Proceedings

Data Users Workshop:
Analyzing the National IMG Database

6 March 2007
8:30 a.m to 3:30 p.m.
Clarion, Manitoba Room, Winnipeg MB

The Canadian Post-M.D. Education Registry(CAPER) is currently developing the International Medical Graduates Database. This is one of six recommendations of the Canadian Taskforce on Licensure of International Medical Graduates. The database consists of variables which outline the pathways to licensure for IMG's. The variables fall into three areas: assessment/evaluation, training/education, and licensure. As part of the development we want to receive input with potential data users.

We invited representatives from health authorities, researchers, and health human resource planners to a workshop to be held towards the beginning of March 2007.

Objectives include the following:

- Describing CAPER's purpose, method, and data sources
- Outlining the variables which have been developed in consultation with regulatory authorities, assessment programs, faculties of medicine, the CFPC, the RCPSC, and the MCC, and how these variables can answer your questions
- An opportunity to develop and present research proposals using IMG data in small group settings with representatives from health authorities, researchers, and health human resource planners

These proceedings provide a summary of the presentations and the discussion which resulted from the workshop. The first part outlines the presentations relating to an overview of the research relating to AFMC, a description of CAPER's purpose, method, and data sources, and a review of the variables which were used to develop the research proposals. The second part outlines two sets of research proposals developed from health authorities, researchers, and health human resource planners. The appendix summarizes the proposals to inform research activities relating to the IMG Database from the nine groups from the workshop.

Attendees

NAME	TITLE	ORGANIZATION	LOCATION
Dr. Cathi Bradbury	Medical Director, Physician Services	Department of Health and Community Services	St. John's NL
James Ayles	Co-ordinator Health Workforce Information and Analysis	New Brunswick Health	Fredericton NB
Beverly MacLean-Alley	Manager, Physician Human Resource Management	BC Ministry of Health	Victoria BC
Genevieve MacMillan	Director, Physician Relations and Compensation	Vancouver Coastal Health Authority	Vancouver BC
Lance Benson	Policy Analyst - Medical Administration	Prince Albert Parkland Health Region	Saskatoon SK
Helga Loechel	Executive, IEHP	Health Canada	Ottawa ON
Lynda Buske	Director, Workforce Research	Canadian Medical Association	Ottawa ON
Karen Levesque	Director, Medical Affairs	Saskatoon Health Region	Saskatoon SK
Rhys Davies	Consultant	Alberta Health and Wellness	Edmonton AB
Shirley Watson-Poole	Physician Resource Primary Care Manager	South West Health	Yarmouth NS
Xina Chrapko	Regional Planner, Physician Preceptorship Programs	Capital Health	Edmonton AB
Caroline Abrahams	HHR Planning Consultant	University of Toronto	Toronto ON
Hussein Lalani	Manager, HHR Forecasting and Modelling Unit	Ministry of Health and Long-Term Care	Toronto ON
Patty Brady	Foreign Credential Recognition/Foreign Workers and Immigrants	HRSDC	Ottawa ON

Dr. Nick Busing	President and CEO	AFMC	Ottawa ON
Dr. Chris Burnett	Medical Director, Physician Services	Manitoba Health	Niverville MB
Randa Palfy	Research Coordinator	University of Saskatchewan College of Medicine, Regina General Hospital	Regina SK
Terry O'Brien	Administrator, Medical Services	Eastern Regional Integrated Health Authority	St. John's NL
Annette Dacquay	Executive Assistant	RHA Central Manitoba	Notre Dame de Lourdes MB
Dr. Raheem Kherani		CAIR	Ottawa ON
Dre Odette Albert	Responsable du recrutement	Régie régionale de la santé Beauséjour	Moncton NB
Hélène Sergerie	Conseillère à la gestion des études	Faculté de Médecine, Université Laval	Laval QC
John Martin	Administrator	Community Hospital O'Leary	Charlottetown PEI
Johanne Irwin	Manager, Medical Services, Medical Programs Division	Department of Health PEI	Charlottetown PEI
Jenn Sager Haldy	Human Resources Officer - Recruitment and Retention	Regional Health Authority - Central Manitoba Inc.	Morden or Southport MB
Michelle Goulbourne	Planner	Hamilton Niagara Haldimand Brant Health Integration Network	Toronto ON
Dr. Mahmood Naqvi	Medical Director	Cape Breton District Health Authority	Sydney NS
Dr. Kam Rungta	Postgraduate Associate Dean’s Office	UBC	Vancouver BC
Dr. Jurie Botha	Vice-President of Medical Services	Burntwood Regional Health Authority	Thompson MB

