

# Foreign-trained physicians frustrated at lack of residency positions

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Foreign-trained physicians feel there are not enough residency positions for them in countries such as Canada and the United States and this information was not communicated to them before they emigrated, according to a new study by Dr. Aisha Lofters, a family physician and researcher in the Centre for Research on Inner City Health of St. Michael's Hospital. Credit: St. Michael's Hospital

Foreign-trained physicians feel there are not enough residency positions for them in countries such as Canada and the United States and this information was not communicated to them before they emigrated, a

new study has found.

Researchers at St. Michael's Hospital surveyed international medical graduates to better understand the concepts of "[brain drain](#)," the migration of [health care workers](#) from low- and middle-income [countries](#) to higher-income countries, and "brain waste," where their skills are under-utilized or not utilized in their new country. Many were older physicians who had spent a considerable amount of time and money trying to obtain a medical residency position.

Residency is a mandatory stage of graduate medical training in which someone who has received a medical degree works in a teaching hospital for two to five years learning from senior doctors.

Dr. Aisha Lofters, a family physician and researcher in the hospital's Centre for Research on Inner City Health, said only about 55 per cent of international medical graduates, or IMGs, living in Canada are currently working as physicians. In 2011, 1,800 applicants competed for 191 residency spots designated for foreign trained physicians in Ontario, Canada's largest province. The success rate that year was about 20 per cent for Canadians who had gone abroad for their medical training compared to six per cent for immigrant IMGs.

The numbers are similar in the United States where almost half of international [medical graduates](#) are unsuccessful in their first attempt at securing a residency position. In 2013, 47.6 per cent of non-American citizen applicants secured a residency position compared to 53.1 per cent of U.S. citizens trained in international schools. IMGs who are originally from the United States ultimately have a 91 per cent success rate, while only 73 per cent of IMGs born outside of the United States are ultimately successful.

In a paper published in the *Journal of Risk Management and Healthcare*

*Policy*, Dr. Lofters said those statistics for IMGs in Canada and the United States are not specific to immigrants from low- and middle-income countries, so it's possible their numbers might be even lower.

Of the 462 people whose survey results were studied, Dr. Lofters said the top five reasons for choosing to emigrate were: socioeconomic or political situations in their home countries, better education for their children, concerns about where to raise children, quality of facilities and equipment and lack of opportunities for professional advancement. Those same responses were the top five reasons given for choosing to immigrate to Canada.

"When asked if they had any other comments they would like to share regarding their migration experience, a substantial number of respondents reported feeling that they were misinformed as to their actual chances of obtaining a residency position in Canada," Dr. Lofters said. "Because they were skilled workers and allowed to migrate to Canada, many reported assuming that they would be easily able to find employment in medicine and expressed anger that their assumption was incorrect."

She said many spoke of the shame they felt in taking what they viewed as "survival jobs," delivering pizzas or driving a cab instead of practicing medicine. Many said they regretted their decision to move to Canada.

"Our findings suggest that brain waste is pervasive for physicians who migrate to Ontario and that both brain drain and brain waste have no easy of quick solutions," Dr. Lofters said. "Restricting emigration and immigration for health care workers would be very difficult from an ethical and moral standpoint."

She said that where feasible, low- and middle-income countries should implement incentives to encourage their physicians and other [health care](#)

workers to stay in their home countries, such as improved working conditions, financial incentives for working in rural or underserved regions. At the same time, she said, countries like Canada need to ensure that the immigration process clearly outlines the relatively low likelihood of obtaining a career in medicine after immigration, the low number of post-graduate training positions available for non-Canadian IMGs and the average time and financial commitment required.

Provided by St. Michael's Hospital

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