## THE LAW • QUESTIONS JURIDIQUES

## Foreign medical graduates face an uphill struggle for coveted Canadian internships

**Elizabeth Godley** 

hen Dr. Rosa Maria Bitonti became engaged to a Canadian, the future looked bright. Canadian immigration officials in Rome said her status as a physician would ease her entry into Canada. And after she passed an evaluation exam, she was told, there would be nothing stopping her from practising medicine in her new country.

"I was very excited," she says. "I knew John [her fiancé] was well established here, and I knew I had a great opportunity. I had great expectations."

But Bitonti, who was educated at the University of Rome, has been in Vancouver since 1983, and her dreams of practising medicine — dreams she has cherished since her childhood in Calabria, Italy — have shrivelled and died.

Although she passed the Medical Council of Canada's evaluation exam in 1985 and again in 1990, Bitonti has been unable to secure an internship. While she waits for a resolution, the couple's plans for children must also wait, as must Bitonti's hopes of bringing her mother and sister to Canada.

Bitonti is one of six graduates of foreign medical schools — all Canadian citizens or landed immigrants living in British Columbia — who have filed a complaint with the province's Human Rights Council. The doctors are also planning a lawsuit in the BC Supreme Court based on the Canadian Charter of Rights and Freedoms. A complaint to the federal human rights tribunal was recently denied a hearing, on the grounds that the alleged act of discrimination occurred more than a year ago.

Joining Bitonti in the actions are Dr. Adina Cimpeanu, who trained in Romania, Dr. Teofilo Goyengko, trained in the Philippines, Dr. Raminder Randhawa, trained in Russia, Dr. Monie Stanley, trained in India, and Dr. Gabriele Salvadori, trained in Italy. Salvadori is now interning in Detroit; a seventh doctor, Etela Newman, who trained in Czechoslovakia, is now interning at a BC hospital.

The legal actions follow 3 years of protests, demonstrations and hunger strikes that gained publicity for the doctors' plight, but no resolution.

The issue of foreign-trained doctors who immigrate to Canada and want to practise here is a complex one that involves several parties, ranging from the Medical Council of Canada (MCC) and the Canadian Interne and Resident Matching Service (CIMS) to various licensing bodies and hospitals.

The Ottawa-based MCC sets exams that both Canadian- and foreign-trained doctors must pass in order to practise. Before 1991,

the council divided foreigntrained medical graduates into two categories, depending on the country of training. The Englishspeaking countries — Britain, Ireland, Australia, New Zealand, South Africa and the United States — were in category I. All other countries were in category II.

The College of Physicians and Surgeons of BC has traditionally required foreign-trained graduates from category II countries to complete 2 years of postgraduate training. One of these years can be completed in any category I country, but the other must be completed in Canada. Also, all category II graduates must write the Medical Council of Canada Evaluating Exam (MCCEE).

Also involved is the Canadian Interne and Resident Matching Service, which pairs medical school graduates with internship positions in teaching hospitals across Canada. Provincial health ministries determine the number of internships and other postgraduate training positions to be fundand hospitals themselves choose the internship candidates they want. Each teaching hospital has a specific number of positions, many of which are not available to graduates of foreign medical schools.

When Bitonti wrote to Memorial University in Newfoundland seeking an internship, the Faculty of Medicine informed her

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that "we fully expect to fill all rotating internship positions with graduates of Canadian medical schools..."

Currently, category II graduates in BC who hope to be licensed in the province must complete parts 1 and 2 of the Medical Council of Canada's Qualifying Examination. Only those who place in the top 50% of applicants will be eligible for internships; those who pass the exam but rank in the bottom half will not be eligible. Also, category II graduates must score at least 600 on the test of English as a second language.

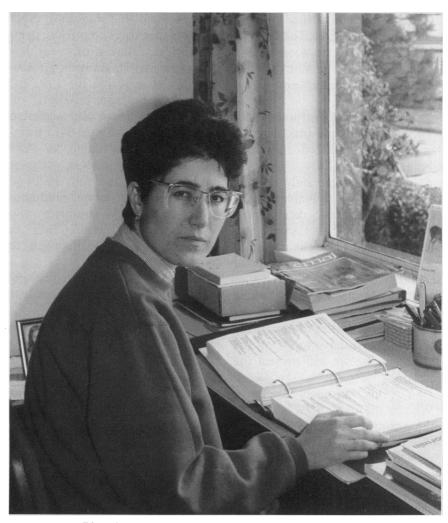
Even after all these requirements are met, there are still only two internships in BC allotted to foreign graduates.

At first glance, these policies may appear reasonable. Many Canadians think that medical graduates of this country, whose education has been supported through taxes, deserve first crack at internships and, eventually, jobs.

Stephen Owen, BC's ombudsman, expressed this view in his February 1991 report on the situation facing foreign-trained doctors. "It is fiscally sensible as well as fair [that graduates of Canadian medical schools be given] some—although not absolute—priority [for internships]."

Owen also noted, however, that for foreign graduates "who have completed internship outside Canada or the US, there is a potential for unfairness because of the current distinction made by the College of Physicians and Surgeons between category I and II countries." And, as the ombudsman pointed out, there is no ongoing accreditation by Canadian authorities of medical schools in category I countries, which would explain a preference given to these graduates.

