



**AIMG Program Business Plan
2008/09 – 2010/2011
Edition**

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Executive Summary

The mission of the Alberta International Medical Graduate Program (AIMGP) is to increase the number of International Medical Graduates (IMGs) eligible to practice medicine in the province, by providing IMGs residing in Alberta with a route to postgraduate medical education.

The AIMGP will continue to fulfill this mission by providing an accessible, valid, and reliable assessment program that is supported by ongoing outcome measurements. Following major leadership and structural changes in 2008/2009 the AIMGP is now administered by its Managing Director with support from a Medical Director. The program staff will continue to include consultants, associates, and administrators to ensure smooth operations, high quality assessments, orientation, and acculturation of Alberta International Medical Graduates (AIMGs) for postgraduate education in Alberta. The composition of the AIMG Steering Committee (AIMG SC) has grown to include representation from the Alberta International Medical Graduates Association (AIMGA). Policy development and program assessment will continue in response to identified needs of the program, which is now established as the main route to postgraduate medical education for IMGs residing in Alberta and the second largest program for placement of IMGs in the country.

The AIMGP will continue to endorse its five Guiding Principles. However, in response to the outcomes of an AIMG SC retreat held in 2009, a subcommittee will be struck to reassess the vision, mission, and other governance matters. In particular, the AIMG SC will explore widening the scope of the program supports to AIMGs' pre- and post-residency training.

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Section 1. Introduction

1.1 International Medical Graduates (IMGs)

The Alberta International Medical Graduate Program (AIMGP) was created by the Government of Alberta (Ministry of Health and Wellness) in 2001 with a mission to increase the number of IMGs eligible to practice medicine in the province. The AIMGP provides eligible IMGs a competitive, transparent, and financially supported route to postgraduate medical education in the two Faculties of Medicine in Alberta.

IMGs are defined as physicians who have received their medical degree outside Canada or the United States. Therefore, the term “IMG” refers to the place of medical education and not necessarily the country of citizenship.

AIMGs are defined as IMGs who meet the requirements for application to postgraduate medical education programs through the AIMGP.

Other routes to licensure including placement on the Special Register by the College of Physicians and Surgeons of Alberta (CPSA), inter-university transfer credentialing under Jurisdictional Training by the Royal College of Physicians and Surgeons, and assessment of training by the College of Family Physicians of Canada are not within the scope of the AIMGP.

1.2 The AIMG Program

The AIMGP enables eligible IMGs to access a defined number of postgraduate medical education positions each year. These positions are additional to those offered through the Canadian Resident Matching Service (CaRMS). Programs available to candidates have been aligned with identified provincial physician resource needs, with a focus on Family Medicine.

Following the growth and successes of the AIMGP, along with new challenges that have become evident in its early years, this edition of the Business Plan reflects themes of re-definition, refinement and increased accountability.

As the AIMGP evolves from a fledgling initiative to an established and sustainable program, this edition introduces a plan to reassess the scope of the program and its policies. Many of the specific areas for reassessment were identified at the 2009 AIMG SC retreat. The revised Logic Model and Key Performance Indicators shown in Appendix 1 and 2 illustrate how these changes are conceptualized and how performance will be measured.

Section 2: Defining the Scope of the AIMG Program

2.1 Mission

FIGURE 2.1.A THE AIMG PROGRAM'S MISSION STATEMENT

Mission

To increase the number of IMGs eligible to work as medical doctors in Alberta by providing qualified IMGs who are Canadian Citizens or Permanent Residents residing in Alberta with access to postgraduate medical education in high-need specialties, as mandated by the Government of Alberta through the Minister of Health and Wellness.

The underlying themes of the 2009/10 – 2010/11 edition of the AIMGP Business Plan are re-definition, refinement and increased accountability.

Subsequent to the outcomes of the 2009 retreat, the AIMGP will explore broadening its scope to include support to AIMGs after they have accessed residency training. This change results from the finding of common challenges experienced by many AIMGs during training that are not addressed by pre-existing supports within PGME.

The AIMGP will conduct research to refine both the assessment tools and the processes of the AIMG assessments. The decisions on changes to either the assessment tools or the processes will be based on evidence and systematic research.

