



MEDICAL LICENSURE PROGRAM FOR INTERNATIONAL MEDICAL GRADUATES (MLPIMG) 1-YEAR TRAINING PROGRAM INFORMATION 2023 ADMISSION

Important Information - Application Deadline: September 15, 2022

The Medical Licensure Program for International Medical Graduates (MLPIMG) is a one-year training program designed to enhance the IMG physician's previous training. Physicians who successfully complete the MLPIMG Program may apply to the College of Physicians and Surgeons of Manitoba for registration in the Regulated Member category (Family Practice-limited). MLPIMG Program graduates will subsequently be expected to practice in an underserved area of the Province of Manitoba (as declared by the Minister of Health for the Province of Manitoba) for return of service.

For one year following the MLPIMG, the candidate will have an assigned mentor who will provide additional support and guidance to the individual physician (Mentorship and Clinical Enhancement Program). In addition, as part of the licensing requirement, physicians will have an assigned medical practice supervisor who is responsible to review issues and provide monitoring reports to the CPSM.

Submitting an application **does not** guarantee admission to the MLPIMG. Incomplete applications or applications that do not meet mandatory requirements will not be reviewed. Application forms for the MLPIMG are available from the Rady Faculty of Health Sciences, Max Rady College of Medicine website or by email at imgadmissions@umanitoba.ca. ***The deadline for receipt of applications is September 15, 2022.***

MLPIMG APPLICATION PROCESS:



1. MLPIMG APPLICATION CRITERIA

Applicants for the MLPIMG must meet the following requirements:

- must submit complete MLPIMG application package to the IMG Program at the University of Manitoba by the due date;
- must be a permanent resident (landed immigrant) or Canadian citizen;
- must have a pass standing on the NAC OSCE Exam or Medical Council of Canada Qualifying Examination Part 2 (MCCQE Part 2) at the time of application deadline;
- must have practiced independently as a general or family practitioner for at least 12 months;
- must show evidence of Currency in Practice - must not have been out of independent practice as a General/Family Practitioner for longer than 5 years preceding **August 1, 2022**. If out of practice for longer than 5 years, minimum of 12 consecutive months of independent clinical practice is required.

Applicants currently working as Clinical Assistants in Manitoba can be considered for an exemption from this requirement. Please fill out the Appendix at the end of the application package.

Furthermore, if successful in the initial application process, applicants must fulfill requirements of the College of Physicians and Surgeons of Manitoba (CPSM) for registration as regulated associate member in the educational/resident class (see #4 below) at the time of application to CPSM.

2. APPLICATION REVIEW for the MLPIMG

All applications that meet the minimum stated requirements will be reviewed by the IMG Selection Committee. The Selection Committee considers previous clinical experience, results of the MCC exams, references and other factors. Preference will be given to residents of the Province of Manitoba and applicants with demonstrated commitment and experience in primary care in rural/remote settings. Following a review of all applications, applicants will be short-listed and a select number will have their postgraduate training verified by the CPSM.

3. INTERVIEWS for the MLPIMG

Top ranked applicants will be invited for an interview. Multiple interviewers will administer a structured interview that will last approximately 30 minutes. The interview does NOT directly test medical knowledge but includes questions related to your professional experiences (effective communication skills, critical thinking skills, adaptability, collaborative skills and experience, understanding of the Canadian/Manitoba health care system etc.).

4. APPLICATION FOR REGISTRATION WITH CPSM

Shortlisted applicants will be contacted by the CPSM directly to complete an application for registration as a Regulated Associate Member on the Educational – Resident Class.

Please note the following CPSM requirements:

- must provide evidence of satisfactory completion of training in family medicine acceptable to the College of Physicians & Surgeons of Manitoba that:
 - a. is approved by the Registrar;
 - b. took place in one or more health care facilities recognized by a national post-graduate training authority; and
 - c. is accredited with a national post-graduate training authority or was accredited at the time that training was completed.
- must have a pass standing on the Medical Council of Canada Evaluating Exam (MCCEE) or the Medical Council of Canada Qualifying Examination Part 1 (MCCQE Part 1);
- must have valid proof of [English language proficiency](#)

5. SPONSORSHIP

Top ranking candidates will be invited for a sponsorship interview with representatives of the Manitoba Healthcare Providers Network and Regional Health Authorities (RHAs). Successful candidates will be required to complete a return of service in Manitoba (current duration 4 years). Only applicants who are offered and subsequently accept sponsorship by a RHA will be accepted in the MLPIMG Program.

6. PRIOR TO BEGINNING TRAINING

Successful applicants will be registered on the Educational Register with the CPSM for the one year of training plus the one-month orientation.

