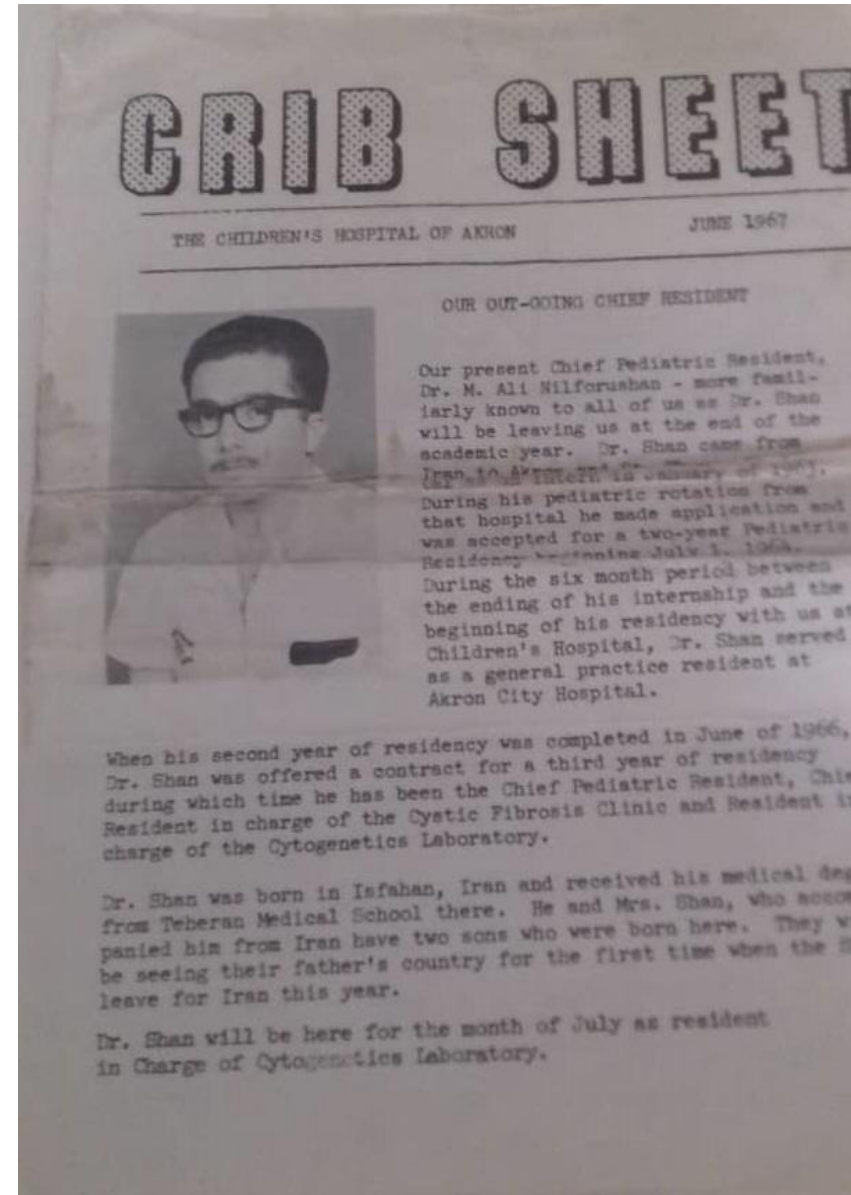
Rosemary Pawliuk, BA, LLB, is president of Society for Canadians Studying Medicine Abroad (SOCASMA), a national organization which supports and provides information to international medical graduates (IMGs). SOCASMA filed legal action in the BC Supreme Court to address systemic discrimination against IMGs. Rosemary is dedicated to bringing down the barriers to licensing in Canada for IMGs. She leads a research team which studies the organizations, accreditation, credential recognition, process, law, and rules relevant to entry into the medical profession via residency training. She volunteers her time, knowledge, and expertise supporting the complainants in the BC Human Rights Case.



Personal experience of discrimination and the Human Rights case

Vahid Nilforushan M.D.

My father as a Pediatric resident at Akron Children's Hospital in 1960s



My father appointed chief resident at Akron Children's Hospital

Shan was short for
Nilforushan

Hospital Post To Dr. Shan

Dr. M. A. Shan has been appointed chief resident physician at Children's Hospital, succeeding Dr. W. H. James who is going into private practice in pediatrics in Fairbanks, Alaska.



Three resident doctors who will be leaving Children's are Dr. John Chick, who will enter his third year of pediatrics at Sick Children's Hospital in Toronto; Dr. M. B. Gowda, who will be a fellow in hematology at Children's Hospital in Denver, and Dr. Assadollah Mojtabaee, who will be a fellow in pediatric cardiology at Children's Hospital in Pittsburgh.

