

10 things to know about international medical graduates (IMGs)

1

IMGs are physicians who completed medical school outside of Canada/USA.



This includes Canadians/Americans who went abroad for medical school, then returned to Canada/USA for residency.

Like other organizations, CMPA often uses this term in relation to information and resources intended for IMGs who are new to practice in Canada.

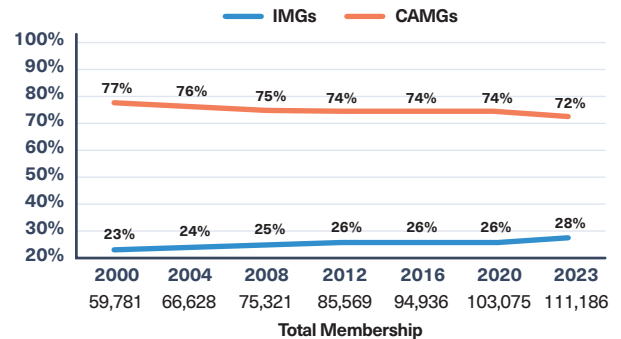
Physicians who complete medical school in Canada/USA are referred to as "CAMGs" (Canadian and American medical graduates).

2

As of 2023, 28% of CMPA members are IMGs – and that number is increasing.

In fact, IMGs are one of the fastest-growing groups in CMPA's membership.

IMGs and CAMGs, percentage of total CMPA membership by year (including trainees)



3

IMGs are healthcare leaders, frontline providers, and academics.

IMGs hold positions across the breadth of the healthcare system. They include family physicians and specialists, and they practice in all clinical settings – from remote rural communities to large urban hospitals.



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IMGs are a highly diverse group.

They vary by age, length of practice before moving to Canada, country of primary medical qualification, and pathway taken to licensure. An IMG might be:



A physician who moved to Canada with direct entry into practice.



Someone who was born and raised in Canada, attended medical school abroad, and returned to Canada to practice.



A person who graduated from medical school outside of Canada/USA who came to Canada to complete residency training or fellowship before transitioning into practice.

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IMGs face the same challenges in their practice as CAMGs.¹

In a 2024 CMPA survey, IMGs and CAMGs expressed the same top 5 challenges to their practice:



1. Excessive paperwork and administrative work



2. Increased patient demands and expectations



3. Time constraints



4. Balancing workload with personal life




5. Patient care challenges/patient dissatisfaction

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IMGs and CAMGs seek advice from CMPA for many of the same reasons.²


Between May 31, 2023, and May 31, 2024, medico-legal advice calls from both IMGs and CAMGs fell under the same top 5 categories:

1.  Medical records

2.  Termination of doctor-patient relationship

3.  Challenges in communication with patients

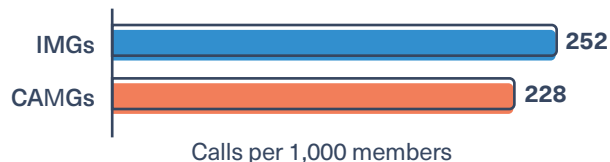
4.  Requests for physician notes

5.  Business of medicine (e.g. general administrative issues)

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IMGs call CMPA slightly more frequently than CAMGs...²

CMPA advice calls between 2019 and 2023:



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...and they encounter unique challenges on the path to licensure.³


Some of these challenges include:

 Lack of social support

 Adjustments during the immigration process

 Encountering discrimination

 Less choice in location or specialty

 Lack of clarity regarding the licensure process

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IMGs do not have a higher rate of being named in civil-legal cases.



We compared the medico-legal case rates and case outcomes of IMGs and CAMGs.

After controlling for variables such as province of practice, years in practice in Canada, age, gender, geography, type of practice, and other factors, we found no difference between IMGs and CAMGs in civil-legal case rates and case outcomes.

10

CMPA is supporting IMGs. We provide resources about Canadian healthcare from a medico-legal lens.

Information on our IMG webpage is intended for IMGs new to practice. ▶

Our resources can help members learn about medico-legal principles that are key to practice in Canada.



Sources

CMPA 2024 General Membership Survey; CMPA interviews with 40 IMGs across Canada (from August to November 2024); analysis of CMPA advice calls occurring between 2019 and 2023; multilevel multivariate statistical analysis of medico-legal case data; CMPA literature review on the challenges faced by IMGs.

1. Based on responses to the question "What are the top three challenges you face as a practicing physician today?" in the CMPA General Membership Survey in 2024 (total respondents = 8,636; total responses to this question = 6,200). Responses are arranged in descending order according to frequency of mention, which was the same between IMGs and CAMGs. Based on qualitative analysis without statistical significance.
2. Based on analysis performed on de-identified, aggregate data on 5,764 advice calls coded in this time period.
3. Based on literature review on challenges facing IMGs and a qualitative research study including interviews with 40 licensed IMGs across Canada.