

Recommendations to Integrate International Medical Graduates and Other Professionals into Alberta's Health Care System

by Dr. Gail H. Forsythe © 2002

These recommendations for Alberta stakeholders are excerpted from "The Legal Case to Accommodate International Medical Graduates in their Integration into Alberta's Health Care System," a paper prepared by Dr. Gail H. Forsythe for the Alberta Network of Immigrant Women's forum held August 14, 2002.

1

Eliminate systems that classify medical school graduates based on place of training, i.e., Anglo-Saxon schools vs. non-Anglo-Saxon schools. Classifying foreign graduates based on place of training is akin to discriminating based on place of origin. Courts and Human Rights Tribunals recognize "place of training" as an analogous protected ground under s. 15 of the *Charter*. Individual assessment opportunities must be created to ensure that graduates of foreign medical schools are not discriminated against on the basis of stereotypical assumptions about education and place of origin. The assessment process should also include opportunities for applicants to provide input, or have others provide clarification, about the foreign applicant's credentials. Assessment officers should also receive adequate cultural sensitivity training so that they can perform their role without the risk of stereotyping.

2

Re-examine the notion that a foreign education must be equivalent to a Canadian education in order to

be admitted to a profession. Is it really necessary that graduates of foreign schools have an education that is "equivalent" to that of Canadian trained students seeking entry to Canadian professions? Is "equivalency" (as is often required) actually needed in order for an applicant to successfully demonstrate the compe-

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tencies required to practice the profession? Or, is it possible that, in the case of a foreign trained medical professional, with an appropriate assessment and pre-internship period of training designed to address competency shortcomings, the applicant could be qualified to practice in a safe and competent manner? If the notion of "equivalency" is eliminated, more weight can be given to a foreign education because the foreign graduate offers different ideas, experience, and learning.

3

Permit graduates of foreign medical schools to compete for internship positions with graduates of

Canadian medical schools. The existing two-tiered Canadian Intern Matching Process system appears difficult to justify in light of existing case law.

4

Cease reliance on reference letters for all graduates. Reference letters are inherently problematic as they are best suited to empower those people who have access to referees in positions of power; this barrier is problematic for graduates of Canadian professional schools who are not "well connected". It is particularly problematic for graduates of foreign medical schools. Current reference letter requirements for Alberta internships in family medicine require referees to comment on the applicant's "intellect, stability and emotional maturity". This type of an assessment, by a layperson rather than a trained professional, is simply inviting stereotyping, inaccuracy and possibly a tort action for defamation.

Just in the same way that the law is meant to be bent like a willow, instead of snapping in two like a rigid tree; so should the integration system for foreign medical graduates demonstrate its ability to respond to the assessment needs of all individuals, regardless of place of origin or training. Screening foreign graduates by applying inflexible criteria that may be based on outdated assumptions and stereotypes is not in keeping with the flexibility expected under human rights law. All professional bodies are urged to critically examine their admission systems in light of these recommendations so that they can equitably respond to our ever increasingly diverse immigrant population.