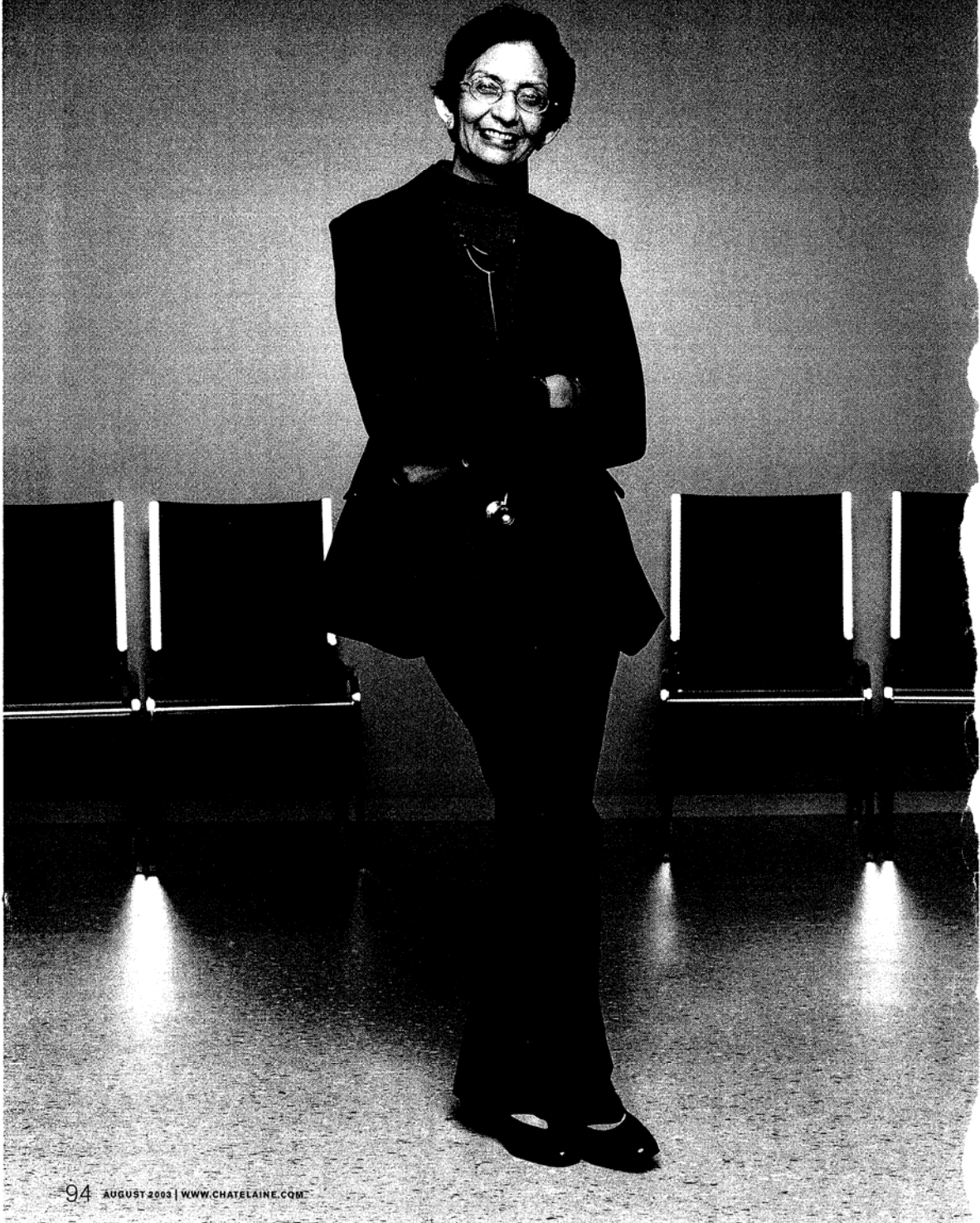


Dr. Rama Khanna is the kind of family doctor you'd want: compassionate, well-trained, experienced. But even with Canada facing a doctor shortage, she wasn't allowed to practise here. Why? By Sarah Scott

Waiting room

When the slim envelope from the government arrived on the doorstep of her suburban Toronto home, Dr. Rama Khanna knew it would reveal her immediate future. She had studied medicine in Delhi and had practised for 20 years on two continents. Now, Khanna was about to find out whether she could work as a doctor in Ontario. As she opened the envelope, Khanna, a slight pediatrician in her 50s, was confident but a little apprehensive. After all, she had spent most of the previous 12 months studying medical textbooks. A meticulous hard-working student, she aced the written exams – the national one that all Canadian medical students must take, plus a couple of others for graduates of foreign medical schools only. That was no surprise. Khanna had taught pediatrics in Bombay, practised family medicine in Qatar, and made a point of reading medical journals to keep up with the latest developments. Plus, her clipped English was perfect, honed as a child ▷



while the family travelled the world with her father, a foreign service administrator.

