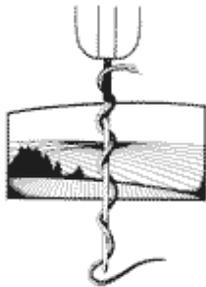
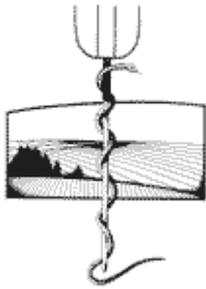


International Medical Graduate Policy:
RECOMMENDED STRATEGIES

NOVEMBER, 2002



SOCIETY OF RURAL PHYSICIANS OF CANADA
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Society of Rural Physicians of Canada
Société de la médecine rurale du Canada
www.srpc.ca

***About the
Society of Rural
Physicians of
Canada***

The Society of Rural Physicians of Canada (SRPC) is the national voice of Canadian rural physicians. Founded in 1992, the SRPC's mission is to provide leadership for rural physicians and to promote sustainable conditions and equitable health care for rural communities.

On behalf of its members and the Canadian public, SRPC performs a wide variety of functions, such as developing and advocating health delivery mechanisms, supporting rural doctors and communities in crisis, promoting and delivering continuing rural medical education, encouraging and facilitating research into rural health issues, and fostering communication among rural physicians and other groups with an interest in rural health care.

The SRPC is a voluntary professional organization representing over 1,800 of Canada's rural physicians and comprising 5 regional divisions spanning the country.

“Nous soignons les régions- We care for the country”

Table of Contents:

▪ Title Page	Page 1
▪ International Medical Graduate Policy	Page 4
▪ Principles	Page 5

International Medical Graduate Policy

Preamble

Canada has depended on International Medical Graduates (IMG's) to meet the health care needs of some of its population, and about a quarter of Canada's doctors are foreign trained. In some provinces and regions the majority of practicing doctors are IMGs. In recent years requirements to protect the public against unqualified practitioners have led to a substantial array of regulations with non-standardised application. We acknowledge that physicians practicing in Canada are at the same Canadian standard having attained it by a combination of internships, residencies, other training and practical experience, in Canada, abroad, or both. The SRPC recognizes international efforts regarding IMG's and endorses the WONCA Melbourne Manifesto (www.srpc.ca/librarydocs/Melbourn.htm). The SRPC advocates the following principles and measures to ensure standardization of licensure that protects the public and supports the rights of duly qualified physicians to practice.

Principles

1. Future projected physician resources and manpower resource planning should be primarily based on training Canadians. This training should be designed to allow for self sufficiency across rural and urban, generalist and specialist, and regional needs of our population. Current training policy should be reviewed in this light.
2. All naturalized doctors with a legitimate and recognized foreign medical degree seeking Canadian licensure should have access to a mechanism where they can be evaluated at a reasonable cost and in a timely manner.
3. The evaluation methodology may depend on tiering IMG's based on their training. Training that is equivalent to ours (e.g. American) may need no further evaluation and may be given time limited provisional or full licensure. Others may need to undergo written and practical examination.
4. Should a candidate who is not be successful in passing the initial evaluation, but who demonstrates potential for upgrading, should be afforded an assisted means to attain the Canadian standard (e.g. residency training).
5. IMG's who receive financial or other support to attain Canadian equivalency in credentialing or licensure may be required to provide reasonable, time limited and fair return of service.
6. Physicians subject to restricted licensure should have the opportunity to obtain full licensure in a reasonable length of time.
7. IMG's on provisional licenses should have reasonable working conditions similar to Canadian physicians working on full licenses. This is to include reasonable hours of work, pay and on call rotas.
8. IMG's recruited from overseas should be given full disclosure of working, regulatory and social conditions.
9. IMG's should have one standard to attain for licensing for any province so that any physician qualified in one part of Canada has access to employment opportunities within that specialty in any other province or territory. (Consistent with the 1995 SRPC mobility policy www.srpc.ca/policies.htm)
10. Recruitment of IMG's from developing countries should be done in a manner that is sensitive to the needs and local requirements of the source governments.
11. Recruitment of IMG's overseas should be done in a way to ensure that there are minimal negative health delivery consequences in source countries. This might involve compensation to increase foreign training capacity.
12. The SRPC encourages the governments of Canada to adopt a "code of ethics" for dealing with IMG's (see www.srpc.ca/librarydocs/Melbourn.htm)