The AIMGP will further the implementation of the program policies as mandated by the Government of Alberta. The increased accountability will be reflected through monitoring of the Key Performance Indicators and continued reporting to the AIMGP SC.

2.2 Guiding Principles and Principle Statements

The AIMGP will continue to endorse the following five Guiding Principles as listed below and outlined in Figure 2.2A:

1. Accountable
2. Sustainable
3. Responsive
4. Transparent
5. Confidential

FIGURE 2.2.A - AIMG PROGRAM PRINCIPLE STATEMENTS

Principle 1: Accountable

The AIMG Program is accountable to:

- the Minister of Health and Wellness for achieving its mandated mission in a cost-effective way;
- the AIMG Program Steering Committee, for realizing its directives and policies;
- stakeholders who are assessing, orienting and teaching AIMGs, for identifying IMGs who are ready to enter residency training;
- IMGs residing in Alberta, for the fairness of the program's assessment process; and
- Alberta's public, for providing an accountable and sustainable way to improve physician supply.

Principle 2: Sustainable

The sustainability of the AIMG Program depends on the availability of appropriate resources, such as:

- adequate funding from Alberta Health and Wellness;
- a pool of eligible IMG candidates;
- human resources to support the program's operations;
- the support of physician assessors, faculty and preceptors; and
- the sustained interest and recognition of the medical community.

The AIMG Program must have a balanced approach to its use of these resources in order to ensure their availability to the program.

Principle 3: Responsive

The AIMG Program will be responsive to opportunities to achieve its mission in an effective and efficient way through:

- its governance, including the review and development of policies;
- its administration, including identifying ways to improve program processes; and
- its programming, including measuring outcomes to ensure that the program is meeting its stated goals.

Principle 4: Transparent

The AIMG Program endeavors to be transparent in its governance, administration and programming by:

- developing policies that support the achievement of its mission;
- providing applicants with the eligibility criteria for the program;
- advising applicants of the principles of the assessment; and
- disseminating program outcomes.

Principle 5: Confidential

The AIMG Program will be administered in accordance with the Freedom of Information and Protection of Privacy Act (FOIP).

2.3 Goals and Objectives

The AIMGP's Goals as stated in the previous Business Plan are:

- Communication
- Assessment
- Orientation
- Collaboration
- Development

For the 2009/10 – 2010/11 Business Plan, the AIMGP SC continues to endorse these goals. In addition, the AIMG SC continues to endorse a set of Goal Statements that clarify the scope of each Goal. These are outlined in Figure 2.3.A.

FIGURE 2.3.A AIMG PROGRAM GOALS AND OBJECTIVES

<p>Goal 1: Communication The AIMG Program will have a communication strategy to keep its stakeholders appropriately informed of program processes, policies and outcomes.</p>	<p>Objective 1.1: Provide IMGs with information about how to access available postgraduate medical education positions through the AIMG Program.</p>
<p>Goal 2: Assessment The AIMG Program will have a rigorous, objective, and confidential mechanism for assessing the readiness of eligible IMGs to enter an available postgraduate medical education position.</p>	<p>Objective 1.2: Provide AIMG Program stakeholders with information about the AIMG Program.</p>
<p>Goal 3: Orientation The AIMG Program will have a structured process for orienting qualified IMGs to Alberta’s health care and medical education systems.</p>	<p>Objective 2.1: Assess the baseline skill sets of eligible IMGs to identify those that are qualified to enter an available postgraduate medical education position.</p>
<p>Goal 4: Collaboration The AIMG Program will collaborate with programs and individuals that support, assess, orient and teach IMGs in Alberta and Canada in order to enhance program tools and processes.</p>	<p>Objective 2.2: Share responsibility with residency training programs to assess the knowledge, skills and behaviours of qualified IMGs to identify those that are ready to enter an available postgraduate medical education position.</p>
<p>Goal 5: Development The AIMG Program will engage in continuous quality improvement, seeking out and responding to opportunities to achieve its mission.</p>	<p>Objective 3.1: Share responsibility with residency training programs to provide an orientation for qualified IMGs that will give them the opportunity to add to the knowledge, skills and behaviours they need to function successfully in Alberta’s health care and medical education systems.</p>
	<p>Objective 4.1: Share information as appropriate with programs and individuals that support, assess, orient and teach IMGs in order to enhance the AIMG Program.</p>
	<p>Objective 5.1: Continually engage in research, evaluation and development activities that enhance the AIMG Program.</p>
	<p>Objective 5.2: Plan, conduct, publicize and publish research that enhances the AIMGP academic credibility.</p>

