2020 ANNUAL REPORT

INSPIRING MINDS, FOSTERING PATHWAYS, AND ENGAGING WITH COMMUNITY
Our Staff

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**About us**

**WHO WE ARE**
AIMGA is a non-profit organization dedicated to the successful integration of International Medical Graduates (IMGs). We currently have 1200+ members.

**CORE VALUES**
Our core values include: Being responsive to the needs of our members, working together, having a professional and friendly attitude, and delivering quality programs. Essentially, we keep our members’ best interests at the heart of what we do.

**VISION & PURPOSE**
Improve healthcare through the re-engagement of IMGs into the Canadian healthcare system. Our goal is to equip IMGs with the information, skills, and tools they require to make informed decisions about their future careers and to integrate successfully.

“The right person in the right seat at the right time. We are here to assist at every step in the licensure process from application to integration.”
Dear Members,

As we all know, we are going through an extremely critical time during this Covid-19 outbreak. Who would have thought a year ago that we would be fighting a new infectious disease that has already affected about 63 million people and killed more than a million people worldwide? But this is our reality now, our new normal.

In my sixth and final year as Board Chair of the Alberta International Medical Graduate Association (AIMGA), I am proud to say that our Association continues to thrive and achieve its’ goals of delivering members great value and increasing awareness in our community. We are the only organization nation-wide supporting IMGs as we do. By all accounts, last year has been a highly challenging year but a successful one as well. This would not have been possible without the hard work and perseverance of our Executive Director, staff members, volunteers, and the Board – all of whom have contributed their time and expertise to improve and to sustain our Association.

Dear members, you may not be aware but at the beginning of this current financial year, AIMGA’s budget was cut by 67% compared to the previous year, which was like a thunderstorm without clouds for us. The decision had been made to shut down the AIMGA Edmonton office at the end of April. There were cuts to positions and schedules were reduced. But with the prudent and diligent efforts of our Executive Director, she worked with our funders to secure additional funds, keep both offices open, and bring back some of the staff members who had been temporarily laid off, and increase schedules where possible. She has ensured funding for the Association’s years to come and continues to seek further funds to continue to support our members as well as new initiatives such as the COVID Response Team she created in April. Thank you, Deidre Lake for your dedication and commitment to the Association.

As this is my last AGM, I want to acknowledge all of you. You know who you are. I look forward to its continued success.

Mohammad Lasker, Board Chair Alberta International Medical Graduate Association

EXECUTIVE DIRECTOR

REPORT

Welcome to our Annual General Meeting, Inspiring Minds, Fostering Pathways, and Engaging with Community.

Firstly, I would like to acknowledge our funders. Without the support of the Governments of Canada and Alberta, we would not be able to do all that we do in the interest of our membership. Secondly, I’d like to thank the Board of Directors for their continued support in my role as Executive Director. Thirdly, I’d like to give a shout out of thanks to the AIMGA staff for their ongoing support and contributions. We have a great team. You make AIMGA a better place! This past year, we said farewell to Rossalia Vidlova and I’d like to express my gratitude for her passion to serve our membership and for all she did in her 7 years at AIMGA. Lastly, I’d like to acknowledge our members. You are the people who truly inspire us.

The journey of internationally trained doctors is a challenging one. The window for arrival, completing examinations, obtaining required proficiency levels, and competing for residency seats is narrowing. It is not easy to navigate the system, to know where to start, and to understand the different provincial requirements and pathways. There’s one assessment after another to prove your medical knowledge and skills in order to compete for seats. At AIMGA, we believe in bringing diversity to healthcare and your integration. We strive to make the process an easier one with the programs and services we offer.

When COVID19 hit, it brought attention to the underutilization of Internationally Trained Physicians. I received emails from you asking how you can get involved to fight against the global pandemic that continues to plague us. Unfortunately, you were sidelined which made me look at fostering pathways elsewhere – a place where you could have a positive impact and that was community. When we were called by the Cargill Food outbreak, I said, “Yes, we can.” The following day we had a team of 20+ members who volunteered to call employees and provided education and supports in both English and first languages. Our COVID Response Team then created videos in 19+ languages that were shared by unions, primary care networks, and community leaders. These videos had a national reach of 4000+ views. Our members did various webinars and presentations to 800+ community members. As we pivoted to deliver services virtually at AIMGA, we are now pivoting our COVID Response Team into a Health and Wellness Team and excited to announce the launch of our HealthHub for Newcomers. I look forward to continuing to work with our team in this area as I believe we can positively impact the future of health for newcomers to Canada.

