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*Can Med Assoc J 1997;156:1038-9*

# Manitoba municipalities want foreign-trained physicians to fill medical-care gap

**David Square**

**In brief**

FOR THE THIRD YEAR IN A ROW, MANITOBA MUNICIPALITIES have passed a resolution asking that physicians trained outside the Commonwealth be permitted to work as medical residents in rural communities. The resolution noted that most graduates of the University of Manitoba's Class of '96 had already accepted positions outside the province. Although the provincial government has sweetened the pot for Canadian-trained physicians, a long-term solution to Manitoba's critical shortage of rural physicians seems elusive.

**En bref**

POUR LA TROISIÈME ANNÉE CONSÉCUTIVE, DES MUNICIPALITÉS DU MANITOBA ont adopté une résolution pour demander que des médecins qui ont reçu une formation en dehors du Commonwealth soient autorisés à travailler comme résidents en médecine dans des communautés rurales. On signale dans la résolution que la plupart des diplômés de la promotion 96 à l'Université du Manitoba ont déjà accepté un poste à l'extérieur de la province. Même si le gouvernement provincial a bonifié les conditions offertes aux médecins formés au Canada, une solution à long terme à la pénurie critique de médecins ruraux au Manitoba semble lui échapper.

**A** resolution by the Union of Manitoba Municipalities (UMM) to allow foreign-trained doctors from outside the Commonwealth to work as residents in rural communities has created controversy in Manitoba, where the municipalities say there is a critical shortage of family practitioners in remote areas.

The resolution, passed by a majority of delegates attending the union's annual meeting in November, stated that the shortage of rural physicians could be alleviated if approximately 70 international medical graduates (IMGs) were enrolled in a 1-year rural residency program, provided they agreed to work in Manitoba for a reasonable period after receiving their licences to practise.

The resolution, sponsored by the municipality of Grandview, about 400 km northwest of Winnipeg, noted that most physicians who graduated from the University of Manitoba in 1996 have already accepted positions outside Manitoba.

"The UMM has concluded that about 25 vacant positions in rural areas will not be filled by graduates of the University of Manitoba's Faculty of Medicine or by graduates of other Canadian, American or Commonwealth colleges," says Jerome Mauws, executive director of the UMM. "It is the UMM's position that consideration should be given to foreign-trained physicians from countries such as the Philippines who are willing to work in remote areas of Manitoba."

Romeo Llanos, president of the Association of Foreign Medical Graduates of Manitoba (AFMGM), said this is the third year in a row that a UMM resolution has supported a call for foreign-trained doctors. The resolutions are the result of a feasibility study undertaken by a private consulting firm for the AFMGM in 1993; it was paid for by Citizenship and Immigration Canada and Human Resources Development Canada.

Llanos said it is unfair to recruit doctors from Commonwealth nations such as South Africa and allow them to work under a conditional register for up to 8



months before writing their evaluating examinations when "doctors from outside the Commonwealth must write the exams before we are allowed to practise in Canada, without the benefit of first working within the Canadian medical system." Llanos, a medical graduate of Far Eastern University, has worked mainly as a nurse in Manitoba since moving from the Philippines in 1979.

Dr. Diane Biehl, associate dean of postgraduate education at the University of Manitoba, said IMGs from undesignated universities who want to practise family medicine in Manitoba must first win 1 of 2 seats available each year in the university's 2-year family practice residency program. Biehl said 10 to 12 applicants usually compete for the 2 seats. Applicants must be landed immigrants resident in Manitoba as of Jan. 1, 1994, and must have passed the Medical Council of Canada evaluating exam and passed or applied to write the qualifying exam. An interview with a selection committee and a continuing assessment for the education of professionals evaluation are also required.

Dr. John Wade, deputy minister of health for Manitoba, said experience suggests that immigrant and refugee physicians who graduated from undesignated universities may require an additional 2 to 3 years training before they can pass Canadian medical exams.

"Some may never make it," he said. "Sending foreign-trained doctors to remote areas is culturally and medically inappropriate [if] they are not comfortable in rural areas. . . . It requires more skills to work in the country than in the city because there is no one to refer to in an emergency."

Although Wade agreed there is a need to attract more Canadian doctors to rural Manitoba, he disagreed with the UMM's resolution about offering 1-year rural residencies to IMGs. "It's not cost-effective. The program would require extra residency positions and consume faculty resources when some budgets are being cut."

Dr. Les Ullyot, president of the Manitoba Medical Association (MMA), said Canadian-trained physicians can be attracted to underserved communities by fair and reasonable compensation. "Funding is a major issue which government must accept as part of its responsibility to ensure that all Manitobans have access to high-quality care."

In an attempt to coax Canadian graduates to remote communities, the province now offers remuneration packages worth \$120 000 to \$150 000 in some areas of northern Manitoba. These replace traditional fee-for-service payments.

Dr. Sharon Macdonald, director of the University of Manitoba's Northern Medical Unit, said that even though higher salaries have made it somewhat easier to recruit doctors to northern Manitoba "the Northern Medical Unit will still be recruiting from outside of Canada, mainly in South Africa and Britain, for family practitioners."

In January the unit was looking for 1 full-time FP; it

has 24 full-time doctors on staff, 40% of whom were hired from Commonwealth countries. Macdonald thinks it would be counterproductive to attempt to teach foreign-trained physicians in rural conditions because Northern Medical Unit staff are already overburdened trying to keep up with patient demand.

Dr. Leigh Wincott, chief of medical staff at the Thompson General Hospital, said the physician shortage has reached a critical stage. His hospital has 4 full-time FPs to serve Thompson and 26 outlying communities. "We are 21 physicians short of the 25 doctors recommended for an area this size by the government's Centre for Health Policy and Evaluations," said Wincott, who added that more Canadian FPs have expressed interest in Thompson since more generous remuneration packages were announced.

**I**s hiring Commonwealth doctors to work in remote communities a long-term solution to the rural-distribution problem? Dr. Peter Bouch, a South African who moved to the village of Whitemouth, Man., in 1993, said he will practise in Manitoba only until he has passed his College of Family Physicians of Canada certifying exam.

"Once I have my CCFP, I will move to a warmer place in Canada," he said — not to Saskatchewan, Newfoundland and Labrador or to any other part of the country where a shortage of rural physicians is a problem.

Bouch is not alone. Other Commonwealth physicians, having dedicated several years to rural practice and making a contribution to a rural community, feel entitled to work in a larger area that better suits them and their families.

So what is the long-term solution to the physician shortage in rural Manitoba? If the UMM is correct, it is time to start moving foreign-trained doctors into a 1-year residency program in remote hospitals and clinics where they can be trained to Canadian standards. If the government and the MMA are right, it is time to shift from fee-for-service payments to a salary-plus-incentives model that would entice Canadian FPs to move to underserved areas.

Dr. Eng Chan, a spokesman for the AFMGM and a former resident of Burma, thinks the solution is obvious. "There are 70 foreign-trained medical graduates in Manitoba currently working as nurses or nonmedical occupations who would be glad to practise medicine in remote areas of the province without incentives. Why aren't they allowed to work? If the UMM wants them, why doesn't the government?"

"It appears there is a need for a variety of alternatives because what works for one community or doctor does not necessarily work for another," observed former health minister Jim McCrae. "The province, [like] all other provincial governments in Canada, is presently looking at other alternatives to [eliminate] the physician shortage." ?