Dr. Shan

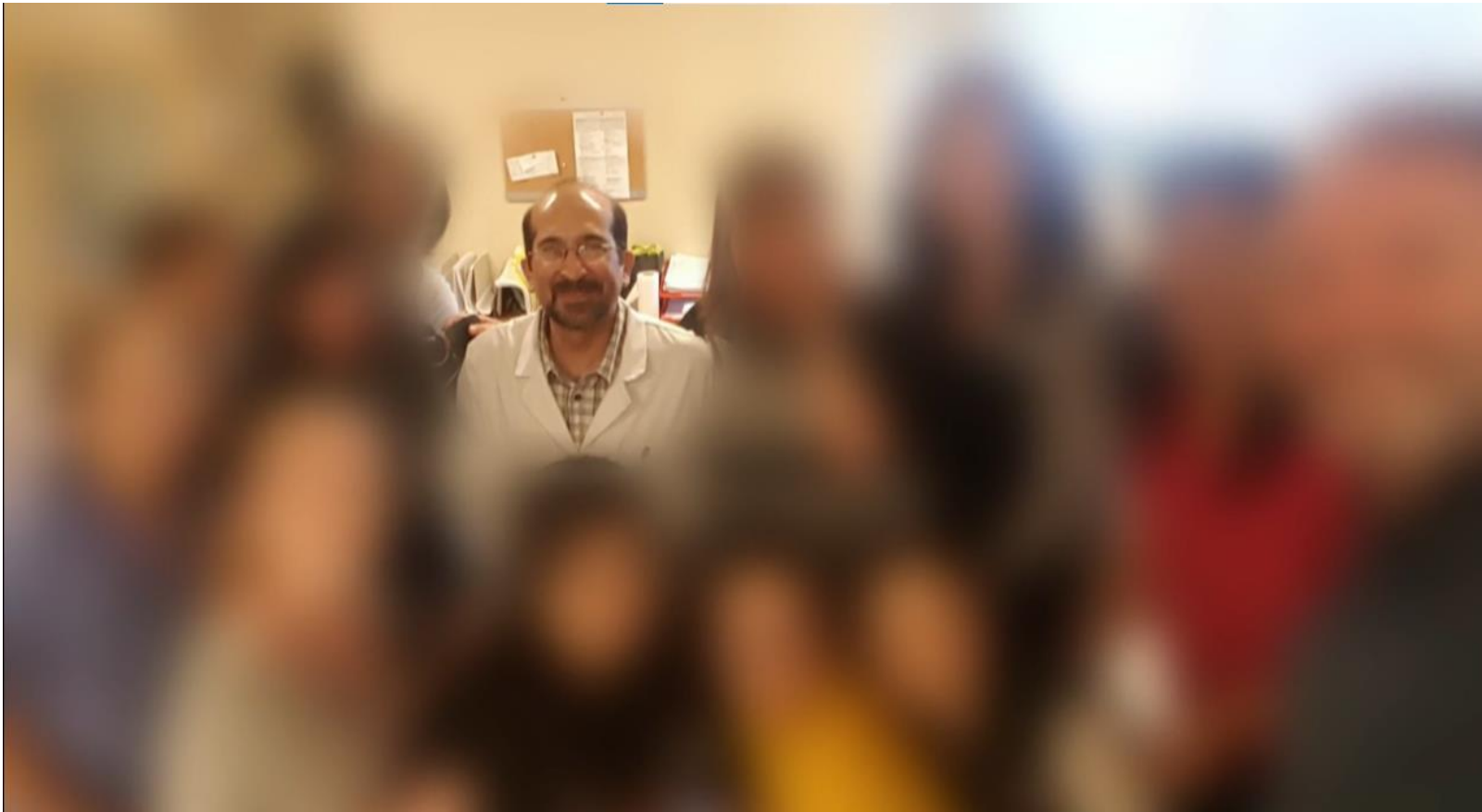
My father and I many years later (in 1990s)