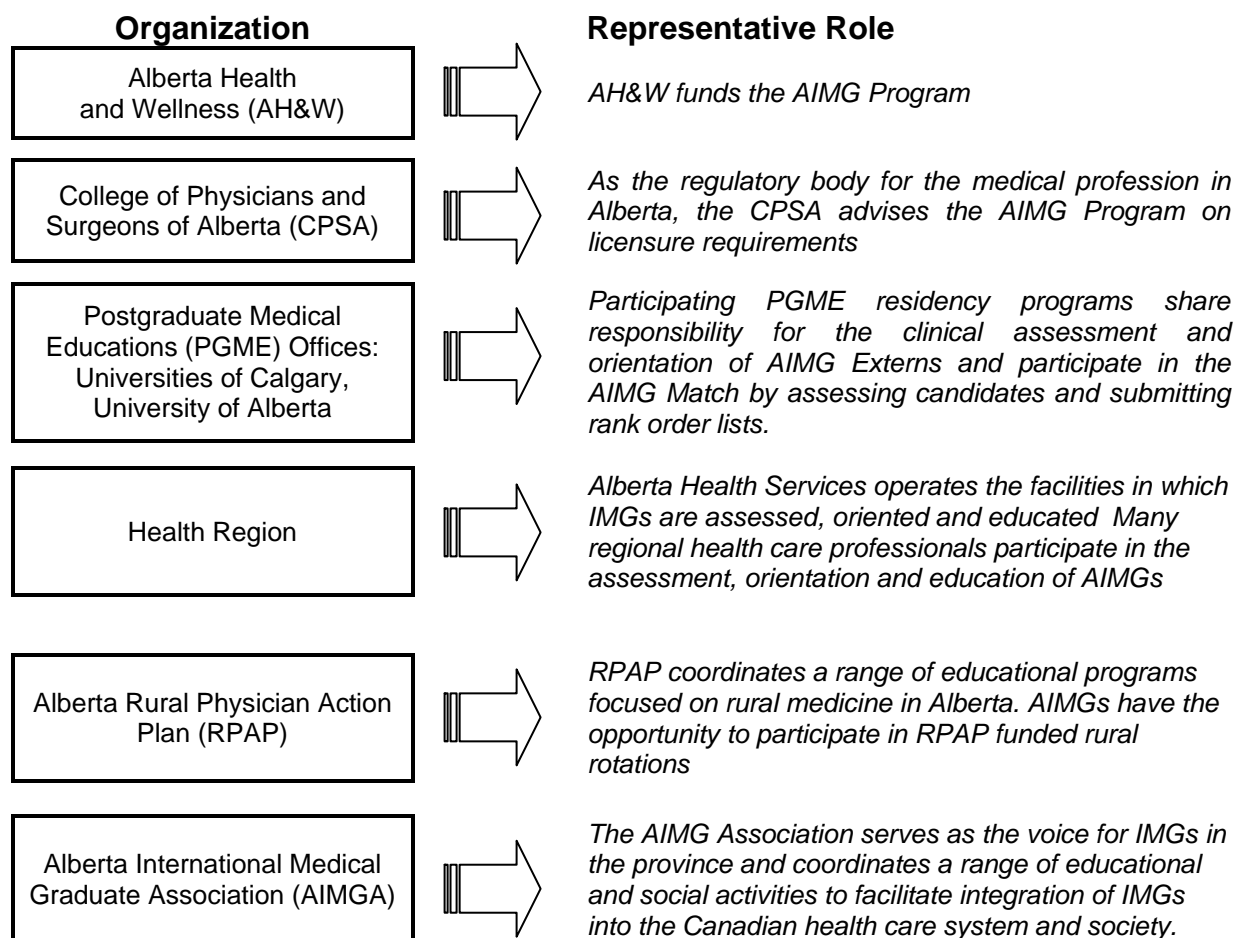
Section 3: AIMGP Governance and Stakeholders

3.1 AIMG Program Governance

The AIMGP SC is the program's sole trustee. The Steering Committee is accountable to the Government of Alberta through the Minister of Health and Wellness for the effective governance and management of the AIMGP. The Steering Committee oversees the direction, activities and outcomes of the program as they relate to the achievement of its Mission, Goals and Objectives.