In the past year, we’ve also done a lot to build our capacity around Alternative Career Pathways for IMGs and will have a newly developed section of our website very soon. We’ve had 83 participants complete the Career Transition Program and we love to see our members obtain jobs they are excited about. We’ve conducted surveys and focus groups in our partnership with the University of Calgary and we continue to build new partnerships. In our research efforts, we are placing importance on you being able to make informed decisions about your future careers and fostering pathways where you can utilize your skills and gain new ones. We are seeking support to engage strategically with employers and stakeholders in the next phase of our research.

As a professional association, we all have a role in advancing the integration of International Medical Graduates in the system. We are creating awareness of the skills and knowledge IMGs bring with them to Canada. We are asking our membership to keep their profiles up-to-date so we can advocate on your behalf. We are continuing to innovate and to improve upon the delivery of our programs and services based on your feedback.

In the next year, I look forward to working collectively with all of you to inspire minds, foster pathways, and engage with community.

Kind regards,
Deidre Lake, Executive Director
Alberta International Medical Graduate Association

BOARD CHAIR

REPORT

Distinguished guests, members, and staff of AIMGA, it gives me immense pleasure to present this report at the 2020 Annual General Meeting of the Alberta International Medical Graduate Association.

Highlights of the 2019-2020 fiscal year include:

- 243 The number of clients who reporting having passed the QEI, OACI OSCE and QEI necessary requirements to pursue licensure
- 22 The number of clients who secured residency seats. The total number of residency seats allocated to IMGs in Alberta was 36
- 18 The number of clients who reported receiving a CPFA eligibility letter deeming them eligible for the Practice Readiness Assessment route (PRA-AB)
- 83 The total number of clients who completed AIMGA’s Career Transition Program for IMGs
- 174 The total number of clients working in a non-physician role in medicine

In closing, it has been my honor to represent this organization as Chair over the past 5 years. I am immensely grateful for the experience of working with such a wonderful people to create something new, generative, and forward looking. I am proud to have had the opportunity to lead the Association and I look forward to its continued success.

Sincerely,
Mohammad Lasker, Board Chair Alberta International Medical Graduate Association
FINANCIAL REPORT

TOTAL REVENUE

Federal Government (ERCC): 81%
Provincial Government (Newcomer Supports): 15%
AIMGA Membership Fees: 4%

FEDERAL GRANTS BREAKDOWN

- Salary: 50%
- Professional Consultant Fees for Program Delivery: 24%
- Overhead Fees: 11%
- Delivery Tools and Resources: 2%
- Training: 1%
- Publicity: 1%
- Administrative Fees: 1%

AIMGA MEMBERSHIP FEES BREAKDOWN

- Program Delivery Fees (ineligible or non-funded program costs): 40%
- Member Meeting Supplies: 3%
- Office Supplies/Printing Fees: 6%
- Bank/Accounting/Audit Fees: 9%
- IMG Symposium/AGM Fees: 4%
- Unspent Fund: 34%

PROVINCIAL GRANTS BREAKDOWN

- Salary: 22%
- Professional Consultant Fees for Program Delivery: 58%
- Overhead Fees: 8%
- Administrative Fees: 7%

Note: Members and stakeholders who wish to view the detailed financials may request an appointment to view them at AIMGA.
### OUR MEMBERS

#### AT-A-GLANCE

**AIMGA HAS 1200+ MEMBERS**

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![Gender and Location](image)

- **669** Calgary
- **413** Edmonton
- **93** Rural Alberta
- **33** Out of province

**Top 5 Specialties**

- **614** Family Medicine
- **88** Internal Medicine
- **68** Pediatrics
- **53** Obstetrics & Gynecology
- **39** Surgery
- **102** Other

**Top 5 Countries of Origin**

- **265** Nigeria
- **184** Pakistan
- **124** India
- **78** Egypt
- **77** Canada

**Demographics**

- **739** Female
- **466** Male
- **1** Non-binary

- **78%** are younger than 45 years old
- **37%** have been in Canada less than 4 years
- **40%** have been out of practice less than 3 years

**Statistics**

- **717** Permanent Residents / Refugees
- **444** Canadian Citizens
- **53** Other (Temporary residents)

**AIMGA Members**

- **113** Members have completed AIMGA’s new Career Transition Program
- **400+** Licensed physicians across Alberta have contributed to AIMGA
NEW MEMBER ORIENTATION

AIMGA hosts a New Member Orientation (NMO) which is mandatory for all new AIMGA members. The NMO provides an overview of the pathways to licensure and their requirements as well as an overview of all AIMGA services and programs. The purpose of this session is to provide an understanding of AIMGA and to help determine which pathways and programs are most suitable in members’ next steps towards integration.