Jerry Ross	Director - Physician Resource Coordination Office	Manitoba Health	Winnipeg MB
Dr. John Baumber		Faculty of Medicine, University of Calgary	Calgary AB
Dr. Jerry Maniate	Past President	CAIR	Toronto ON
Anshoo Kamal	Planning Analyst, HHR Forecasting and Modelling Unit	Ministry of Health and Long-Term Care	Toronto ON
Anna Cain	Physician Planning Unit	Ministry of Health and Long-Term Care	Toronto ON
Erin Griffiths	Executive Assistant	Hay River Health and Social Services Authority	Hay River NWT
Daniela Robu	Manager, Regional Medical Staff Office and Calgary Clinical Assistants Program	Calgary Health Region	Calgary AB
Steve Slade	VP Research CAPER/ORIS	AFMC	Ottawa ON
Rita Forte	Director, IMG Database Project	CAPER	Ottawa ON
Les Forward	Database Manager	CAPER	Ottawa ON
Dal Brodhead	Partner and CEO	New Economy Development Group	Ottawa ON

Presentations

Dr. Nick Busing is the President and CEO of the Association of Faculties of Medicine of Canada(AFMC). Dr. Busing welcomed the participants to the workshop. He provided an overview of AFMC relating to its strategic directions, and IMG issues. IMG issues related to practice, training, Canadians studying abroad, and facing the self-sufficiency of physician repatriation and recruitment.

Introduction

- The Canadian Post-M.D. Education Registry(CAPER) is a part of AFMC and the IMG Database Project is managed through CAPER.

- AFMC represents 17 core medical schools and an enormous number of distributed medical campuses that are attached to the core faculties. e.g. British Columbia has 3 campuses and about to have a fourth

- The undergraduate student population has climbed above 2000 and is approaching 2500 per year while the number of students entering medicine is currently at 8600.

- Postgraduate training programs include Canadian graduates plus international medical graduates.

- There is a reach into the community with both full time and part time faculty with a growing number of part-time faculty as more and more training environments are developed.

- There are master's and Ph.D. students within all of the departments. The majority of health researchers come through the graduate programs within faculties of medicine.

Strategic Directions

Strategic directions for AFMC include educational innovation, advocacy, workforce issues, and research. Its education mission has also included the accreditation of medical schools and the Medical Education Conference.

AFMC represents the deans of the medical schools and spends time trying to influence the decision makers, the policy makers and funders to meet the research needs of the faculties. In terms of workforce issues, there are over 2000 entry-level positions for Canadian medical students. Some have indicated that this number should be higher. Research through funding and sustainability of the medical school enterprise is important to AFMC.

Through AFMC the Canadian medical schools are accredited through the Committee on Accreditation of Canadian Medical Schools(CACMS). The Liaison Committee on Medical Education (LCME) is the American equivalent. Accreditation of medical schools in North America is a joint activity. The Committee on Accreditation of Continuing Medical Education(CACME) accredits the continuing education departments of the 17 faculties of medicine.

There is an annual Medical Education Conference which will be happening in Victoria this year and has become an open conference which has started to include individuals from government and non-physicians. It is a partnership meeting with organizations in the education sector such as the Royal College, the College of Family Physicians, the Medical Council and Canadian Association of Medical Education.

Research

An increasing amount of focus is being placed on research. 5 types of activities of where the organization is headed include research advocacy, a committee to engage the teaching hospitals, the Sponsor's Table, and Advantage Canada.

There are research intensive universities in the country (e.g. University of Montreal, University of Toronto, University of British Columbia) and leaders from those institutions have been pulled together to work on the advocacy with relation to health research. A committee to engage the teaching hospitals combines the perspectives of the faculties and the teaching hospitals.

The Committee on Research Integrity in Canada(CRIC) is an active process taking place looking at research activity driven out of the Office of the Chief Scientist of Canada and Health Canada. There have been concerns that there has not been any unifying view of how to deal with research integrity issues at the national level. Also, the Sponsor's Table is an expert group trying to develop standards with regard to research using patients (e.g. how is the patient treated, privacy issue, appropriate use of the relationship).

With the fiscal and economic update that was released last November by the federal government, there was a background document entitled Advantage Canada. It looks at needing to create an advantage in certain sectors for the country. AFMC looked at the advantage relating to the health sector so a submission has been made to the government as to what should be the focus for their perspective on health. The focus should be on long-term sustainable funding, the need for physician resources, and funding for open-ended research.

- 16% of eligible researchers were successful in getting funding from the Canadian Institutes of Health Research(CIHR) although the historic number has been about 25%. There has been an increased number of qualified scientists, an expanding infrastructure in terms of laboratories and buildings, and the grants are not available for these people to conduct the research.

- There is a need to attract physicians to become clinician scientists and combining a career as a scientist with a career in clinical medicine.

- There appears to be an emphasis on research which is targeted and focused and has a particular outcome. The academic community feels there needs to be a balance between open-ended and targeted research.

- Funding comes from both CIHR and the Canada Foundation for Innovation(CFI) for the faculties of medicine. Of 700 million dollars in CIHR funding, 540 million dollars flows through the faculties of medicine.