When I worked at Vancouver General Hospital in 2017



Last day of my work (time limited license) at Vancouver General Hospital in 2017



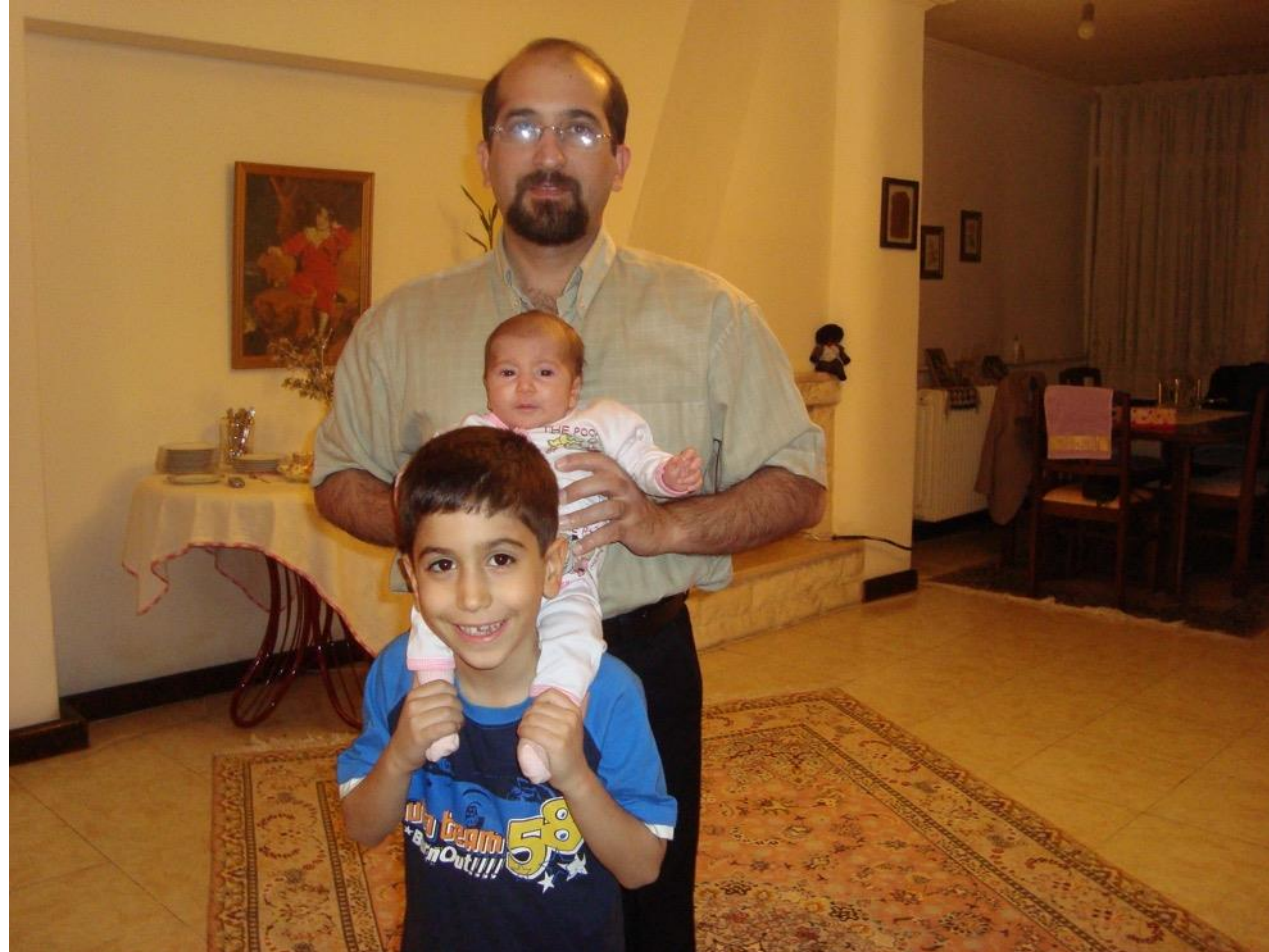
Last day of my work (time limited license) at Vancouver General Hospital in 2017



When I worked as an assistant professor of anesthesia in a hospital in Tehran, Iran in 2009



My children and I when I was an assistant professor of anesthesia in Tehran, Iran in 2009



My son and my daughter



My family



COMPETENCE



Pathways to licensure and systemic challenges
IMGs face in accessing residency seats

Deidre Lake

AIMGA has 1200+ members

AIMGA is a non-profit organization dedicated to the successful integration of International Medical Graduates (IMGs). We believe our clients have a contribution to make within our system and communities. (Oct. 12, 2020)



1214
Active Members



739
Female
Non-binary



466
Male

1

78%

are younger than 45 years old

37%

have been in Canada less than 4 years

40%

have been out of practice less than 3 years



669
Calgary

413
Edmonton

93
Rural Alberta

33
Out of province

717

Permanent Residents / Refugees

444

Canadian Citizens

53

Other (Temporary residents)



80

Members have completed AIMGA's Career Transition Program

Top 5 Countries of Origin



265
Nigeria

184
Pakistan

124
India

78
Egypt

77
Canada

Top 5 Specialties



614
Family Medicine

88
Internal Medicine

68
Pediatrics

53
Obstetrics & Gynecology

39
Surgery

102
Other



400+

Licensed physicians across Alberta have contributed to AIMGA

**Let's look at the current
steps to licensure**



ALBERTA
IMGs

Register with the
Medical Council
of Canada
(physiciansapply.ca)

Prepare to apply
to CPSA and/or
AIMG Program/
CaRMS (MCCQE1,
IELTS)

Do you meet the CPSA's
requirements for direct
entry into practice (Full,
Special Register, or
Provisional/PRA)?