STUDY GROUPS FOR LICENSING EXAMINATIONS

The moderated Study Groups for Canada’s medical licensing examinations present an excellent opportunity for IMGs to connect with peers and to work together to prepare for their medical exams. Study Groups are typically moderated by a volunteer IMG who is interested in assuming the responsibility to facilitate the learning of their fellows. The volunteer is someone who has demonstrated a high level of success on the exam. AIMGA organizes Study Groups for MCCQE1, MCCQE2, TDM and NAC OSCE. These groups are supported by clinical workshops that are open to study group members. Workshops may include an overview of common cases in the following areas: Internal Medicine, Pediatrics, Emergency Medicine, MSK and Obstetrics/Gynaecology. Other workshops include communication skills such as dealing with difficult patients and breaking bad news.

OSCE PREPARATION COURSE

The OSCE Preparation Course is a 2-day preparation program. The first day includes an overview of the exam, a hands-on workshop focused on scenario-based training to practice clinical, procedural, and communication skills. The second day includes a mock OSCE where candidates are rated by examiners using clinical and communication checklists. Performances are videotaped for educational and preparation purposes. Following the mock exam, there is a group feedback session where examiners share their observations and provide tips and strategies for success on the OSCE.

MMI PREPARATION COURSE

The Multiple-Mini Interview (MMI) Preparation Course is a 2-day preparation course. The first day includes an educational component where candidates are exposed to different question types and strategies for responding. This session includes various sample scenarios. The second day includes a mock MMI where candidates are evaluated and videotaped. This session ends with a group feedback session where examiners are asked to share their observations and provide tips for success on the MMI.

OBSERVERSHIP PROGRAM

AIMGA’s Observership Program is open throughout the year and accommodates IMGs who qualify for program participation. The observerships are an important step of the residency application process as they offer an excellent opportunity for IMGs to learn in the specific context of the Canadian healthcare system, to increase knowledge, to build professional networks and to obtain feedback from licensed Alberta physicians and medical educators.

IELTS PREPARATION PROGRAM

The IELTS preparation course at AIMGA is designed for IMGs who need to enhance their language skills and develop test-taking strategies in order to achieve the required IELTS score and meet the language proficiency requirements for the licensure process. The course content mirrors the IELTS Academic specific language tasks with a focus on each of the language skills. The problems with grammar and sentence structure needed for improving writing scores are discussed in detail. Practice tests with an emphasis on common errors are included for IMC test takers in all strands: Listening, Reading, Speaking, and Writing. Additional time is spent on the area of writing.

CaRMS PREPARATION PROGRAM

The CaRMS Preparation Program (formerly known as Career Enhancement Training) is aimed at preparing IMGs to understand the organizational structure of the Canadian healthcare system and the essential skills and knowledge required to function as a physician within that system. This training is highly recommended for those applying for residency through CaRMS (Practice Readiness Assessment or ACSAP) as it provides details on the CaRMS application process including CanMEDS, CVs, Personal Statements, and residency interviews.

BASIC LIFE SUPPORT CERTIFICATION FOR HEALTH PROFESSIONALS (BLS)

The Basic Life Support Certification for Health Professionals (BLS) is a mandatory certification for all who work in the Alberta healthcare system. It is based on the Heart and Stroke Foundation curriculum used for the training of health care providers. BLS is delivered by certified instructors. Participants receive a certificate after successful completion of the exam at the end of the session.

CAREER TRANSITION PROGRAM

The Career Transition Program (CTP) assists IMGs who are considering an alternative pathway into the Canadian healthcare system as a short or long-term career goal. The program aims to increase IMGs’ overall knowledge and awareness of alternative career pathways through a series of employment-related workshops, mentoring events, mentorship circles, one-on-one coaching sessions, and an observership opportunity. This program has been made possible with funds from Governments of Canada and Alberta.

MCAP ONLINE PLUS

MCAP Online Plus is an engaging blended course offering both online and face-to-face components. This course is aimed at preparing physicians for successful integration into the Canadian healthcare system. An emphasis will be placed on communication, critical reasoning, and the attitude and skills required for a patient-centred collaborative-care model. Face-to-face sessions are facilitated by practicing physicians and a medical communication educator. Face-to-face sessions include practice cases with standardized patients and feedback. This program is geared towards those going into practice via CaRMS or the Practice Readiness Assessment (PRA) route.

JOURNAL CLUB

AIMGA is pleased to host a journal club for members who have completed their LMCC examinations and wish to maintain their clinical knowledge and skills through a weekly meeting with fellow members. The purpose of the journal club is to discuss articles in the current medical literature while providing opportunities for training in critical decision making and for teaching/learning research methodology, clinical epidemiology and statistics. The club is an excellent opportunity for an exchange of insights regarding clinical applications.

LECTURES & WORKSHOPS

AIMGA offers a variety of lectures and workshops throughout the year based on the needs of IMGs. For example, clinical workshops to support study groups, workshops to support those applying for CaRMS, workshops to support those selected for residency, and workshops related to research or professional development.