IMG's

The definition for an IMG is someone who takes their medical school training outside of North America based on the joint accreditation process in Canada with the United States. This applies to Canadians who go abroad to train in another country. Areas of interest include national statistics for IMG's in practice, IMG's in training, IMG's who want to train in Canada, and Canadians studying abroad.

- For Saskatchewan, more than 50% of physicians in practice are IMG's. For Newfoundland and Labrador, approximately 40% of physicians in practice are IMG's. Across the entire country the average percentage is currently 23%.

- When looking at the family medicine community versus the specialist community and the location of practice, in certain areas 50% of all family medicine practitioners are IMG's (e.g. the Territories). In the larger urban communities, there are 20% to 25% of IMG's practicing in family medicine and in specialties.

- When looking at trends over the past 8 years in terms of the number of IMG's practicing, the family medicine community is picking up a larger number of IMG's relative to medical, surgical, and laboratory physicians. There is a steady increase in the ones that are in family medicine.

- In 1996-97, 4% of the entry into medical school are IMG's, whereas in 2004-05 the percentage is 15% and in 2005-06 the percentage is 13%. The percentage has tripled for the number who are first year entries.

- When looking at the exit cohort, there are 15% of IMG's that are exiting training in 2005. This pattern was replicated in 1996-97 with a significant drop when there was a restriction on access to training for international medical graduates.

- Five years ago, in the entire post-graduate training system, there were 23% of IMG's in the system and at the present time there are almost 30%. As a result, 1 in 3 of post-graduate M.D. trainees in 2005-06 is an IMG.

- Within the complement of 3150 IMG's, 1000(34%) are Canadian Citizens/Permanent Residents. Approximately 2000(66%) are Visa trainees. The expectation of Visa trainees is that they return to their country of origin. Visa trainees comprise residents and fellows. For the fellows, some may leave and some may remain.

IMG's Who Want to Train in Canada

Approximately 1900 IMG's applied to the Canadian Resident Matching Service(CaRMS). Of the cohort of 1900 that took the TOEFL, 22% did not qualify. By taking a modest benchmark score of 400 for the MCCEE, 70% of those IMG's applying to the match did not meet that benchmark. For the criteria that is increasingly taken by IMG's, to enhance their credentials, by taking a modest benchmark score of 450, 54% of those IMG's applying to the match did not meet that benchmark. Canadian medical graduates take this test also and more than 90% make the benchmark score of 450.

When combining the total number of IMG's that entered the match with the number that met the TOEFL benchmark, the number that met the MCCEE benchmark, and the number that met the MCCQEI benchmark, 14% or 288 of the 1900 met the criteria.

Canadians Studying Abroad

In 2007 match, there are 242 Canadians who studied abroad. Most are in the Caribbean schools and most are recent graduates. If you apply the MCCEE to this group, 64% of the 242 did not meet the benchmark score of 400. Although one-half have not taken the MCCQEI, 31% did not meet the benchmark score of 450. If you look at the cohort of 242, 26% met the MCCEE and the MCCQEI benchmarks.

What's the explanation for the gap? This is not a homogeneous community. There are some steps between the numbers that have been trained in another country and those that would qualify in the Canadian system.

Issues Impacting IMG's

These issues include self-sufficiency, repatriation, ethical recruitment, and fair and equitable access to postgraduate training.

- Canada is not going to produce all of its physicians in Canadian medical schools. IMG's have made a valuable contribution and will continue to. Immigration policies will bring IMG's to Canada. There needs to be a self-sufficiency

environment and there should be more training, but this needs to be balanced with an international medical graduate community.

- There are thousands of Canadian-trained physicians practicing abroad particularly in the United States that many jurisdictions would like to attract back.

- There should be a debate about how recruitment occurs.

- The CaRMS match was opened up to IMG's this year.

Mr. Steve Slade is Vice-President (Research) CAPER/ORIS at AFMC. Mr. Slade provided a description of CAPER's mandate and data sources. This also included the context in which the IMG Database is being developed.

CAPER is built on a longstanding partnership with AFMC, Canadian Association of Internes and Residents, Canadian Medical Association, College of Family Physicians of Canada, Royal College of Physicians and Surgeons of Canada, Medical Council of Canada, Health Canada, and the provincial/territorial governments. These organizations have come together to support CAPER in gathering information on physicians in training. That support has come in the form of financial support and guidance in terms of research. Since CAPER has been around for decades, it is a natural home for the IMG Database which involves new agencies to look at the flow of IMG's through our system.

Mandate

The mandate is four-fold and is evolving as CAPER expands with the changing physician work force and the National IMG Database. The focus is on postgraduate training and we are looking beyond that. Our principle goal is to provide accurate and timely data concerning the size, nature, and distribution of post-M.D. training programs in Canadian medical schools. This means keeping high quality comprehensive statistics on the numbers and types of physicians that are training in Canada. (e.g. entry and exit to post-M.D. training). This information is provided through annual reports and data requests.

