

World Education Services (WES) and Internationally Trained Physicians Access Coalition (ITPAC) Recommendations regarding Practice Ready Assessment Ontario

Summary:

WES and ITPAC have come together to offer the following recommendations regarding eligibility criteria for Ontario's Practice Ready Assessment (PRA) program, expected to come into being in 2023.

Bringing PRA to Ontario is a welcome initiative that can add internationally trained physicians (ITPs) to the healthcare workforce in an expedited manner.

The PRA program can meet public interest needs, while also ensuring residents of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals as defined under [Section 2.1 of the Regulated Health Professions Act](#).

The PRA program must also be efficient, fair, and equitable for all internationally trained physicians, and this can be achieved by ensuring that program eligibility criteria are free of systemic barriers.

WES and ITPAC recommend the following requirements for program eligibility to undertake a PRA.

1. One-year postgraduate training/internship/clinical experience
2. National Assessment Collaboration Objective Structure Clinical Examination (NAC OSCE)
3. Medical Council of Canada Qualifying Examination Part 1 (MCCQE1) and/or Licentiate Medical Council of Canada (LMCC)
4. Therapeutic Decision-Making Exam

If these criteria were in place, the International Trained Physicians of Ontario (ITPO) estimate the province could potentially gain from the experience of at least 186 doctors per application cycle licensed through the PRA route.

1322 ITPs applied for a residency position (CaRMS match) in 2022 and 883 did not get matched. Both the MCCQE1 and the NAC OSCE are required for the match, and these also feed into the LMCC, making the postgraduate training and the recency of practice criteria the main barriers. An ITPO survey also shows that 42% of ITPs say that the restrictive postgraduate training criteria is a barrier to accessing the PRA route, and 49% report that recency of practice is a barrier. This means

that by removing the recency of practice criterion we can allow approximately 432 ITPs out of the 883 unmatched to apply for PRA. Additionally, only 9% of ITPs have not completed a 12 month postgraduate period, therefore, making a 12-month rotating internship acceptable as postgraduate training would allow for 337 out of the unmatched ITPs to be able to apply for the PRA route. Given that Ontario usually receives 43% of Canada's immigrants, these recommendations would allow for 186 ITPs to be eligible for the PRA every year.

Background:

The [National Assessment Collaboration Practice-Ready Assessment \(NAC PRA\)](#) program is currently offered in seven provinces. This is a 12-week clinical assessment offered to ITPs who have completed postgraduate training/internship and worked independently abroad. This assessment process provides an alternative route to independent licensure for ITPs, outside of the residency program route that requires many ITPs to repeat their postgraduate training to practice in Canada.

The provinces that currently offer the PRA program are [Manitoba](#), [Saskatchewan](#), [British Columbia](#), [Alberta](#), [Quebec](#), [Nova Scotia](#), and [Newfoundland and Labrador](#). Although the requirements for each province have slight variations, they are very similar (see Appendix A and B: Summary Table for PRA family medicine requirements and for specialist requirements). All the provinces that currently offer a PRA program, offer it for family medicine physicians. Only a few also offer this program for specialists such as, pediatricians or internal medicine practitioners.

The Ontario government announced in December 2022 that it will implement a PRA program beginning in spring 2023. This is welcome development that has the potential to help address the shortage of physicians and improve patient access to care.

It will facilitate cost savings for ITPs and for the health care system, as eligible and already trained ITPs will not face the costly redundancy of retraining. It ensures that public safety is protected. And it will mitigate de-skilling of ITPs who have had no pathway to integrate their skills into the health care system.

Lessons from other jurisdictions:

There are valuable lessons that can be learned from the PRA programs that have been in place in other jurisdictions. These include,

- Appropriately recognizing international credentials.
- Appropriately cultivating qualified candidates.
- Avoiding overly restrictive and unwarranted eligibility criteria.
- Taking proactive measures to avoid lengthy or uncertain timelines for documentation reviews.
- Document review timelines that are too short or precipitate expiry of documents.
- Timelines that unnecessarily contribute to a waning or expiration of recency of practice.
- Allowing for contingencies and factors that are out of an applicant's control (i.e., pandemic, civil unrest in the country of origin)

Recommendations based on experiences with PRA in other provinces:

1. EDUCATION

At present, the educational requirements for **family medicine PRA** requires the following:

- A medical degree from a school listed in the [World Directory of Medical Schools](#) (WDMS)
- Postgraduate training of varying definitions and durations by province

Issues of concern:

The requirement of postgraduate training often includes:

- A postgraduate degree in family medicine:* In most countries around the world, family medicine does not exist as a specialty. Instead, physicians with that focus are called general practitioners and have a medical degree and varying length of in family practice. Eligibility criterion that strictly adheres to a specific degree that does not exist in most places outside North America is fundamentally unjust, and deprives the health care sector of properly assessing competent talents.
- Specific definitions and requirements for duration (such as names of rotations and minimum number of weeks):* An ITP who had a three-week instead of a four-week rotation in emergency medicine because that was the only option in the country of training can automatically be excluded from qualifying as fully trained, despite meeting other criteria. Furthermore, if an ITP did not have a rotation or postgraduate training in what is named “psychiatry” or “emergency medicine” in Ontario, does not necessarily indicate the ITP lacks relevant experiences. Many ITPs gain this experience in their internal medicine rotations or by working as a medical officer or house officer.

To avoid these exclusionary outcomes, we offer the following recommendation.

Recommendation:

The requirement for PRA should be 12 months of successful postgraduate medical training in a medical school included in the World Directory of Medical Schools *or* successful completion of a medical internship.

This is in line with the [Licentiate of the Medical Council of Canada](#) (LMCC) eligibility requirements and that serves as evidence of practice after foundational medical training.

Note on PRA specialty practice programs

Applicants to PRA programs for specialties face many of the same challenges as mentioned above. For the educational requirements, many provinces only accept those specialty certifications accepted by the Royal College of Physicians and Surgeons of Canada (RCPSC).

The RCPSC has similarly restrictive requirements for acceptable international credentials of specialties, based on number of weeks of specified rotations. The consequence is that many specialist ITPs with years of experience in their specialty practicing as independent physicians are unable to participate in a PRA program. Solving this problem will require a review of credentialing by the RCPSC, and we urge the Ontario government to encourage such a review.

2. CLINICAL EXPERIENCE

Currently, to be eligible for a PRA program an applicant must have some variation of the following:

- two- or three-years' independent practice as the “most responsible physician” in a community setting
- recency of clinical practice, in most provinces within two or three years of application.

Issues of concern:

Independent practice as the “most responsible physician” in a community setting: Outside of North America, general practitioners play several roles, all of which involve being a primary care physician, but they are not all in a community setting. Many general practitioners rotate through distinct roles within hospitals.

The title, “most responsible physician” is difficult to pinpoint because one may work with an independent licence, see, and treat patients, and be held accountable for that care without having that title per se within that jurisdiction.

Recency of practice: Requiring recency of practice is unreasonable when there are no viable pathways for ITPs to obtain it except through an extremely limited number of medical residency slots. Requiring ITPs to return to their country of origin to acquire or maintain recency of practice is inconsistent with obtaining permanent residence in Canada and settling in Canada. For many ITPs, it defeats the purpose of their immigration to Canada. During the pandemic, many ITPs would not have been able to return to their country of origin, and generally many cannot return due to either civil unrest, financial instability, family commitments, and more.

As well, there is also [no strong evidence](#) to support the requirement for a fixed recency of practice stipulation. A recent extensive systematic review of evidence concludes that “*Factors that need to be taken into consideration in developing Recency of Practice standards include length of time away from practice,*

previous experience, age and the complexity of the intervention, however, there is a need for further research in this area.” (Anderson S. Evidence for recency of practice standards for regulated health practitioners in Australia: a systematic review. [Hum Resour Health. 2023 Feb 24;21\(1\):14](#))

Recommendations:

- Regulatory bodies must be explicit when requesting proof from employers that a physician has been practicing with full licensure in another jurisdiction. Once a candidate has demonstrated their completion of the tasks required of a “most responsible physician,” then the appropriate level of clinical experience should be accepted.
- Remove the recency of practice requirement. The PRA is designed to assess readiness for practice, allowing the PRA supervising personnel to decide if a physician is ready for practice.
- Institute a [regulated clinical assistant program](#) in Ontario, as a means to engage in clinical practice. Such a program would assist ITPs with a pathway to licensure, or an alternative career in medicine. In both cases, such a program would add capacity to the healthcare workforce.

3. PROCESS

To apply for a PRA program, ITPs must do some variation of the following:

- Submit required documentation to prove education, results of required examinations, and evidence of experience
- Secure a work placement or sponsor

Issues of concern:

- ITPs have no way of knowing if they will be deemed eligible and therefore face significant financial issues.
- In some provinces ITPs must find their own work placement or sponsor. This expectation serves as a barrier.
- The timeline from application to confirmation of eligibility is uncertain and often lengthy. Some provinces specify no timeline, while others cite as much as 18 months from application to confirmation of eligibility. ITPs are also expected to find a way to maintain recency of practice during this time, another reason to address the issue of the recency of practice requirement.