LUNCH & LEARN / NETWORKING SESSIONS

Lunch & Learn and Networking sessions are informal sessions for our members to network with one another and to learn about a topic of interest. For example sessions may be related to an upcoming program, a research study being conducted, a support service, a community based program, or an activity to facilitate discussion. These sessions are offered monthly.

“Start by doing what’s necessary, then what’s possible; and suddenly you are doing the impossible.”

-Saint Francis
Health & Wellness Literacy: Health and wellness literacy is a critical determinant which hugely impacts individual as well as the community level health and wellness. A good level of health and wellness literacy assists individuals to make optimal choices and take effective actions for preventive practices, disease control and management. Health and wellness literacy contribute to enhanced patient empowerment which in turn reduces health disparities. On the contrary, low health literacy may lead to increased unwell being, delayed screening and diagnosis, poor medication adherence and adverse effect of prescribed medications; higher morbidity and mortality as well as increased hospitalization rates and healthcare expenditures. Also, current trends in healthcare practice increasingly emphasize engagement of patients in making health-related decisions and managing their own health and wellness. Thus, an optimal level of health and wellness literacy is important for shared decision making by the individuals and their health care providers.

Health and wellness literacy is more than reading and understanding health-wellness information; rather, according to Canadian Public Health Association it is “The ability to access, understand, evaluate and communicate information as a way to promote, maintain, and improve health in a variety of settings across the life-course.” World Health Organization defined health literacy as “The cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use information in ways which promote and maintain good health”.

Health & Wellness Literacy among Immigrant and Refugee Communities: Similar to other developed countries, Canada also has a systematic immigration and refugee policy and consistently receives a substantial number of immigrants every year. The global migration trend is characterized by increasing multiculturalism brought by immigrants and refugee populations to their host countries. Immigration has been playing a significant role in Canada’s changing demographics where a multicultural mosaic is at the core of the societal composition. Though many of the immigrants arrive in Canada with similar or better health status than the general Canadian population (a phenomenon known as “healthy immigrant effect”), it has also been reported that the health conditions of immigrants deteriorate steeply over time. A number of factors were attributed towards this trend, which include discrimination (both actual and perceived), cultural differences (difficulty in adapting to a new lifestyle, resettlement struggle, dietary changes, etc.), environmental factors (climate adaptation, weather influenced daily living, lack of access to proper housing, etc.), and health care system-related factors (especially if the Canadian healthcare system is different from the health care system in the country of origin). Newcomers tend to be relatively less knowledgeable about the regulations and customs of their new host country’s health care and wellness support system. They face trouble steering through these services, understanding basic health and wellness information, as well as the preventative, diagnostic, or treatment procedures. It’s quite important that the immigrants and the Canadian health care system work together in the efforts to overcome these issues. Meaningfully engaged and sustainable health and wellness literacy initiatives focusing on immigrant communities would be a very important step for community mobilization towards optimal health and wellness.

The Need of a Community Based Health & Wellness Literacy Hub: The manifold challenges of cultural differences, variance in perceptions and approaches, as well as limited understandings are likely to increase when other social determinants and challenges in resettlement come into the mix to make things complicated. It is thus imperative to focus on these diverse communities to understand their specific social, environmental, and behavioral determinants of health and wellness for better targeted interventions. These wide-ranging goals require perspicuous communal interaction and cross-disciplinary collaboration between specialists or professionals in many sectors: population health and societal health; public health; medicine; community partners; local, regional, and national government; social industry; health service systems; and different academic disciplines such as community health, social work, medicine, nursing, sociology, psychology, etc. This can be achieved through creating a community-based health and wellness hub focusing on immigrant communities, that those who have been out of practice for five or more years or who may not have done very well on their exams are not deemed competitive candidates for the residency training opportunities. While seats are declining, the applicant pool is growing, contributing to a bottleneck situation.

How can IMGs contribute to Community Based Health & Wellness Literacy Hub? International medical graduates or IMGs are immigrant physicians who have completed their medical education and/or training outside of Canada and the United States. IMGs come from all around the world and can provide tremendous value in terms of health and wellbeing to their communities. IMGs are highly skilled in their respective professions and are truly knowledgeable in health issues due to vast amounts of experience and training from their countries of origin. Contributions by IMGs to immigrant communities should be recognized and not overlooked. Amongst many benefits granted by IMGs in immigrant communities that are crucial to the overall community health status, IMGs can provide general health education to the community, peer support on disease management, and act as a bridge between immigrant patients and Canadian health care providers through research and advocacy.
**Community Based Health and Wellness Service Navigators:** Most immigrants speak a different language than their service providers. They are often confused on how to describe their symptoms due to the gap in language. Or their language barriers often hinder their understanding of the treatment regimen planned for them. This in turn causes lower shared decision making between immigrant patients and health care providers. Nonetheless, IMGs can often act as a bridge or connector between the immigrant patients and their health and wellness service providers. IMGs can work with the immigrant patients in shaping their communication with their health service providers to overcome any communication barriers and make the best use of the healthcare system that Canada has to offer. This navigation support facilitates immigrant patients’ access to satisfactory health care and wellness support.

