



THE  
COLLEGE  
OF  
PHYSICIANS  
AND  
SURGEONS  
OF  
ONTARIO

# **Tackling the Doctor Shortage**

A Discussion Paper

May 2004

## TABLE OF CONTENTS

<b>INTRODUCTION</b>	<b>1</b>
<b>ACTION BY THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO</b>	<b>2</b>
<b>THE PHYSICIAN RESOURCES TASK FORCE</b>	<b>3</b>
<b>SOLUTIONS: TACKLING THE DOCTOR SHORTAGE</b>	<b>4</b>
<b>I. Assess Qualifications of International Medical Graduates</b>	<b>4</b>
Assess all IMGs	4
<b>II. Significantly Expand Training Opportunities</b>	<b>5</b>
Help IMGs become familiar with Ontario practice settings and procedures	6
Develop e-based legal and ethical training tools for IMGs	6
Increase postgraduate training positions	6
<b>III. Maximize the Use of Existing Resources and Eliminate Existing Barriers</b>	<b>7</b>
Facilitate movement between fields of practice	7
Recognition/equivalency of screening examinations	8
Allow for registration of physicians in practise outside of Ontario who have met Ontario's standards in the past	9
Develop a process to recognize specialists	9
Develop a process to register specialists recruited to practise in Academic Health Sciences Centres	10
Allow for restricted registration for residents	11
Consider developing and implementing a Physician Assistant Program	12
<b>IV. Plan For The Future</b>	<b>12</b>
Create a health human resources planning body	13
Establish the goal of sustainability of physician resources in Ontario	13
Link training positions to physician resource needs	13
Evaluate alternative delivery of care models	14
<b>CONCLUSION</b>	<b>14</b>
<b>APPENDIX I: GLOSSARY OF TERMS</b>	<b>16</b>



## College of Physicians and Surgeons of Ontario

### ***Tackling the Doctor Shortage: A discussion paper***

#### **INTRODUCTION**

---

The consensus among patients, physicians and policy-makers is that Ontario is facing a physician shortage of unprecedented proportions. The shortage of physicians and other health professionals is one of the most significant challenges facing our health care system today. Tens of thousands of Ontarians are at risk of not having timely access to physician services.

Numerous factors have contributed to this problem and the statistics projected for the coming years are not encouraging. In fact, further decreases in the number of family physicians and specialists are anticipated over the next decade.

The College of Physicians and Surgeons of Ontario believes that decisive action is needed. This discussion paper puts forward a number of recommendations that aim to not only increase the number of physicians in Ontario, but more importantly, improve patient access to physician services. It is our hope that the government of Ontario and other stakeholders involved in educating and training physicians will carefully review the recommendations and quickly implement solutions that will improve patient access to physicians.

As the body responsible for registering physicians to practise medicine in Ontario, the College began developing strategies to provide greater opportunities for physicians to qualify to practise in Ontario several years ago. Many other organizations and stakeholders are also committed to solving the physician resource challenge. They include, but are not limited to: the government of Ontario; the Council of Ontario Faculties of Medicine; and, the Ontario Medical Association. The College has worked closely with these organizations over a number of years.

In our work with other organizations and stakeholders, we have worked from the premise that all solutions must maintain our existing standard of physician competence to deliver high quality care to the people of Ontario.

Over the years, a number of solutions have been implemented, yet more action is required. Assessment and training opportunities need to be available for all qualified internationally trained medical graduates. For physicians who do not fare well in an assessment, ways should be found to enhance their skills and offer other opportunities for participation in the health care environment. We must continue to increase the number of

domestically trained graduates. Over the longer term, a health human resource planning body should identify the trends and plan for future needs.

The purpose of this discussion paper is to identify potential action that warrants consideration to help address the physician resource challenge. We hope that the paper will generate further discussion about potential solutions and serve as a reminder to public policy makers about the need for quick and decisive action.

The recommendations are grouped into four action-oriented themes. They are:

- assess the qualifications of all international medical graduates;
- significantly expand training opportunities;
- maximize existing resources; and,
- plan for the future

We encourage the government to consider implementing each of the recommendations and pledge to do our part to continue to support and facilitate solutions to the physician resource challenge in Ontario. We will do this in part through our participation and leadership of the Physician Resources Task Force, a multi-stakeholder group dedicated to finding physician resource solutions. We will also support the Task Force in its role of monitoring the implementation of a number of physician resource initiatives.

