



Muslim Medical Association of Canada



# International Medical Graduate Guide 2019 Edition

وَمَنْ أَحْيَاهَا فَكَأَنَّمَا أَحْيَا النَّاسَ جَمِيعًا

And whoever saves [a life], it is as if he has saved all  
of humanity [5:32]



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# INTRODUCTION

The IMG road to medical licensure can be arduous. While information about specific successful criteria for gaining residency is not published, nor offered directly by program directors; based on trends and the experience of others, this document serves to provide some tips for IMG's to successfully match into residency (and eventually get licensed to practice medicine independently).

## DISCLAIMER:

- No organization can guarantee your success; we serve to only provide advice.
- We DO NOT provide observership/rotations/research positions directly. Please read below for more information on obtaining Canadian clinical experience.
- Please read this document thoroughly prior to directing your questions to the Muslim Medical Association of Canada (who can liaise with their IMG advisors).
- We have no affiliation to any medical organization, residency program or advisory group.
- Residency, exams, licensure requirements, criteria and timelines are subject to change.

## Some Helpful Links

- 1) CaRMS Eligibility Criteria: <https://www.carms.ca/match/r-1-main-residency-match/eligibility-criteria/ontario/>
- 2) Health force Ontario (Advisory Group): This is a great resource, funded by the Ministry of Ontario that specializes in advising IMG's about career options and matching into residency. They DO NOT guarantee success. Their counsellors are well---versed and experts in this regard. They provide a wide range of services including helping with your resume/CV, mock interviews, and info sessions/presentations.

Please see their website for more information (linked here is information for internationally educated physicians on becoming qualified for independent practice):

[http://www.healthforceontario.ca/en/Home/Health\\_Providers/Physicians/Registration\\_Requirements](http://www.healthforceontario.ca/en/Home/Health_Providers/Physicians/Registration_Requirements)



# GENERAL ELIGIBILITY REQUIREMENTS

## BASIC ELIGIBILITY REQUIREMENTS FOR FIRST ITERATION

To participate in the CaRMS (Canadian Residency Matching Service) match, you must:

- 1) Must be a Canadian citizen or permanent resident
  - Even International Students who attended Canadian Medical Schools are ineligible to participate in the CaRMS match
- 2) Must be a medical student or graduate in the process of obtaining a medical degree by July 1<sup>st</sup> of the match year from an institution listed with the World Directory of Medical Schools
  - World Directory of Medical Schools (published by the Foundation of the Advancement of Medical Education and Research – FAIMER): <https://www.wdoms.org/>
- 3) Have Written and passed the Medical Council of Canada Qualifying Exam (MCCQE) part 1 and National Assessment Collaboration Examination (NAC)
  - Students beginning residency in 2019 were the ones needing to complete the Medical Council of Canada Evaluation Examination (MCCEE)– the MCCEE has been phased out and IMGs can now proceed directly to writing the MCCQE part 1
  - The scores on these exams have traditionally been very important for those wanting to pursue family medicine (or any residency for that matter) in Canada
  - For more on the MCCQE: <https://mcc.ca/examinations/mccee/>
- 4) Meet the language requirements
  - If you went to a school where English or French was the primary language of instruction, you already meet the language requirement. If not, you will need to complete any ONE of the following:
    - International English Testing System (IELTS) with a min score of 7 in each component
    - TOEFL-iBT- passing score of 93 including a min score of 24 on the speaking test
    - A pass result in French proficiency test administered by the Collège des Médecins du Québec
- 5) Have never completed any Canadian or US postgraduate training
  - Preliminary training in the US is considered accredited postgraduate training for the purposes of the R-1 match *first iteration* eligibility
  - If you have completed some postgraduate training in the US or Canada, you can only participate in the second iteration of the match

## BASIC ELIGIBILITY REQUIREMENTS FOR SECOND ITERATION

The second iteration is open to candidates of any of the following categories:

- Unmatched candidates after the first iteration
- Applicants who participated in the first iteration but withdrew application
- Applicants who did not participate in the first iteration in any way
- Applicants who are only eligible for the second iteration based on provincial criteria and previous postgraduate training (in the US or Canada)



