Metropolis Pre-Session
IMG Professional Integration

- Who are the immigrant physicians we work with?
- What is the program we use to accelerate their professional language proficiency?
- What concrete results have been made in terms of language gains, clinical gains and professional integration?
- What is the greatest challenge we face in achieving our national goal of professional integration for immigrants?

Who are the immigrant physicians we work with?

- 60 of 230 IMG across Alberta
- 17 countries, 16 languages: Russian, Urdu, Chinese, Arabic
- 9 medical specialties: GP, Internal Medicine, Cardiology, Surgery
- 66% are landed immigrants, 34% are Canadian citizens
- Average age = 38, average LOR = 4.2 years
- Successful completion of the Medical Council of Canada's Qualifying Examination Part 1
- Advanced English proficiency (CLBA 7/8/7 or better)
- Competing for 59 residence spaces available for IMG's in order to professionally re-integrate.

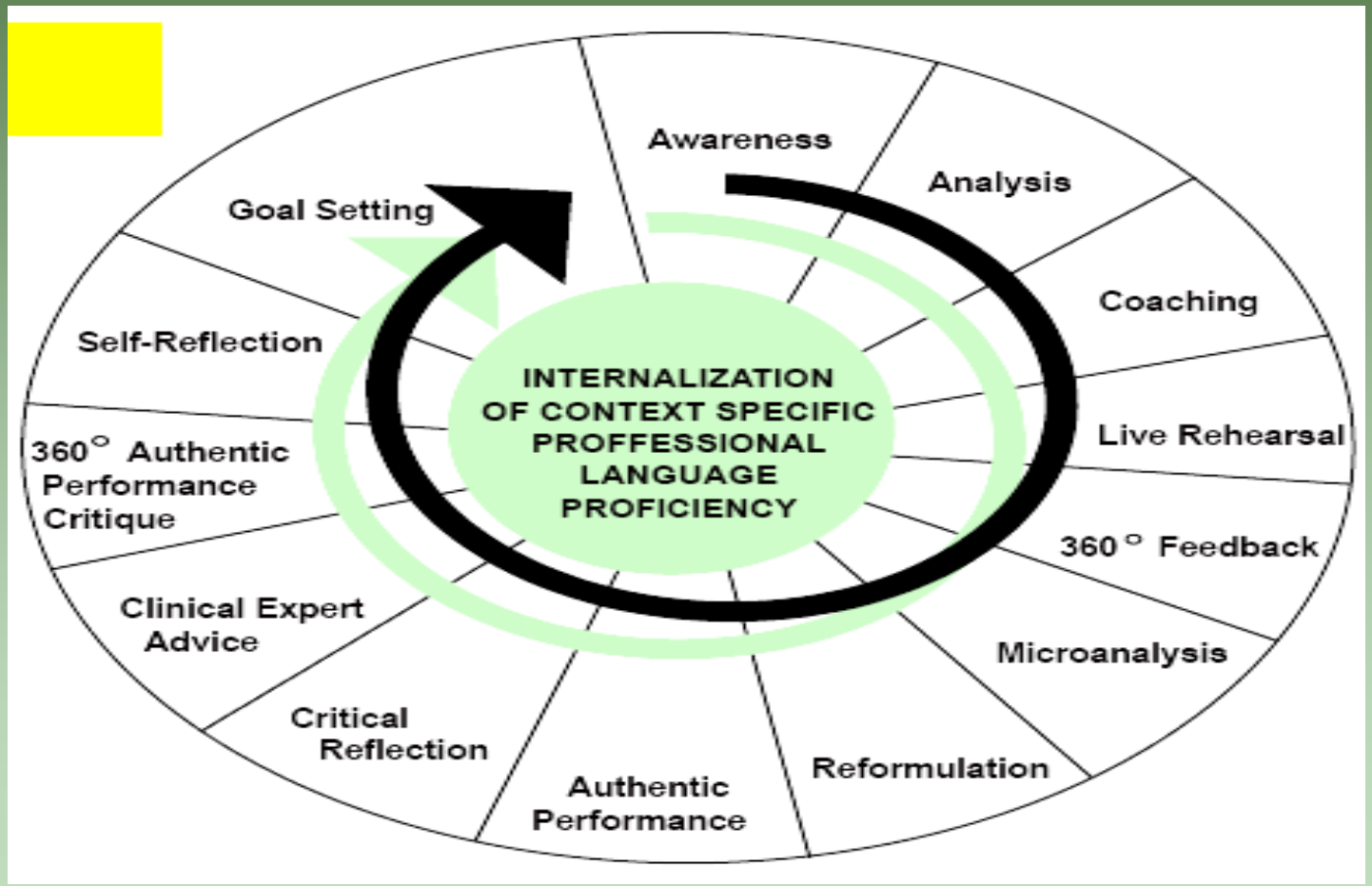
What is the program we use to accelerate their professional language proficiency?