All selected candidates will be directed to the Rady Faculty of Health Sciences, University of Manitoba, to be admitted to the training program, will be registered in Postgraduate Medical Education (PGME), and will be subject to PGME regulations where indicated.

7. ORIENTATION

All candidates in the MLPIMG will complete a **MANDATORY** 4-week structured orientation prior to commencing the enhanced residency training.

8. MLPIMG PROGRAM INFORMATION

Selected candidates who meet all the admission criteria and complete the orientation will be scheduled to complete the following 13 four-week PGME rotations:

- Emergency Medicine 4 weeks ER (urban or rural) and 4 weeks urgent care;
- Family Medicine (urban or rural), including 2 weeks of addictions medicine;
- Gynecology – 1 rotation (4 weeks);
- Obstetrics – 1 rotation (4 weeks);
- Internal Medicine – 2 rotations (8 weeks);
- Pediatrics (outpatient) – 1 rotation (4 weeks);
- Pediatrics (ward) – 1 rotation (4 weeks);
- Psychiatry – 1 rotation (4 weeks); and
- Vacation – 1 rotation (4 weeks).

An evaluation is returned to the IMG Program after each rotation. Failure of any one rotation may be resolved with a successful remediation. Failure of **any two** rotations will result in termination from the MLPIMG training program.

IMPORTANT NOTE: *Some of the rotations may be in rural locations (fly-in only or drive to). You must be able to attend these rotations as assigned. Please consider all barriers that may impact your ability to travel/live in these communities prior to your application. **Once you have applied and if accepted into the program, you are agreeing to attend all rotations at their assigned locations.***

9. MENTORSHIP

Following the successful completion of training, MLPIMG candidates will be supported by a mandatory Mentorship Program for a one year period administered by the IMG Program.

10. LICENSURE

Candidates who have successfully completed the MLPIMG will then apply for Provisional Registration – Family Practice Limited and once approved by CPSM are expected to commence practice.

For further information on how to apply please see the Medical Licensure Program for International Medical Graduates (MLPIMG) Application Package.



MEDICAL LICENSURE PROGRAM FOR INTERNATIONAL MEDICAL GRADUATES (MLPIMG) 1-YEAR TRAINING PROGRAM INFORMATION - FOR 2023 SESSION

Application Package - Deadline: September 15,

Eligible applicants for the MLPIMG must submit a completed application form (including all supporting documents) by e-mail to imgadmissions@umanitoba.ca. **Your application must be scanned and emailed in either pdf or jpeg format.** If we confirm your application is complete upon receipt, you will not be required to send the original application package by mail. If you are unable to provide your completed application package by email, you still have the option of submitting it by mail to:

**International Medical Graduate Program
University of Manitoba, Max Rady College of Medicine
Room 260 Brodie Centre, 727 McDermot Avenue
Winnipeg, MB R3E 3P5**

Application forms are available from the Rady Faculty of Health Sciences, Max Rady College of Medicine website or by email at imgadmissions@umanitoba.ca.

To ensure that applications will be processed they must be received by the IMG Program office by the application deadline and must include all required supporting documentation (**see Document Checklist**). Late applications will not be considered.

Information submitted by applicants will be used only for the administration and management of this program. It will not be shared without the applicant's written permission. Submission of falsified documents will result in rejection for current and future applications and will be reported to the College of Physicians and Surgeons of Manitoba (CPSM).

Included in the application package are:

- Important information (pages i-iii);
- a document checklist itemizing the documentation that must accompany each application (page 2);
- the 6-page application form; and
- Authorization for Release of Information to the CPSM to be completed and returned with the application.

The information in this application package is kept as up to date as possible by the IMG Program. Notwithstanding, please be advised that elements of the program are in ongoing development, and as such may be subject to change without notice.

MEDICAL LICENSURE PROGRAM FOR INTERNATIONAL MEDICAL GRADUATES (MLPIMG) -DOCUMENT CHECKLIST-

Name: _____
(Please print)

Please submit *all* documents in the following order:

- Completed Application Form (all fields must be completed)
 - Where applicable, applicants are requested to share documents through physiciansapply.ca
 - ***IMPORTANT: Must share through your physiciansapply.ca account with the University of Manitoba International Medical Graduate and Clinician Assessment Programs (UMIMG-CAP).***

- Curriculum vitae (current within 3 months)

- Three (3) current letters of reference, listed in the application, should be included with your application to the IMG Program Office. ***If unable to include letters of reference with your application, please contact our office for further instructions.***

IMPORTANT NOTE: When scanning your documents, please create one file by combining the documents in the order suggested above. If you are unable to do so, please attach individual files to a single email.

