

# Clinical Neurology Training of Foreign Nationals in Canada - The Current Situation

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Neurologists practising in Canada have, as part of their professional mandate, the responsibility for setting standards and providing opportunities for Canadian physicians who are pursuing training to become neurologists to meet the needs of the Canadian population. I believe the majority of Canadian neurologists recognize our professional mandate also includes a responsibility to provide clinical training opportunities for physicians from other countries.

A survey<sup>1</sup> of neurology training program directors, carried out in December 2009 and January 2010, indicated there were 69 foreign nationals (defined as a person residing in Canada who is neither a Canadian citizen nor a permanent resident) carrying out clinical neurology training in Canada. While the numbers on current foreign nationals may not be exact, they clearly indicate that there are a significant number of foreign nationals pursuing clinical neurology training in Canada.

Twenty foreign national were pursuing training within Royal College of Physicians and Surgeons of Canada (RCPSC) accredited training programs (both adult and pediatric) with the terminal objective of achieving RCPSC certification in neurology. The remaining 49 were pursuing what I will refer to as fellowship programs. These physicians would likely have had neurology training of some sort elsewhere, most likely their

countries of origin. However, I do not have data to support this conclusion. Table 1 lists the descriptors for the fellowship programs, and the number of foreign nationals enrolled in them. The terms used to describe the fellowship programs were those reported by the program directors.

Fifty-six of the 69 foreign nationals had their country of origin reported (see Table 2). When the same country of origin was listed for more than one fellow, the actual number is listed in parenthesis.

**Table 1: Types of clinical fellowships**

Type of Fellowship	Number of Trainees
Stroke	12
Epilepsy	6
Movement Disorders & Deep Brain Stimulation	4
Behavioural Neurology	3
General Neurology	3
Neurology/Neurophysiology	3
Neuromuscular	3
Neonatal ICU	3
Pediatric Neurology	3
Neuro-oncology	2
Neuro-ophthalmology	2
Sleep	2
EEG (Pediatric Neurology)	1
Multiple Sclerosis	1
Neurology Critical Care	1

**Table 2: Countries of origin**

Countries of Origin of Fellows		
Bahrain	Jamaica	Oman (2)
Brazil	Japan (2)	Romania
China	Kuwait	Russia
Columbia	Libya	Saudi Arabia (19)
Costa Rica	Malaysia	Spain (2)
Egypt	Mexico	Sweden
England	Netherlands	Tunisia
Iceland	New Zealand	United Arab Emirates (2)
India (8)	Nigeria	Ukraine

Foreign nationals interested in pursuing an accredited training program in neurology can easily find out information about the location of available programs from the RCPSC website. They can then consult the web sites for the various universities offering these programs to get details on specific training programs. Similar information about fellowship programs is not readily available.

As Canadian neurology's contribution to training of foreign nationals is likely to increase in future, I would consider it timely to develop a central registry of clinical fellowship programs in neurology which would be available to foreign nationals seeking out additional training. A template for describing fellowship programs could be developed and all programs listed in the registry would be encouraged to use this template for listing their program on the registry. The template would include information such as:

- The type of clinical rotations the fellow would experience;
- The level or responsibility the fellow could be expected to have (regardless of their status in their home country);

<sup>1</sup>Details of the survey methodology are available from the author.

- The nature and frequency of evaluations;
- The criteria by which performance will be judged as satisfactory or not;
- The selection criteria for applicants;
- Sources of funding for trainees;
- Timelines for appointments; and
- Type of certificate the trainee might expect to receive upon satisfactory completion of the program.

Each program listing foreign national fellowships would agree to submit information about the numbers of fellows they have each year, the fellowship director's name, the names and countries of origin of the fellows and the types of programs followed. This material would of course have to be treated in a confidential manner and access to this information would have to be controlled.

Having a central registry would also be of benefit to Canadian neurology. First, it would ensure the ongoing availability of timely data to document Canadian neurology's contribution to the education of foreign nationals. Second, it would provide a listing of people who have an interest in the training of foreign national fellows to share experiences with the aim of enhancing the experience for the fellows and improving the quality of the programs. Finally, and probably most important, it would provide the opportunity to carry out follow-up studies to

determine if the fellowship training contributed to the improvement of neurological care and furthered neurology education activities in the foreign nationals' home countries?

I would hope that the data presented in this editorial and some of the issues raised in it might be of enough interest to the current educational leaders in neurology that they would offer a workshop (or similar activity) focused on the clinical training of foreign nationals at the Canadian Neurological Sciences Federation Annual Congress sometime in the near future. Coming out of such a session might be a more focused approach to this important activity and, ultimately, a greater contribution to the improvement of neurology patient care and neurology education in the foreign nationals' countries of origin.

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