The AIMGP SC includes representation from the major organizations involved in the assessment, orientation and teaching of IMGs in Alberta. These organizations and their roles are outlined in Figure 3.1.A.

FIGURE 3.1.A - AIMG PROGRAM STEERING COMMITTEE COMPOSITION



3.2 AIMG Program Stakeholders

The AIMGP will continue to be accountable to stakeholders in addition to those represented on the AIMG SC.

Each of these stakeholders has a particular interest in the support, assessment, orientation or education of IMGs. They include:

- IMGs who are Canadian Citizens/Permanent Residents residing in Alberta;
- organizations that support IMGs as they prepare for the AIMG Program;
- assessors, faculty, and preceptors who work with IMGs through the AIMGP; and
- the public, who will be treated by physicians who enter practice once they complete residency.

Section 4: Building on Our Accomplishments

4.1 Improving Physician Supply

The growth of the program in terms of residents and residency programs since its inception is shown in Table 4.1 below:

TABLE 4.1.A - AIMG PROGRAM GROWTH FROM 2001 TO 2009

Residency Start Date	Applications Received	Family Medicine Residency Positions	Other Residency Positions	Total Positions	Number of disciplines
2001	56	11	n/a	11	1
2002	31	8	n/a	8	1
2003	39	8	n/a	8	1
2004	64	12	9	21	5
2005	92	12	10	22	6
2006	123	12	12	24	7
2007	225	19	29	48	10
2008	212	22	26	47	10
2009	260	22	37	59 (+8)	12

IMGs who are successful in matching to residency positions through the AIMGP will continue to enter training at the PGY1 level and will require a total of two or more years of residency depending on the specialty.

Measures of program success following candidate placement include performance during residency and qualifying examinations, resident wellness, and retention within the province after residency program completion. These measures will be an area of increasing focus for the AIMGP and will inform decisions made regarding a broadening of the program's scope to potentially include educational support during residency.

4.2 Providing access to residency positions

In 2008, the AIMGP instituted policy and funding changes that would allow IMGs to access the second iteration of the CaRMS match as an additional route to Alberta residency positions. This access applies only to IMGs who have been assessed by the AIMGP and passed the OSCE but are not successful in the AIMGP match.

This policy will continue to be evaluated and refined as necessary. IMGs entering through the second iteration of CaRMS are considered equivalent to AIMGP-matched candidates and will therefore be assessed further with an Externship. The result is that the residency start date for CaRMS 2nd iteration-matched physicians will be staggered (due to the timing of the CaRMS Match).