**REQUIRED DOCUMENTS** – IMGs must have all their required documents verified through <https://physiciansapply.ca/>

- Proof of Legal status (ex. Notarized copy of birth certificate, Canadian passport, record of landing or PR Card by an authority in Canada)
- Proof of medical diploma (MD)
  - Documents not in English must be accompanied by a notarized translation
  - Students applying in their last year of medical school will need to submit their most recent marks/transcripts and will need to provide proof of their MD to CPSO prior to the start of residency training

## **BRIEF OVERVIEW OF PROVINCE-SPECIFIC CRITERIA**

### *Intake Criteria for International Medical Graduates by Province*

Province	First Iteration	Positions	Return of Service	Second Iteration	Positions	Return of Service
Newfoundland	Yes	Parallel	Yes	Yes	Competitive	Yes
Nova Scotia	Yes	Parallel	Yes	Yes	Competitive	Yes
Quebec	Yes	Competitive	No	Yes	Competitive	No
Ontario	Yes	Parallel	Yes	Yes	Parallel	Yes
Manitoba	Yes	Parallel	Yes	Yes	Parallel/Competitive	Yes
Saskatchewan	Yes	Parallel	Yes	Yes	Competitive	Yes
Alberta	Yes	Parallel	No	Yes	Parallel	No
British Columbia	Yes	Parallel	Yes	Yes	Competitive	Yes

### **Position Types**

Parallel: IMGs apply to separate positions than Canadian graduates in at least one discipline

Competitive: IMGs apply to the same positions as Canadian graduates in all disciplines

**Return of Service Agreements** – return of service agreements are specific for IMG positions, therefore a CMG matching to an IMG position will also have a return of service. Similarly, an IMG matching to a CMG position will not have a return of service attached to their offer.

- *Newfoundland/Nova Scotia*– The RIS (return in service) contract has been developed jointly by the four Atlantic Provinces and incorporates a length of return of service equal to the number of years the physician spent in his/her residency training program
- *Quebec/Alberta* – No return of service
- *Ontario* – IMGs who accept a residency position must provide five years of full-time service in an eligible community (anywhere in Ontario except Ottawa, Toronto, Pickering, Markham, Vaughan, Brampton and Mississauga)
- *Manitoba* – Length of term dependent on residency but the IMG will practice medicine in medically underserved areas in Manitoba for return of service
- *Saskatchewan* – Year for year return of service (equivalent to the number of years spent in the residency training program)
- *British Columbia* – Return of service for two years in underserved areas of British Columbia

# NEWFOUNDLAND AND LABRADOR/MEMORIAL



## *Application Requirements*

- All applicants matched to postgraduate medical education programs at Memorial must meet the requirements for the postgraduate education registration with the College of Physicians and Surgeons of Newfoundland and Labrador (CPNSL)
  - Full list: <https://www.carms.ca/match/r-1-main-residency-match/eligibility-criteria/newfoundland-and-labrador/>
- Other than the proof of citizenship/PR, notarized documents are not required for the application process BUT will be required if accepted



## *Clerkship Rotations*

- Must have completed a minimum 8-week rotation in each of the core rotations of medicine and surgery and a minimum 6-week rotation in obstetrics/gynecology, pediatrics and psychology
- Rotations must be completed in accredited teaching hospitals within the final two years of medical school (all IMGs are required to submit the Core Clinical Clerkship form on the CaRMS website)
- Applicants who have been away from medical school, postgraduate training or active clinical practice for more than two years will NOT be considered for education registration
  - Training/educational experiences completed under an IMG assessment program or clinical training program are NOT recognized as active clinical practice or training

## *Required Exams* (exams must be completed, and results submitted by application deadline)

- National Assessment Collaboration Exam (NAC)
- MCCQE Part I and Part II



## NOVA SCOTIA/NEW BRUNSWICK/PRINCE EDWARD ISLAND

### *Application Requirements*

- Proof of MD or DO degree
- Language requirement

### *Required Exams* (exams must be completed, and results submitted by application deadline)

- National Assessment Collaboration Exam (NAC)
- MCCQE Part I and Part II
- COMLEX (acceptable alternative for DO graduates)