**Community Based Health and Wellness Citizen Researchers:** Citizen researchers or citizen scholars contribute their time, effort, and resources in knowledge creation as an active collaborative partner with the academic researchers of different disciplines. The citizen researcher need not to have any formal research background, but IMGs have a very exclusive understanding of health & wellness which makes them very compelling for citizen researcher roles. Research, especially community-based studies, are becoming increasingly more community engaged and initiatives are becoming more and more ambitious and diverse. This creates opportunities for citizen researchers to contribute meaningfully. Apart from the knowledge creation activities, IMCs can play an active role in integrated knowledge translation or knowledge mobilization towards the community members and become an active part of the community engagement initiatives of academic institutions, government establishments, or community-based organizations.

**Community Based Health and Wellness Champions:** IMGs are high-skilled immigrants themselves who received advanced training and medical education from their native countries. They are able to play a key role as reliable and knowledgeable personals of their immigrant communities. Through social circles and gatherings, IMGs are able to spread knowledge on health and wellness related issues the members of the community might have. Understanding the credibility of these IMGs, immigrants often feel reassured with the knowledge and information provided to them by IMGs. This in-depth understanding of health and medicine enables them to play the role in community as champions for mobilization and empowerment towards improved health and wellness.

**Community Based Health and Wellness Advocates:** Community health advocates are persons who take a stance on specific issues of healthcare, and then they mobilize to influence public as well as system attitudes on those issues. Community health advocacy is a very impactful role that IMCs can play by becoming advocates of their communities around the issues related to health and wellness. This will enable the IMGs to work with the community members so that the approaches and the issues are based on the needs and goals by community members themselves. For IMCs who are interested, IMGs will need to use research, lobbying, and quiet diplomacy skills to pursue the community goals and they are quite capable of building those skills with proper capacity building initiatives and supports.

A community based health and wellness literacy hub is definitely an important concept to move forward. This hub will bring all stakeholders together and facilitate their work to be more community-engaged, -oriented, and -centered. Overall, IMCs can definitely play a critical part in the health and well-being of immigrants in their communities, especially through activities in health and wellness literacy. They can be the connectors across practice or service, policy, and academia. They will be ideal choices to work in a community-based health and wellness literacy hub. Their efforts can help shape the future of immigrant health care and wellness services by contributing to the precision of population health.

**AIMGA’s COVID Response Team**

AIMGA was called upon to join the Community Taskforce assembled by Alberta Health Services. We assembled a team with approximately 30 members and AIMGA’s COVID Response team has been actively engaging with community since then. We’re pleased to announce that our COVID Response Team will be transitioning into a Community Health & Wellness Team where we will be offering increased supports to immigrant and community organizations. We’ll be officially launching AIMGA’s HealthHub for Newcomers.

**Here’s what our team has done to date:**

**PHONE CALLS/CONTACT TRACING**

Our team called 600+ phone calls to check in on Cargill employees and their household members. Education was provided around COVID19 and isolation. Complex cases were referred to Primary Care Networks. Supports were arranged for families in need to isolate safely.

**VIDEOS IN 19+ LANGUAGES**

AIMGA developed 100+ videos in 19 languages. Topics included:

- What is COVID
- Why physical distancing is important
- How to prevent COVID
- When to seek medical attention
- Isolation and how to safely isolate
- Workplace safety
- New guidelines

Videos were shared by unions, employers, Primary Care Networks, and community associations. Reach: 10,000+

**INTERPRETATION / TESTING**

Some members went to Brooks, AB to provide supports in first language at community testing site following workplace outbreaks.

**PRESENTATIONS:**

Team members delivered presentations in English to LINC/ESL classes through immigrant serving and community organizations.