David Lunny, the lawyer handling the six doctors' legal actions, and his assistant, Greg Samuels, contend that the distinction be-



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tween category I and category II countries is clearly discriminatory. Lunny and Samuels cite several Canadian human rights cases to buttress this opinion, as well as the Canadian Charter of Rights and Freedoms and the Multi-Culturalism Act, which states that any preference must be based on the professional or educational qualifications or the other merits or attributes of individuals.

In addition, they say, "the doctors are effectively precluded from obtaining internships in the province, by virtue of the discriminatory process which is involved."

However, Dr. Victor Waymouth, a deputy registrar at the College of Physicians and Surgeons of BC, sees things differently. He says the college is bound by a duty to the public not to allow

inadequately trained doctors into the system.

"There are certain medical schools in the world that have had many graduates come to Canada and enter into practice, going back over a long period of time," he says. "We have found by experience that these graduates are trained in a system like the Canadian system."

He acknowledges that at least two doctors from Great Britain have recently been permitted to practise in BC without passing the MCCEE. "Every month, the council of the college entertains requests for licences to practise medicine in BC from physicians who lack some of the requirements for full registration," he says. "Council has the authority to grant a type of registration to practise" in a district "that is

having a problem getting a physician who is qualified. The council has the authority to look at the credentials of the person they are asking us to consider" and waive the regulations.

The two British-trained doctors in question are practising in remote towns, Elkford and Bella Coola.

The college can only rely on its experience when evaluating the education a doctor received in countries other than Canada and the US, because there is no method of accrediting foreign medical schools, Waymouth adds.

"The qualities of a practising physician are so complicated that it is not just a matter of measuring knowledge. We have to err on the side of saying we will protect the public."

To this, Samuels responds: "Who is the public? BC's diverse ethnic communities have the right to receive quality health care. Some of these needs can only be served by doctors familiar with the different cultural practices of other countries."

Waymouth predicts that foreign medical graduates (FMG) will find it increasingly difficult to intern in Canada because in 1993, BC medical graduates will need 2 years of postgraduate study or internship. That requirement will add to the already enormous pressure on teaching hospitals, which are overwhelmed by the large numbers of graduates seeking internships, he says. "I personally feel very bad for the graduates of foreign medical schools [who live in BCl."

He insists that Canadian hospitals do not reserve internships for Canadian graduates. "Anyone who meets the college's licensing requirements can apply for an internship. It is then up to the individual program director to select." He adds that many foreign graduates have been selected over the years.

But Samuels says that while

FMGs from the US and other English-speaking countries commonly get internships, very few from category II countries are successful. He says that the 1991 BC Royal Commission Report on Health Care and Costs suggested that 18.3% of the post-MD training positions available in 1989 were filled by FMGs. "Closer scrutiny reveals that only 1% of all foreign medical school graduates from category II countries who were registered with CIMS in 1988 to 1989 were matched to positions."

He agrees there is a pressing need for doctors and specialists outside urban centres. But in his view, the College of Physicians and Surgeons of BC does not have the right to waive regulations, as it did in the case of the two Britishtrained doctors. Moreover, he says, "our clients are anxious to take any position available, in any rural area." Many of them have practised in their home countries, one for 10 years. Canadian taxpayers would be well served by the experienced, capable FMGs who wish to practise here, he ar-

"There are 50 people [in BC] waiting for placement [as interns]," Samuels says. "Most of them were encouraged to come to Canada because they were doctors." Further, he said, the MCC still operates examination centres in category II countries, where would-be emigrants can take the MCCEE. "If that isn't encouragement to come to Canada, what is? I certainly don't think they are doing their job in dissuading doctors from coming here.

"Our clients are citizens of Canada, and in every discipline tested, have scored as high or higher than Canadian medical graduates. Nonetheless, they are precluded from practising their profession by virtue of the country they trained in."

Rosa Maria Bitonti's husband, John, who is the spokesman

for the six foreign medical graduates, says the group was driven to legal action after the provincial government ignored repeated pleas for help.

In 1989, John Bitonti says, BC's then minister of health, Peter Dueck, assured him that the province was planning a special internship program for FMGs, and that the three foreign-trained doctors then in the group would be included in it.

"But nothing happened," he says.

The doctors then staged a demonstration in front of the legislature in Victoria. In a subsequent meeting with then Premier Bill Vander Zalm, Bitonti says they were assured that the situation would be resolved.

But in July 1990, frustrated at what they saw as a lack of action on the government's part, the group — then made up of seven doctors — staged a 16-day hunger strike that ended when the premier agreed to meet with them.

At that meeting, according to John Bitonti, the provincial health ministry agreed to obtain internships for the seven doctors as a short-term solution to the problem, and to initiate a study to seek long-range solutions.

However, says Bitonti, once again nothing happened, and in February 1991, the doctors embarked on another hunger strike. This one lasted 20 days before the government intervened, this time with a proposal for a special internship program at St. Paul's Hospital in Vancouver.

Bitonti says this program, which can only accept two interns a year, merely continues the unjust practice of segregating category II medical graduates from their Canadian and category I counterparts. In his view, a special program would be completely unnecessary if all foreign medical graduates were allowed to compete on an equal basis with Canadian graduates.