But Ontario's clinical exam troubled her. It wasn't her bedside manner; Khanna took care to treat her patients as whole human beings. That's why the Muslim patients in Qatar always asked for her, even though she was from India and practised a different religion. "I was one of the most popular doctors," she recalls. "The receptionist would say, 'All the patients are asking for you.' The patients understand who cares for them. That's the bottom line."

Yet the Ontario clinical exam required Khanna to diagnose problems in actors feigning a medical condition – in 10 minutes. That was different from the exams she took in medical school a generation ago in Delhi. In those days, they tested medical students on real patients. But this time she couldn't tell how she'd done.

Her life hinged on this letter. If she were allowed to practise medicine, she could finally settle in Mississauga with her husband and two adult children, instead of commuting from a medical job in Delhi, as she had been doing for a couple of years. Everything would be all right. She opened the envelope and suddenly felt foolish and frustrated as she read the first words: "We regret. . . ."

Earlier this year, Khanna was still seething with frustration. It didn't make sense. Here she was, a trained doctor who had passed all the exams required to practise in Canada, both written and clinical. Yet she didn't make the cut for the limited number of residency spots Ontario offers to foreign-trained doc-

"This was the first time in my life I faced anything like this," says Khanna, her voice laced with frustration. "This is the only country where all these weird things happen." Her sister, a pathologist in Delhi, was puzzled, too. She had read an article in a medical journal about how Canadians are recruiting doctors in other countries to deal with its shortage. She also knew that her sister Rama was one of thousands of foreign-trained doctors sitting in Canada without jobs. "She said, 'Rama, I don't understand. Why are these Canadians coming to other countries for doctors? If there's a shortage, why aren't you all working?'" Khanna laughs softly: "That's Canada for you."

The College of Family Physicians of Canada reckons we need an extra 3,000 family doctors across the country. Physicians are now so busy that about 17 per cent of Ontario GPs are not taking new patients. It's the same story everywhere. An estimated 4.5 million Canadians can't find a family doctor. And we can't count on an influx of Canadian-born GPs any time soon. Fewer than half of the medical school graduates start out as family doctors these days, down from 80 per cent a decade ago. Why? Family medicine doesn't pay as much as the specialties. And in some medical minds, it's not as prestigious. We are training more doctors, but you don't create a doctor overnight. In fact, it takes at least six years to train a family physician – four years of medical school plus two years of residency, more for specialists. We're

"Why are these Canadians coming to other countries for doctors? If there's a shortage, why aren't you all working?"

tors. And they're saying that Canada has a serious shortage of physicians, especially family doctors like her. Ontario alone has more than 100 communities begging for doctors, including Kitchener-Waterloo, just an hour's drive from the windowless front room of Khanna's brick house, where she is telling her story. Toronto isn't on the list of underserved communities, but like other major Canadian urban centres, it is culturally diverse and could use a well-travelled and experienced doctor from India. Instead, Ontario has constructed a maze that is keeping many foreign-trained physicians out.

faced with a serious gap, at least in the next six years. Now there are family doctors in Canada who would love to fill that gap – doctors trained abroad like Khanna. So, why are they sitting at home?

It's a simple question with no easy answers. Part of the problem is the sheer complexity of the system to train, assess and license doctors. It involves many players – doctors, educators, governments and licensing authorities both at the provincial and federal levels. They form task forces and strike committees, but they still haven't created a coherent process to assess how ▷

many doctors we need, what kind, and where we should find them. Another problem is the reluctance of politicians to recognize the doctor shortage. Many of them suspect that the real problem is the distribution of doctors – too many in the cities, too few in the towns and the country. More resistance comes from physicians who think that Canadians deserve first crack at this highly paid profession, and that foreign-

Closing the door on foreign-trained physicians cut the doctor supply and frustrated the hopes of doctors who are Canadian residents, even citizens. In the early 1990s, Quebec, for example, chose only the top 10 foreign-trained physicians who passed the province's annual exam for residency positions. To the politicians, cutting the supply of Canadian and foreign-trained doctors seemed like a quick way to cut

Getting into a med school became near impossible. The University of Ottawa chose only 84 out of more than 2,000 applicants in the mid '90s.

trained doctors should only be allowed to practise if we have a temporary shortage. The result is that it takes a long time to address a doctor shortage. Dr. Jeff Turnbull, chairman of medicine at the University of Ottawa and Ottawa Hospital, explains, "It's like driving a tanker in Lake Ontario."