**WEBINARS**

A series of 5 webinars in 5 languages were provided to communities. Attendees 800+

- An overview of COVID19
- What to do if you have tested positive or have been in contact with someone who has
- The emotional impact of COVID19 and tips on maintaining our own well-being throughout the pandemic
- Workplace safety guidelines
- What we know about children and COVID19

**TOWNHALLS**

Team members participated in townhalls organized by AHS and provided interpretation of information to help educate employees (e.g. Cargill Foods, Harmony Beef). Other members provided interpretation for faith-based townhalls where breakouts occurred.
Lost in Transition with Alternative Careers: the need for further investigation, supports, and resources

International Medical Graduates and Alternative Career Pathways:

International Medical Graduates (IMGs) are those who obtained their medical degree and training from a non-Canadian medical school. Though conventionally IMGs are predominantly immigrants, but IMGs also include Canadian-born citizens who studied medicine abroad (CSAs). Immigrant IMGs often come to Canada with a number of years of work experience in their respective specialty. Once they arrive in Canada, most IMGs seek to become practicing physicians by going through the licensing process that requires completing a set of exams, obtaining the required language proficiency level, and finally competing for residency training seats. They spend a lot of their effort and resources in the pursuit of licensure. For many of IMGs, this pursuit ends up with no avail resulting in feelings of hopelessness, frustration, underemployment, and underutilization of their advanced skills. In the 2020 residency match overall, only 28.4% of the 1,019 IMG applicants who were called for an interview matched to residency. This low success rate is a result of the limited number of residency seats allocated to IMG applicants through a quota system. This bottleneck situation for IMGs requires further examination. In recent years, the focus has shifted to alternative career pathways for IMGs given the low success rates for those who are required to compete for residency seats in order to become licensed to practice. [3] Alternative careers, therefore, are those jobs that employ their health-related knowledge and technical skills such as allied technical, assisting, and professional and social networks that contribute to integration through alternative pathways. Most of the participants (i) have no prior knowledge of potential alternative careers, (ii) what skills those jobs require, (iii) what transferable skills they have from their IMG background, and (iv) what skills they can easily learn to become a competitive candidate for an alternative job. It is important to understand that most IMGs have never explored another career path and that up to this point, their focus was on competing and working as a physician. It is not to say IMGs are unwilling to explore alternative pathways but they need the most meaningful and specialized guidance in order to make informed decisions regarding their future careers. We have understood that the CTP participants, they often had worked with these CTP participants, they often conducted research to better understand the IMG situation and their potential for an alternative career. [4] Lack of information and understanding about alternative careers contribute to the host country’s economy and what alternative careers are the most viable for both IMGs and the host country. We also expect to understand the individual and systemic barriers IMGs face in the pursuit of alternative careers. We have also looked to identify other systemic supports that seek to facilitate IMGs professional integration in alternative careers such as skill-building workshops, bridging programs, acculturation training for the work environment, and career counseling. We are also looking for an understanding of employer engagement in alternative careers for IMGs.

Conducting research to better understand alternative career pathways for IMGs:

Studies also support our understanding from the CTP experience. A study found that it is difficult for employers to understand the IMG situation and their potential for non-physician jobs, and why they may want to go for an alternative career. [4] Lack of information and organizational support, lack of job search tips, consulting, and coaching were also voiced in another study. [5] Moreover, research demonstrated that IMGs are on average 10 years older than Canadian medical school graduates, burdened with family obligations, and they have a less professional network that contribute to the alienness of IMGs to potential employers. [6] A lack of sustained funding for alternative careers was also voiced by their supporting organizations (i.e., newcomer service providers). [4, 7] We have realized a pressing need for research focusing on identifying potential alternative careers for IMGs, skill analysis including transferable skills, decision-making factors of IMGs, and the engagement of potential employers. We have started research focusing on exploring these issues in collaboration with Dr. Tarvin Turin Chowdhury from the University of Calgary.

A rapid scoping review and Internet scan:

As a first step, we have conducted a rapid scoping review on alternative careers for IMGs to synthesize knowledge from the existing literature on alternative careers for IMGs. Currently, we are analyzing the findings. We did not limit our search of literature within Canada only, so we expect to gain knowledge from the experience of IMGs in alternative careers in other countries like Canada that are also popular destinations of IMGs such as the USA, the UK, Australia, and Sweden. We hope to understand to what extent employment through alternative careers contributes to the host country’s economy and what alternative careers are the most viable for both IMGs and the host country. We also expect to identify the individual and systemic barriers IMGs face in the pursuit of alternative careers. We have also looked to identify other systemic supports that seek to facilitate IMGs professional integration in alternative careers such as skill-building workshops, bridging programs, acculturation training for the work environment, and career counseling. We are also looking for an understanding of employer engagement in alternative careers for IMGs. We have recently completed a survey of 1,760 IMGs across Canada. Currently, we are conducting an analysis of the survey. Through this survey, we intend to understand what proportion of IMGs in Canada are interested in alternative careers, their socio-demography, and why they may want to explore alternative careers. We will also try to understand the resources they have invested or are willing to invest in the pursuit of alternative careers and what are the barriers they face in this pursuit. We also expect to understand their employment patterns and preference for alternative careers. We have conducted eight focus groups with IMG participants from all over Canada. Our CTP experience prompted us to identify what factors determine the choice of an alternative career as this is crucial to successful integration into an alternative career for IMGs. To extract those factors we have held focus group discussions with those IMGs who have already successfully pursued an alternative career and who were currently pursuing one earnestly. The analysis of the data from focus groups is ongoing, from which we expect to identify a number of factors including personal preference and limitations, competencies and aptitudes, and recognition of skills by employers. This research is also crucial to AIMGA to ensure appropriate guidance, skill-building, and supports for an alternative career based on IMGs decision-making processes and which careers are deemed most suitable.

