

You have to be given a chance of joining the system, that is what's missing.

ROSANNA VELLECA LIMA

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secure a scarce two-year Canadian residency in position, and that's where Khanamadi's stalled.

ing used to it. I think I'm getting close to the end of the story. I think I'm going to get a residency soon. I still have hope.”

Stories by Jenny Lee
VANCOUVER SUN

I want to work as a general practitioner in an underserved area like Quadra or Cortez which has an extreme shortage.

RUDI UNTERTHINER (Shown with wife Linda)

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Blockages for immigrant doctors need surgery

Don Coyo



At a time when 1.2 million Canadians are looking for a family doctor and can't find one, thousands of foreign-trained physicians who live in Canada are looking for a job and can't find one.

Standing between the two — the patients who want a doctor, and the doctors who want patients — is an antiquated and inflexible system under which physicians must qualify to practise in Canada. It's intended to protect the public from those with fifty qualifications, but instead it risks harming us by denying too many of us access to any doctor at all.

I'm lucky enough to have a family doctor who sees me whenever I call, but I've been waiting months for a consultation with a specialist. So I was struck by the irony when two full-fledged, experienced medical doctors dropped by *The Sun* one weekday morning and sat for perhaps an hour sipping coffee and chatting away with reporter Jenny Lee and me as if they had all the time in the world.

One of these doctors is a highly experienced heart surgeon with rock-solid credentials — just the kind that it's so hard to get to see. The other is a pediatrician who also has a wealth of experience practising at, among other places, Vancouver Children's Hospital. Certainly both these doctors are sur-

unwanted time on their hands. They're eager to be working.

And — like hundreds of others who are in their shoes — they expected to be working by now when they decided many months ago to immigrate to Canada from, in the surgeon's case, Germany and, in the pediatrician's case, Brazil. They had done their homework, and they knew how much their skills would be in demand in a land that has not trained enough doctors to meet its people's needs.

“With a medical doctor shortage nationwide and a critical shortage in B.C., they're confused that we Canadians aren't doing more to have specialists and general practitioners integrated into the system,” said Patrick Coady, co-ordinator of the B.C. Internationally Trained Professionals Network and the fifth person at our coffee-shop table.

“This is high-calibre talent,” Coady said. “We should be bending over backwards not only to attract these people [to Canada] but to integrate them.”

“We should have someone in government sitting down one-to-one, walking these people through the process, holding their hand and making sure that they get through the process and that they're put to work.”

Instead we seem to have governments and a medical fraternity that, whether intentionally or not, are piling up the roadblocks in their way.

There are, for good reason, a lot of hoops that foreign-trained medical professionals must go through in order to practise here. Canadians want to be sure that every practitioner's training is good enough and that their standards are high enough, that they speak our language well enough to communicate fully with their patients, that they understand

ences that they'll encounter among patients here.

Nobody disputes that, least of all the half-dozen foreign-trained doctors I've interviewed in recent weeks or the scores more that Coady works with every day.

What's causing all the angst is the convoluted process doctors face to get through those hoops. It's not just the time and the money it costs them. There is also — especially here in B.C. where our record on these matters is the worst in Canada — the dismal reality that, no matter how good they may prove themselves to be, most candidates will never, ever get through all this rigamarole. The decks simply too stacked against them.

At best, the system wastes several years of a doctor's productive life and countless thousands of dollars. It almost guarantees that whatever level of skill a doctor brings to Canada will atrophy, at least a bit, from disuse by the time they once again get to put it into practice.

At worst the system means that hundreds upon hundreds of doctors — potential healers whose skills are urgently needed here — will spend the rest of their working lives in much lower-skilled jobs. Unless they turn tail and go home.

The problem isn't the three comprehensive Canadian Medical Council exams that every foreign-trained doctor must take to “quality” here — though it seems to me that changes would no doubt be made if officiousdom really cared about the people who have to write them or those who are waiting to find a doctor who'll take on new patients.

For example, the several thousand dollars that new immigrants have to pay in fees to write these exams could be

offered more frequently and in more convenient locations. And a structured program to fill in any knowledge gaps would help candidates prepare for them.

The real problem is that passing these exams — doesn't mean a thing.

A specialist like the German heart surgeon, who is qualified to practise in Britain and all over continental Europe, can't even write a specialist's exam without permission of the Royal Society of Physicians and Surgeons. And that can be a long, long time coming — if, indeed, it comes at all.

And those who want to be GPs — which is the case for most immigrant doctors, as specialties are so very difficult to get into — must first serve a two-year residency.

Snagging a place as a resident can be tricky in a province like Ontario, which takes 200 a year. In B.C., which takes just six a year, it's darn near impossible, and most doctors who've immigrated here will never, ever get one.

There may or may not be a few leftover residencies — those not filled by graduates of Canadian schools who get first pick — scattered around Canada after each year's hospital recruiting is done. But they're few and far between, and for immigrants with families it can be difficult and disruptive to take them.

The residencies are set up and monitored by the provincial College of Physicians and Surgeons, which cautiously says it could accommodate a few more if the money was available. But the cost — estimated at \$90,000 per resident per year — is paid for by the provincial government. And, although the B.C. Liberals have sunk \$1 billion extra into B.C. health care since coming to power, all of it has gone on other priorities.

just too cheap to support as many doctors as we need? Or is it that the bureaucracy's just too inert, with each of the several little fiefdoms doing their solitary thing rather than coming together and acting to solve the problem? Or is there, hidden behind a screen of high-sounding rules, an ugly element of protectionism from a profession that's doing very well financially and no doubt will continue to do so as long as its members' skills are in short supply?

Whatever the cause, all these many impediments to practice add up to precisely the opposite of the accommodating attitude that Coady thinks — and so do I — that we Canadians should be projecting when immigrants offer us their much-needed skills.

It's not that there are hurdles to clear — it's that there are so many unnecessary impediments in the way.

And if it's really just a matter of money that's stopping the system from doing better, what a stupid false economy it is. “We are fully trained,” says Rosanna Velleca Lima, the Brazilian pediatrician, speaking not only for herself, but for hundreds like her. “We represent a huge cost-savings for the province.”

“Even more important is to save lives,” adds Ladislav Ressler, the heart surgeon from Germany.

Ressler has been in Vancouver for a year and his family is exhausting its savings. But he remains resolutely optimistic, convinced that any day now someone in authority will realize that he's needed and open the door for him to play his role.

“If somebody needs heart surgery, it's so important to do it when they need it, not in eight months,” he said. “It doesn't make sense to wait. And I'm sitting here, offering to help.”