Recommendations:

- A review of reasonable document requirements should be considered to ensure that those requested are aligned with differences in international credentialing and health system structures.
- There should be a robust prescreening process, free of charge.
- All placements and sponsorships should be handled by the responsible organizing bodies and not by the applicants.

About ITPAC:

The Internationally Trained Physicians Access Coalition ((ITPAC) is an alliance of groups/organizations of internationally trained/experienced physicians (ITPs), as well as allied groups/organizations providing support to ITPs. The coalition works to galvanize the efforts of ITPs advocating for systems change, to enable their skills and experience to benefit the Canadian health care system and to enable ITPs to pursue career in medicine or commensurate roles outside of medical practice.

ITPAC is composed of the following organizations:

- Access Alliance Multicultural Health and Community Services
- Association of International Physicians and Surgeons of Ontario (AIPSO)
- Community Matters Toronto
- Halton Multicultural Council (HMC Connections)
- International Doctors Network (IDN)
- Internationally Trained Medical Doctors Canada Network (iCAN)
- Internationally Trained Physicians of Ontario (ITPO)_
- The Learning Enrichment Foundation (LEF)
- Niagara IMG/IEN Support Group
- WIL Employment Solutions

About WES:

World Education Services (WES) is non-profit social enterprise that supports the educational, economic, and social inclusion of immigrants, refugees, and international students. For nearly 50 years, WES has set the standard for international academic credential evaluation, supporting millions of people as they seek to achieve their academic and professional goals. Through decades of experience as a leader in global education, WES has developed a wide range of tools to pursue social impact at scale. From evaluating academic credentials to shaping policy, designing programs, and providing philanthropic funding, we partner with a diverse set of organizations, leaders, and networks to uplift individuals and drive systems change. Together with its partners, WES enables people to learn, work, and thrive in new places.

Appendix A: Summary of eligibility criteria for PRA Family Medicine

Eligibility Criteria	BC	SK	NS	NL	AB	MB	QC
Documents source verified through physiciansapply.ca	✓	✓	✓	✓	✓	✓	✓
Graduate from a school on WDMS list	✓	✓	✓	✓	✓	✓	✓
English language proficiency	✓	✓	✓	✓	✓	✓	
French language proficiency							✓
MCCQE Part 1	✓	✓	✓	✓	✓	✓	✓
MCCQE Part 2 or NAC OSCE	✓	✓	✓	✓	✓	✓	✓
*USMLE (steps 1, 2, 3)				✓			✓
Two years postgrad training in fam med				✓	✓		
Two years postgrad training in fam med PLUS minimum pass scores in NAC OSCE					✓		
Two years postgrad training in fam med PLUS 2 years of independent clinical experience	✓	✓	✓				
One year postgrad training in fam med PLUS 3 years of independent clinical experience		✓		✓			
Currency of practice (within last 2 years)							✓
Currency of practice (within last 3 years)	✓	✓	✓		✓		
Currency of practice (within last 5 years)						✓	
*Up-to-date clinical certifications (PALS, ATLS, ACLS, BLS, etc.)				✓			
*Work permit			✓				
Criminal records check			✓				
LMCC			✓				
< 2 prior failed attempts at PRA			✓				

Appendix B: Summary Table of Eligibility Criteria for PRA for Specialists

Existence/Eligibility Criteria	BC	SK	NS	NL	AB	MB	QC
Specialist PRA present in province					✓	✓	✓
Documents source verified through physiciansapply.ca					✓	✓	✓
Graduate from a school on WDMS list					✓	✓	✓
English language proficiency					✓	✓	
French language proficiency							✓
MCCQE Part 1					✓	✓	✓
MCCQE Part 2 or NAC OSCE							
*USMLE (steps 1, 2, 3)					✓		✓
Specialist certification equal to RCPSC requirements/approved jurisdictions OR equal to Quebec requirements					✓		✓
Specialist certification from an international jurisdiction						✓	
Currency of practice (within last 2 years) (independent; no medical officer posts)							✓
Currency of practice (within last 3 years) (within last 2 years) (independent; no medical officer posts)					✓		
Currency of practice (within last 5 years) (within last 2 years) (independent; no medical officer posts)							
*Work permit if not PR/citizen							✓
Approved sponsor and job offer						✓	
Minister's certificate/government approval/government sourced sponsorship						✓	✓
Criminal records check					✓		