Next Steps

Identifying potential alternative career for IMGs:

We have understood there are many potential alternative careers for IMGs, but some of these have been evident in the literature and others not. The information on those careers is scattered and insufficient. To guide IMGs in the pursuit of alternative careers it is important to have all the information on those careers that are required to postform IMGs and their decision to pursue them or not including job duties, career prospects, educational and/or certification requirements, and more importantly how IMGs skills can be transferred and utilized in those jobs. We have and are continuing the literature review focusing on exploring these issues in collaboration with Dr. Tanvir Turin Chowdhury from the University of Calgary. The Occupational Classification codes is a good starting point. Most potential careers belong to the following major occupational categories: 31, 32 and 34, however, we also aim to identify a number of jobs from other NOC categories that utilize the skills and knowledge of IMGs such as ‘Health Educator’. We are currently exploring all these jobs one by one to link the employment requirements to IMGs skills and knowledge. We estimate that there will be at least 150-200 potential jobs for IMGs and we aim at making a database for all these jobs containing detailed information regarding the job description, education and experience requirements, job outlook, and most importantly how an IMG can obtain such positions. To date, we have extracted this information for 55 jobs.

Employer engagement:

From the experience of the CTP and as reported in the literature, we understand that the concept of IMGs in
Lost in Transition with Alternative Careers: the need for further investigation, supports, and resources

non-physician health and wellness careers is new to employers and may be incomprehensible for many of them. Recognition of the skills IMGs bring is also difficult for them or they may feel the skills an IMG may possess from their physician background is irrelevant to their position in general. There is also the possibility of having an unconscious bias against physicians in general or physicians in non-physician roles of biases towards IMGs. Having obtained a variety of feedback from employers engaged CTP, we plan to engage with employers of potential alternative careers identified at a much larger scale and more in-depth manner as a next step to our studies in this area.

The development of resources, systematic career counselling, and supports

Immigrant-serving organizations in Canada have programs of career counselling for immigrants where career counsellors help newcomers to find and apply for jobs based on their needs, desire, and situations. However, it is challenging for these programs and career counsellors to have a proper understanding of the unique situation around the IMGs related to their skill sets and potentials. AIMGA aims to facilitate knowledge of alternative careers by developing resources, identifying effective career counselling strategies specific to IMGs seeking alternative careers, and ensuring IMGs have the necessary supports needed to make informed choices regarding their careers prior to their arrival upon their arrival.

References:

Authors: Dr. Nashit Chowdhury (Immigrant and Refugee Health Interest Group, Department of Family Medicine, Cumming School of Medicine, University of Calgary, Alberta), Dr. Turin Tanvir Chowdhury (Immigrant and Refugee Health Interest Group, Department of Family Medicine, Cumming School of Medicine, University of Calgary, Alberta, Canada), Dr. Tum Tumur Chowdhury (Immigrant and Refugee Health Interest Group, Department of Family Medicine, University of Calgary, Alberta, Canada), Deidre Lake (Alberta International Medical Graduate Association, Canada), Dr. Turin Tanvir Chowdhury (Immigrant and Refugee Health Interest Group, Department of Family Medicine, Cumming School of Medicine, University of Calgary, Alberta, Canada), Dr. Nashit Chowdhury (Immigrant and Refugee Health Interest Group, Department of Family Medicine, Cumming School of Medicine, University of Calgary, Alberta, Canada), Dr. Nashit Chowdhury (Immigrant and Refugee Health Interest Group, Department of Family Medicine, Cumming School of Medicine, University of Calgary, Alberta, Canada), Dr. Nashit Chowdhury (Immigrant and Refugee Health Interest Group, Department of Family Medicine, Cumming School of Medicine, University of Calgary, Alberta, Canada)

“
I didn’t learn about the existence of AIMGA until 2 years after my arrival. Had I known about AIMGA, my pathway would have been a different one. When I joined, I participated in the Career Transition Program for IMGs. This program gave me the confidence I needed to explore other possibilities and led me to further training and in the role I’m in now as a Policy Advocate for ActionDignity. I’m so grateful for all AIMGA has done for me and the friendships and connections I made as a result of participating in CTP”
Falak Naz Shakir, AIMGA Member

Bettina Wagner

A big shout out to Deidre for organising the Career Transition Program. Her guidance on how to best write a biography, which allowed me to stand apart from other candidates, was instrumental in me being successful and gaining employment as a Clinical Assistant with AHS. It is fantastic to feel like a valuable part of a medical team again. THANK YOU!!!