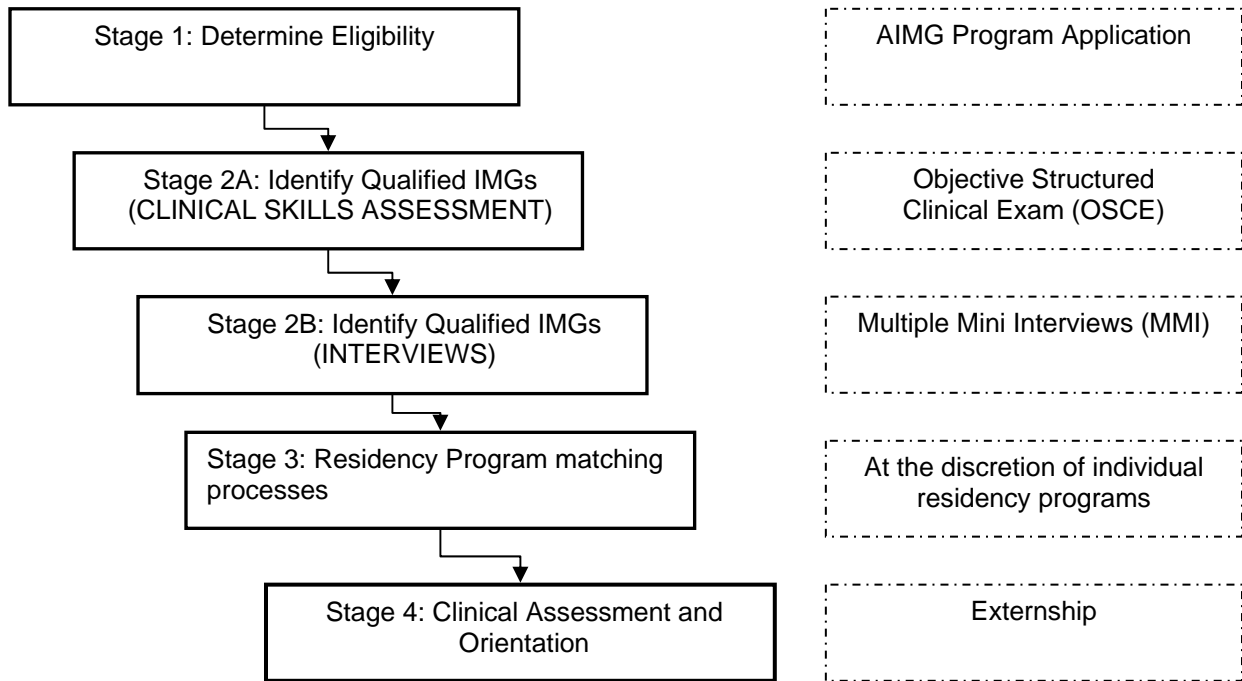
The program anticipates a declining capacity for residency positions in Alberta and will assess this issue as part of its overall program re-evaluation.

4.3 Assessing and Orienting IMGs

The growth of the AIMGP is a reflection of the strength of its assessment and orientation processes and the commitment of the various stakeholders. The AIMGP will continue to ensure that the assessment process is a reliable and valid way to identify IMGs who are "residency ready."

The AIMGP's assessment and orientation process proceeds in four stages, as outlined in Figure 4.3.A.

FIGURE 4.3.A - AIMG PROGRAM'S ASSESSMENT AND ORIENTATION STAGES



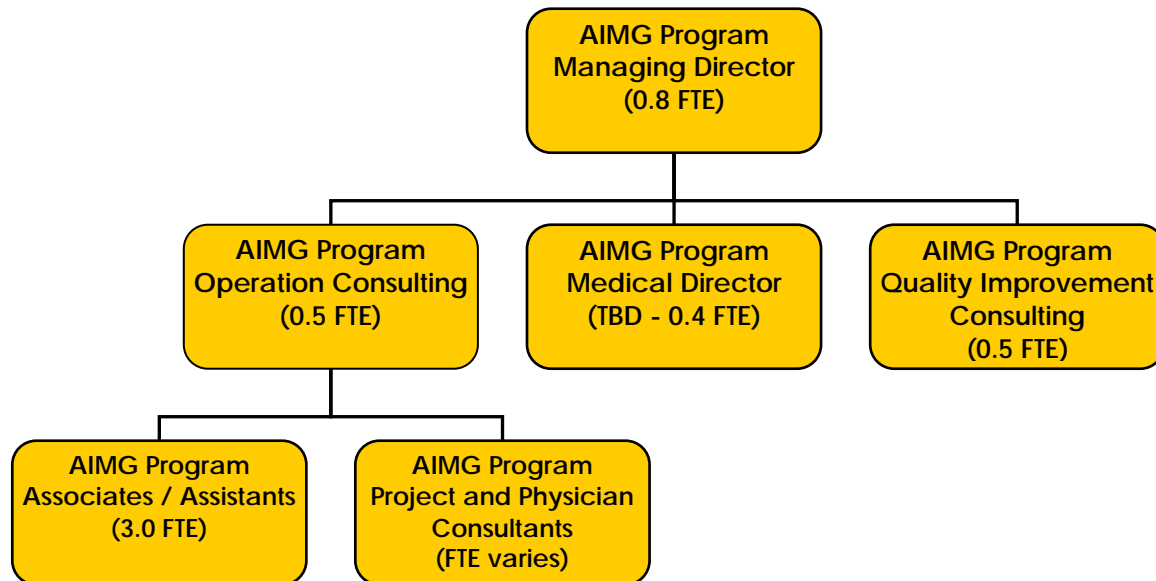
4.4 Administering the AIMG Program

In 2008, the AIMGP created the new positions of Managing Director and Medical Director to replace the previous Program Director position. The Managing Director has been in place for one year. The AIMGP's goal is to hire a Medical Director early in 2010. The primary function of the Medical Director will be to liaise with the residency programs locally and with appropriate groups nationally for enhancement of the AIMGP. The Medical Director may also assist others in the program to develop and evaluate the assessment tools used for assessing AIMGs.