Medical Licensure Program for International Medical Graduates MLPIMG) is supported by: Max Rady College of Medicine at the University of Manitoba, The College of Physicians & Surgeons of Manitoba and Manitoba Health



Please type or print clearly:

Last Name: _____ First Name(s): _____

Birth Date: _____ Street Address: _____
(Day/Month/Year)

City: _____ Province: _____ Postal Code: _____

Telephone: (home) _____ (work) _____ (Cell) _____

Email: _____

Citizenship: _____ If not Canadian citizen, permanent resident of Canada: yes no

***Must provide proof of Canadian citizenship or Canadian permanent resident status by sharing through your physiciansapply.ca account with the University of Manitoba International Medical Graduate and Clinician Assessment Programs (UMIMG-CAP) or by providing a notarized copy with your completed application**

Date of Permanent Move to Canada: _____
(Month/Year)Resident of Manitoba: yes* no Date of Permanent Move to Manitoba: _____
(Day/Month/Year)

***Must provide proof of residency in Manitoba - notarized copy of both sides of Manitoba Health card or Manitoba Driver's license**

EXAMINATIONS: (Please provide a numerical score if available)

***Must share through your physiciansapply.ca account with the University of Manitoba International Medical Graduate and Clinician Assessment Programs (UMIMG-CAP)**

Medical Council of Canada Evaluating Examination Result (MCCEE)*: _____ Date Passed: _____
(Score) (Month/Year)Medical Council of Canada Qualifying Examination Part I Result (MCCQE I)*: _____ Date Passed: _____
(Score) (Month/Year)Medical Council of Canada Qualifying Examination Part II Result (MCCQE II)*: _____ Date Passed: _____
(Score) (Month/Year)NAC OSCE Results*: _____ Date Passed: _____
(Score) (Month/Year)**EDUCATION AND TRAINING:**Medical School: _____ Date of Graduation: _____
(Name - Location) (Month/Year)

Physiciansapply/Candidate Code Number (MCC): _____

MINC Number: _____ PCRC ID Number: _____

Certification in a Specialty: _____
(Area of Specialty/Year obtained/Location)

Please provide details of Postgraduate Medical Education below:

For training that was not full time (i.e. less than 20 days per month), please state the number of days.

(Area of Medical Training)	(Medical School)	(Day/Month/Year Start)	(Day/Month/Year Complete)
(Area of Medical Training)	(Medical School)	(Day/Month/Year Start)	(Day/Month/Year Complete)
(Area of Medical Training)	(Medical School)	(Day/Month/Year Start)	(Day/Month/Year Complete)
(Area of Medical Training)	(Medical School)	(Day/Month/Year Start)	(Day/Month/Year Complete)
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(Area of Medical Training)	(Medical School)	(Day/Month/Year Start)	(Day/Month/Year Complete)
(Area of Medical Training)	(Medical School)	(Day/Month/Year Start)	(Day/Month/Year Complete)
(Area of Medical Training)	(Medical School)	(Day/Month/Year Start)	(Day/Month/Year Complete)
(Area of Medical Training)	(Medical School)	(Day/Month/Year Start)	(Day/Month/Year Complete)
(Area of Medical Training)	(Medical School)	(Day/Month/Year Start)	(Day/Month/Year Complete)
(Area of Medical Training)	(Medical School)	(Day/Month/Year Start)	(Day/Month/Year Complete)
(Area of Medical Training)	(Medical School)	(Day/Month/Year Start)	(Day/Month/Year Complete)
(Area of Medical Training)	(Medical School)	(Day/Month/Year Start)	(Day/Month/Year Complete)

Postgraduate Degrees/Qualifications & dates attained: _____

Name: _____
(Please print)

Please provide details of experience from August 1, 2016 to August 1, 2022 in the templates below:

IMPORTANT NOTE: To satisfy the currency of practice requirement, you must not have been out of independent practice as a General/Family Practitioner for longer than 5 years preceding August 1, 2022. If out of practice for longer than 5 years, minimum of 12 consecutive months of independent clinical practice is required. **ONLY include Independent, In Person Practice Experience and Manitoba CA Experience within the last 5 years.** Please fill out the Appendix if currently working as a Clinical Assistant in Manitoba and wish to be considered for exemption of currency of practice requirement.