YES

1

Obtain CPSA eligibility
letter to apply for
AHS-approved
sponsorship positions

2

Apply to CPSA for independent
license to practice/PRA
**Family Medicine specialty applicants
must pass Therapeutics Decision
Making (TDM) exam prior to next step*

3

Once position obtained,
undergo the Practice Readiness
Assessment (PPAP - Provincial
Physician Assessment Program)
for a duration of 3-6 months

4

Obtain a provisional
license to practice
for required period
of time

5

Challenge the
national certification
exams (MCCQE2
and the Specialty
National
Examination
through CCFP or
RCPSC)

NO

1

Apply for IMG residency
positions/ specialty
via CaRMS (R1); participate in
residency interviews
upon invitation

2

AIMG Program
Assessed for eligibility (AB resident
and PR or Canadian citizen) and
readiness to enter residency
(NAC OSCE, MMI)

3

Those matched in AB undergo
AIMGP Orientation & Externship;
all residency programs begin
July 1 across Canada

4

Complete a 2-5
year residency
program

6

Apply to the
CPSA for
registration to
practice
medicine in
Alberta (or
other provincial
regulatory
body)

An International Medical Graduate's preliminary steps



IMGs



Physicians Apply Account Fee: \$298

Application for Medical Registration (AMR) Fee \$211

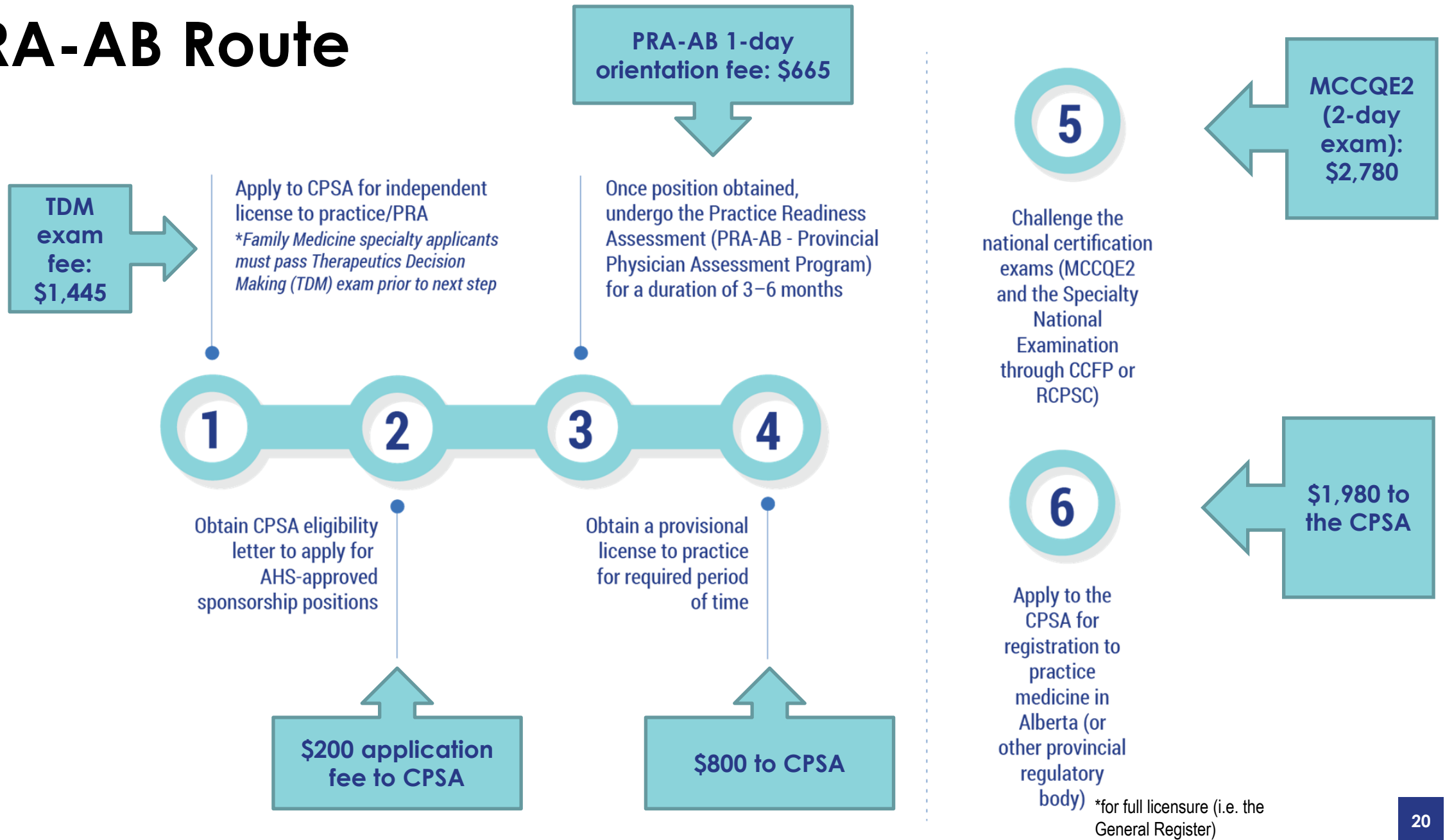
Source Verification fee (SVR) of credentials: \$175 per document; \$140/page translation fee

