



The Royal College of Physicians and Surgeons of Canada  
Le Collège royal des médecins et chirurgiens du Canada  
774 promenade Echo Drive, Ottawa, Canada K1S 5N8

## **RCPSC statement on appropriate physician resources for Canada: toward achieving responsible self-sufficiency**

Fluctuations in the supply and distribution of physicians and surgeons in Canada have impeded and continue to impede access to care, unduly strain the existing workforce and potentially threaten patient safety. Various measures have been implemented at the federal, provincial/territorial and regional levels to address medical workforce shortages. One such measure implemented by some governments in Canada has been the recruitment of doctors from outside of the country. This practice raises questions about the ethics of continued reliance by governments on international medical graduates and other internationally trained workers about educational opportunities in Canada and our ability to meet our own medical workforce requirements. Consistent with the RCPSC's goal to be responsive to societal needs, the RCPSC Council advocates the following principles for Canada's medical professional workforce.

1. *There should be a balance between the domestic education and training of medical professionals and immigration policies.*
  - Canada should offer educational and training opportunities in medicine to meet the needs of the Canadian population.<sup>1</sup>
  - The number of training positions in the Canadian medical educational system should be increased in anticipation of the effects of changing work patterns in the physician workforce that now show a preference among physicians to better balance their personal and professional lives.
  - Programs should encourage the return of Canadians who train outside Canada by providing opportunity for fair assessment of credentials and equitable access to post-MD training comparable to that of landed immigrants and Canadian citizens who have completed their MDs in Canada. The capacity of the educational infrastructure must be increased and repatriation of Canadians into the post-MD training system must not disadvantage graduates of Canadian medical schools. This must include places in specialty medicine as well as family medicine.
  - Immigration policies must be harmonized with the domestic production of medical professionals and the nation's capacity to integrate an increased number of international medical graduates, including Canadian citizens trained abroad, into the Canadian medical system.
  
2. *When domestic education and training do not produce adequate numbers of medical professionals, there must be ethical policies for the inclusion of international medical graduates into the Canadian medical system.*
  - Policies should not interfere with the free, legitimate movement of individuals throughout the world, including into and out of Canada. However, the systematic, organized recruitment of doctors from other countries is unethical.
  - It is expected that international medical graduates will meet Canadian standards to enter practice. Canada, therefore, must have the capacity to examine their credentials, measure their abilities and support their introduction into the Canadian medical system. Increased investment in the educational infrastructure will be needed so as not to curtail opportunities for Canadians who wish to pursue post-MD training in Canada.

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<sup>1</sup> For more than one decade, Canada has been some 30 per cent below the OECD per capita average in terms of access to entry level medical school positions, ranking 26<sup>th</sup> out of 29 in recent years.

3. *There should be a pan-Canadian approach to the principles of recruitment, regulation and access to licensure, thereby creating a more level playing field throughout the nation.*
  - This will include federal, provincial and territorial policies and practices and also those of regional health authorities.
  - Programs, policies and the allocation of resources must create an environment that is conducive to the repatriation of Canadian doctors and the re-entry into training of doctors who identify a need to change their career path.
  - Programs and policies to retain doctors now practising in Canada must be encouraged.
  
4. *Solutions to the problems of medical workforce in Canada will require greater attention to the infrastructure for education and practice.*
  - The educational infrastructure must be provided with the commensurate human, physical and financial resources as Canada implements the measures needed to redress its workforce shortages through increases in the intake into undergraduate and postgraduate programs, repatriation into the postgraduate medical education system of qualified Canadians and landed immigrants who have trained outside of Canada, and the integration of qualified International Medical Graduates into the Canadian medical workforce.
  - Educational models—through the continuum of undergraduate, postgraduate and continuing education—must emphasize the broad-based and specialized skills required to address patient needs in Canada's diverse settings, timely access to safe care, high quality and reliance on sound evidence.
  - Health care research and individual practice naturally evolve to promote increased interest in specialized areas. It is therefore necessary to establish an appropriate balance between generalism and specialization and to promote flexibility and distribution of resources to meet the changing needs of the population.
  
5. *Planning and provision of care must occur in an environment of collaboration and mutual respect.*
  - Practice models and work environments should support inter-disciplinary collaboration, but also value the education, training and experience of each team member in the delivery of patient-centered health care. Appropriate (or appropriately structured) models should recognize the unique roles and important contributions of each care provider, including physicians. Inter-disciplinary models will facilitate better utilization of our current health workforce, thereby contributing to Canada's medical workforce self-sufficiency.
  - Governance related to the management and planning of health care resources must include all relevant health professions, and should also include members of the public and governments.

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