Letter to Dr. Heidi Oetter (bylaw3@cpsbc.ca) and Mr. Brian Westgate (proregadmin@gov.bc.ca)

Re: Response to College of Physicians and Surgeons of BC and BC Ministry of Health
Proposed Bylaw Amendments: Section 2-24 and Schedule A

It is with great concern for the care and safety of British Columbians that we provide this response to the College of Physicians and Surgeons of British Columbia's (CPSBC) proposed addition/amendment of Section 2-24 and Schedule A to Part 2, Section B of the Bylaws under the *Health Professions Act*.

As stated in the CPSBC letter of April 1, 2020, the proposed bylaw amendments *"will allow international medical graduates (IMGs) to be registered on a restricted class of registration called the "associate physician class" to provide a much-needed service in acute care settings. In light of the current COVID-19 pandemic, the minister of health has approved the proposed Bylaws and agreed to a shortened time frame for consultation."*

There are unexplained discrepancies in the information and facts provided - in the notification e-mail sent to CPSBC registrants (physicians) requesting feedback, the public announcement published on the CPSBC website, and the amendment documents - that need urgent clarifications. The opportunity to provide meaningful input as part of the consultation process as requested by the CPSBC necessitates further information that, at a minimum, requires an extension of the two-week consultation period beyond the April 15, 2020 deadline.

Our shared concerns are based upon the limited information available from the CPSBC letter and website, the amendment document, and direct communications with physician leaders of the Doctors of BC who were involved in the creation of this proposed bylaw amendment.

Background

- The proposed amendments that would **permanently create** a **new category of physician license of *Associate Physician*** is the culmination of a working group that began **in mid-2019 entirely unrelated to COVID-19.**

- This new category is being created to allow graduates of **any medical school** – Canadian medical graduates (CMGs) or international medical graduates (IMGs) - who have **not completed any residency training program** to be licensed to practice medicine in a supervised setting as an employee of any regional Health Authority in BC.

- License restrictions: Registrants must be employed by a Health Authority, practice with physician supervision, and should not act as the most responsible physician (MRP).

- Scope of practice will be determined by the sponsoring Health Authority in their sponsor letter.

- The medical license is tied to employment/sponsorship by the Health Authority. Loss of sponsorship/employment would mean loss of the medical license.

- In order to qualify, the eligibility requirements for *Associate Physicians* license include:

    1. A medical degree (CMG or IMG)
    2. A sponsorship letter from the Health Authority that will be hiring the physician
    3. Two years of postgraduate training in <u>any</u> medical or surgical specialty
    4. Completion of the MCC Qualifying Examination Part 1 (a computer-based test for medical students)
    5. Able to legally work and live in British Columbia

<u>Our Concerns</u>

1. **Inadequate time to gather essential feedback on a significant change**

This bylaw amendment is being introduced and rushed through in the midst of the COVID-19 pandemic, when physicians' attention is focused on the daunting challenges of providing safe care to patients in our communities without adequate personal protective equipment (PPE) and needed resources. During this unprecedented time of uncertainty in fighting a novel coronavirus, our email inboxes are even more inundated than usual with messages and updates from Health Authorities, medical journals, and various medical organizations. Not surprisingly, the email of April 1, 2020 regarding the bylaw amendment has been flying under the radar of those physician registrants from whom the CPSBC is requesting feedback.

Of note, the only reason cited for a shortened time frame for consultation was the request of the Minister of Health, who has already approved the proposed amendment.

2. **Conflicting and inaccurate information on rationale and need for the bylaw amendments**

The scant information provided on the need and rationale for such an important bylaw change is confusing and contradictory. The CPSBC website announcement had stated that this proposed amendment had been in progress since 2019 and deviation from the initial rationale for the bylaw amendment was confirmed by a physician involved in the working group, who noted that it was under way well in advance of any known novel coronavirus.

The notification email alleges that newly-licensed *Associate Physicians* will "provide a much-needed service in acute care settings," citing **hospitalist** and **surgical assistant** work as examples of "typical role[s]" for these physicians. However, discussions with informed physicians suggest that this portrayal of healthcare needs in BC. may not be accurate.

Specifically, there is evidence contradicting these two examples of 'much-needed' physician coverage: hospitalist census (the volume of patients admitted to the hospital under hospitalist care) at hospitals across BC have been low for some time now, and most physicians who have been working as surgical assistants <u>have been left with no work</u> due to the halt of elective surgeries.