## **ACTION BY THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO**

---

Tackling the physician resource challenge is a top priority of the College. Beginning in 1998, the College began working with the Council of Ontario Faculties of Medicine (COFM) to find ways of assessing and training international medical graduates (IMGs) so that they could practise in Ontario.

The result of this collaboration was development of an Assessment Program for International Medical Graduates (APIMG) and a process for academic registration under which qualified candidates who would not otherwise be eligible for a certificate of registration are permitted to work in academic centres in medical education and research.

Since May 2002, 82 candidates have been accepted into the APIMG program. Thirty of these have successfully completed their assessments and are now in practice in Ontario communities. Fifty-two are still in the assessment or training phase of the program.

Between February 2002 and December 31, 2003, the College approved 100 applications for academic registration. As a result of these programs, 182 physicians are now practising or will be very soon.

In total, over the past five years, approximately 800 IMGs have begun practicing medicine in communities throughout Ontario.

The College Council identified the physician resource issue as a top priority and goal in its strategic plan.<sup>1</sup> In pursuit of this goal, the College facilitated the creation of the Physician Resources Task Force.

## **THE PHYSICIAN RESOURCES TASK FORCE**

---

The Physician Resources Task Force is comprised of representatives from the Ministry of Health and Long Term Care (MOHLTC), Council of Ontario Faculties of Medicine (COFM), Ontario Medical Association (OMA) and the College. The Task Force heard presentations from the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, the Professional Association of Internes and Residents of Ontario, the National Task Force on IMG licensure, and the Association of International Physicians and Surgeons of Ontario.

In 2002, the Task Force produced 15 recommendations aimed at reducing barriers to the recruitment, registration, education and training of physicians in Ontario. The government of Ontario has publicly supported eight of the Task Force's recommendations. Following is a summary of action that has been taken to date to implement the recommendations of that Task Force:

- A clearinghouse has been created to assist international medical graduates through the registration/credentialing/assessment process;
- The number of post-graduate training programs has increased - allowing some qualified candidates access where positions were previously unavailable;
- The government of Ontario has increased funding for educational and infrastructure capacity to support the increase in the number of training positions that have been approved (medical school enrolment increase);
- The College has established an assessment and quality assurance program to provide accelerated registration for physicians who are currently in practice in other jurisdictions and wish to practice in Ontario<sup>2</sup>;
- The College has established a policy to recognize non-family medicine specialists who, while meeting critical educational and practical criteria, have not received the Royal College of Physician and Surgeon's specialist designation.

The Physician Resources Task Force continues to develop workable solutions to the physician resource challenge. The Task Force is also helping to implement the initiatives that have been announced by government.

---

<sup>1</sup> *Accelerating efforts to find creative ways to address physician resource needs without compromising registration standards* is one of eight goals in the College's strategic plan developed in 2001.

<sup>2</sup> CPSO Practice Based Assessment Program plans to bring up to 40 physicians per year to Ontario.

## **SOLUTIONS: TACKLING THE DOCTOR SHORTAGE**

---

Significant steps have been taken to increase the supply of physicians in Ontario. While each accomplishment will help to increase patient access to Ontario doctors, the shortage is so severe in scope that far greater action is warranted.

We urge the government to consider the following:

- Assess the qualifications of all international medical graduates;
- Significantly expand training opportunities;
- Maximize existing resources and eliminate existing barriers; and,
- Plan for the future.

### **I. Assess Qualifications of International Medical Graduates**

Ontario has hundreds of physicians who have immigrated to Ontario and have a medical degree from a school outside of Canada and the United States but are not able to practise medicine here. In addition, it is estimated that approximately 200 Ontarians graduate annually from medical schools outside of Canada. Both groups are needed in Ontario and have been frustrated by the lack of available assessment opportunities to enable them to qualify to practise here.

Ontario relies heavily on international medical graduates. Over the past five years, approximately 800 IMGs have begun practising medicine in Ontario. Further, approximately 25 per cent of Ontario's physicians were trained outside of Canada and the United States. Important steps have been taken to welcome IMGs, but more needs to be done.

#### **Recommendation #1**

#### **Assess all eligible international medical graduates**

*The government of Ontario should provide the necessary funding to provide sufficient assessment opportunities for every eligible international medical graduate (IMG) who lives in Ontario and for Canadian citizens who have completed medical training abroad. This assessment should set a fair and transparent standard using objective methods, and successful candidates should be provided with an assessment/ training position in an Ontario program.*

Eligible international medical graduates have educational degrees and practice experience in other countries. Because of the huge variations in international education standards and in medical practices across jurisdictions, it is impossible for the College, simply by looking at credentials, to determine whether the skills of IMG applicants meet Ontario expectations for quality of care. Accordingly, most IMGs must undergo testing and

assessment equivalent to those undertaken by all Canadian graduates to certify the level of their skills.