Another mandate is to assist medical schools, national medical organizations, governments, and researchers with questions relating to postgraduate training. CAPER along with AFMC's undergraduate databases provide a view of the domestic supply of physicians. This involves setting standards through a common classification system of post-M.D. trainees (e.g. specialties). This is done in conjunction with the College of Family Physicians and the Royal College. There is also a classification of international medical schools.

The fourth part of the mandate is to provide a basis for research using longitudinal studies dealing with health care issues in Canada. This connects to the National IMG Database's look at IMG's when they intersect with assessment programs, licensing authorities, and national medical organizations.

The focus is on data collection, data quality, and preparing tabular reports, but the information gathered taps into a broad range of HHR themes. Some of the areas that exist or are being built into the database are distributed medical education (e.g. CaRMS is placing into 60 family medicine programs reflecting IMG training, rural areas), international medical graduates, visa trainees, generalism vs. specialism(e.g. subspecialization), length of training (e.g. removal of rotating internship adding an additional year to family physician training), re-entry to training (e.g. a training system flexible to accommodate physicians as they develop new skills), physician

surplus/shortage (e.g. based on entry looking at the what the exit cohort will be), physician workforce demographics (e.g. aging, gender), and retention and migration. Through partnership with the Canadian Medical Association, practice locations are provided at 2, 5, and 10 years.

Data Sources

- Postgraduate training offices of 16 faculties of medicine and in the future the Northern Ontario Medical School
- Canadian Medical Association
- Medical school lists published by Foundation for Advancement of International Medical Education and Research(FAIMER) (also a part of data quality)

Future data sources could include:

- Distributed sites
- Canadian medical school graduates who apply for J-1 visas to train in the United States

Data Elements to Measure

The CAPER database is a record level database for each trainee that goes through postgraduate training. A unique identifier is generated to look at the trainees from their first year to their final year of training. Data is gathered annually for field of training, medical school, date of birth, sex, legal status (Canadian citizens, permanents residents, visa trainees), country of M.D. graduation, year of graduation, source of financial support (e.g. international government, provincial government), contract start and stop dates, and rank level.

Rita Forte is the Project Director of the IMG Database at CAPER. Ms. Forte provided a brief background to the IMG Database, the data providers, and the variables.

Brief Background

The IMG Database is one of six recommendations of the Canadian Taskforce on Licensure of International Medical Graduates (February 2004). The task force was created by the Federal/Provincial/Territorial Advisory Committee on Health Delivery and Human Resources. The task force recommended the development of a national database to track all IMG's from the time they enter the system (beginning in 2005) to ten years into practice. The database consists of variables which outline the pathways to licensure for IMG's (flow of physicians through record linkage). Consultations have occurred with the data providers to develop the variable list.

Data Providers

The data providers are Medical Council of Canada, College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, the provincial/territorial licensing authorities, the provincial IMG Assessment programs, and the faculties of medicine.

Policies relating to the confidentiality of information have been developed at CAPER. Additionally, there are policies relating to data security where the data is separated from its identifiers. From the individual records, data tables and reports are prepared that are aggregated. There is a capacity for collaborative studies and long term tracking.

Variables

The variables fall into three areas: assessment/evaluation, training/education, and licensure. The variables are as follows:

Variable List

- Country of birth
- Country of citizenship (1)
- Country of citizenship (2)

- Date of birth
- Gender

- Name of the university awarding the MD degree

- Country of the location of the university awarding the MD degree
- Year of receipt of MD degree

- Exemption from MCCEE (yes or no)
- Passed MCCEE (YYYY/MM)
- Passed MCCQE I (YYYY/MM)
- Passed MCCQE II (YYYY/MM)

- Month and year of start of CFPC assessment
- CFPC certification field
- Year CFPC certification awarded
- CFPC Enhanced skills field
- Month/year CFPC Enhanced skills field awarded
- Practice eligible or residency eligible route

- Specialty field
- Date of Start of RCPSC assessment
- Relevance to FMRAC process
- Specialty field of RCPSC exam
- Date of passing RCPSC exam
- RCPSC certification field
- Date RCPSC certification awarded

- Country of location of post-M.D. training
- Field of training outside Canada
- Number of years of "credited" post-M.D. training outside Canada
- Other country certification field
- Year other country certification field awarded

- Faculty of Medicine Providing Post-M.D. Training
- Field of Post-M.D. Training
- Rank Level (PGY Level)
- Source of Funding for Post-M.D. Training (Regular Ministry Funds, Other Provincial Funds Designated for IMG Training, Etc.)