Moreover, even prior to the onset of the pandemic, hospitalist groups at hospitals across the province were 'well-stocked' with hospitalists, and there were not enough elective surgeries being performed for all physician surgical assistants to have regular work. The supply of surgical assistants already exceeded the volume of surgeries requiring their services.

To add further to the existing oversupply of surgical assistants will allow the Health Authorities to displace these physicians, whose ranks are mostly comprised of family doctors with years of experience as surgical assistants and surgeons who have completed training and are licensed for independent practice, but unable to find permanent jobs due to a lack of available operating time.

3. **Lowering the bar for quality and safety standards**

The CPSBC's mandate states that, *"the College's overriding interest is the protection and safety of patients."* As British Columbia's physicians, we share this concern for the safety and quality of medical care that our patients, communities, and families will receive as a result of this proposed amendment's downstream consequences, such as lowering the standard of medical care.

According to the UBC Faculty of Medicine (https://imgbc.med.ubc.ca/path-to-residency/multiple-mini-interview/): *"As medical education varies widely among IMGs, prior to gaining access to residency in Canada, all IMGs must complete a series of standardized assessments to ensure they meet the minimum Canadian medical education standards and have the required skills to start residency training."*

The effect of this bylaw change would set a worrisome precedent in dramatically lowering the existing standards of physician practice in BC to well below that of all other Canadian provinces, including physicians under supervision.

- The proposed eligibility requirements to practice medicine as an *Associate Physician* will be so lowered as to even omit the requirement for successful completion of a standardized (Canadian) evaluation of clinical skills.

- The proposed requirements for licensure are much lower than those that must be met by IMGs who hope to apply for a (highly supervised) residency position in BC. In addition to demonstrating English language proficiency and passing the MCCQE Part 1, IMGs applicants must additionally pass the National Assessment Collaboration (NAC) examination and UBC's Clinical Assessment Program (CAP).

- As the CPSBC website public announcement points out, a few provinces have "similar…classes of registration." However, upon review, these other provinces have much higher eligibility requirements. Eligibility for a similar restricted license in the other provinces typically requires successful graduation from residency AND recent practice experience. In addition, applicants must either have or have held a full, unrestricted medical license in their field of practice from their country of training OR a cumulative minimum of 3-4 years of accredited post-graduate training (if in a training program of shorter duration)

plus documented independent practice experience. Furthermore, candidates must also be successful in an assessment which demonstrates the appropriateness of their skill, knowledge, and suitability to the satisfaction of the respective College.

The only province with a similar laxity in requirements is Alberta. However, based on available information from the Alberta Health Service and College of Physicians and Surgeons of Alberta, these licensees are limited to functioning at the level of a medical student.

4. **Discrepancies regarding the role of *Associate Physicians***

Information regarding the intended role of *Associate Physicians* is inconsistent with the proposed amendment document. The CPSBC email and public website announcement state that these physicians would be working in acute care settings. However, the amendment document lists no such requirement, specifying only that they must limit their practice of medicine "to the provision of services in connection with fulfilling the terms set out in their sponsorship letter."

5. **Potential for negative, unintended consequences impacting on clinical autonomy**

As the CPSBC is keenly aware, determinants of quality include the valuable years of physician training: intense postgraduate training and clinical experience from independent practice.

- As it stands, the wording of this proposed amendment will allow Health Authorities to circumvent the existing requirement that physicians practicing medicine in BC are fully trained (to the CPSBC's satisfaction) and licensed for independent practice.

- In addition to hospitalists and surgical assistants, this proposed amendment opens the door to replacing fully-licensed hospital-based physicians of any specialty with *Associate Physicians*.

  An effect will undoubtedly be displacement of physicians currently qualified for independent medical practice. Furthermore, it will shrink the opportunities for fully-trained future graduates who will qualify for independent licensure.

- Creating such a class of physicians who are completely beholden to their employer (a Health Authority) may expose them to risks of succumbing under pressure to do whatever it takes to keep their job out of fear of losing their medical license, remain silent about quality and safety concerns, and not to advocate for their patient's best interests.