Ontario continues to have too few available spots for the assessment of IMGs. For example, currently, there are only 50 specialist assessment positions available each year. In addition, the current assessments rank candidates in relation to others, and only the top achievers are eligible to continue with their training. It is not clear to the candidates (nor to the assessors, for that matter) whether in fact the unsuccessful candidates actually meet the required standard since the criterion for selection is the availability of positions, not a standard of competence.

Many IMGs may meet acceptable clinical standards and be willing and ready to upgrade their training, but they are ineligible because others scored higher on the testing and because of the limited number of training positions available. Furthermore, the candidates themselves cannot determine whether they have deficits in their knowledge and, if so, where those deficits may be.

In the College's view, to maximize use of this potential human resource, it is critical that within the next two years, assessments be made available for all IMGs who meet simple eligibility criteria. The assessment itself should rely on validated tools for evaluation and the detailed results should be available to the candidate. There also should be enough training positions to accommodate all successful candidates. Access to additional assessment and training opportunities should be facilitated through the Ontario International Medical Graduate Clearinghouse.

Addressing the potential backlog of IMGs who may be capable of providing quality care to Ontario residents in this fashion would satisfy the frustration experienced by the IMG community related to the uncertainty of the current assessment process. Assessment and training positions should also be made available for Ontario students studying at international medical schools who wish to return to Ontario.

## **II. Significantly Expand Training Opportunities**

Expanding training opportunities for international medical graduates is a key element of the physician resource solution. While training positions for undergraduate and postgraduate programs have been increased over the past few years, more positions are required. In addition, training opportunities must be provided for IMGs as they move through the assessment and training processes in order to help ensure their success and understanding of Ontario's health care system.

**Recommendation #2**

**Help IMGs become familiar with Ontario practice settings and procedures**

*The College should develop guidelines to encourage IMGs to engage in observation of patient care (shadowing) in a clinical setting with members of the College.*

Candidates for registration who are already in the province would be better prepared for assessments if they were able to gain experience by observing the work of Ontario physicians in a clinical setting. There is, in fact, no barrier to this taking place now. However, many physicians are reluctant to allow IMGs into an observation-like setting because they are concerned that doing so would breach College policy.

The College proposes to disseminate guidelines that would make it clear that such arrangements are permissible. The guidelines would include requiring patient consent, a confidentiality agreement from the IMGs, and a stipulation that the supervising physician is responsible for the IMG's actions at all times. The College would not endorse the performance of controlled acts or other clinical activities by IMGs in these circumstances. This is meant to be an observational, "not for credit" experience only, and would not be considered to be supervised training or an assessment.

**Recommendation #3**

**Develop e-based legal and ethical training tools for IMGs**

*In conjunction with all stakeholders, the College should facilitate the development and implementation of web-based educational and assessment tools to teach legal and ethical issues and language and communications skills to potential Ontario physicians.*

As discussed above, the training and practice experience of IMGs is often very different from the practise of medicine in Ontario. This extends to the ethical and legal aspects of practice, as well as to clinical performance. The College proposes that, to assist IMGs to prepare for assessment in Ontario, e-based legal and ethical training tools should be developed that IMGs could use on their own time. A grant application to the Ministry of Colleges Training and Universities has already been submitted to cover the expenses of developing these tools.

**Recommendation #4**

**Increase postgraduate training positions**

*The government of Ontario should provide the funding and work with the Council of Ontario Faculties of Medicine (COFM) to increase the postgraduate training capacity to a factor of 1.2 times the number of students graduating from Ontario medical schools. This is in addition to an increase in training positions for the next two or three years to accommodate everyone qualified by the proposed assessment recommendation.*

The primary factor leading to the dramatic decrease in production of physicians (in combination with the decreased medical school enrolment) was the decrease in postgraduate training positions. There were only enough spots to accommodate Ontario graduates. Consequently those from other jurisdictions, or those who were practising in Ontario but wished to change fields, had to compete with new graduates for residency positions.