- Specialty field being assessed
- Home or referral province/territory
- Assessment Process - Written Examination (yes or no)
- Assessment Process - Clinical Skills Examination (yes or no)
- Assessment Process – Personal Interview (yes or no)
- Assessment Process – Orientation (yes or no)
- Assessment Process – File or Dossier Review (yes or no)
- Assessment Process – Additional Written Examinations (yes or no)
- Assessment Process – Home Study Programs (yes or no)

- Assessment Process – CME Diary (yes or no)
- Date of Completion of Assessment (YYYYMM)
- Assessment Process – Training (yes or no)
- Date of Completion of Training (YYYYMM)
- Assessment Process – Mentorship (yes or no)
- Date of Completion of Mentorship (YYYYMM)
- Outcome - Practice Ready
- Outcome – Clerkship
- Outcome – Residency
- Outcome – Other

- CMQ certification field
- Year CMQ certification awarded

- Type of licensure on report date of current year

- Practice field for the current year (family medicine or specialty)
- Practice location for the current year (municipality, postal code)

Research Proposals Using Data from the IMG Database

The goals of the meeting are to obtain input, to have participants come up with research ideas, and overall to have an exchange of ideas. The agenda mixes both input and output to have ideas that shape the work that is going on and to inform the research agenda. This part outlines the research proposals using the variables from the IMG Database generated through small group discussions.

Group Presentation 1

1. With reference to physician recruitment and retention, determine whether practice outcome is affected by type of specialty or training practice that IMG's choose to do and where they plan to do it (urban vs. rural).

2. Compare and contrast the success of IMG's by source of M.D., type of specialty, language, and location. This would involve comparing the United States, Commonwealth vs. non-Commonwealth or other countries.

3. Comparison of practice type prior to entering Canada with what IMG's actually do once they are in Canada and once IMG's have completed their training. There are individuals who do specialty training in other places, practice in other places and then come to Canada and enter other fields of practice because that is where the training is available. This would involve determining if there is a similarity in what IMG's did in a previous life and what they are doing now.

Group Presentation 2

1. Track the length of time between the MCC Evaluating Exam and out in practice on a longitudinal basis. What did that route look like? How long did it take? Where were the points where people flowed out of the system or stayed in the system?

2. The route to licensure from a regulatory authority perspective in terms of competition between the provinces. Do IMG's tend to move where assessment opportunities may be greater or where the route to licensure is perceived to be faster or easier?

Group Presentation 3

1. Are there different outcomes from the assessment process when IMG's are assessed in more than one Canadian jurisdiction?

2. The relationship between where the IMG obtained his medical degree, years of experience in medicine or practice and whether the IMG passed the Canadian exams.

3. How long each step in the application process takes by university and location that is awarding the medical degree.

Group Presentation 4

1. Pour les DIM qui ont reçu leur équivalent canadienne et qu'on faire leur première évaluation canadienne et qui demande une admission en formation médicale par le CaRMS, et qu'on bien sont effectivement admis. Qu'arrive t'il du reste, est-ce qu'il y a un suivi?

When looking at all of the IMG's and focusing on their training, what type of training do successful IMG's that become licensed relate to.

2. Est-ce qu'on oblige tout les DIM à faire un évaluation de leur diplôme de médecin. A certain pays on reconnaît l'équivalence, est-ce qu'il on oblige de faire une évaluation ou est-ce qu'ils vont en pratique tout de suite?

Depending upon country of origin, how speedily do IMG's go through the system in Canada? Is there any equivalency of medical training in other countries that would fast-track or allow these people into the system without an evaluation.

Group Presentation 5

1. With reference to recruitment and retention of IMG's to rural sites, finding out where IMG's are going, how long IMG's stayed, and if IMG's left, where did they go to. Did IMG's leave the province and what is the specialty? Did IMG's have a return of service in those rural areas? Is that the only reason that IMG's chose rural? Is this data the same for Canadian IMG's?

2. The timeframe for IMG's that leave the country to the actual time that they are practising in Canada with full licensure so the time that they take their first exam, the EE, to certification and how long does that take.

3. Where do IMG's succeed and where do they fail in the process and how can we help them in that.

Group Presentation 6

1. Comparing cohorts who pass or do not pass the MCCQEI and their degree of success in being practice ready. The degree of success may be somewhat elusive. There has to be some effort made to establish what a degree of success is. One of the suggestions was that a high degree of success may be the absence of complaints to the regulatory authority. This may not be the best way to judge it but it's a start.

2. For the field of training outside Canada, does it match the field of practice in Canada. The question is to determine to what degree specialty training offshore may be amenable to general practice in Canada. There have been IMG's suggesting they were a specialist in their country but upon further investigation it turns out there may have been more of a general practice component to their training than a specialty component.

3. To determine if there is any correlation between the degree of success in practice that a physician or IMG might be having with some of the variables on the variables list. i.e. are there certain countries of origin combined with success in the MCCQEI combined with other things, do some of them stand alone in determining the degree to which that IMG might be successful when practising.