M-CAP uses a performance based curriculum approach that involves professional actors playing the role of patients in a series of about 24 medical cases designed to increase the difficulty of the communication situations on a weekly basis. The physicians are coached, videotaped and critiqued by medical educators, language assessors, peers and actors. We treat language as culture, one word at a time. After the in-class component, the doctors are placed with practicing physicians, given courtesy licenses to practice under supervision and provided with an ongoing instruction for professional language development.

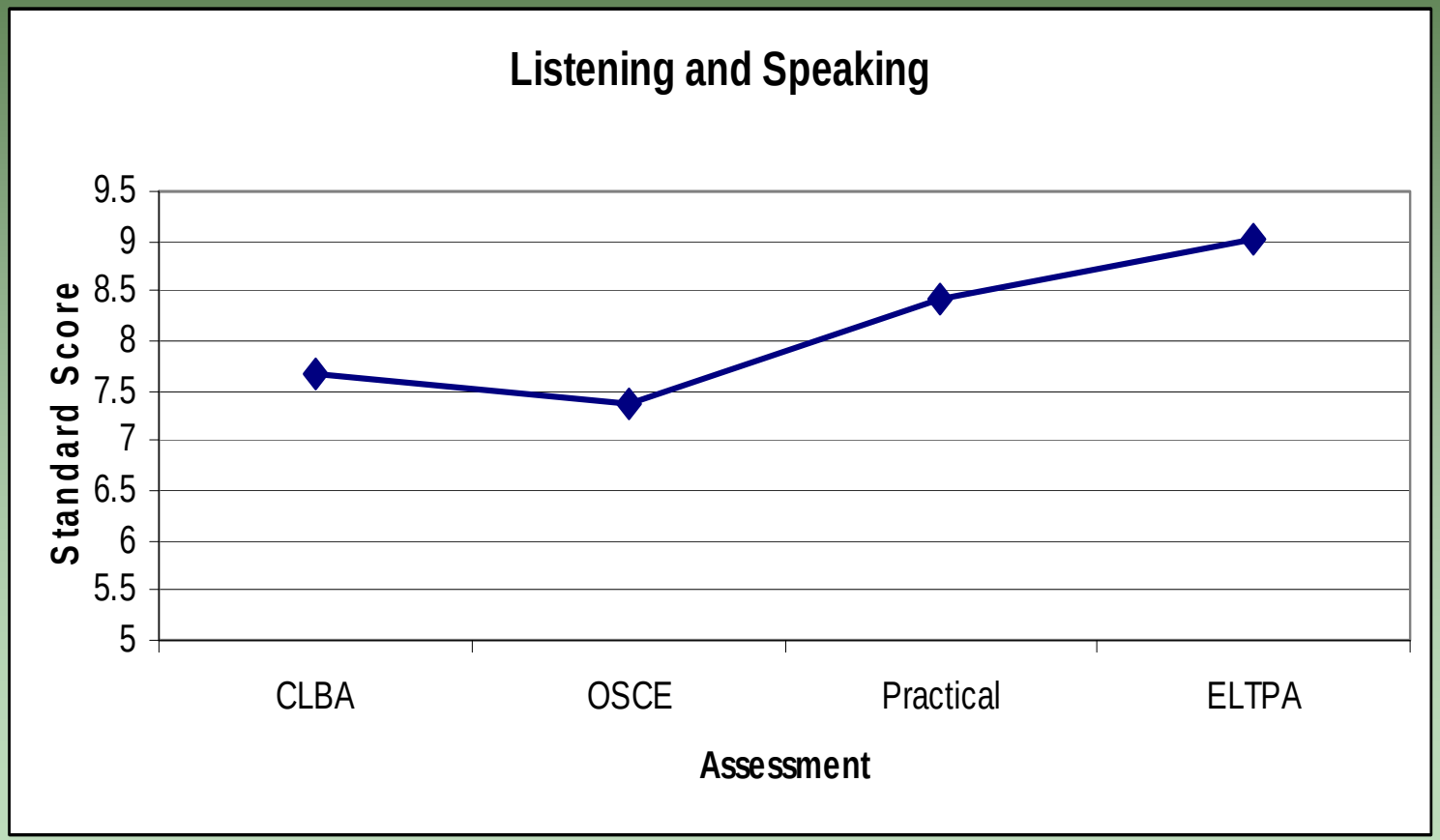
Practicum Physician Demographics

Physician Characteristics		Demographics
Clinical Specialty		
	Family	72%
	Surgery	2%
	Other	8%
Years of Practice	25 years	
IMG Experience	5 years	
Perceived Role		
	Preceptor	12.5%
	Examiner/Educator	33.3%
	Mentor	20.8%
	Supervisor	4.2%
	Other	29.2%