While the number of post-graduate training positions has recently been increased, there is still a shortage of positions in relation to potential candidates. The number of training positions must be increased to accommodate more candidates. This initiative should be considered complementary to, and not a substitute for, the other recommendations in this paper.

A number of existing trainees come from other jurisdictions and attend Ontario medical schools with the intention of returning to their own country. These students pay higher tuition (because it is not government subsidized). The College is supportive of this practise as long as there is sufficient space for those students who intend to stay in Ontario.

One of the first priorities of the Health Human Resource Planning body should be to establish the number and mix of post-graduate training positions.

### **III. Maximize the Use of Existing Resources and Eliminate Existing Barriers**

The College believes, that even within the province, we can make better use of the resources that we have. In some cases, improvement may be as simple as changing a regulation. In other instances, enhancements will require a strong concerted effort from all stakeholders.

#### **Recommendation #5 Facilitate movement between fields of practice**

*Develop a strategic approach to the allocation of training positions. The Health Human Resources Planning body should make this a priority.*

*The government of Ontario and the Council of Ontario Faculties of Medicine should introduce more flexibility in the process by which candidates both select and are allowed to switch postgraduate training positions.*

In the past, many specialties relied on receiving either students transferring from generic training programs or experienced family practitioners applying to train in specialty fields, rather than accepting only candidates directly from undergraduate medical school. The ability of family practitioners to make this transition has been severely weakened in

recent years. As a result, students who are not certain about their ultimate career paths choose to pursue specialties, from which they can more easily switch back to family practice if they later decide on that career path. This policy shift appears to have, at a minimum, exacerbated the marked decrease in the number of students selecting family practice.

While this problem has been partially addressed by an increase in the availability of re-entry positions, the conditions on re-entry continue to be a barrier. The College recommends a further increase in the number of training positions for this sub-category of candidates, as well as a careful analysis of the accreditation system currently in place. In the College's view, the practice of family medicine may be undervalued: family practice experience may warrant increased recognition in relation to specialty training requirements.

More generally speaking, flexibility between fields of practice should also be one of the areas considered by the Health Human Resources Planning body.

#### **Recommendation #6**

#### **Recognition/equivalency of screening examinations**

*a. The College should explore recognition of the United States Medical Licensing Exam (USMLE), National Board of Osteopathic Medical Examiners (NBOME), Federal Licensing Examination (FLEX), Educational Commission for Foreign Medical Graduates (ECFMG) and Comprehensive Osteopathic Medical Licensing Examination (COMLEX) immediately as equivalent to the Medical Council of Canada Qualifying Examination (MCCQE) for purposes of registration.*

The College believes that the standards set by these examinations are equivalent to our own Ontario standards. Accordingly, we should recognize them as such and require no further training or assessment of applicants who hold these qualifications.

*b. The College and other stakeholders should develop a process to evaluate screening examinations from a variety of jurisdictions to determine whether they are equivalent to those in Canada.*

The College is aware that there is a pool of well-trained competent physicians who wish to practise in Ontario but whose training and education comes from institutions whose standards are unknown to us. Rather than require these individuals to repeat testing and training, a more efficient way of determining whether they meet Ontario standards would be to look closely at their education and training and determine whether it is equivalent to programs that we already recognize. This should be done in collaboration with other stakeholders such as Federation of Medical Regulatory Authorities of Canada (FMRAC), the Royal College of Physicians and Surgeons of Canada (RCPSC), and the International Association of Medical Regulatory Authorities (IAMRA) who have already expressed an interest in undertaking studies of this kind.

**Recommendation #7**  
**Allow for registration of physicians in practise outside of Ontario who have met Ontario's standards in the past**

*The College should create an entry pathway for physicians who were eligible for registration in the past, but whose eligibility was lost as a result of changing regulations.*

There are a number of physicians who are practising in other Canadian jurisdictions who would have qualified for an Ontario certificate of registration had they applied prior to 1992 but who do not qualify under today's regulations. These are primarily family physicians whose education included a one-year rotating internship, which is no longer part of the Ontario medical education process. These physicians are welcome in other provinces and a significant number of exemplary physicians in Ontario have precisely these credentials.

The College is willing to amend its regulation/policy to facilitate the re-entry of this population into Ontario. To guarantee quality of care, there should be a mechanism to assess candidates prior to their receipt of an unrestricted certificate of registration.