# EXAMS

Some helpful notes on exams/exam scores

- a) Prior to applying to CaRMS, try to have all your scores in. While there is no known specific score cut-off for success, obviously the higher your score the better your odds.
- b) Which exams should you do? While CaRMS only requires MCCEE (and the NAC exam is also required in some jurisdictions), to be as competitive as possible, it's best to have as many exams completed as possible with passing/good scores.
- c) What about US exams? It's unknown whether or not programs look highly at these scores. However one ought to be as competitive as possible. If possible, it is worth your time writing US exams (i.e. USMLE's) and applying to USA programs. You are also able to include these scores in your CaRMS apps. Does passing/good USMLE scores help? Unknown. However, they certainly would not hinder your chances and may possibly give you an edge over another applicants with similar exams/scores to yours.
- d) How do I prepare for Canadian / US exams?
  - Forming study groups amongst your peers, sometimes on online forums
  - Review books that can be bought from any medical school's book store (i.e. U of T's bookstore is a great resource: 214 College Street, Toronto, ON M5T 3A1). These books are revised often, please call your local medical school bookstore or visit the websites for more information.
  - Kaplan review courses. Various formats. Mainly for US exams. Various other companies provide similar courses
  - Question banks. Practice questions from question bank books or online courses. Some resources are available online, but are not officially sponsored by the Medical Council nor UMSLE/ERAS organizations. Please contact your local medical school bookstore for information on the latest courses and books.
  - Which books/courses do I take? This is a common question, which the answer to changes every year based on the varied experiences of people. First off, you must understand your own learning style. Some people prefer certain types of interfaces/question formats that suit their learning style. When at the book store, or online, look at examples of questions and see what you feel most comfortable with. The material is the same in most books as all the companies keep up to date with the exam subject material.
  - DEADLINES – be aware that exams have deadlines, and reporting of scores can take time. Ensure you apply early, write the exams early, to ensure timely reporting of your scores to include in your applications.



# CLINICAL ROTATIONS/OBSERVERSHIPS

## CLINICAL ROTATIONS

Clinical rotations are usually performed while still actively in medical school (i.e. during your third and fourth years)

- A) While in medical school, try to do rotations in the place and specialty you want to practice in. For example, if you want to pursue a career in Family medicine in Ontario, try to do rotations at a Family medicine unit in Ontario
- B) How do I find rotations?
  - a. Your personal contacts (i.e. community physicians) may have spots available. You may have to pay these physicians for their time, or your medical school may be able to arrange the rotation/payment on your behalf.
  - b. Contact medical school coordinators for available rotation spots in areas of interest
  - c. Visit the websites of the various medical schools and search for “clinical elective rotations”. You can often arrange rotations on your own by contacting this department. Please note, there may be a wait time for a position, so start this process early! An application may be involved, that would require you to submit scores, CV/Resume, school information and vaccination documentation, etc
  - d. All medical schools also have a “post graduate medical education” website. Under this PGME portion of the site, you may be able to find “clinical elective” rotation information for the various specialties

## OBSERVERSHIPS

Observerships are usually performed after you have graduated from medical school and allow you to get exposure to Canadian health care.

- A) How do I get observerships? The PGME (see above) sites of all medical schools usually have information about observerships and contact information. Similar to rotations, an application process is required.
- B) How are observerships different from clinical rotations? Is one better than the other? Observerships are limited in that usually, the observer is not permitted to do hands-on work with patients (i.e. physical exam). Some hospitals also require that the observer may only be in the room with a patient when the supervisor is present. These rules, however, vary. As an example, the College of Physicians and Surgeons of Ontario does not have explicit rules on this matter. Certain individuals may be “delegated” certain medical acts, but rules remain vague on the matter of observers. Hospitals do often mandate specific rules. Thus, the exposure and nature of the observership may vary depending on one’s site location.
- C) Clinical rotations vs observerships. If possible, try to do clinical rotations (as part of your medical school curriculum), as it allows for hands-on management of patients. If not possible, it is still worth your time to do observerships wherever available.
- D) Do program directors look highly on observerships? It’s not known whether program directors as a whole look upon these as favorable. However, doing something is always better than nothing! The greatest value to observerships is gaining experience in a Canadian setting. It allows you to observe and understand the interactions and nature of health care in Canada. Also, it’s another opportunity to get a letter of reference.