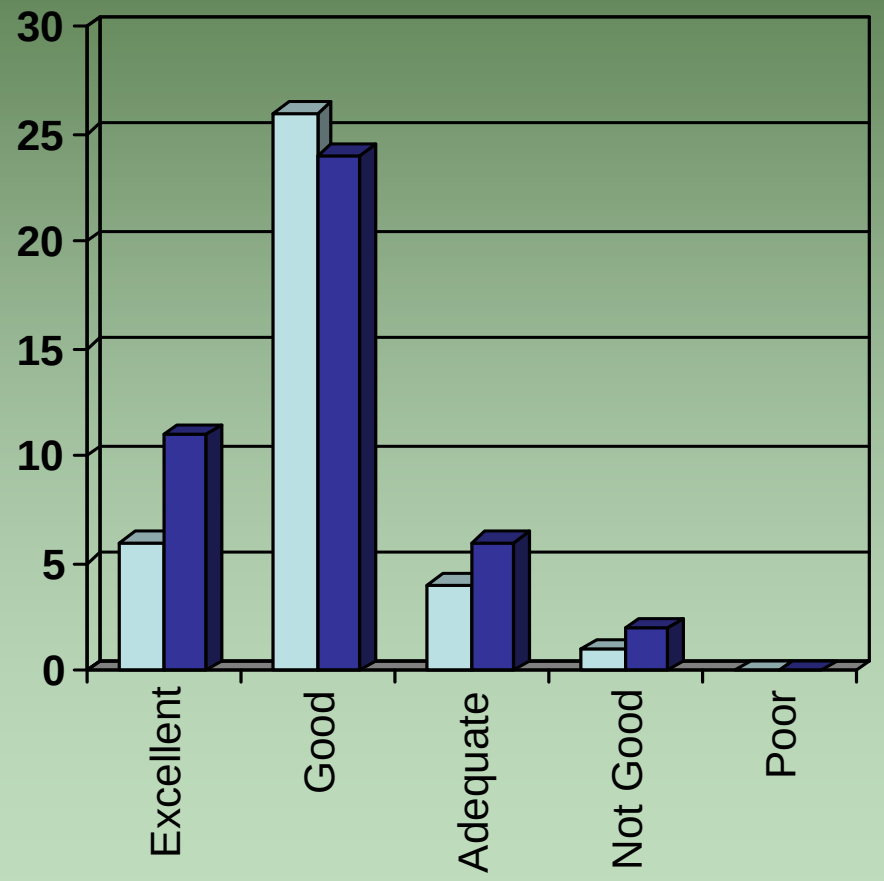
What is the program we use to accelerate their professional language proficiency?



What concrete results have been made in terms of language gains, clinical gains and professional integration?



Practicum Physician Assessment of Readiness



- IMG's Competence with Canadian Medical System After MCAP
- IMG's Competence with English Language Proficiency After MCAP