**Recommendation #8**  
**Develop a process to recognize specialists**

*a. The College should develop a process to recognize specialists who have specialty certification in their own jurisdictions and training in Accreditation Council for Graduate Medical Education (ACGME) recognized programs equivalent to Royal College requirements.*

Under our current system, physicians recognized as specialists in the United States are not recognized as such in Ontario. In order to receive specialty designation in Ontario, these individuals are required to successfully challenge the certification examination of the Royal College of Physicians and Surgeons of Canada. Having to complete these requirements is a deterrent for specialists who might otherwise wish to practice here. Academic centres benefit from the expertise of specialists from other jurisdictions through the academic registration certification.

Similarly, physicians in Quebec may take specialty examinations and training equivalent to the RCPSC requirements. Currently, their qualifications are not recognized in Ontario.

The College proposes that our registration standards would not be compromised if we assured ourselves that a physician recognized as a specialist in the United States had received training equivalent to that required by the RCPSC and been successful in their

ABMS examination<sup>3</sup>. This applies equally to those Quebec physicians who fall into the category described above and have been successful with the Quebec examination.

The College could amend its regulation/policy to facilitate the recognition of this population. To ensure quality of care, there should be a mechanism to assess candidates prior to their receipt of an unrestricted certificate of registration.

*b. The College should develop a process to recognize specialty training from non-American Council for Graduate Medical Education (ACGME) approved programs. This would include physicians certified as specialists in their country of practice whose training was completed in a program accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC).*

The RCPSC has assessed a number of residency programs and deemed them to be equivalent to Canadian standards.<sup>4</sup>

The College proposes that individuals whose training took place in an RCPSC-recognized program be considered for eligibility to practice in Ontario and recognized as specialists. To ensure quality of care, there should be a mechanism to assess candidates prior to their receipt of an unrestricted certificate of registration, and to ensure the validity of this new policy, an appropriate follow up would need to be undertaken.

**Recommendation #9**  
**Develop a process to register specialists recruited to practise in Academic Health Sciences Centres**

*The Academic Health Sciences Centres (AHSCs) should develop a mechanism acceptable to the College to assess physicians who are specialists in their country of practise who wish to come to Ontario and practise in an AHSC and who do not currently meet the criteria for academic registration.*

There is a population of physician specialists currently in practice under academic registration whose certificates of registration will expire within the next few years. These individuals have been practising in Ontario under supervision and there is no doubt about the quality of care they provide. Requiring these people to undergo the usual process to receive an Ontario certificate of registration could be seen as duplicative, since their capabilities in known settings could, if made explicit, provide a basis for the recognition of their full status, thus avoiding a cumbersome process that would be a disincentive for these physicians to remain in Ontario. It is possible to ensure practice performance in the absence of usual credentials.

<sup>3</sup> The College recognizes that not all US training programs are equivalent to their Canadian counterparts (e.g., psychiatry, paediatrics, general medicine). This recommendation is intended to accommodate those specialists with training equivalent to Canadian programs.

<sup>4</sup> A copy of the list of jurisdictions that meet the RCPSC criteria can be found at [www.rcpsc.medical.org/residency/certification/img\\_e.php](http://www.rcpsc.medical.org/residency/certification/img_e.php).

The College is prepared to provide a certificate of registration that would permit successful candidates to practise within the scope of their specialty if a satisfactory assessment process can be developed and implemented.

In addition, the AHSCs have proposed an assessment program similar to the APIMG program but aimed exclusively at academics who may not currently meet the criteria for academic registration. This should be further explored.

### **Recommendation #10**

#### **Allow for restricted registration for residents**

*Introduce a two-year pilot program allowing residents to provide service on a remunerated basis outside their educational program. This would be the shared responsibility of the Ministry of Health and Long-Term Care, the Council of Ontario Faculties of Medicine, the College of Physicians and Surgeons of Ontario, the Professional Association of Internes and Residents of Ontario and the Ontario Council of Teaching Hospitals.*

Ontario residents are another valuable human resource whose full potential has not yet been realized. Over the last several years, there has been extensive discussion about residents working additional shifts for compensation. The Physician Resources Task Force has recommended that residents be permitted to work, for pay, outside their training requirement.

The College notes that it is crucial that neither patient care nor the education of residents be compromised. In order to protect these interests while tapping this potential resource, the College proposes that a two-year pilot project be undertaken to permit resident moonlighting under the following limited conditions:

- the resident would have to have completed one year of residency;
- paid call could be arranged only in rotations already completed as a trainee;
- paid call could only be arranged in existing educational rotations (i.e. rotations could not be created for moonlighting purposes);
- paid call must meet all the requirements of the collective agreement (e.g., residents could not work more hours than permitted by the collective agreement, nor could they work without the required breaks between shifts);
- the program director must be comfortable that the resident is progressing normally before permitting that resident to assume additional call.