Provincial review of qualifications/document/registration fees: \$200-\$1,200

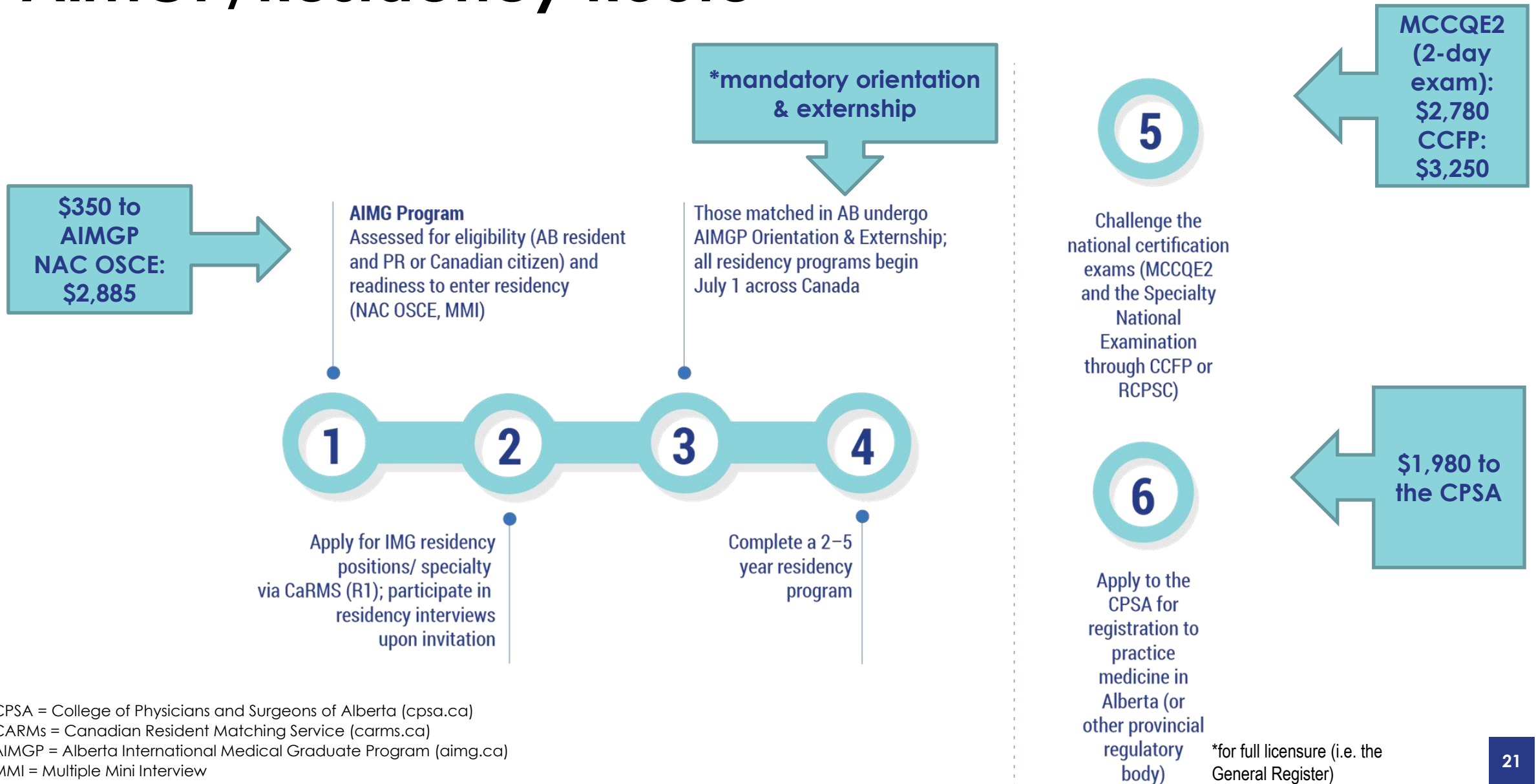
MCCQE1: \$1,305 (8-hour exam: 210 MCQs 4.5 hours; 38 CDMs 3.5 hours); 67% IMG pass rate on first attempt (2018; MCC)

IELTS Academic version: \$320 (must achieve 7.0 in one sitting in all skill areas)

PRA-AB Route



AIMGP/Residency Route



CPSA = College of Physicians and Surgeons of Alberta (cpsa.ca)
CaRMS = Canadian Resident Matching Service (carms.ca)
AIMGP = Alberta International Medical Graduate Program (aimgp.ca)
MMI = Multiple Mini Interview