Toyni Shonubi

AIMGA has been a reliable resource center for IMGs and I am glad I am part of the organization. In fact, I am glad that I decided to settle in Alberta, else I could have missed the opportunity of joining this great organization. I have benefited immensely from the various programs such as the CTP, the NAC OSCE study group, and the CaRMS Preparation Program which have broadened my horizons and contributed to my success in my journey to becoming licensed. I am not there yet but I believe AIMGA is and will continue to be a good resource for a successful career in Medicine.

Babitha Thayaril

AIMGA has been playing a significant role in evolving me into who I am today. While the study groups at AIMGA have helped me to become a Licentiate with the Medical Council of Canada, the new Career Transition Program helped me to dissect my skills. I work part-time as a Clinical Aide for a Family Physician. Myself being an App Developer, I contribute my expertise to a Canadian Healthcare Startup - Shreemart App. Also, as a Community Ambassador for the Canadian Cancer Society, the Calgary community benefits from my healthcare advocacy skills. I can vouch that these leadership contributions would have been impossible for me without AIMGA.

Mehreen Rana

I am very thankful to the staff at the Calgary office of AIMGA; they are so helpful in every way. I joined AIMGA in January 2019 and took part in the various study groups and courses. It is through these that I am able to apply for the CaRMS Residency Matching this year because I passed all my exams. I am grateful to Deidre and Rossalia for providing me with the opportunity to be the part of the best resource available to IMGs in their quest for integrating into the Canadian healthcare system.

Chimindu Ogbuka

I was a confused permanent resident upon landing to Canada last year, but through AIMGA, I got re-directed and hugely supported to pursue my dreams of practising here. So far, I have passed all the required exams and I couldn’t have done it without AIMGA. I will ever remain grateful and hope to give back as much as I have been given to help others succeed as well.

Osas Attamah

I am awed and amazed at how welcoming and inclusive AIMGA has been, readily available to help, advise and direct, full of valuable information to assist IMGs in finding a path. Thank you, AIMGA.

Yuliet Perez Santos

The Edmonton AIMGA are very friendly and helpful. I really love the way all the staff support and encourage me to keep going in the licensure process.
## Symposium Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Stream A</th>
<th>Stream B</th>
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<tbody>
<tr>
<td>9:30–10:45</td>
<td>An overview of the Practice Readiness Assessment (PRA) Route for IMGs, presented by CPSA and AHS Medical Affairs</td>
<td>What do employers really want? Tips &amp; Advice for those Applying for Jobs, presented by Clementine Crooks and Alannah Turner</td>
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<tr>
<td>10:45–11:00</td>
<td>Health Break</td>
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<tr>
<td>11:00–11:45</td>
<td>Advocacy for IMGs, presented by Dr. David Swan and Michael Embaie</td>
<td>An Overview of Relevant SAIT Programs for IMGs Considering Alternative Careers, presented by Michelle Middlemiss</td>
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<tr>
<td>12:00–12:30</td>
<td>Join us for yoga with Calgary Lyengar Yoga in Stream A</td>
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<td>12:30–1:00</td>
<td>Lunch Break</td>
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<tr>
<td>1:00–1:45</td>
<td>CaRMS - Your Match Year: International Medical Graduate Presentation, presented by CaRMS</td>
<td>IMG Panel Discussion: Strategies and Advice for exams and CaRMS applicants, presented by Namal Butt and Oluseyi Akinola</td>
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<tr>
<td>1:45–2:00</td>
<td>Health Break</td>
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<tr>
<td>2:00–3:15</td>
<td>An Overview of the Alberta Clinical and Surgical Assistant Positions (ACSAP), presented by Robert Bunn, Manager of Physician Services, AHS</td>
<td>Alberta Health Services (AHS) Information Session, presented by members of the AHS Talent Acquisition Team</td>
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## Annual General Meeting Agenda

**6:00-7:00 PM**

- Welcome
- Land Acknowledgement
- Opening Remarks
- Keynote Address: How COVID has impacted the future of healthcare by Marlies van Dijk
- Board Chair Report by Mohammad Lasker
- Executive Director Report by Deidre Lake
- Financial Report by Dorin Mihalache
- Years of Recognition and Special Thanks
- Raffle Draw for gift certificates ($25, $50, $100)
- Holiday song by Funmi Dominic Olaoye, one of our members
- Thank you & Closing

### Special Thanks to Our Funders

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- Alberta Government