It is also proposed that the management and surveillance of the program be undertaken by the Professional Association of Internes and Residents of Ontario (PAIRO), with assistance from the government, based upon transparent procedural guidelines. The program would undergo formal, arms length evaluation at the end of the first two years with clear determinants of success established in advance. In addition, the Ministry of

Health and Long-Term Care and the Canadian Medical Protective Association (CMPA) would need to make arrangements to ensure that liability coverage was in place for residents working in this capacity.

**Recommendation #11**

**Consider developing and implementing a physician assistant program**

*a. The government of Ontario should facilitate liability insurance funding for physician assistants.*

Based on the recommendations of the Physician Resources Task Force, a pilot project was funded to allow international medical graduates to qualify and work as physician assistants in supervised practice settings. This had the benefit of increasing the human resources available to health care delivery as well as giving IMGs experience in Ontario health care settings that might ultimately assist them in meeting criteria to gain certificates of registration to practice medicine independently.

To qualify as a physician assistant, a candidate would be required to hold a degree in medicine, to have completed the Medical Council of Canada Qualifying Examination, and to receive an objective assessment in an academic environment.

When an attempt was made to implement the project, it was found that liability insurance was not available for this group. As a consequence, the institutions prepared to accept physician assistants could not do so. Liability insurance is an absolute necessity for participation of physician assistants in our health care system.

The College recommends that the government ensure that liability insurance is made available for these positions.

*b. In the long term, the College should consider creating a registration category for physician assistants.*

If the pilot program is successful and a consensus can be achieved with respect to a defined scope of practice, training programs and stable funding, the College should consider creating a category of registration for physician assistants.

## **IV. Plan For The Future**

The 1990s serve as a powerful reminder of the importance of being able to reasonably forecast physician numbers. In approximately ten years, we went from a projected physician surplus to a physician shortage. We believe that new tools are necessary to monitor the physician human resource situation, as well as that of other health professionals, to ensure that future needs can be met.

### **Recommendation #12**

#### **Create a Health Human Resources Planning body**

*The College recommends that the government of Ontario should immediately establish and appoint a Health Human Resource Planning body.*

This was a key recommendation from the Task Force in 2002. This has not yet been established even though the idea has been discussed for years - ever since it was first realized that Ontario was facing health profession resource challenges of major proportions.

In terms of creating and credentialing physicians, there has been wide fluctuation in terms of absolute educational positions available as well as in terms of training positions for particular specialties. This has left surpluses in some periods and shortages in others. With the benefit of a strategic forecast of physician human resource needs, government, universities and the health care profession licensing bodies will all be in a better position to ensure that we have the facilities and resources to educate, assess and register health care professionals in the future.

### **Recommendation #13**

#### **Establish the goal of sustainability of physician resources in Ontario**

*The government of Ontario should establish a goal of sustainability of physician human resources.*

To ensure that Ontario has an appropriate supply of physicians, planning for infrastructure must take into account those who will be educated in Ontario and those who will choose to move to Ontario from another province, immigrate or return to Ontario from the country of their training, or return after training elsewhere. The processes must be equivalent for all physicians. There should be an assessment of, and sufficient funds for, training positions from both streams, including an increase in the number of positions in medical schools as well as an increase in the capacity to evaluate those trained elsewhere.

In addition to considering the number of individuals entering the practice of medicine in Ontario, the infrastructure planning process needs to take into account those physicians who will leave the practice of medicine altogether and those who choose to leave Ontario to practise elsewhere.

### **Recommendation #14**

#### **Link training positions to physician resource needs**

*The Health Human Resources Planning body should take, as one of its priorities, a strategic approach to the funding allocation among specialties for training positions.*

One of the problems that face Ontario health care today is the balance of physicians choosing one area of practice over another area of practice. Much of the attention is focussed on the shortage of family physicians, but some specialty fields are also in a crisis situation and projections suggest that serious under-representation of other specialties is expected in the near future.

Rather than addressing these problems of resource allocation by shifting the number of training positions available at any given time, the College recommends that the Health Human Resources Planning body analyze the needs of the health care system over the long term and come up with a rational, multidimensional basis for the allocation of training positions.