Group Presentation 7

1. Understanding what impact IMG's have on modeling points used by provinces. e.g. the education system, the supply as a whole, current stock. What would be the impact of the entry and exit rate by age and gender on some of these modeling points?

2. What characteristics are an indicator of success in maintaining licensure. e.g. country

3. Time and practice from MD.

4. With reference to an urban vs. rural environment, did the individual come from an urban or rural environment? Did the IMG go from a rural to a rural setting? Did the IMG go from rural to an urban setting?

Group Presentation 8

1. Monitoring the movement through the assessment process and then identifying what the outcome is of that assessment process particularly comparing the outcome between different jurisdictions. e.g. going through the assessment process, obtaining a full licence in some provinces and a provisional licence in other provinces.

2. How do you measure success? Is an IMG who obtains a full independent practice licence through practising for five years on a provisional licence any different in terms of a quality practioner versus an IMG who manages to write a CFPC exam within 2 years of the beginning of assessment?

3. With reference to return of service agreements or contracts, how effective those really are. What is the pattern of mobility when one has a return of service contract versus not having one?

Group Presentation 9

1. How long does it take for IMG's to go through MCC exams, language tests and what effect it has on the length of time in getting into the Canadian medical system as residents or other routes for licensure.

2. How many of these IMG's get into the medical system as residents, fellows, clinical assistants or whatever roles they have.

3. What importance or effect on the selection criteria for different positions have on their observership or clinical traineeship.

4. Is there is a national criteria for qualifying for CaRMS? There has been a significant increase in the number of IMG's applying to the program and how the applicants fared with regards to the evaluating exam and qualifying exams. What significance is this information on the ultimate success of these people getting into residency programs? If they do impact on their success should there be additional criteria used to qualify for the CaRMS process.

Research Proposals Using Data from the IMG Database and Existing Source or Another Source

Following the initial potential research ideas, research proposals that are interesting to purse that may require identifying another source of information were generated through small group discussions. These are the ideas from those presentations.

Group Presentation 1

1. Comparing Canadian medical graduates with IMG's for a variety of measures: time from MD to practice, cost of assessment and training, whether distributed training impacts eventual practice location.

2. Does assessment location affect practice location?

3. Do IMG's prefer a certain practice model?

4. What is the outcome of the assessment? (percentage of IMG's practising successfully with certain types of assessment)

Additional Source of Data: Survey about IMG preferences, CAPER, CMA Masterfile

Group Presentation 2

1. What is the impact with instruction in the language of English by comparing three groups with relation to MCCEE, MCCQEI, and MCCQEII?
IMG's trained at an English speaking medical school and did well in TOEFL
IMG's not trained at an English speaking medical school and passed TOEFL
IMG's not trained at an English speaking medical school but received training in language and communication training programs that were specific to health care

2. Specialty of training in the home country and the current specialty practice.

Group Presentation 3

1. Canadian medical graduates vs. IMG's with reference to practice profile.

2. Are there TOEFL equivalents that may be more reflective of medical English?

3. Spousal and social implications.

4. Does Return of Service work and what are the short term and long term outcomes?

Group Presentation 4

1. Defining the criteria for how IMG's are doing in comparison to Canadian medical graduates.

2. Mobility of IMG's: What causes IMG's to move? Is it based on their success?

Additional Source of Data: College registries

Group Presentation 5

1. What are the ultimate career paths for those who do not pass the MCCEE or who pass it but do not enter the system?

2. Try to determine the scope of practice for IMG's who have become licensed. (Are IMG family physicians practising the full comprehensive care or are they specializing? Are specialists subspecializing?)

4. Is it cost-effective or resource-effective to retrain IMG's vs. educating at the undergraduate level and training Canadians from the starting point?

Additional Source of Data: Census, CAPER, CIHI

Group Presentation 6

1. Retention of IMG's: Why do they move? Where do they move? What are the reasons for moving? What are the cultural issues?

2. Performance measures for Canadian medical graduates vs. IMG's: Where did the IMG train? What assessment and training program did they go through? How did they perform in the assessment?

3. Return of Service contracts: What effect does that have on length of stay?

Additional Source of Data: Exit interviews, national statistics on patient safety

Group Presentation 7

1. How many IMG's are there in Canada?

2. Evaluation of two types of assessment models: university-based, non university-based

3. Path of IMG: What happens to the IMG that doesn't eventually become a doctor?

Additional Source of Data: Provincial IMG associations, Immigration Canada

Group Presentation 8

1. Quand le DIM est admis dans un programme de résidence on connaît la date d'admission et la date de sortie, mais s'il n'y a pas son diplôme où va ce DIM?

When looking at the admission date when the IMG comes into the system and to the completion of it, are there IMG's that redo some of their training?

