

### **3 Practical Measures to Integrate Internationally Trained Physicians (ITPs) into Ontario’s Health Care Workforce**

Ontario is facing [critical staffing shortages](#) in health care, including long-term care. There are thousands of internationally-trained physicians (ITPs) ready to contribute their skills and training in the province, but many continue to face barriers to practice. Increasing potential pathways to licensure for ITPs in Ontario can significantly add capacity to health systems at this time.

The Internationally Trained Physicians’ Access Coalition (ITPAC) is calling for concrete measures that can immediately remove strain on health systems by adding capacity, and contribute to long-term solutions to strengthen and sustain Ontario’s healthcare workforce.

ITPAC is comprised of:

- Internationally Trained Medical Doctors Canada Network (iCaN)
- Access Alliance - Immigrant Researchers Support Network (IRSN)
- International Doctor's Network (IDN)
- Internationally Trained Physicians of Ontario (ITPO)
- Association of International Physicians and Surgeons of Ontario (AIPSO)
- Community Matters Toronto
- The Learning Enrichment Foundation
- WIL Employment Connections / Access Centre for Regulated Employment
- Niagara Folk Arts Multicultural Centre & Niagara IMG/IEN Support Group

#### **3 Practical Measures:**

##### **(1) Bring Practice-Ready Assessment to Ontario:**

*The Practice-Ready Assessment model can allow Internationally Trained Physicians (ITPs) to apply their skills and training to help with backlogs and long wait times in a safe and streamlined manner without having to repeat training that they have already done.*

##### What is Practice-Ready Assessment?

The Practice-Ready Assessment (PRA) model from the Medical Council of Canada’s *National Assessment Collaboration* (NAC) provides a route to licensure for ITPs who have already completed residency and practiced independently in another jurisdiction for a period of time. PRA candidates are assessed over a period of 12 weeks for their competence in appropriate clinical skills and knowledge. Once licensed, candidates fulfill a “Return of Service” of 2 to 4 years in an underserved community of the province. The NAC PRA model is currently available in BC, Alberta, Saskatchewan, Manitoba, Quebec, Newfoundland & Labrador, and Nova Scotia.

### Why is this a priority?

The NAC PRA program is not available in Ontario. The principal route to practice for ITPs in Ontario is to repeat residency training. There are approximately 200 residency positions for ITPs available

annually in Ontario, and many of these positions are filled by Canadians who have studied medicine abroad. Pathways for immigrant physicians already licensed in other jurisdictions to re-enter their professions in Ontario are extremely limited.

In 2013, the Ontario Fairness Commission proposed that a small scale pilot project for PRA be developed with the College of Physicians and Surgeons of Ontario, the Ministry of Health and other stakeholders. A pilot proposal was developed, but it was never launched. The time is right to re-start the NAC PRA in Ontario.

### What are the benefits?

- Will provide Ontario with increased supply of doctors, while ensuring patient safety that meets Medical Council of Canada standards and will provide ON regulatory authorities confidence in their licensure decisions.
- Provide a timely and proven pathway for internationally trained physicians who are ready to work, meet the requirements to safely practice their professions, and add to the supply of family and speciality physician supply in Ontario
- Increase physician supports to the Long-Term Care sector
- Improve access to care in rural and underserved regions, including in Northern Ontario and Indigenous communities.

## **(2) Equitably increase access to residency training positions for ITPs**

*By increasing access to residency positions, more Internationally Trained Physicians can gain important experience with Canada's healthcare system and be poised to contribute to the healthcare workforce.*

What is medical residency training and why does it matter to ITPs in Canada? To meet Canadian requirements for professional registration and licensure in medicine, ITPs are generally required to complete one year of postgraduate training, active medical practice, or a clerkship in Canada. The primary channel for ITPs to enter medical residency training is by being matched to placements through the Canadian Residency Matching Service (CaRMS), a national organization that provides this service. Depending on the [province](#), ITPs apply to these training positions either in the same stream as graduates of Canadian medical schools ("competitively") or to a separate stream (in "parallel"), and there are significantly fewer positions available to ITPs. In 2020, only 22% of ITPs (418 out of 1,928) obtained a residency position, while 93% (2,895 out of 3,101) Canadian medical graduate applicants obtained a position.

### Why is this a priority?

ITPs are an essential part of the Canadian physician workforce. Approximately 20,000 ITPs were [practicing](#) in Canada 2016, however many are underemployed or not employed within the health sector. Part of the reason behind this underutilization is that the current processes available for ITPs to pursue residency training or postgraduate medical training are not equitable.

There are too few residency training positions available to ITPs, and inadequate funding commitments to expand available positions for ITPs. The Association of Faculties of Medicine of Canada (AFMC) is also [calling](#) for a review of entry routes to medical residency in Canada, and there are legal challenges [ongoing](#) alleging systemic discrimination against ITPs seeking licensure through residency in Canada, based on the fact that ITPs and graduates of Canadian medical schools are provided with different and unequal opportunities after meeting the same qualification requirements.

### What are the benefits?

- Enables more highly skilled and qualified ITPs to access residency training and become licensed to practice in Canada, ensuring that Canada's need for primary care physicians is met, especially in underserved areas.
- Embeds social justice and human rights principles in Canada's medical residency matching processes.
- Increases diversity of physicians in Canada who can help serve an increasingly diverse population.

### **(3) Establish the Clinical Assistant occupation job title as a pathway to practice for ITPs in Ontario:**

*Establishing the Clinical Assistant occupation as a pathway to work as a physician can allow internationally trained physicians to immediately join the healthcare workforce. Establishing and standardizing this occupation will provide a meaningful stepping stone for ITPs to reenter their profession.*

### What is the Clinical Assistant profession, and why does it matter to ITPs?

The Clinical Assistant (CA) occupation is a growing profession in Canada, by providing supportive patient care and acting as “physician-extenders”. A large number of ITPs are supporting the health system in Ontario as CAs and many hope the position will be a stepping stone to medical licensure.

### Why is this a priority?

Unfortunately, many ITPs working as CAs are doing so in a highly unregulated setting. Evidence from the non-profit ITPO (Internationally Trained Physicians of Ontario) shows that many ITPs employed as CAs in Ontario face significant poor working conditions, inadequate

compensation, and significant barriers to career progression. This results in an ineffective use of ITPs' medical training and experience, limited opportunities to obtain Canadian clinical experience, and the recency of practice requirements needed for ITPs to apply for residency positions or placements through the NAC Practice-Ready Assessment (PRA) program.

#### What are the benefits?

- Provides an avenue to rapidly increase support from highly trained and qualified physicians to the Long-Term Care sector that is experiencing [critical staffing shortages](#)
- Enables cost savings due to expanded access to preventative care and earlier treatment of disease before diseases progress into costly complications.
- Helps ensure full use of ITPs' existing medical training and competencies in health settings.
- Streamlines processes related to securing medical licensure for ITPs, including by providing official acknowledgment of clinical practice in Canada, provides commensurate compensation that is standardized.
- Could align regulatory criteria with successful models in other Canadian jurisdictions (Alberta, Nova Scotia)
- Leverages the training and experience of ITPs as CAs to serve diverse communities, and can expand access to preventative care healthcare services.