Comparing Graduates of Canadian Medical Schools and International Medical Graduates – Results of 2013 National Physician Survey

To analyze the differences in results of the National Physician Survey by place of medical school graduation, the respondent file was split into three cohorts: graduates of Canadian medical schools (GCMS), international medical graduates who received their medical education outside Canada and were first licensed here in 2005 or earlier (established IMGs) and those IMGs who were licensed later than 2005 (newer IMGs).

Family physicians comprised the same percentage of both the GCMS and established IMG respondents (46%). However, the new cohort of IMGs licensed since 2005 were more likely to be family physicians at 56% and less likely to be in other disciplines (41%).

Based on the location of their undergraduate medical education, the top four countries of origin for the established IMG respondents were the United Kingdom (19%), South Africa (16%), India (8%) and Ireland (5%). For the newer IMGs, the four biggest suppliers were South Africa (17%), India (9%), Egypt and Pakistan (6%).

Canadian graduates were more likely to be working in an academic health science centre (20%) than either IMG cohort (12% newer and 16% established) and less likely to be in a private office/clinic at 34% compared to 40% of newer IMGs and 42% of established ones.

Among the three cohorts, there were no large differences in the participation in on-call work or the associated workload. At least two thirds of all groups had on-call responsibilities. For the GCMS, 71% did call work and averaged 110 hours per month. For IMGs, 65% of the established group and 69% of the newer cohort did call and averaged 114 and 110 hours per month respectively. However, in terms of regular work hours, the newer IMGs reported more hours per week (63) compared to the established IMGs at 59 and GCMS at 53.

It was interesting to see that GCMS and established IMGs were more content than graduates of other countries with all three aspects of professional satisfaction that were included in the 2013 National Physician Survey. For instance more than three quarters of both Canadian educated physicians (78%) and established IMGs (78%) were satisfied (very satisfied or satisfied) with their professional life compared to 69% of the newer IMGs. A similar pattern was seen among the three groups when it came to balancing professional and personal commitments. The Canadian graduates and the older IMGs showed almost identical levels of satisfaction (54% vs 53%) compared to 43% of those IMGs who were licensed more recently. At 62%, those physicians educated in Canada were most likely to be content with their remuneration model compared to 52% of established IMGs and less than half (45%) of newer IMGs. See Graph 1.

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1 Time outside regularly scheduled clinical activity during which a physician is available to patients.
It has been a long tradition in Canada to recruit IMGs into rural or other underserviced areas and certainly the NPS results show this. About one in ten GCMS (9%) and established IMGs (11%) indicated serving rural or remote populations compared to one in five newer IMGs (20%). Of those newer IMGs, 37% plan to move to an urban area within two years. See Graph 2.

The newer IMGs were also more likely to say they planned to relocate to another province or territory within the next two years (16%) compared to only 5% of GCMS and 6% of established IMGs. Also 7% planned a move to the United States whereas only 2% of the other two cohorts planned to do so.

**Graph 2: Percentage satisfied by place of graduation**

**Graph 2: Migration plans for the next two years by place of graduation**
Summary
Similarities between GCMS and IMGs who have been licensed in Canada for at least 8 years were seen with respect to location, percentage who were FPs, plans to relocate and professional satisfaction. Significant differences occurred between Canadian graduates and those more recently licensed IMGs. Here there is a clear difference in work hours, location, future plans and satisfaction. As a group, they seem less settled and content in terms of their practice setting and career fulfillment. Lower satisfaction levels may reflect the fact that early on in their careers, IMGs may not have the same options for work opportunities both respect to specialty choice and location as Canadian graduates do.

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