# VOLUNTEERING AND RESEARCH

## Volunteering

If you are unable to do clinical rotations, observerships, then you can continue to show programs your commitment to gaining Canadian experience by volunteering in any health care setting. All hospitals have a volunteer department that you can contact and put forth an application for. Is this highly sought by program directors? Certainly not as hands-on as clinical rotations, however, again, something is always better than nothing!

## Research

Research is always looked upon favorably. Most residents are required to be involved in research and the various medical organizations pride themselves on their evidence/research-based means of practice. If you ever have a chance to be involved in research, try to do it, especially if it leads to being published in a journal. Listing your publications in your applications sets you apart from most IMG applicants

- a) How do I get research positions? – Contact the research department of medical schools and look at the list of various current projects. Contact the research coordinators and ask to volunteer in the project. Some may or may not require previous research/statistical skills/epidemiology and experience.
- b) Personal contacts – many physicians you know are actively involved in research. You may ask them if they need volunteers to help gather data, and thus, be a part of the project.
- c) Pharmaceutical companies --- They conduct a lot of lab work and research. You can always go on the websites of various pharm companies to see if opportunities arise, in addition to contacting your personal friends you may have in in the pharmaceutical business. Newspapers, and biotechnical programs (in universities and online) may also post opportunities.
- d) What kind of research? – Anything related to your specific field of interest is ideal, however, being involved in any kind of medical/clinical research only benefits your application.
- e) The National Institute of Health (USA) posts research jobs here: <http://www.jobs.nih.gov/vacancies/scientific/>



## WRITING AN APPLICATION

When submitting your application, whether it be to CaRMS or US programs ensure the following:

- a) Have it edited by an expert. Health Force Ontario and/or your personal friends who are familiar with the process are good examples. There are also online resources that specialize in professional editing of personal statements, etc. (i.e. Essayedge.com)
- b) Try your best to MAXIMIZE each page. If there is a page for volunteering, maximize what you can write in it. If there is a page for research or clinical rotations, maximize what you write on each page. Remember, it's a competitive process. The more you have in terms in quality and quantity, the more competitive you are.
- c) Personal statement – make it stand out. Do not use generic templates. It's a competitive process. Focus on your unique experiences, motivations and goals. Have it edited by an expert.
- d) Letter of reference – Get them at every opportunity you can. Most programs want recent letters (i.e. within 6 months of application). Even if your letter is from beyond 6 months, one can take the letter back to the preceptor to merely update the issue date on the letter. This option is much easier than waiting several months/years later to get a fresh new letter, when the preceptor probably doesn't remember their time with you anymore. Ensure the letter focuses on your experience in Canadian/US health care, expressing your management and commitment. Get letters from clinical rotation supervisors ideally, however, if not available, get them from whoever supervised your observership/volunteership or employers. Something is always better than nothing.
- e) Canadian experience – as much as possible, highlight your Canadian experiences in health care (be it rotations, in your statement, volunteering, etc.)
- f) IMG “friendly” programs – When researching programs, look to see if the program shows the bios of their current resident. If the program has a lot of IMG's, its considered an IMG “friendly” program and worth considering applying to

# NETWORKING AND INTERVIEWS

## Network

If there is a chance to meet program directors (i.e. Health Force Ontario events, etc.), or physicians involved in residency programs, do it. Networking is an important skill to have in all job fields. The people you make a good impression may also be the people you interview with.

