



World Education Services (WES) and Internationally Trained Physicians Access Coalition (ITPAC): Recommendations regarding investments to medical residency seats in Ontario

The Ontario government's recent [announcement](#) to increase the number of medical training seats in Ontario is welcome news.

[World Education Services](#) (WES) and the [Internationally Trained Physicians Access Coalition](#) (ITPAC) have come together to offer recommendations relevant to bolstering the number of physicians that can contribute to Ontario's health human resource (HHR) needs.

Background

On average, it takes 10 years of undergraduate and postgraduate education and training for an individual to become a family physician in Canada, and longer for those pursuing specialties. Increasing the number of undergraduate and postgraduate training seats now, and prioritizing Ontario residents, will improve the HHR situation in the longer term, but the short-to-medium term need for more physicians remains critical.

Statistic Canada [reports](#) that 27 percent of physicians with 10+ years of experience intend to leave or change their job within the next three years. For physicians with less than five years of experience, this number is 47.1 percent.

Internationally Trained Physicians ITPs represent a solution to this crisis

Between 2015 and 2021, 2,270 new [permanent residents](#) to Ontario identified their intended occupation to be either a primary physician or a specialist physician. Across Canada, [more than 3,600](#) internationally trained physicians (ITPs) have become permanent residents through Express Entry and provincial nominee programs since 2015, and a significant proportion would have settled in Ontario. If there was equitable access to the limited number of residency seats, the province would benefit.

Increasing the number of physicians who can provide competent, high-quality, clinically proven experience care to residents of Ontario, remains a priority in the short-to-medium term.

We believe that increasing the number of medical residency seats with an applied focus on the ‘value add’ that internationally trained will reap short- and long-term benefits. Prioritizing and supporting the recruitment of internationally trained and experienced physicians residing in Ontario, for a percentage of medical residency training seats is warranted.

It is worth noting that ITPs bring considerable clinical experience. An ITPO survey of 324 respondents found that 60% of respondents had more than 3 years of clinical experience, 20% had more than 10 years clinical experience and the majority -56% of respondents had experience working in family medicine.

The table below outlines additional concerns and recommendations for the government’s consideration as it moves to finalize operational details of the new investment in more medical training seats.

Concerns	Recommendations
<p>Eligibility criteria Individual medical residency seats at medical schools typically require a recency /currency of practice ranging from 2-5 years depending on the program selection criteria .¹ However, ITPs do not have viable pathways to maintain their recency of practice once in Canada. Although some ITP’s return periodically to their country of origin to maintain their currency of practice, many are unable due to civil unrest, financial limitations, family commitments etc.</p> <p>There is also no strong evidence to support the requirement for a fixed recency of practice</p>	<p>Remove the recency of practice requirement.</p>

¹ Examples

i) University of Ottawa internal Medicine **Selection Criteria**

“We review and select applicants based on the submitted package (including personal letter, curriculum vitae, transcript, Dean's letter, and 3 letters of reference). Only candidates who submit complete applications, have active (hands-on) clinical experience within the last 24 months, and graduation (ideally within the last 36 months) at the time of application will be considered for file review.”

ii) UofT Anesthesiology See Review Process section, Excerpt as follows “Candidates must have practiced medicine in a CLINICAL capacity within three years of the date of acceptance.”

iii) **Selection Criteria U of T Family Medicine**

The six Ontario Family Medicine Programs prefer applicants who have recent full-time clinical experience (clinical clerkship during medical school or residency or independent practice). Observership is NOT considered clinical experience. Participation in a residency training program in Family Medicine or in clinical practice in Family Medicine or its equivalent will be favoured in our ranking.

Note: All Ontario Family Medicine programs have the same criteria as noted in iii).

<p>stipulation. A recent extensive systematic review of evidence concludes that “<i>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.</i>” (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)</p>	
<p>Distribution of medical training seats:</p> <p>In 2022, only 23.9% of international medical graduates (including Canadians who studied abroad) were matched to residency in the Main Residency Match through CaRMS, as compared with a match rate of 92% for graduates of Canadian medical schools.</p> <p>It is unclear how the increase in residency seats in Ontario will impact the allocation of seats for internationally trained/experienced physicians relative to the seat distribution that occurs for Canadian students who travel abroad for their medical education.</p> <p>Currently an outsized proportion of the dedicated seats for international medical graduates (IMGs) go to Canadian students who study abroad.</p>	<p>Establish equitable distribution of medical residency seats for both immigrant physicians and Canadians who study abroad.</p>
<p>ITPs have extremely limited access to specialties. For example, only 0-4 seats per year are available for each institution within Ontario for each specialty, except for Internal Medicine which has a maximum of twelve spots at just one institution.</p> <p>The Conference Board of Canada has calculated the projected annual demand for all categories of physicians will be 1,588/yr., up to 2030. This projection is broken down as follows: family physicians (823), all specialists (765), emergency (17) and orthopedic physicians (32). (See pg. 14 of the linked document)</p>	<p>Ensure that there are equitable opportunities for ITPs for medical residency seats for both family medicine and specialties</p>

<p>Return of Service Agreements:</p> <p>Return of Service Agreements (RoS) of up to 5 years are linked to residency seats for internationally trained physicians in Ontario. Currently RoS agreements are obligatory only for international medical graduates. This is seen as a discriminatory policy and there is evidence suggesting RoS agreements do not support long term retention of physicians.</p> <p>RoS agreements contain payment restrictions limiting the earning capacity of physicians until their contract is completed. There are also restrictions on geography of practice. This is an unjust form of indenture.</p> <p>Further, utilizing RoS agreements exclusively for internationally trained physicians who are placed in remote and rural communities is likely to contribute to additional social and community inequities.</p>	<p>Replace mandatory RoS agreements for ITPs with existing incentive measures (grants, loan forgiveness, scholarships) for any interested physician wanting to work in remote and/or rural settings.</p> <p>Provide funding for anti-racism training programs and related supports to counter xenophobia for communities recruiting internationally trained health care workers.</p>
<p>Redress financial burdens</p> <p>Due to many barriers facing internationally trained/experienced physicians, some opt to redo their entire medical training in Canada. This involves great financial cost and further delays career re-entry.</p>	<p>Increase investments in financial support programs for ITPs.</p>

Finally, we recommend that Ontario’s physician talent pool can be significantly bolstered by building deliberate licensure pathways for ITPs that include Clinical Associate positions in the healthcare system and which can complement the pilot Practice Ready Ontario program. We have described this pathway in this [publication](#).

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 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					✓		