



December 3, 2009

Hon. Dalton McGuinty  
Premier of Ontario  
Legislative Bldg, Room 281  
Queen's Park  
Toronto, ON M7A 1A1

Hon. Deborah Matthews  
Minister of Health & Long-Term Care  
80 Grosvenor Street  
Hepburn Block, 10<sup>th</sup> Floor  
Toronto, ON M7A 2C4

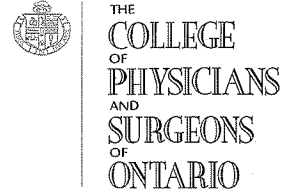
Hon. John Milloy  
Minister of Training, Colleges and Universities  
900 Bay St, 3<sup>rd</sup> Floor  
Mowat Block  
Toronto, ON M7A 1L2

Re: Agreement on Internal Trade – Proposal for Exception

We are writing to follow-up on our May 26<sup>th</sup>, 2009 request for a time limited, two year exception to the requirements of Chapter 7 of the Agreement on Internal Trade (AIT). The exception we have requested would apply only to physicians who have not successfully completed the MCCQE 1 & 2 (or equivalent) and a residency program approved by the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada.

We have not yet received an official response to our request and are extremely concerned that passage of Bill 175, which legislates the AIT, will put patients at risk. The College has a legislated mandate to act in the public interest. We want to ensure that you are aware that the reason we have proposed an exception to the AIT is to avoid circumstances where patients may come to harm as a result of care from an inadequately trained physician.

The College supports national mobility for physicians – but not at the expense of patient safety. Implementation of the AIT's mobility provisions in the absence of approval of our requested exception will put patient safety in jeopardy.



We understand that the legislation to implement the labour mobility provisions of the AIT, Bill 175, the *Ontario Labour Mobility Act, 2009*, has been “fast-tracked” and will likely be passed next week. This has heightened our concerns. We strongly urge you to approve the exception we have requested *before* Bill 175 is passed.

Bill 175 will generally entitle physicians with a practice licence in any Canadian province to obtain an equivalent Ontario licence. While the vast majority of physicians practicing in Canada have full qualifications, we are concerned that some provinces have lowered their entry standards because it was the only way they could recruit physicians. Our concern is that some of these less qualified physicians will move to Ontario and put patients at risk. Recent experiences in Saskatchewan, Newfoundland, and New Brunswick have highlighted patient safety issues that may arise when best registration practices are compromised.

There is data to support our concern that some internationally trained physicians are not practice-ready for Canadian conditions. In our competency screening program, called Registration through Practice Assessment (RPA), which is supported through funding by the Ontario government, we look at the practices of physicians with full licenses in other jurisdictions who wish to come to Ontario but do not meet our requirements. We found that approximately 14% of them were so substandard that no amount of training was considered sufficient to guarantee that they would practice medicine safely.

One RPA example was Dr. X, a physician who was practicing in New Brunswick. Our competency screening found that this physician did not listen to patients, had difficulty understanding clinical issues, kept grossly inadequate charts and failed to adequately follow up with critically ill and vulnerable patients. We declined to license this physician in Ontario. Under AIT and Bill 175 we would be required to do so and would not be permitted to take any special precautions (such as supervision).

In support of full national mobility for physicians, the College has been working with the other provincial medical regulators to develop and implement a national standard across Canada. This will ensure that we all have the same minimum practice entry requirements. We have committed to ensuring that all physicians will have full mobility under this agreement within the next two years.

While we work to implement a national standard over the next two years, the College believes that we must take measures to help ensure that physicians practising in Ontario have the knowledge, skills and judgement necessary to safely practice. Physicians that do not have the full qualifications as outlined in our application, will be welcome to apply but will be required to undergo an



assessment by the College to ensure that they have the necessary knowledge, skills and judgement to practice safely.

Again, the sole rationale behind our request for an exception is public protection. Ontario legislation should not prevent the College from achieving its mandate to regulate the profession in the public interest. This mandate includes making regulatory decisions to recognize and mitigate against potentially unsafe acts by inadequately trained physicians.

The public expects the College and the Government of Ontario to take all necessary steps to ensure patient safety. We ask that government formally approve the College's request for a limited, two-year exception before Bill 175 is passed.

Sincerely

Jack Mandel, MD  
President

Rocco Gerace, MD  
Registrar

- c: Mr. Jamison Steeve, Principal Secretary, Office of the Premier
- Dr. Sacha Bhatia, Special Assistant, Health Policy, Office of the Premier
- Dr. Joshua Tepper, Assistant Deputy Minister, Health Human Resources Strategy Division, Ministry of Health & Long-Term Care
- Ms. Shabnum Durrani, Senior Policy Adviser, Minister's Office, Ministry of Health & Long-Term Care
- Ms. Marilyn Wang, Director, Health Professions Regulatory Policy and Programs Branch, Ministry of Health & Long-Term Care
- Ms. Deborah Newman, Deputy Minister, Ministry of Training, Colleges & Universities
- Mr. Ali Ghiassi, Chief of Staff, Ministry of Training, Colleges & Universities