## Interviews

If you are successful in getting interviews:

- a) Wardrobe – make sure your suit/outfit is professional. Get expert opinion on fashion tips
- b) English – try your best to master the English language, even if it means taking external courses to improve your ability to speak English
- c) Be personable – residency program directors are not only medical physicians, but like you, they also have a life outside of medicine. Being able to relate to and adapt to any form of conversation is a definite asset (i.e. if you interview in a particular city, know about their culture, local events, sports, etc.)
- d) Know your audience – Before going to an interview, get to know their interviewers and program as much as possible. Research the program, their staff, the projects they are involved, the surrounding city and culture.
- e) Have insightful questions to ask – at the end of most interviews, you are given a chance to ask questions. Ask questions that are thoughtful and show that you really want to be a part of the program. This is also a golden opportunity (albeit short amount of time) to tell them about any other of your other admirable attributes that would make you an asset to their team.
- f) PRACTICE your interview skills. Health Force Ontario hosts mock interviews, but you must apply early as spots get filled up quickly. Also make use of your expert friends to help you prepare for interviews.



# USA PROGRAMS AND OTHER HEALTH-RELATED FIELDS

## UNITED STATES PROGRAMS

There are approximately 150 medical schools in USA. That is nearly 10x more than Canada! To maximize your chances of matching in to a residency, if possible, one should consider applying to US programs

- a) If I do residency in USA can I come back and practice in Canada? – Provincial licensing rules can vary year to year. And each province has its own licensing rules. In most cases, one can obtain licensure in Canada after completing a US residency, however, one may have to do extra training to ensure their credentials are equivalent to Canadian standards.
- b) If I do residency in USA, do I have to write the Canadian exams and USA exams? - -- Provincial licensing rules can vary province to province. In order to get residency in USA, one must have atleast written USMLE Step 1 and 2. Most US residents eventually write USMLE Step 3, to ensure full practice licensure in that particular US state upon residency completion. To return to Canada, you may have to do Canadian exams, however, in some cases, US exams may be considered equivalent to Canadian exams, depending on the province you wish to get licensed in. Please refer to the individual provincial licensing websites for updates and specifics
- c) How much does it cost to apply to US programs? Costs vary depending on the number of programs you apply for. It can be anywhere from \$100 to several thousand dollars depending on how many applications you put forth. The application process, like CaRMS, is electronic (NRMP/ERAS). There is also associated travel costs and hotel costs for attending interviews.
- d) Immigration in USA? – If you are not a green card holder, nor a US citizen, you can only apply to US residency programs that willing to sponsor work visa's (i.e. J1 or H1 visa, etc.). The residency program websites will usually post this information.

### **What if I don't match? --- Health care related employment.**

It often takes various attempts in multiple years to obtain a residency position. In that time, one obviously needs to earn a living. If at all possible, try to obtain employment in any health-care related field. Most hospitals, medical schools, pharmaceutical companies, biotech companies have employment websites. Moreover, make use of your networking skills and personal contacts. Finally, job counsellors (including personnel at Health Force Ontario) can also offer helpful tips.



## FINAL TIPS SUMMARY

- Do all the required exams before application season begins. Score high, in fewest number of attempts. Do not pay attention to “cut-off scores” that people speak about. Focus on scoring the highest you can score.
- Maximize the content of each page in the residency application
- Have your applications and personal statements edited professionally
- Consider applying to as many programs as you can, including USA. Casting a wider net ensures more interviews and more chances to match.
- Deadlines – be aware of application deadlines and exam/score reporting deadlines, to ensure your application is complete upon submission.
- If you do not match, do not spend the time doing nothing. Work on improving your application for the next year and continuing to get as much Canadian experience as you can, anywhere that you can.
- Avoid negative advice, especially from online forums. People are more likely to express complaints, rather than helpful advice, thus, there is a strong bias towards discouragement. Block out the negative, focus on your own goals and put forth your best effort.
- Make use of counsellors and helpful organizations like Health Force Ontario.
- Have a plan B. Statistically, many people never match nor are able to practice medicine in Canada. While staying hopeful and focussed, one should always consider a plan B employment option, should you not successfully match into residency.