2. Quelles sont les exigences pour la pratique de chaque province pour les DIM? Est-ce qu'il y a de protocole établi dans toutes les provinces?

How do the policies and requirements differ amongst each of the provinces?

Additional Source of Data: CaRMS, sondage, Statistique Canada, les collèges, les universités

Group Presentation 9

1. Practice profile including languages, scope of practice, type of practice, types of patients: Are IMG's limiting their practice in a significant way?

2. Is the IMG practice the non generation-X type of practice or is it the new age variables that are important to the new practising physician?

Implications of Discussion – What does it tell us?

- Collaboration amongst differing groups of people
- Different programs that are assessing on a more regional basis and to continue the dialogue
- Predictive value
- Tools to manage the expectations
- For certain questions we may be looking at this information for Canadian medical graduates
- C'est intéressant d'avoir les comparaisons entre la durée de la formation de DIM et celles des diplômés canadienne autant pour les programmes de médecine familiale et des spécialités
  Comparison between IMG's and Canadian medical graduates and between family medicine and specialties
- Les exigences de chaque province pour les DIM pour faciliter la tâche dans les facultés de médecine pour orienter les candidats
  The requirements across the provinces to orient the candidates on situations elsewhere
- Les raisons d'hésitant d'un DIM qui a commencé sa formation
  What are the events that have allowed an IMG to move out of the stream
- Looking at all the research proposals and variables and IMG's that come in through direct entry training vs. those that come in at more advanced level of training
- There are attempts to get collaboration and consistencies across Canada
- How the data informs to pose the questions
- Recognizes that there is a source of physician supply so we can maximize the opportunities for IMG's to contribute to our physician supply
- Competencies in terms of what IMG's bring like soft skills and technical skills in general so we can compare across Canada.
- Timeline for various stages
- Language as a variable

- Whether the MCCEE was written outside of Canada
- Identifying visa trainees
- Future reports
- There are other methods available for measuring English language skills other than TOEFL
- Descriptive piece of routes of entry
- Tracking experiences with a fully-trained physicians in their family practice clinic

A sincere thank you to everybody who attended.

Appendix

Group Members: Michelle Goulbourne
Hussein Lalani
Terry O'Brien
Genevieve MacMillan

Research Proposals Using Data from the IMG Database

Questions that you want answered relating to international medical graduates.

1. Are there different outcomes from the assessment process where IMG's are assessed in more than one Canadian jurisdiction? (whether there is provincial variation)

2. Relationship between where the IMG obtained his/her MD, years of practice, and whether he/she passed Canadian exams.

3. How long does each step in the application process take by university and location awarding MD?

Variables that you would require.

1. Name of university awarding the MD degree
   Home or referral province/territory
   All assessment fields
   Outcome

2. Name of university awarding the MD degree
   Year of receipt of MD degree
   Country of location of the university awarding the MD degree
   Year of receipt of MD degree
   Month and year of start of CFPC assessment

3. Name of university awarding the MD degree
   Country of location of the university awarding the MD degree
   Date of Start of RCPSC assessment (completion date)
   Month and year of start of CFPC assessment (completion date)

Group Members: Cathi Bradbury
Patty Brady
Daniela Robu

Research Proposals Using Data from the IMG Database

Questions that you want answered relating to international medical graduates.

1. Are there criteria (i.e. evaluating exam, qualifying exam, etc.) that predict success in residency programs? If so, should they become criteria for access to CaRMS?

2. How long it takes for IMG's to go through MCC exams, language tests and what effect it has on the length of time in getting into the Canadian medical system as residents or other routes for licensure.

3. Effect of graduation from medical school in various countries on success (licensure?) in Canada.

Variables that you would require.

Passed MCCEE (YYYY/MM)
Passed MCCQEI (YYYY/MM)
Passed MCCQEII (YYYY/MM)
Faculty of Medicine Providing Post-M.D. Training
Rank Level (PGY Level)
RCPSC Certification Field
CFPC Certification Field
Outcome
Type of licensure on report date of current year
Name of university awarding the MD degree
Country of location of the university awarding the MD degree

Group Members: Anna Cain
Annette Dacquay
Dr. Mahmood Naqvi
Lynda Buske
Lance Benson

Research Proposals Using Data from the IMG Database

Questions that you want answered relating to international medical graduates.

1. What is the length of time between the MCCEE and entry to practice? What did that route look like? How long did it take?

2. What is the route to licensure from different regulatory bodies?

3. Cohort Analysis

Variables that you would require.

All assessment fields
Type of licensure on report date of current year
Passed MCCEE (YYYY/MM)
Year CFPC certification awarded
RCPSC certification field
Date RCPSC certification awarded
Faculty of Medicine Providing Post-M.D. Training
Passed MCCQEI (YYYY/MM)
Passed MCCQEII (YYYY/MM)

Group Members: Johanne Irwin
Jerry Ross
Xina Chrapko
Kam Rungta

Research Proposals Using Data from the IMG Database

Questions that you want answered relating to international medical graduates.