_____ Location (city of town, province or state and country)	_____ (Day/Month/Year Start)	_____ (Day/Month/Year Complete)
Brief description of the practice: _____ _____ _____ _____		
Hours of work per week: _____ Contact information: _____		

_____ Location (city of town, province or state and country)	_____ (Day/Month/Year Start)	_____ (Day/Month/Year Complete)
Brief description of the practice: _____ _____ _____ _____		
Hours of work per week: _____ Contact information: _____		

_____ Location (city of town, province or state and country)	_____ (Day/Month/Year Start)	_____ (Day/Month/Year Complete)
Brief description of the practice: _____ _____ _____ _____		
Hours of work per week: _____ Contact information: _____		

Please use additional pages if necessary.

ATTESTATION TO INDEPENDENT PRACTICE: I attest that my most recent practice (listed above) has been independent, meaning that I have practiced without supervision or oversight by another physician: yes no

- Personal Letter outlining your suitability for the MLPIMG such as your practice profile and previous experience (maximum 1000 words)

Currently working: yes no Type of Work: _____

Contact Information for References (Please include your reference letters with your application package):

The letters should be signed and dated by the referees and be no greater than 24 months old. Referees must be persons with recent professional/educational knowledge of you; **none** of whom may be related to you and **one** of whom must be:

- (a) for physicians who have recently completed postgraduate clinical training, your supervisor responsible for training;
- (b) a physician in a supervisory position in a hospital where you have practised most recently; or
- (c) a physician colleague with whom you have practised most recently.

IMPORTANT NOTE: Letters of reference should be submitted with your application package to the IMG Program office. If unable to include letters of reference with your application, please email for further instructions imgadmissions@umanitoba.ca.

Reference #1 Name: _____

Relationship to Candidate: _____

Telephone: _____ Fax: _____

Email: _____

Reference #2 Name: _____

Relationship to Candidate: _____

Telephone: _____ Fax: _____

Email: _____

Reference #3 Name: _____

Relationship to Candidate: _____

Telephone: _____ Fax: _____

Email: _____

Have you ever applied to the CPSM for Conditional Registration? yes no If yes, include all dates: _____
(Month/Year)

Please ensure that all pages of the application package have been completed before you sign and date below:

Signature

Date

**AUTHORIZATION FOR
RELEASE OF INFORMATION**

To: College of Physicians & Surgeons of
Manitoba 1000 – 1661 Portage Avenue
Winnipeg, MB R3J 3T7
Tel: (204) 774-4344 Fax: (204) 774-
0750 AND

To: The Medical Licensure Program for International Medical Graduates
(MLPIMG) University of Manitoba, Max Rady College of Medicine
Room 260 Brodie Centre -727 McDermot
Avenue Winnipeg, MB R3E 3P5
Tel: (204) 975-7757 Fax: (204) 789-3911

You are hereby authorized to release to each other, any and all information received by the College of Physicians & Surgeons of Manitoba (the College) or the MLPIMG respecting my applications for registration with the College, my application(s) to participate in the MLPIMG and all information of any nature relevant to those applications, including but not limited to my postgraduate clinical training and/or practice experience.

This authorization shall continue until revoked by me, in writing.

Signed by me at the City of _____, in _____, this _____ day of _____, 20____

WITNESS

Signature of Applicant

Print Name of Witness

Print Name of Applicant

Please note that the authorization is only revocable by written, signed and dated instructions from you. *If at any time you wish to revoke the authorization that you have given to the College, please contact the College immediately.*

Appendix:

Please fill out if you are currently working as Clinical Assistant in Manitoba. We will review the information provided and inform you if you are granted an exemption to the currency of practice.

Practice Location (city of town, province or state and country) _____	(Day/Month/Year Start) _____	(Day/Month/Year Complete) _____
Brief description of the practice: _____		

Hours of work per week (If not full time [40 hours/week], how many hours per week/weeks per month): _____		
Name and contact information of physician supervisor (must provide email or phone number): _____		

Detailed description of clinical responsibilities:

IMPORTANT: Please describe the level of supervision needed – supervised – partially supervised – mostly independent). Ability to take History and Physical, Ability to form Differential Diagnosis. If there are specific strengths and weaknesses in certain areas of medicine, please comment (i.e. Mostly independent for adult chronic disease management, supervised for pediatric), next step in management (investigation and treatment)

Describe the extent of the practice in the following areas:

Medicine: _____

Surgery: _____

Pediatrics: _____

Gynecology: _____

Mental Health: _____

Describe your typical working day:

Please have your physician supervisor fill out this section:

Reference from physician supervisor:

IMPORTANT NOTE: This is mandatory, either use space provided or have your supervisor submit separately (please note it in the box below if that is the case). Please ask your supervisor to describe the level of supervision required and comment on your clinical and communication skills, areas of strength/weakness and other attributes relevant to rural family medicine practice.

Please use additional pages if necessary.