  The past actions of BC Health Authorities reveal the intent to control physicians and the practice of medicine. We are gravely concerned that hasty adoption of this bylaw change may lead to a slippery slope down the path of the United States, where clinicians with insufficient training and expertise are used to displace those who are well-trained because it gives the health system administrators more control over its labour and the appearance of reducing costs. However, its

effects may reduce the quality and safety of care our communities receive while simultaneously increasing overall healthcare costs and resource utilization.

6. **Discrepant and inadequate requirements for supervision**

The CPSBC website announcement states explicitly that, "Associate physicians…can only work in teams" and the CPSBC email states that, "associate physicians will work in teams as employees of a regional health authority." However, the bylaw amendment includes no such requirement and mentions only physician supervision without defining specific requirements for what this entails.

Using the specific example of hospitalists from the notification email, we are concerned that while these physicians may be considered 'part of a team' (i.e. a hospitalist group or even an interdisciplinary team as the physician lead), they may effectively be left to practice medicine independently, with minimal or inadequate supervision. It therefore runs contrary to the CPSBC's mandate for ensuring the protection and safety of patients that *Associate Physicians* have no specific requirements as to what supervision entails.

In contrast, there are stringent requirements for the supervision of IMG physicians who have fully completed residency training and met all other requirements for provisional licensure to the CPSBC's satisfaction.

Additionally, there is no requirement that the supervising physician (the MRP) is involved in the employment hierarchy. This is an important consideration, as the majority of physicians in Canada are self-employed, not employees of any Health Authority. For example, what options would the supervising physician have if there are concerns that the *Associate Physician* was unsafe, or took actions that the supervising physician disagreed with or was not aware of?

In some jurisdictions in the United States where nurse practitioners require supervision, some physicians have found themselves in the challenging situation of being the supervising physician of a nurse practitioner they believe is not practicing safely. However, as both are employees of the organization, the physician has no authority over the nurse practitioner's employment (i.e. to discipline, hire, or fire) and concerns voiced to organizational administrators who have that power have been ignored. These physicians not uncommonly find themselves in the unenviable position of being pressured to carry on "supervising" or having their own employment terminated.

7. **Determining accreditation of training**

While the training requirement is listed as two years of accredited training in any medical or surgical specialty, no information is provided in the proposed bylaw amendments about how accreditation status would be determined or by whom. Critically, will the evaluation and accreditation of postgraduate training that is traditionally under the purview of The Royal College of Physicians and Surgeons of Canada be bypassed?

8. **The well-being of *Associate Physicians***

In tying licensure to a Health Authority sponsor/employer, we are also concerned about the well-being of those in the proposed category. More specifically, such arrangements putting them in a vulnerable status of power imbalance may lead to situations where employees could feel obligated to conduct themselves in ways that they believe to be contrary to their professional ethics or to deviate from safe, science-based practice because of a conflict with their employer's (or employer's representative) interests.

For physicians, having a medical license is their ability to work in a medical occupation; take it away and one's medical career is over – often permanently – and years of dedication, training, and expertise no longer available to any British Columbian. What is being proposed is analogous to a work visa, albeit even more restrictive.

The very real risks of potential labour abuse, unsafe practices, and pressure to take shortcuts or not report safety issues when an individual's ability to work is dependent entirely on keeping their employer happy are apparent in many domains. It is akin to the reluctance of physicians in abusive training programs to reporting potential program violations for fear of their program shutting down, losing accreditation, or otherwise harming its reputation and, by extension, harming their own professional prospects.

With little exception, leaving before completing a training program for a 'greener pasture' is viewed as a red flag that almost guarantees a candidate's exclusion from consideration for a future training position. Additionally, after practicing within the Health Authority's specified scope for some time, these physicians will lose niche expertise and skills they may have previously held.

9. **Potential for poaching physicians from training/deterring physicians from completing training**

Ordinarily, it would be unusual for a physician - especially an IMG who has secured a seat in an accredited training program - to unilaterally choose to prematurely stop their training after just two years of residency without unusual pressure to do so.

However, this new shortcut to medical practice in BC would create an opportunity for Health Authorities to poach physicians from their training programs, thereby cannibalizing the pool of physicians who would have otherwise completed their residencies and/or fellowships and returned to BC fully trained and certified to practice in their respective specialty. Additionally, some communities served by physician training programs are dependent on those programs and trainees for their care.