Provincial Licensing Bodies with IMG

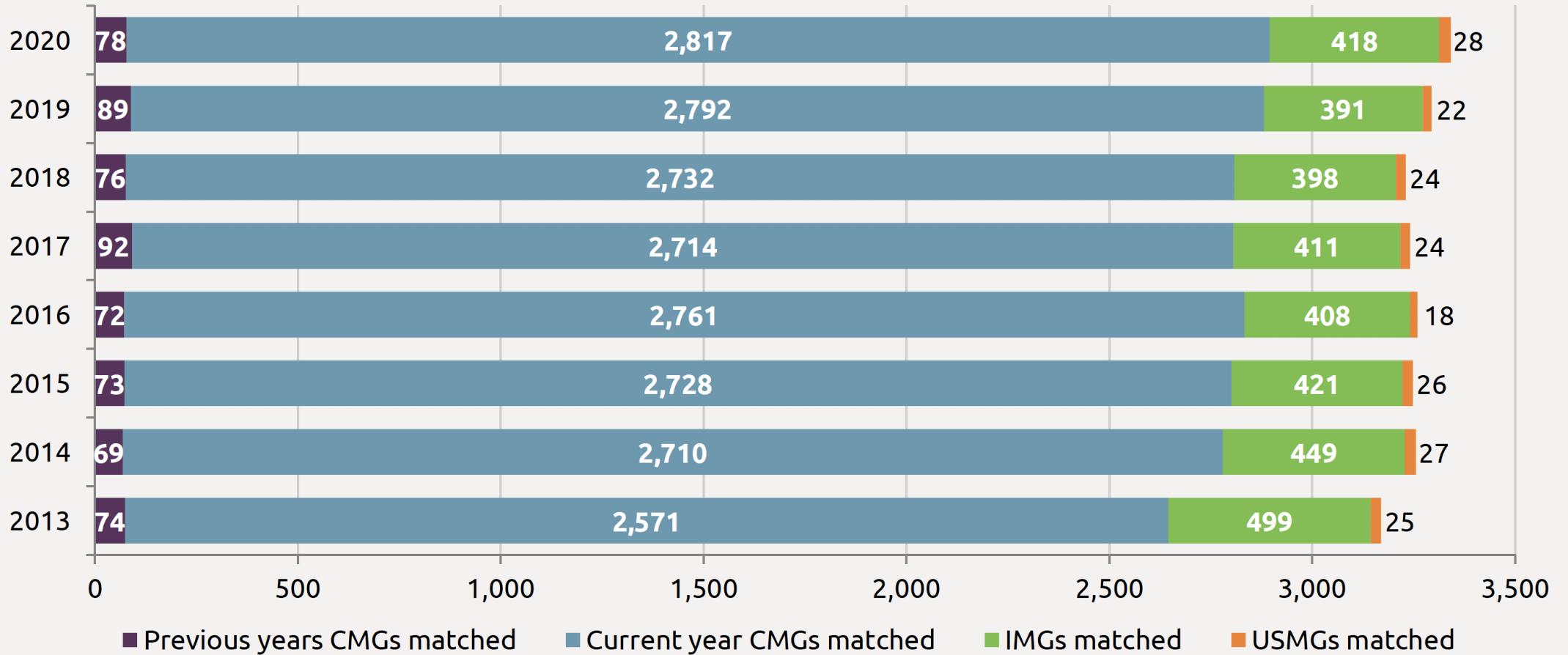
Province	Licensing Bodies	
Alberta	CPSA	https://www.cpsa.ca
British Columbia	CPSBC	https://www.cpsbc.ca
Manitoba	CPSM	http://cpsm.mb.ca
Saskatchewan	CPSS	https://www.cps.sk.ca/imis
Ontario	CPSO	https://www.cpsso.on.ca
Quebec	CMQ	http://www.cmq.org/home.aspx
Newfoundland and Labrador	CPSNL	https://www.cpsnl.ca/web/cpsnl
Nova Scotia	CPSNS	https://cpsns.ns.ca

Regional IMG match results

Region	Final participation			% matched		
	2018	2019	2020	2018	2019	2020
Africa	252	255	203	15%	11%	15%
Asia	363	299	262	13%	16%	15%
Central America/Caribbean	373	369	294	18%	22%	24%
Europe	415	460	374	41%	37%	52%
Mexico	4	5	5	0%	20%	60%
Middle East	272	266	222	16%	16%	18%
Oceania/Pacific Islands	34	35	40	53%	46%	63%
South America	45	36	35	24%	11%	40%
TOTAL	1,758	1,725	1,435	23%*	23%*	29%*