### **Recommendation #15** **Evaluate alternative delivery of care models**

*Alternative delivery of care models should also be evaluated.*

While the focus of this discussion paper is clearly on physician resources, we recognize that we may never be able to replenish the physician complement to levels previously enjoyed. More importantly, the College of Physicians and Surgeons of Ontario recognizes that our health care system is changing; to the degree that delivery of care no longer takes place through exclusive individual domains of practice but through multidisciplinary teams. Accordingly, we need to address delivery of care from the perspective of access to health care for patients in a multi-disciplinary environment, rather than just by physicians.

The College is prepared to seize the opportunity to evaluate and change its regulatory framework to ensure that regulation methods of the past are not standing in the way of new and better modes of health care delivery.

Finally, the College urges government to consider that, due to changing practice patterns, the provision of primary health care may incorporate providers in addition to family physicians or general practitioners. Planning for future physician resource needs must take into account the degrees to which specialists, like paediatricians or internal medicine specialists, provide primary care.

## **CONCLUSION**

---

Solutions to the physician supply problem are complex and require the commitment and cooperation of a number of key players in the health care system. The College of Physicians and Surgeons is ready to do its part and challenges the government of Ontario and its other partners in the enterprise of doctor resource management to do the same.

The government should take immediate steps to provide assessment and training opportunities for eligible international medical graduates. Clearly all stakeholders, including the College of Physicians and Surgeons of Ontario, have important roles to play here as well. We pledge to do our part to ensure that our processes are transparent and responsive.

Ontario desperately needs a Health Human Resources Planning body to plan for future needs. Lets get on with it!

## APPENDIX I: Glossary of Terms

---

- ABMS**      **American Board of Medical Specialties**  
 ABMS is an organization of 24 approved medical specialty boards including family medicine. Physicians certified by an ABMS Member Board have successfully completed an approved training program and an evaluation process assessing their ability to provide quality patient care in the specialty.
- ACGME**      **Accreditation Council for Graduate Medical Education**  
 ACGME is a private professional organization responsible for the accreditation of nearly 7,800 residency education programs. The ACGME accredits residency programs in 110 specialty and subspecialty areas of medicine, including all programs leading to primary Board certification by the 24 member boards of the American Board of Medical Specialties. Completion of an ACGME-accredited residency program is a prerequisite for certification in a primary board.
- AHSC**      **Academic Health Science Centre**  
 AHSCs are an alliance between hospitals, university and medical staff that are both referral centres and centres of excellence in specialized clinical services; they teach medical students; and, they conduct medical research.
- AIPSO**      **Association of International Physicians & Surgeons of Ontario**  
 Founded in 1999, with the help of a grant from The Maytree Foundation, AIPSO began as a handful of immigrant doctors looking to reduce barriers faced by internationally trained physicians. Membership dues and grants from Heritage Canada currently sustain the Association, which now has over 1,100 members.
- APIMG**      **Assessment Program for International Medical Graduates**  
 The APIMG was developed by the Ontario Faculties of Medicine, The College of Physicians and Surgeons of Ontario and the Ministry of Health and Long-Term Care. The program assesses fully qualified and recently practicing specialist physicians who have trained in countries whose educational programs are not accredited by Canadian regulators or physicians who do not meet the five-year practice eligible requirement to sit the College of Family Physicians of Canada exams. This program allows access to certified practice for up to 50 physicians each year to enable them to provide needed medical services in underserved communities in Ontario.
- CFPC**      **College of Family Physicians of Canada**  
 The College of Family Physicians of Canada (CFPC) is the national examining and certifying body for family medicine in Canada. The CFPC

also accredits family medicine training programs in Canada. The College evaluates and regularly accredits the family medicine training programs and has developed a wide range of programs and services to offer continuing medical education to family physicians.