Discussion

This new *Associate Physician* category targets physicians who have graduated from foreign medical schools, but who have not completed an accredited residency training program in any field. This new type of licensure circumvents the current requirements that fully trained and graduated physicians (who

are also often fully-licensed with practice experience in their country of training) must meet. Such requirements that are in place exist to safeguard the quality of care and safety of British Columbians.

The delivery of safe, high-quality medical care demands more than just more bodies. It also requires that those delivering that care are appropriately-trained and highly competent. This professional competency is usually determined by the program directors of accredited residency and fellowship programs, who are in turn certified by national physician training program accrediting bodies.

As examples, safely practicing hospital medicine requires a specialized body of knowledge and expertise that is not simply acquired by virtue of being a resident in any medical or surgical training program anywhere in the world for two years; that each specialty has its own focus is highlighted by the consistent trend towards sub- and superspecialization. Similarly, providing value as a physician surgical assistant requires certain technical skills and expertise.

In our experience, vetting IMG candidates through this new process will take time. If speed is important in responding to well-defined manpower needs related to the COVID-19 pandemic in BC, an alternative option that ensures quality and safety is to develop, organize, or re-deploy the existing resources with fully-licensed physicians in the community.

There are practicing physicians in each of our communities with appropriate training and interest to work in acute care settings. Many of these physicians also have valuable experience practicing inpatient medicine with provision of comprehensive, continuous care, but are not currently practicing it; the multitude of reasons and their root causes have not been adequately addressed for well over a decade. By supporting quality improvement strategies, it is entirely possible to reverse the regrettable trend of low value, fragmented care in BC.

While we appreciate the need for qualified physicians in the acute setting of a pandemic, BC is currently not close to fully utilizing our currently available expertise. As such, we would urge reconsideration of strategies towards fully engaging the expertise we already have available instead of greatly lowering the bar to practice in BC in order to attract incompletely-trained individuals.

While we are physicians taking care of our communities, we are also patients receiving care. Providing and receiving safe care of excellent quality is fundamentally important to us as it is to all British Columbians.

Recommendations

1) If there is a strong desire and imminent need to increase the supply of hospitalists, even those requiring some supervision, we would encourage the Health Authorities to first reach out to local family medicine physicians and create supports so that all those who are interested and able to help in the hospital can safely do so.

2) BC healthcare leaders can seize the opportunity to address the system level challenges and barriers, such as the lack of necessary supports that eventually forced the majority of BC family physicians to drop their hospital privileges as they were unable to guarantee provision of 24/7

inpatient MRP coverage if in solo or small group practice; financial factors (e.g. inadequate MSP reimbursement of inpatient visits is sporadic and unsustainably low); feeling that they needed a brief reintroduction to the hospital or support/backup from current hospitalists as a resource in the onboarding period; or well-qualified physicians turned away from hospitalist groups because of toxic institutional cultures/politics.

3) Expanding needed capacity for acute care services requires effective, integrated systemic solutions focused on quality and the application of evidence-informed reforms to create a learning health system.

   The COVID-19 pandemic may become the impetus to address and implement much needed system level reforms as a silver lining to this crisis. Implementing more effective, timely patient-centered solutions will enable all BC physicians to contribute to the needs of their communities.

Conclusion

The proposed bylaw amendment that lowers the standards of training and accreditation of physicians will inevitably compromise the safety and care of British Columbians, while displacing from many of our communities those practicing physicians who fully meet and exceed the CPSBC's stringent requirements for training, knowledge, and expertise. As BC physicians and CPSBC registrants who are impacted by this significant change, we believe that the adoption of changes that risks harm to patients and physicians are unacceptable as they are contrary to our professional ethics and the mandate of the College of Physicians and Surgeons of British Columbia. As our licensing and regulatory body, we look to the CPSBC to promote quality of care and protect patient and public safety.

We believe that this proposed bylaw amendment is ill-advised and runs counter to our shared overarching goal and commitment to improving British Columbians' access to safe, high quality medical care. There are numerous significant downstream ramifications that demand thoughtful consideration, analysis, and full debate.

For these reasons, we strongly urge that in the interest of preserving the safety and quality of medical care throughout our communities, the College of Physicians and Surgeons of British Columbia **not** proceed with this proposed amendment.

Sincerely,

<List of concerned BC physicians>