*Total IMGs matched

Who entered postgraduate training in Canada



Applicants to Family Medicine by applicant type and match status

		2013		2014		2015		2016		2017		2018		2019		2020	
Applicant Type	Matched Status	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
CMG	Matched	1,714	97.0%	1,846	96.4%	1,922	96.8%	1,940	96.7%	1,829	97.0%	1,908	95.7%	2,078	96.1%	2,078	97.3%
	Unmatched	53	3.0%	68	3.6%	64	3.2%	67	3.3%	56	3.0%	85	4.3%	84	3.9%	57	2.7%
	Total	1,767	100%	1,914	100%	1,986	100%	2,007	100%	1,885	100%	1,993	100%	2,162	100%	2,135	100%
IMG	Matched	305	20.1%	308	18.7%	293	19.1%	281	20.7%	284	21.3%	285	23.0%	294	23.4%	289	28.4%
	Unmatched	1,216	79.9%	1,341	81.3%	1,239	80.9%	1,076	79.3%	1,051	78.7%	954	77.0%	964	76.6%	730	71.6%
	Total	1,521	100%	1,649	100%	1,532	100%	1,357	100%	1,335	100%	1,239	100%	1,258	100%	1,019	100%
USMG	Matched	16	76.2%	14	82.4%	14	66.7%	12	70.6%	10	66.7%	15	78.9%	15	88.2%	15	83.3%
	Unmatched	5	23.8%	3	17.6%	7	33.3%	5	29.4%	5	33.3%	4	21.1%	2	11.8%	3	16.7%
	Total	21	100%	17	100%	21	100%	17	100%	15	100%	19	100%	17	100%	18	100%

1st iteration



Legal Implications of Segregated Access to Medical Licensing

Rosemary Pawliuk, B.A., LLB

Different Standards of Competence for Different Canadians

➤ CMGs:

- Do not have to take NAC OSCE
- Take the MCCQE1 after the competition
- Can fail the MCCQE1, keep job, and work as resident physician

➤ IMGs:

- Must pass NAC OSCE to compete
- Must pass MCCQE1 to compete

➤ Foreigners who pay (visa trainees):

- Do not have to take NAC OSCE
- Must pass MCCQE1 in some, not all provinces

❖ Q: Why are there different standards?

Opportunity to Access Mandatory Entry Level Jobs

- **CMGs:**
 - 3072 jobs for 3071 applicants
- **IMGs:**
 - 325 jobs for 1822 applicants
- ❖ **Q: Why should Canadian citizens and permanent residents be segregated and provided with different opportunity after meeting qualification requirements?**



Opportunity to Choose Field of Practice

- **CMGs:**
 - Full opportunity: more than 70 recognized fields of practice
- **IMGs:**
 - Limited opportunity: mostly family medicine
- ❖ **Q: Why should Canadian citizens and permanent residents be segregated and provided with different opportunity after meeting qualification requirements?**



Limitations on Where One Works/Lives

➤ CMGs:

- No limitations

➤ IMGs:

- In most provinces, IMGs must sign an indenture agreement to work where directed as a condition of working as a resident physician

- ❖ Q: Why do the Canadians who paid their own education have to pay “opportunity cost” to be licensed in their profession, while those whose education was highly subsidized by taxpayers are free?

Legal Principle No. 1.

Limits of Power to Regulate:
to be used to ensure public
safety and competence,
AND for no other purpose.



But....

Access to residency training is used to:

- A. Ensure all CMGs get licensed regardless of level of competence;***
- B. Facilitate workforce for underserved fields of medicine and geographic regions***



Legal Principle No. 2

Licensing should be available to all that meet the standard of competence.



But....

There is a Double standard:

A. Graduates of Canadian and American medical schools

B. Visa trainees (foreign IMGs) who provide financial incentives to universities and health ministries

C. IMGs who are Canadian

Legal Principle No. 3

Standards of competence necessary for licensing are to be set by the regulating authority only.

Delegation is not allowed.



But....

***A. Standards of competence
are set by university
Faculties of Medicine
and Health Ministries.***



Legal Principle No. 4

Regulators must act

- I. Fairly and without discrimination,**
- II. Objectively,**
- III. Impartially, and**
- IV. With Transparency.**



But....

- I. Segregation and Limitations is not based on competence***
- II. Different tests/requirements for different groups***
- III. Conflict of interest; purposes unrelated to purpose of regulation***
- IV. Not transparent. Public ignorant of workings of the system.***



Implications

- **Quality of care and public safety compromised**
- **Most IMGs excluded from medical licensing**
- **Prejudice that IMGs are inferior and CMGs are “best and brightest” harnessed and perpetuated.**



Canadian messaging: We do not discriminate

"This is Canada and we don't discriminate on the basis of which country they come from and which country they studied; they all are treated the same and share the same platform once they are Canadian citizens. We don't discriminate. They are Canadians and Canadians only."

