

The Development of an Assessment Program for Foreign-Trained Specialists

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Background: New regulations from The College of Physicians and Surgeons of Manitoba regarding foreign-trained specialists came into effect in 2001. These stipulated that all foreign-trained specialists (i.e. not trained in an approved Canadian or American program) must undergo a minimum three-month clinical evaluation prior to licensure. The Faculty of medicine was asked to develop a program; PGME and CME were jointly tasked to develop policies and procedures. The College estimated the number of potential candidates at 6-8 per year.

Process: The major academic departments were approached to provide assessment capacity for the program, now called the NRSAP (Non-Registered Specialist Assessment Program). The departments were involved in the development of NRSAP policies and procedures. The departments decide the duration of assessment (but standard for all candidates in a particular specialty). The assessing department also has the final say as to whether or not to accept a candidate.

The NRSAP operates under the following principles:

- 1) The program accepts only recruited (sponsored) candidates i.e. the candidate must have a job offer from an RHA and the RHA must be willing to pay the costs of the assessment as enumerated below.
- 2) All assessors must have University appointments
- 3) The focus is assessment, not training
- 4) Candidates must also be assessed by nursing and allied health professionals
- 5) There is a one-month early termination clause for unsatisfactory candidates
- 6) Candidates must sign a letter prepared by University legal counsel acknowledging the terms of the assessment, including the fact that the university has no obligation to provide remediation for identified deficits.
- 7) The hiring RHA pays the cost of the assessment, candidate salary (minimum PGY-5 level) and CMPA.

There was initially much resistance to the new regulations and by extension, to the program. The assessing departments were concerned about the lack of resources (both time and human medical resources) to do the assessments, as well as the possible legal ramifications. The Regional Health Authorities were concerned about cost, and the delay before the specialist would be available for service. Candidates, often well-known and respected in their home countries, were uncomfortable with the apparent questioning of their competence and credentials.

The lack of human medical resources has forced us to be creative. For example, part of the assessment may be conducted in the milieu in which the candidate will be practicing (but always with the supervision of a university assessor.) For example, in surgical specialties, we have had candidates operate in the recruiting community hospital with a university assessor as first assistant. This not only avoids the objection that “we need to keep our cases for our own residents” but in fact follows an important principle of assessment, namely that since competence is context specific, people should ideally be assessed in the setting in which they will be working.

Outcomes

Thus far, the program has assessed 12 candidates, of which 10 were successful, one withdrew after 2 weeks and one was unsuccessful. Specialties involved to date include Anatomical Pathology, Anesthesia, Cardiology, General Surgery, Neurology, Obstetrics and Gynecology, Orthopedics, and Urology. Two of the candidates are practicing in Winnipeg, while the others are in towns ranging from 200-750 km away and with populations from 10,000 to 45,000.

Conclusions

The NRSAP is meeting its mission of providing reliable and valid assessments of foreign-trained specialists. Involving assessing departments at all stages of policy setting and giving them autonomy re duration of assessment, etc. has been crucial to the program’s success. Collaboration with RHAs and governmental agencies played an important role in the development of the NRSAP.

Clinical assessment programs for foreign-trained specialists require significant fiscal, organizational, and human resource allocations. However, there is a growing realization that foreign-trained specialists, no matter how qualified or experienced, should not enter Canadian medical practice (particularly rural practice) without evaluation and orientation. The provision of such programs (eg NRSAP) is one model to promote the integration of foreign-trained specialists into the Canadian health care system.