

CAVEWAS Corner

Alternative Career Path: An IMG's perspective Nurturing the hope of bridging programs for IMGs

By Islam Miftari, MD, MS, RRP



CAVEWAS Corner

Dear fellow colleagues and readers, here is our most recent contribution to CAVEWAS Corner.

As many of you know, CAVEWAS (Canadian Assessment, Vocational Evaluation and Work Adjustment Society) is a member society of VRA Canada, serving in large part to represent and support the professional and developmental needs of vocational evaluators as well as professional rehab personnel specializing in work adjustment of injured workers and the like. In this section, you will find current and candid articles authored by CAVEWAS members, non-members (and future members alike) that will share, discuss, and communicate with you developments and changes affecting our membership. Amongst them issues of best practice, professional development and designation, as well as industry trends.

We hope you continue to find the content in this section stimulating, motivating, and informative and we encourage your ongoing participation and contributions.

Enjoy!

CAVEWAS

National Board Of Directors

If you are a CAVEWAS member and have any ideas, opinions, or thoughts relevant to this section and you would like to share, discuss, and communicate them in the next issue, please contact: Melissa Bissonnette at mbissonnette@insightadvantage.ca. We also encourage you to join our group on LinkedIn.

IMGs (International Medical Graduates) Continually Welcomed to Canada

Citizenship and Immigration Canada is still following an open policy of immigration allowing thousands of skilled professionals, among them International Medical Graduates (IMGs) and their families, to legally move to Canada. The assumption is that the IMG is a skilled professional who would bring their education, knowledge, and working experience to Canada, and the federal and provincial governments would welcome their settlement through various programs. As Canada has been one of the leading countries in absorbing thousands of skilled professionals each year, it seems that this program is still working, at least at the federal level. As an IMG who moved to Canada, I have taken advantage of this opportunity and want to share some insights from my personal experience that may produce interest when discussing the integration of IMGs into the Canadian medical system in particular, and into the Canadian workforce in general.

IMGs Integration into the Canadian Health System

Looking at current yearly quotas of IMGs

entering residential programs in family medicine and/or other programs, and subsequently the number of IMGs being licensed to practice in Ontario, we notice that these quotas are still too low with fewer than five per cent. One could say this is surprising for a country in which physicians are still in a high demand. What are the rest of the 95 per cent of IMGs doing? Where do they go? Are they integrated into the Canadian workforce? Are they satisfied with their status? Are there other programs for their integration into the Canadian health system? Are there other bridging programs? These numbers represent very good reasons to raise many questions, too many questions for which there are unfortunately limited answers. In this context, it is evident that consideration of alternative career pathways is something to be taken very seriously for the IMGs themselves, as well as the respective institutions and various programs designed to absorb them into the Canadian workforce.

What IMGs Bring to the Table

What do IMGs represent? What do they and their families bring to the table for Canadian institutions, companies, and businesses?

One could say, IMGs bring with them broader perspectives for their professional advancement. IMGs also bring a diversity in education, knowledge, and professional experience. They could have several years of experience obtained in other health systems, which may have significant differences when compared to the Canadian health system. Many IMGs have years of experience in vocational rehabilitation, disability management, and return-to-work, in addition to exceptional transferable skills, such as case management, assessments, experience dealing with mental health and addiction, injury prevention, health education and promotion, as well as having superior professional ethics, motivation, analytical and problem solving skills, communication and organizational skills, multiculturalism, multilingualism, and many other qualities. In many European countries, MDs specialize into general practice and occupational health areas. Regardless, in the UK for instance, they are required to undertake training in job retention and VR and to maintain their skills through five days of CEUs per year.

This wide spectrum of professional qualities is an asset to the Canadian economy and should be treated as great potential, but, is this the case? Paradoxically not yet. In this contextual situation, looking at alternative career

pathways may be one of the answers to at least partially help IMGs integrate into the Canadian workforce.

Alternative Career Pathways for IMGs

In 2013, VRA Canada and KMG Health Partners, encouraged by Health Force Ontario, launched an accelerated training program providing education and assistance on vocational rehabilitation and disability management to foreign trained health practitioners who have decided to pursue an alternative career. This program was aimed to prepare them for certification exams and to become Certified Disability Management Professionals (CDMP), Registered Rehabilitation Professionals (RRP), and/or Certified Vocational Professionals (CVP). Although the program is still being evaluated, initial outcomes are promising. A good percentage of these individuals are now working in VR and/or disability management. Several others are involved in practicum to ensure they are gaining direct work experience. Four individuals have returned to their home countries carrying the knowledge of, and appreciation for, vocational rehabilitation. With this understanding and passion, they are trying to implement and/or improve services “back home.”

This program was designed to complement IMGs’ previous vocational rehabilitation and disability management experience and skills. This experience may have been developed in circumstances that are different in regards to countries, regions, and cultures, and their knowledge may not have been obtained in the scope of an integrated program such as this one, but this accelerated program upgrades on components that in some way bridge IMGs’ experiences with the Canadian practice. KMG was able to find a precise learning fit for every participant by assessing their skills and knowledge to determine learning modules from which they would benefit most, customizing the program according to their skill gaps.

Looking Ahead (or What’s the Perspective?)

It would be wrong to assume that if there were more such bridging programs available for IMGs, most of them would redirect their professional perspectives toward them. In other words, this is not an assumption that most IMGs would pursue an alternative career path if one was offered to them. Certainly, this would attract a good number of IMGs, which is the aim of these bridging programs. It is essential for information about these programs to reach IMGs, to help them to make an informed decision.

Evidently, IMGs in Canada have opportunities and professional perspectives. Pursuing a better future for them and their families is a real and achievable goal. Nurturing the hopes they had when they decided to move to Canada would open new professional perspectives. In the context of vocational rehabilitation and disability management, the expertise of IMGs will significantly help the Canadian economy, and lessen the burden of the current price of absenteeism. The opportunity is here, let’s use it. ☺

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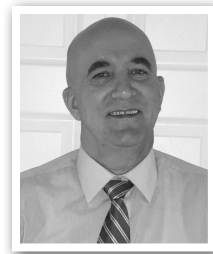
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Islam Miftari, MD, MS, RRP, is an experienced family physician who moved to Canada from Kosovo, in 2010. He did his Hubert H. Humphrey fellowship at Johns Hopkins University in Maryland, USA, in the program of public health policies with a focus on substance abuse. He

completed his MS degree in addiction studies in 2012. After the completion of two accelerated programs for CDMP and CVP (2014), his current professional interests are addiction issues and mental health, in the context of vocational rehabilitation and disability management.