Achievements and Challenges of Bridging Education: International Medical Graduates (IMGs) in Alberta

Presented by
Anna Kuranicheva,
Centre for Skilled Internationally Trained Professionals,
Bredin Institute, Edmonton
Organization:

- Bredin Institute (since 1976), non-profit, delivers career-development and job-search services and programs
- Centre for Skilled and Internationally-Trained Professionals (since 2003), funded through provincial and federal governments, assists individuals trained abroad to enter their professions in Canada
- Current IMG client base: over 300 doctors residing in Edmonton/ Northern Alberta (~ 50% of Alberta’s IMG population)
Setting the Context – Demand for Licensed IMGs:

- Alberta is short of ~1,100 physicians with a predicted shortage of 1,540 by 2010 (Alberta Medical Association, 2005)
- 17% of Canadians do not have a family physician (College of Family Physicians of Canada, 2006)
- Calgary Health Region: deficit of 300 family physicians; 35% plan to leave practice in the next three years (Physician Survey, 2007):
- Alberta’s two medical schools graduate ~280 MDs per year (nearly 100% of current capacity)
- Only 30% of Canadian MDs have chosen to pursue Family Medicine over the past five years
- IMGs have accounted for 20-30% of Canada’s physician workforce since 1970s
IMG Licensure Process in Alberta:

**Step 1.** Two examinations through Medical Council of Canada (seven-hour tests consisting of multiple-choice questions and clinical scenarios)

**Step 2.** Language proficiency test (TOEFL, IELTS, CLBA)

**Step 3.** Canadian experience observing and training with licensed physicians: job-shadowing, observership, clerkship (min. 2 months)

**Step 4.** Residency program (2-5 years) or clinical-assistant training (4-6 months) – entry into bridging education

**Next steps:** licensure/certification exams; registration with the provincial regulatory body
IMG Services at Bredin Institute – “pre-Bridging” Education:

- Orientation to medical licensure in Alberta and alternative career pathways
- Access to comprehensive, concrete, timely, and up-to-date information
- Interpretive assistance in navigating though requirements, policies, resources, and procedures for any of the licensure steps
Support for Requisite Licensure Examinations:

- **Rationale:** failure rate on first attempt – 35% among IMGs, compared to 5% among CMGs (2001-2005)
  - Exam-preparation materials
  - Support to peer-based study groups (space, guest presentations, peer referrals)
  - “Refresher” lectures and seminars on medical subjects (Cardiology, Professional Ethics, Population Health)
Support for Licensure Examinations – Challenges:

- Insufficient practice materials (sample tests)
- Absence of formal exam-targeted IMG refresher courses in Alberta’s medical schools and appropriate textual resources (e.g., study guides)
- Difficulty in grasping examination objectives and prioritizing what needs to be studied
- Struggle in identifying and recruiting clinical educators with the experience of preparing medical students for the examinations
- High cost of contracting subject-matter experts ($200 per hour)
Support in Residency and Clinical-Assistant Program Competition:

- Workshops and simulated examinations for the Objective Structured Clinical Examination (OSCE), the most critical stage in the residency competition process
- Assistance with preparing medical CVs and personal statements (teaching and critique)
- Coaching for interviews (ethical decision-making, relevant personal strengths, motivation to practice medicine)
Support in Residency and Clinical Assistant Competition – Challenges:

- Difficulty in recruiting OSCE-knowledgeable, willing and available clinicians to facilitate workshops and act as examiners in simulated examinations
- High cost: $1000 per examiner (8 examiners for 32 OSCE-takers)
- Sparse resources – funds and staff – to provide equal and thorough access to services for all clients (each residency-application cycle: min. 50 OSCE-eligible participants, 50 requests for CV critique, 30 mock interviews)
IMG Bridging Education – **BOTTLENECK:**

- 50 ➔ Residency spots (per year)
- 18 ➔ Clinical Assistant positions
- 200+ ➔ IMGs meeting competition requirements
Bottleneck Factor – Shortage of Training Sites and Preceptors:

Challenges of Precepting IMGs:

- More time of intense supervision required for IMGs – 3 months compared to 3-5 weeks for Canadian graduates (Family Medicine)
- Substantial disparities and gaps in IMGs’ previous experience (e.g., Family Medicine: no exposure to male/pediatric patients, limited competence in mental healthcare)
- Limited fluency in vernacular English and various communicative modes (different patient populations and their families)
- Lack of insight into the “learning culture” and learner’s roles and responsibilities in Canada
Preceptor Shortage – Challenges in Recruitment:

- Preconception of IMGs having significant language and knowledge gaps
- “Poor” financial reward ($500 – 1,200 per resident/month paid to rural preceptors; $1800-2400 – to community doctors in the cities)
- Fear of lost “opportunity time”: 1-1.5 hr spent with resident daily results in less billing for patient service
- Perception that teaching compromises and dilutes the physician-patient relationship
Preceptor Shortage – Challenges in Recruitment, cont’d:

- Apprehension towards appearing “exposed” while having their daily work and interaction with patients observed by trainees
- Fear of legal implications – hassle of litigation, consequences of malpractice charges, damage to professional reputation and standards of practice
- Weak engagement and lack of interest in training new doctors by regional health authorities (outside Edmonton/Calgary)
Solutions to *Bottleneck*:

- Extend training sites to other (non-teaching) hospitals in the cities and rural areas
- Promote the value, rewards, and benefits of physician education through regulatory bodies and professional associations (College of Physicians and Surgeons of Alberta, Canadian Medical Association)
  - Teaching as professional responsibility vs. enjoyable choice
- Revise the payment scheme for community physicians involved in teaching (e.g., consider a base salary vs. fee-for-service remuneration – under *Alternate Relationship Plan*)
Solutions to *Bottleneck*, cont’d:

- Develop and utilize appropriate teaching resources: e.g., six-module *Faculty Development Program for Teaching of IMGs* produced by the Association of Faculties of Medicine in Canada
- Develop and implement a practice-based individualized PLAR—through partnerships between provincial health ministry, faculties of medicine, and regional health authorities
- Allocate resources for pre-residency training (e.g., 4-6 months) to the IMGs who may reveal substantial competency gaps as a result of PLAR
Solutions to *Bottleneck*, cont’d:

- Develop a fast-tracking process for the IMGs who may not require full-term residency-training (e.g., whole two years in Family Medicine)
- Define and regulate the profession of *Physician Assistant*; expand the current Clinical Assistant programs in Edmonton/Calgary to other health regions (IMG clinical assistants in Alberta are de facto physician assistants)
  - Examine the current Physician-Assistant training models in Ontario and Manitoba
Questions or comments:

Anna Kuranicheva – at (780) 425-3730, anna.kuranicheva@bredin.ab.ca