- COFM**      **Council of Ontario Faculties of Medicine**  
The Council of Ontario Faculties of Medicine (COFM) includes membership of Ontario's medical schools- Queen's, Western, University of Toronto, McMaster, Ottawa and the new Northern Ontario Medical School. The Council organizes communication between the faculties and provides advice to government, and professional organizations on matters related to medical education and research.
- COMLEX**    **Comprehensive Osteopathic Medical Licensing Examination**  
A three- level exam designed to measure the knowledge required by physicians. Most osteopathic medical schools require COMLEX as part of the process towards graduation.
- CPSO**      **College of Physicians & Surgeons of Ontario**  
The College is responsible for regulating the practice of medicine in Ontario in the public interest by registering doctors to practice; advocating for quality health care; and protecting the public through its complaints, investigative and disciplinary role.
- ECFMG**    **Educational Commission for Foreign Medical Graduates**  
Through its certification program, the ECFMG assesses the readiness of international medical graduates to enter residency or fellowship programs in the United States that are accredited by the Accreditation Council for Graduate Medical Education.
- FLEX**      **Federal Licensing Exam (U.S.)**
- IMGs**      **International Medical Graduate**  
An international medical graduate (IMG) is an individual who has graduated from a medical school in an international state or who is otherwise qualified to practice medicine in an international state. To claim IMG status a physician must have graduated from a medical school that is listed in the World Directory of Medical Schools published by the World Health Organization and is located outside the U.S., Canada, and Puerto Rico.
- MCCQE**    **Medical Council of Canada Qualifying Examination Parts I & II**  
MCCQE assesses the general knowledge of candidates essential for medical licensure in Canada following the end of medical school and a minimum 12-months' supervised postgraduate clinical medical training and prior to entering into independent clinical practice.

- MOHLTC**     **Ministry of Health & Long Term Care (Ontario)**  
Minister George Smitherman
- MTCU**        **Ministry of Training Colleges and Universities (Ontario)**  
Minister Mary Anne Chambers
- NBOME**       **National Board of Osteopathic Medical Examiners**  
NBOME is a nonprofit corporation dedicated to licensing agencies by administering examinations testing the medical knowledge of osteopathic medical students and interns.
- OIMGC**        **Ontario International Medical Graduates Clearinghouse**  
Ontario IMG Clearinghouse is the entry point through which IMGs in Ontario can gain access to the qualifications for independent practice. It is both a resource centre and a gateway into residency programs leading to RCPSC or CFPC certification. The Clearinghouse is a cooperative endeavour of COFM, the College of Physicians and Surgeons of Ontario and the Ministry of Health and Long-Term Care. The OIMGC provides access to professional practice in Ontario for International Medical Graduates. The current Ontario IMG Program and the Assessment Program for IMGs have been amalgamated under the new Clearinghouse. There are 200 positions at various training levels available each year.
- OMA**            **Ontario Medical Association**  
The Ontario Medical Association is the advocacy body for the medical profession in Ontario.
- PAIRO**         **Professional Association of Internes & Residents of Ontario**  
The Professional Association of Internes and Residents of Ontario (PAIRO) represents and advocates for the rights of all medical doctors who are interns and residents in the province of Ontario.
- RCPSC**         **Royal College of Physicians & Surgeons of Canada**  
The Royal College of Physicians and Surgeons of Canada is the national examining and certifying body for medical specialists (excluding family medicine) in Canada. The RCPSC also accredits Canadian specialty training programs and oversees postgraduate medical education by establishing the criteria for the designation of a specialty, developing the educational objectives and national standards for medical, laboratory, and surgical specialties; accredits specialty training programs; and conducts examinations for certificates of qualification. Certificates of the College are recognized by provincial medical licensing authorities (except in the Province of Quebec where the Collège des médecins du Québec is the primary certifying body).

**RHPA      Regulated Health Professions Act**

The RHPA provides a common framework for the regulation of those who work in Ontario's 23 regulated health professions. In Ontario, more than 220,000 people belong to health professions governed by the RHPA. Each of the profession-specific Acts spells out the nature of the specific profession. The RHPA aims to protect the public from harm; promote high quality care; and make regulated health professions accountable to the public.

**RPA      Registration through Practice Assessment**

Registration through Practice Assessment (RPA) is a new pilot project funded by the Ontario Ministry of Health and Long-Term Care to assess internationally trained medical graduates who have extensive practice experience outside of Ontario. This assessment program was developed as part of a larger strategy to find practical solutions to the doctor shortage in Ontario. The RPA process is designed for doctors with experience and in active medical practice in a jurisdiction outside Ontario. It allows the applicant who is not certified as a specialist by one of Canada's national colleges to gain access to registration through an evaluation of his or her clinical and practice skills, and can be tailored to the individual applicant. This new "expedited" assessment program focuses on the skills and abilities of an individual doctor rather than looking at grades and training programs.

**USMLE      United States Medical Licensing Exam**

The USMLE is taken by allopathic medical students and interns. It is administered by a Committee consisting of representatives of the Educational Commission for Foreign Medical Graduates (ECFMG), the Federation of State Medical Boards (FSMB), the National Board of Medical Examiners (NBME), and the public.