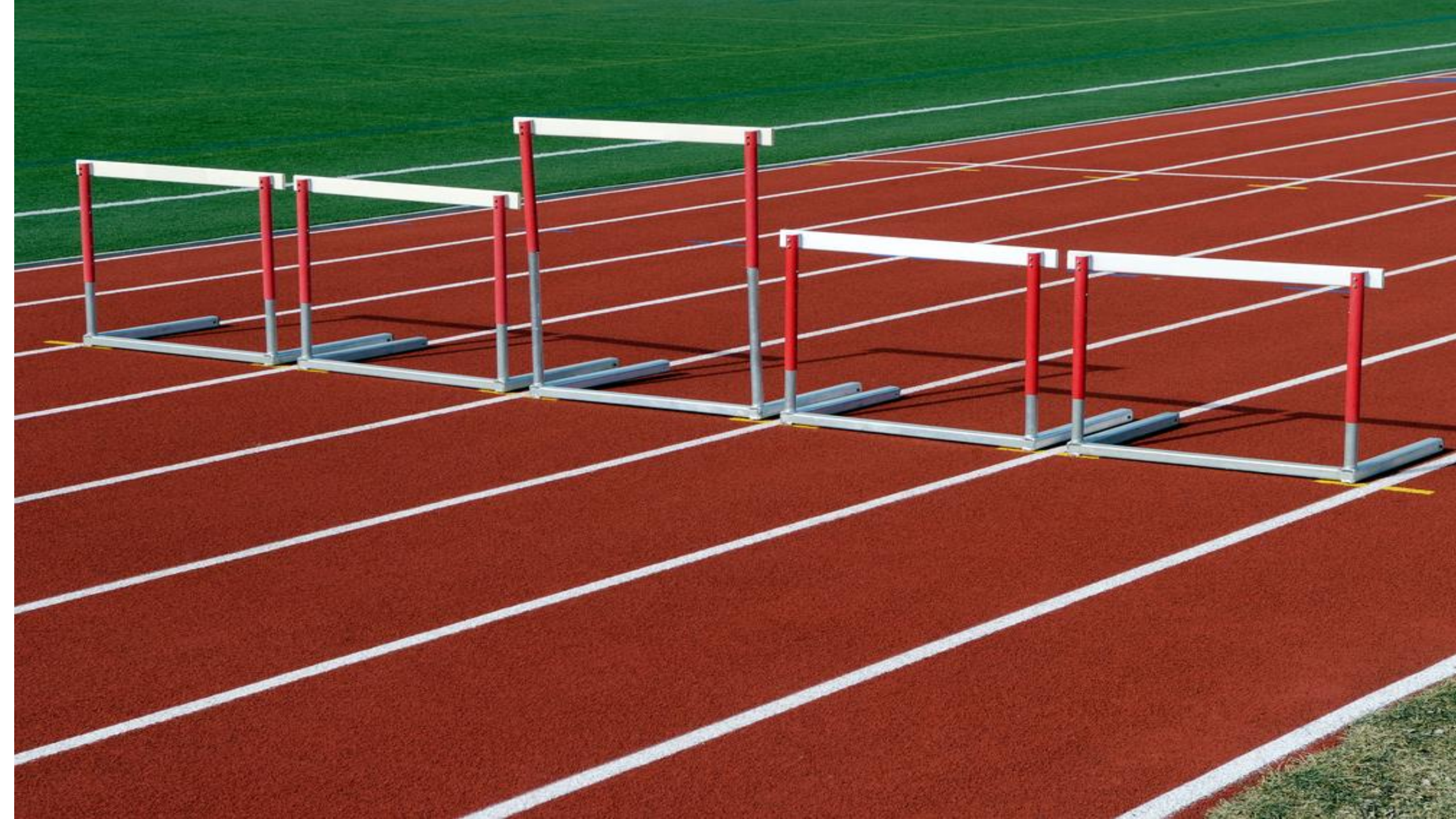


How we rationalize discrimination

Leic Youcuss: *“they are poorly trained and dangerous letting them loose now is like letting cats into Australia...”*

Karen Smith: *“Great post Leic. BC government and Canadians governments have valid reasons for what they do to keep us all safe and quality care insured.”*







Questions?

Marketing Overview

It is a process to plan and execute the marketing strategy for a business. It involves identifying the target market, understanding their needs and preferences, and developing a plan to reach them. Marketing is essential for businesses to grow and succeed in a competitive market.

Product Category	Profit per Year				
	2012	2013	2014	2015	2016
General Merch	+100.00	115.00	+100.00	+120.00	+100.00
Health & Wellness	-15.00	482.50	+120.00	200.00	
Art Supply	+50.00				

Contact Information

To support the Human Rights Case:

info@canadianonpaper.com

To donate:

canadianonpaper.com/donate

For more information:

canadianonpaper.com

To join the Alliance:

Sandy Berman, Co-Chair sandyberman@shaw.ca

Alberta International Medical Graduate Association:

Deidre Lake, Executive Director, deidre@aimga.ca

Society for Canadians Studying Abroad:

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