

Foreign family medicine regulators wary of Canadian review

The College of Family Physicians of Canada (CFPC) is seeking to lift barriers to Canadian practice for family doctors trained in medical schools beyond a select few nations.

But many nations are hesitant to submit to a review of their standards, largely for fear that fewer restrictions will result in an exodus of locally-trained doctors to Canada.

While the college has long recognized American training of family physicians as equivalent to its own, efforts to reach out to other countries offering equivalent training and certification are still in their infancy, says Dr. Paul Rainsberry, CFPC education director. "A lot of international physicians living in Canada are looking to have their credentials recognized to qualify for practice here, so we thought we'd look out to as many jurisdictions as possible to explore interest in establishing some sort of reciprocal agreement to allow physicians to move and practice more freely."

CFPC has decided it will grant certification without further examination to family medicine graduates of any jurisdiction found to be equivalent but the response from other regulatory bodies thus far has been "incredibly variable," Rainsberry says.

For decades, CFPC has automatically granted certification without further examination to doctors accredited by the American Board of Family Medicine. The American board, on the other hand, only permits Canadian-trained family doctors to sit its exams.

When CFPC began the international review in 2008, it was surprised to discover that Australian regulators already recognized Canadian certification as equivalent, he says. "That was the kick off. We had no idea Canadians could simply go to Australia, prove they were certified and automatically get a license. It was the first time we were able to look at another jurisdiction's process and grant mutual recognition of each other's qualifications."



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Canadian officials say their review of barriers to medical practice in Canada was initiated because of a decision by Australian regulators in 2008 to grant equivalency to Canadian certification.

CFPC has also expanded its criteria for certification without further examination to include family physicians trained in Ireland. But Irish regulators have yet to recognize Canadian training in any way. "For Ireland, it's complicated by agreements they have with Europe," explains Rainsberry.

Other nations have been less "generous," Rainsberry says.

For several, the short length of family medicine training in Canada poses an obstacle, he says. "Our training is the shortest in the world. We have a two-year program, while the States has a three-year program and everywhere else it's four to five years."

Moreover, other regulators are wary of entering into any agreement that might "facilitate the movement of physicians away from their own countries," he adds. This is particularly true of regulators in jurisdictions with already high rates of physician emigration to Canada, Rainsberry says. "South Africa, India and the Middle East are among the jurisdictions that come to mind quickly in

terms of the number of their physicians here in Canada. We haven't been able to negotiate any kind of arrangement for recognizing their certification."

Canada's doctor shortage has placed medical authorities under pressure to relax restrictions to allow more foreign-trained doctors to work here, but Rainsberry stresses that recruitment isn't the goal of CFPC's review. "This is about allowing those physicians who are already here to more easily qualify for a license. It's not as if we were going to get a membership list from a certain jurisdiction and grant everyone certification as an incentive to immigrate. Doctors will still have to move to Canada and apply individually for recognition of their credentials," he says. "It's also about making it easier for Canadian and foreign doctors to go on shorter exchanges or sabbaticals overseas, to learn from other systems, lend their experience and then return home."

Although some jurisdictions, such as South Africa, are widely thought to have similar training standards to Canada,

concerns over safety prevent the college from recognizing that training without the cooperation of the jurisdiction in question, Rainsberry says.

South African regulators' decision to withhold information on training standards recently led the College of Physicians and Surgeons of Alberta to implement a sixfold increase in the required clinical assessment period for

South African-trained family doctors. Previously, family doctors trained in South Africa, as well as those from the United Kingdom, faced a two-week unpaid clinical assessment period to ensure their training met Canadian standards. Now, Alberta has upped that probationary period for South African-trained physicians to three months.

CFPC has contacted all 75 member

states in Wonca, an international organization of regulatory bodies for family medicine, as part of its review. So far, it has received "positive vibrations" from France and the Netherlands. Rainsberry expected an agreement with UK regulators will be reached by the end of 2010. — Lauren Vogel, *CMAJ*

CMAJ 2011;DOI:10.1503/cmaj.109-3735