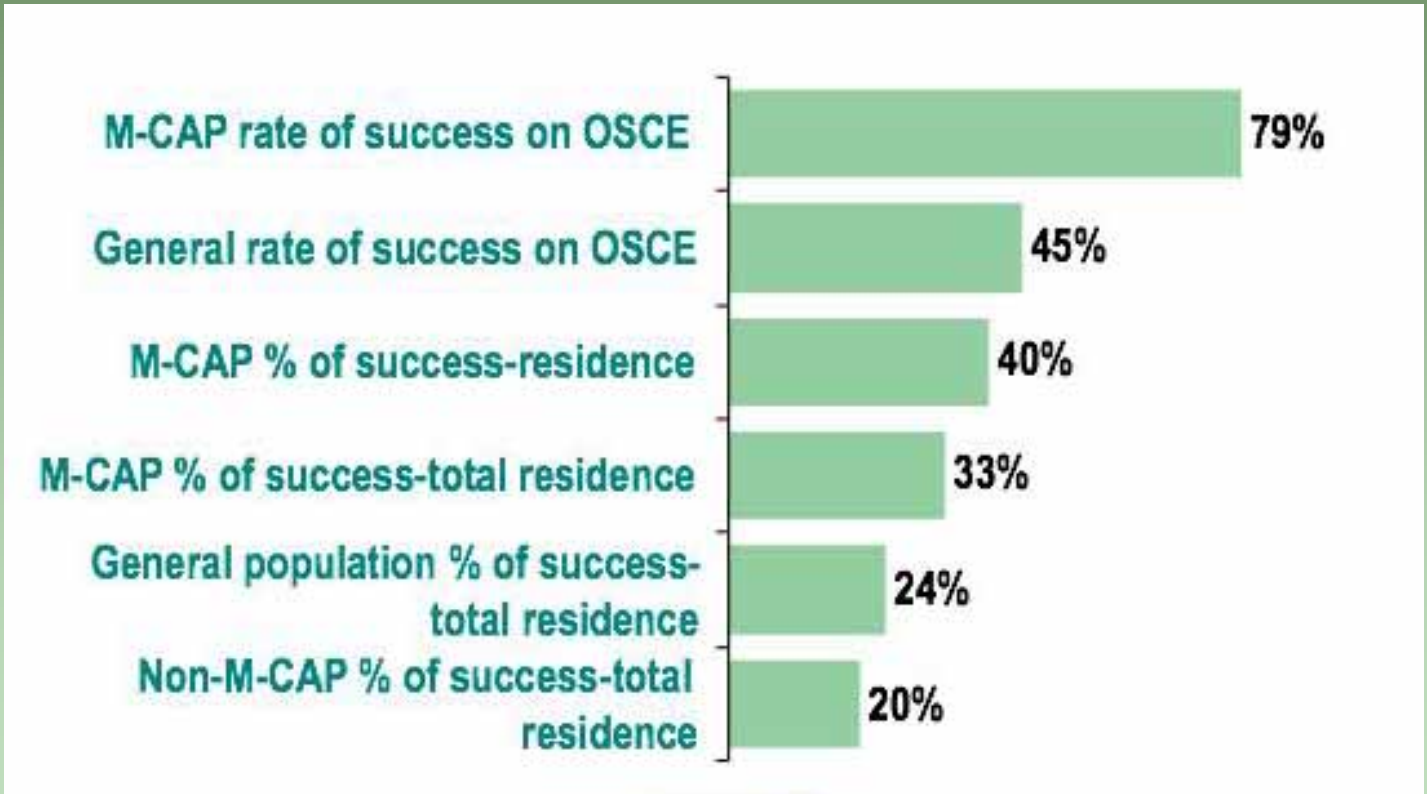
What concrete results have been made in terms of language gains, clinical gains and professional integration?

Skill Area	Before M-CAP	After M-CAP	†Pooled SD	Percent Gain	Effect Size Cohen's d
Overall	65.89	78.97	4.19	13.08*	3.12[a]
Clinical	63.99	69.14	3.50	5.15*	1.47[b]
Communication	68.92	80.03	6.70	11.11*	1.66[b]
Language	66.60	84.66	8.50	18.06*	2.12[a]
Writing	83.33	85.58	8.75	2.25*	0.26[c]

†pooled standard deviation, *p<.001;**ns = non-significant, [a] extremely large, [b] very large, [c] small

What concrete results have been made in terms of language gains, clinical gains and professional integration?

Professional Integration – Residence Success



What concrete results have been made in terms of language gains, clinical gains and professional integration?

Professional Integration – MCCQE-2 Success

During or directly after the M-CAP program, 12 of the participants enrolled in the MCCQE-2, an OSCE exam process that is required of all Canadian physicians near the end of their residence programs. All 12 M-CAP participants were successful in passing this exam, which reports a first attempt success rate of only 64%, nationally. The 100% success rate for the 12 M-CAP participants in their first attempt represents a remarkable achievement.

What is the greatest challenge we face in achieving our national goal of professional integration for immigrants?

To strike a balance between the short term impact of temporary foreign workers and foreign trainees and the long term ethical integration of immigrant professionals.

Our Challenge

Figures from last year show that only 20% of the 1,486 foreign-trained Canadian and permanent-resident doctors were matched with residency positions at Canada's teaching hospitals. This means 1,188 graduates, who had passed their licensing exams, were unable to find spots required to qualify as family doctors.

The hospitals claim the reason so many potential doctors were turned down was because of a teacher shortage. But while university hospitals have been rejecting immigrant physicians they have been accepting trainees from foreign countries in record-breaking numbers -- all of whom come here at their governments' expense and then return home once fully trained.

Our Challenge

The numbers of foreign visa trainees rose to 2,082 in 2006-07, from 937 a decade ago. The reason they are accepted in such numbers is that foreign governments (mainly from the Middle East) pay fees and expenses equivalent to $115,000 a year, to have a fully qualified doctor returning home within five years.

Our Challenge

Some Faculties of Medicine point out that there is a tiered level of acceptance, starting with Canadian medical graduates, followed by international medical graduates who might stay in Canada and, finally, sponsored foreign-visa trainees; a scenario that is perhaps not unrelated to the $200-million cash injection coming from foreign governments.

"Canada could have at least 1,000 additional doctors per year, if not for the medical-resident positions that are sold to non-Canadian, non-landed immigrant doctors, who leave Canada after their training," *Julie Taub, Immigration Lawyer, Ottawa.*

THANK YOU

David L.E. Watt & Deidre M. Lake
http://m-cap.ca

This research and development has been funded by Alberta Employment & Immigration; and Citizenship & immigration Canada