

Short guide to working in BC as an International Medical Graduate (IMG)

I am an International Medical Graduate from Ireland, working in the small seaside community of [Sidney](#), which is just a 30 minute drive from the capital of the province of British Columbia (BC), [Victoria](#), on [Vancouver Island](#).

Vancouver Island itself is paradise. I live in the city of Victoria, a great little city, about the size of Galway in the west of Ireland. Lots of great breweries, vineyards, art galleries and cultural spaces! Every sport is played here, and skiing is within driving distance on the Island. It is a small city with big city amenities.

The people are very friendly. It can be a bit of a culture shock for Irish people I think in some ways, but there is a Gaelic Athletic Association (GAA) club and some local Irish characters. I believe there is a large British expat community in Victoria/on Vancouver Island also.

The *hoops* you have to jump through do change over time, so this is intended as a guide. I've tried to make it as up to date at the time of writing as possible, and will endeavor to edit as the regulations change.

My path to Medical Licensure in BC:

I started the process of applying for registration and employment opportunities in October 2016. I was in the final year of my residency in Ireland at the time. I started work in Canada in October 2017. I estimate it could be 3-6 months quicker if you have a Certificate of Completion of Specialist Training (CCST).

My experience is with going through a four year Irish residency program (Membership of the Irish College of General Practitioners (MICGP)). The process for British graduates (i.e. Membership of the Royal College of General Practitioners (MRCGP)) is essentially the same, with **one important proviso** - I believe in the UK (and in some Irish training programs) that not everyone does obstetrics and gynecology. This is a requirement for working in BC.

The first port of call is registering with [Health Match BC](#) - they will guide you through every step of the BC licensure process and assist in setting you up with a job that best matches your stated requirements. I found the consultants I dealt with at Health Match BC to be very helpful. They will have all the up to date information that you will require!

Most people from Ireland/the UK who begin work in BC do so on a [provisional](#) basis - whereby you work under the supervision of a fully qualified BC family physician (this is largely an administrative thing, in practical terms - you work independently). You remain under supervision for at least one year, and then until you pass both parts of the Licentiate of the Medical Council of Canada (LMCC) exams, otherwise known as the Medical Council of Canada Qualifying Examination (MCCQE) *Parts 1 and 2*. This normally takes about two years, as the exam sittings are infrequent. I did not sit them until my second year in BC. You also need to be a permanent resident, or a citizen of Canada, to be granted full medical licensure in BC.

In Canada, every province is different. In BC, I found the process relatively straight forward. There is quite a bit of paper work (the immigration part was particularly frustrating).

The main difference between 2017 and now is that the MCCQE Part 1 is now required prior to working in BC (*when I started, you just had to do them within 3 years of starting*). **Note:** the MCCQE Part 1 (and Part 2) are easily passable for any Irish or British GP graduate.

You can now sit the MCCQE Part 1 in Dublin, Ireland as well as cities in the UK. The MCCQE Part 1 is multiple choice. It is medical school level and with a few weeks of study with a question bank (I used Qbank and nothing else. I am not an exam person), I passed easily.

The MCCQE Part 2 is a two-day clinical exam that is also easily passable for anyone who has sat the Irish/UK exams. You just need to familiarize yourself with *the lingo* and the exam set up.

You will be granted [certification without examination](#) of the Certificate in the College of Family Physicians (CCFP) if you hold MICGP/MRCGP, so you will not have to sit the CCFP exams.

There are a large number of acronyms to be familiar with related to licensure - below is a quick summary of some key bodies:

- CPSBC - the [College of Physicians & Surgeons of BC](#). This is the regulatory body, similar to the Irish Medical Council (IMC) or General Medical Council (GMC).
- CCFP - [Certification in the College of Family Physicians](#). This is the equivalent of the Irish college of General Practitioners (ICGP)/the Royal College of General Practitioners (RCGP).
- MCC - the [Medical Council of Canada](#). This is a country-wide institution which will charge you lots of money to verify your documents. They also administer the LMCC exams, which consists of the MCCQE Part 1 and MCCQE Part 2.

RECOMMENDED INITIAL STEPS:

[Register](#) a Health Match BC user account

NOTE: *To be eligible for **full** licensure in BC, you are required to:*

- Have a Medical Degree;
- Be a licentiate of the Medical Council of Canada (MCC) or have successfully completed medical licensing examinations in the United States of America acceptable to the board;
- Have Canadian citizenship or permanent resident status; and
- Be a certificant of the College of Family Practitioners of Canada (CFPC).

As mentioned earlier, most IMGs are granted **provisional** licensure when they start.

To be eligible for provisional registration:

- You must demonstrate, with a detailed CV and verifying documents or letters, that you meet the College requirements of two years accredited and approved postgraduate training that includes a minimum core rotation of 44 weeks in seven specific disciplines:
 - *Eight weeks in each of Surgery, Medicine, Obstetrics/Gynecology, and Pediatrics; plus*
 - *Four weeks in each of Psychiatry, Emergency, and Family/General Practice.*

Also, to be considered for temporary licensure in BC, family physicians who obtained their postgraduate training in Ireland or the UK must hold the Certificate of Completion of Training (CCT/CSCT), or an equivalent certificate.

You should have the following notarized

- *Passport*
- *Birth cert or other identity supporting document (see [MCC](#) website)*

You should have the following documents uploaded to the MCC website for source verification. You need to have the following notarized prior to uploading them also:

- *Medical Degree in English (you can pay them to have it translated from Latin)*
- *CCST or specialty cert*
- *A summary of your post grad training from your residency program*

IMMIGRATION PROCESS:

This is a painful process.

The way myself and my boyfriend at the time (now husband) applied was via the [provincial nominee](#) program. A medical staff recruitment consultant from the local health authority overseeing the geographical area your job is located in will aid you in this process (*Health Match BC will be a bridge here*).

I started work initially with a [port of entry](#) visa. This was, we felt, the quickest route at the time. You present with your provincial nominee documents to a border agent at the airport and they issue you with a temporary worker's permit. You then wait for your permanent residency to come through. This took roughly two years. This was inconvenient as you can't get a car loan/mortgage and we spent hours at the US border every time we drove to the states trying to explain our immigration status.

Having spoken with other immigrants - it is possible to apply for an [express entry](#) visa online and you can get it even prior to coming to Canada. For some reason though, Health Match BC won't assist you with the immigration part if you take this route.

WORKING AS A GP IN BC:

I couldn't recommend it more!

The work you can do as a general practitioner/family physician here is much more varied. I work in community family practice and I support the community hospital also. You can work only in the community if you want. You could also sub-specialize in addictions/maternity care/sexual health, etc.

With respect to [physician compensation](#), it is mostly a fee for service model in the urban areas which is obviously different to the UK National Health Service (NHS), or the Irish system. There is an alternate payment model (salaried) also which I opted not to go for. Overall the payment structure here is better than in Ireland/the UK, and the work is more rewarding. I see 25 patients per day, 4 days a week - *which would be a luxury in Ireland!*