There is a perfectly legitimate roadblock: medical authorities insist that foreign doctors meet our high medical standards. Canadians have a right to expect that any doctor licensed here meets the same standard as Canadian-educated doctors. Relaxing those stringent standards to speed the entry of foreign-trained physicians might let in someone who's poorly trained. "It's a recipe for disaster," says Dr. Turnbull, also chairman of a human resources planning task force set up by the College of Physicians and Surgeons of Ontario, the province's licensing body. "No doctor is better than a poorly trained doctor."

No one would disagree with that point, certainly not Khanna. Yet there are plenty of great doctors trained abroad, and Canada has relied on lots of them. In the late 1960s, one-quarter of new doctors had trained abroad. But we shut the door to foreign-trained physicians in the early 1990s, when Canadian governments decided there were too many doctors in general who were writing too many prescriptions, treating too many patients, and costing us too much money. So, provincial governments cut spots in medical schools. Getting into a Canadian med school became near impossible. The University of Ottawa, for instance, chose only 84 out of more than 2,000 applicants in the mid '90s. The applicants needed above an 80 per cent average in university just to get an interview.

health-care spending. They didn't pay any attention to the doctors who said they were going too far. "We told them this was a terrible error," says Dr. Elliot Halparin, past president of the Ontario Medical Association (OMA), which represents 25,000 doctors. The politicians ignored his warning.

By the late 1990s, we were facing an acute doctor shortage. A 1999 fact-finding commission in Ontario found that the province needed an extra 1,000 doctors. It turned out the government's earlier predictions about the need for physicians were about as accurate as a long-term weather forecast. But it took a while for the politicians to recognize that a doctor surplus had in 10 years turned into a doctor shortage. "We saw it coming," says Dr. Dana Hanson, a New Brunswick dermatologist and president of the Canadian Medical Association. "We pointed it out. Nothing happened." Even now, he has a hard time convincing politicians that the doctor shortage is real.

In 1999, medical schools across the country responded to the crisis by gradually increasing enrolment by 30 per cent over three years. Governments didn't always pony up the cash, of course. In Quebec, where medical schools are expanding enrolment by 60 per cent, the deans are complaining that the doctors teaching all the new students are overworked and exhausted. But even that expansion is not enough – the new medical students won't go into practice for at least six years.

Hence the need to recruit doctors trained abroad, like Khanna. While growing up in New York, Australia and Ethiopia, she had always wanted to be a doctor. Her father, keen on education, encouraged her, and Khanna spent nearly 10 years at the ▷

All India Institute of Medical Sciences in Delhi, which the Indian government built as a showcase medical school. After publishing a few articles on children's kidney diseases, she married an engineer and moved to Bombay, where she taught and practised at the 700-bed Nair Medical School and Hospital. She saw a lot of childhood malnutrition and infectious diseases there. It was a busy time – a big medical job and two young children. But her parents-in-law lived with the family and a nanny helped out, giving her a support system that many working mothers in Canada might envy. In 1986, the family moved to Qatar, where Khanna worked as a family doctor and pediatrician in a clinic. Getting a licence to work there was no problem. Khanna is Hindu and her patients were Muslim but they didn't mind. She was discreet and respectful, especially when treating elderly women who refused to remove their chadors for the examination.

After 10 years in Qatar, Khanna's son, Sumet, was angling to go to university in the West. When they applied for permission to move to Canada, the immigration officials laid it on the line: "They told me there were a lot of restrictions and I wouldn't be able to practise." But Khanna and her husband decided to move here anyway. But, she now says ruefully, "You don't think what it would be like not working."

The family moved in 1997. As it turned out, Khanna's husband didn't get a job – he couldn't get a licence to work as an engineer – so she kept working in Qatar and then in Delhi, flying home frequently to visit the

exam – the national exam all medical graduates must pass. Khanna sailed through. "I was upbeat, enthusiastic," she says. Because she had been trained abroad, Khanna was not allowed to apply for residency positions along with Canadian medical graduates. Instead, she had to do an Ontario exam to select foreign-trained doctors for training positions in hospitals. It would be tough. There were only 50 spots available each year, and 300 to 400 foreign-trained physicians lining up to fill them. She passed the written exam. She passed the clinical exam. She met the Canadian standards. But her marks weren't high enough to put her in the top 50, so Ontario officials said she'd have to do the exams all over again the next year. "I felt foolish, frustrated to have nothing in hand," Khanna says. After a year of study, she realized Canada had created a puzzling maze designed to frustrate doctors like her. "At the time if people asked me, I'd tell them bluntly: 'Don't waste your time. It's not worth the hassle.'"