1. Correlation between "success" in practice and variables.

2. Correlation between success in practice and retention.

3. Correlation between MCCQEI success and practice success.

Variables that you would require.

Type of licensure on report date of current year
Practice field for the current year (family medicine or specialty)
Practice location for the current year (municipality, postal code)
Passed MCCQEI (YYYY/MM)

Group Members: Randa Palfy
Dr. Jerry Maniate
Erin Griffiths
Anshoo Kamal

Research Proposals Using Data from the IMG Database

1. Compare and contrast Canadian born vs. foreign born IMG.

2. Compare and contrast success of IMG's by source of MD, type of specialty, and language (Commonwealth vs non-Commonwealth, US).

3. Compare and contrast training and practice specialty experience prior to entering Canada and practice/training outcomes in Canada.

Variables that you would require.

Country of birth
Country of citizenship (1)
Name of the university awarding the MD degree
Country of the location of the university awarding the MD degree
Field of training outside Canada
Other country certification field
Practice field for the current year (family medicine or specialty)
Practice location for the current year (municipality, postal code)
Assessment Outcome Variables

Group Members: Hélène Sergerie
Odette Albert

Research Proposals Using Data from the IMG Database

1. Pour les DIM qui ont reçu leur équivalent combien demande une admission en formation à travers le CaRMS. Combien sont effectivement admis? Qu'arrive t'il du reste?

2. Est-ce qu'on oblige tous les DIM à faire une évaluation de leur diplôme medical? Est-ce qu'il existe des pays où ce n'est pas nécessaire?

Variables that you would require.

Nom de l'université qui a décerné le doctorat en médecine
Exemption de l'EECMC (oui ou non)
EECMC réussi (MM/AAAA)
Nombre d'années accordées pour la formation clinique postdoctorale à l'extérieur du Canada
Faculté de médecine offrant de la formation clinique postdoctorale
Résultat – Résidence

Group Members: James Ayles
Raheem Kherani
Karen Levesque

Research Proposals Using Data from the IMG Database

1. What are the entry and exit rates of IMG's?

2. Which countries/schools are the IMG's from who are successful in obtaining licensure?

3. Time to practice from MD

4. Are the IMG's practising in a rural or urban area and compare to where (rural or urban) they came from?

Variables that you would require.

Name of the university awarding the MD degree
Country of the location of the university awarding the MD degree
Year of receipt of MD degree
Faculty of Medicine Providing Post-M.D. Training
Rank Level (PGY Level)
Type of licensure on report date of current year
Practice location for the current year (municipality, postal code)

Group Members: Bev McLean-Alley
John Martin
Dr. J. Botha
Caroline Abrahams

Research Proposals Using Data from the IMG Database

1. What are the routes through evaluation, assessment, and training to successful practice and how is it different between jurisdictions in Canada? Do the credentials obtained at the end relate to the path of assessment?

2. Can we assess the quality of practice based on the route through assessment and practice? e.g. Is an IMG certified by the CFPC delivering different care from an IMG licensed through registration through practice?

3. Can the mobility of IMG's be determined based on the jurisdiction and nature of their assessment's qualifications to practice? What is the impact of having ROS agreements?

Variables that you would require.

Exemption from MCCEE (yes or no)
Passed MCCEE (YYYY/MM)
Passed MCCQE I (YYYY/MM)
Passed MCCQE II (YYYY/MM)
CFPC certification field
Relevance to FMRAC process
RCPSC certification field
Faculty of Medicine Providing Post-M.D. Training
All assessment fields
Type of licensure on report date of current year
Practice location for the current year (municipality, postal code)

Group Members: Helga Loechel
John Baumber
Rhys Davies
Jen Sager Haldy
Shirley Watson-Poole

Research Proposals Using Data from the IMG Database

1. Recruitment and retention IMG's to rural sites (where they went, how long they stayed, where did they go, specialty vs. family practice, did they receive a return of service). Is this data the same for Canadian IMG's?

2. Time frame for IMG's from leaving the country to practicing in Canada (full licensure).

3. Where do IMG's succeed/fail in this process?

Variables that you would require.

Passed MCCEE (YYYY/MM)
Passed MCCQE I (YYYY/MM)
Passed MCCQE II (YYYY/MM)
Month and year of start of CFPC assessment
Year CFPC certification awarded
Date of Start of RCPSC assessment
Date of passing RCPSC exam
Date of Completion of Assessment (YYYYMM)
Date of Completion of Training (YYYYMM)
Date of Completion of Mentorship (YYYYMM)
Type of licensure on report date of current year
Practice field for the current year (family medicine or specialty)
Practice location for the current year (municipality, postal code)