Her bitterness was understandable when you consider she passed every test she was given. The association that represents foreign-trained doctors in Ontario sympathizes: "Canada has a licensing bottleneck rather than a doctor shortage," says Joan Atlin, executive director of the Association of International Physicians and Surgeons of Ontario. Things are changing – a little. In Ontario, for example, a task force of all the major players – set up by the College of Physicians and Surgeons of Ontario – called for increasing the supply of doctors, both

After a year of study, Khanna realized Canada had created a puzzling maze designed to frustrate doctors like her.

family. It was hard on them all, but Khanna felt she didn't have much choice. The family needed the money she was earning while her husband built a new business importing leather goods and golf accessories.

But she got tired of the international commute and by 2000 had moved here for good, just as reports of a doctor shortage were surfacing. So, she decided to apply for a licence to practise medicine. In March 2001, she wrote the Medical Council of Canada's (MCC) evaluation exam, for foreign-trained doctors only. That May, she wrote the MCC's first part of a qualifying

Canadian- and foreign-born. The provincial government, barraged with complaints from patients waiting too long for a doctor, acted on the task force's recommendations. Last November, it announced that 650 residency-training spots would be set aside for foreign-trained doctors over five years. Since some foreign-trained physicians are already working as residents under existing programs, it means an increase of more than 100 residencies a year. It's a big jump. Government cheques for the increased assessment and training of foreign-trained doctors, plus the streamlining of the registration pro- ▷

cess, arrived this past April. Says Dr. Turnbull: "We should be up and running within six months."

It's not so easy to evaluate doctors' skills and give them top-up training, says Mary Cunningham, manager of Ontario's Assessment Program for International Medical Graduates. Doctors are immigrating from all over the world and it takes money, time and people to assess their skills and slot them

The foreign-trained doctors are residents of Canada. Lots of them are citizens. "Just saying that if you're born in Canada you have more rights than if you're not born in Canada is the wrong answer. That's a very slippery slope," she says. "You really are creating two classes of Canadians." A perfect example of this is Ontario's recent move to bring home Canadian doctors who trained abroad. They are treated differ-

Perhaps the real issue is a deeply political one: should foreign-trained doctors be treated as any other Canadian doctor?

into whatever extra training they need. It's not just a question of adding a few seats in a classroom and hiring some extra doctor-teachers. Residents are doctors-in-training and they work in groups on the job in hospitals. Increasing residency spots requires an expansion of the medical infrastructure. "The teaching of medicine is labour intensive, hands on," says Cunningham. "You have to see patients and cases."

Foreign-trained doctors like Rama Khanna are confident they can meet Canada's standards. They're not asking for an easy ride, just a chance at the residency training posts.

Perhaps the real issue is a deeply political one: should foreign-trained doctors – who are now landed immigrants or even Canadian citizens – be treated as any other Canadian who is trained as a doctor? Or should Canadian-born doctors come first? The medical associations clearly think Canadians should be first in line to get into the exclusive medical club. They talk about self-sufficiency: we should train enough of our own kids to be our doctors. Then, if there's still a temporary shortage, foreign-trained doctors should be let in. As they see it, if we're going to increase the supply of physicians, we should turn to Canadians first: "There are a lot of incredibly intelligent Canadians who'd like to go to medical school and can't get in," says the OMA's Dr. Halparin. Public opinion seems to back him up. In a 1999 Angus Reid survey, 66 per cent of respondents said we should increase enrolment in medical schools to solve the doctor shortage, while only 28 per cent said we should recruit foreign-trained doctors.

But Atlin sees the issue in a different way.

ently from doctors who were born and trained abroad, like Khanna. Both groups will be assessed and given extra training if necessary. But the Canadian-born doctors will not be required to spend as much time as the foreign-trained physicians in underserved areas.

Mind you, Khanna wouldn't mind working in Kitchener-Waterloo or one of the many other underserved communities of southwestern Ontario. She's glad she did her exams over again. "I wasn't going to waste another year trying," she says, "but friends urged me to give it another shot."

To improve her chances, she observed a Romanian-born family doctor on the job to see how doctors and patients interact in Canada. It's a little different, she admits. Patients here like to be more involved in the decision-making process. And they have different demands. In India, you never see a teenager ask for an abortion or birth control pills – it's not as common for them to have sex. So the practice of medicine here is a little different. But after practising in India and Qatar, she's sure she can adapt: "It's not insurmountable."

So, she tried again and did all the exams, both written and clinical. By late March, Khanna was growing anxious so she asked her husband to stop the car at the mailbox, just in case. There was another slim envelope from the government. As she ripped open the letter and read the first few words, it hit her: she got in. She would be a doctor again. "I feel good," she says.

The letter doesn't solve the problem, of course: thousands of other foreign-trained doctors are still sitting at home while Canada is still hunting for physicians. But for Khanna, at least, the long wait is over. **C**