The AIMGP will continue to engage project and physician consultants periodically as required.

Figure 4.4.1 shows the organizational structure of the AIMGP and the Full-Time Equivalent (FTE) of each position.

FIGURE 4.4.1 – AIMG PROGRAM ORGANIZATION CHART (JULY 2009)



Section 5: Our Priorities

5.1 Our Focus

The AIMGP has established itself as a reliable way to identify “residency ready” IMGs. In this Business Cycle, the program will continue to redefine, strengthen and refine its tools, processes and policies. The AIMGP’s Mission, Principles, Goals and Objectives will be reassessed to provide direction. The Key Performance Indicators (KPI) presented in this Business Plan further reflect this direction.

The KPIs were developed following consultations with IMG SC members, senior administrators and key program stakeholders. They present the activities and measures that will define, strengthen and refine how the AIMGP achieves its Goals and Objectives.

The priorities reflected in the KPI are summarized in Section 5.2. The full set of KPI is presented in Appendix 2.

5.2 Our Priorities

5.2.1 Communication

The AIMGP currently communicates with IMGs and other stakeholders using both formal and informal means. Most program stakeholders have a general understanding of the program’s mandate. However, not all stakeholders understand key elements of the program, such as who the program targets or the rigor of the assessment process. There is therefore an opportunity for the AIMGP to strengthen its communications in these key areas with all stakeholders.

There is also opportunity for the program to be more targeted in its communication with the academic community. The academic community presents a forum in which the program can validate its tools and processes. This will further enhance the program’s credibility.

The AIMGP’s priority for Communication is to be more strategic in its communication with IMGs, program stakeholders and the academic community.

5.2.2 Assessment

The AIMGP will engage in an External Face Validity Study of the assessment process with physician assessors and Residency Program Directors. (Face Validity is defined as the apparent suitability of a given tool or process for achieving a desired outcome.)

In the 2007 assessment cycle, the AIMGP piloted the Multiple Mini Interview (MMI) to assess applicant’s non-cognitive skills. The MMI demonstrated good reliability and validity, and was widely accepted by applicants and examiners, therefore the AIMGP will continue to use the MMI and has invested in research to assess the stability of individual MMI stations.

In previous years, IMGs were required to take the AIMGP OSCE each year of application regardless of their previous performance. Following an in-house 'stability analysis' on the OSCE stations (used for two or more years) the OSCE results will now be valid for 3 subsequent matches. The AIMGP will invest further research in assessing the stability and validity of OSCE stations and the impact of this policy change.

In the previous Business Cycle, the AIMGP piloted a new computerized match process with the goal of increasing objectivity and efficiency. The match program was again modified in 2008 to handle the increase in numbers of IMG candidates and participating residency programs. The AIMGP will continue to use and develop the computer-based match program for fairness and transparency.

5.2.3 Clinical Assessment and Orientation (Externship)

Following decisions to accept matched IMGs, the final assessment component is a requirement for IMGs to complete successfully a four month clinical assessment/orientation (Externship). This phase is a shared responsibility between the AIMGP and individual Residency Training Programs. The AIMGP will continue to work with residency programs to ensure a quality Externship experience.

5.2.4 Collaboration

Collaboration has always been an important part of the AIMGP. The AIMGP liaises with a range of programs and individuals that support, assess, orient and teach IMGs in Alberta and Canada.

In this Business Cycle, the AIMGP's priority for Collaboration will be to continue to focus on excellence in the assessment and orientation of IMGs. This will require continued work with Residency Training Programs, physician assessors, and IMG advocacy groups including the AIMGA and the Bredin Institute. The AIMGP also anticipates collaboration with the National Assessment Collaboration towards a common IMG OSCE.

5.2.5 Development

Development was the new and important goal for the AIMGP in the previous business cycle. The AIMGP recognized the need for continuous, formalized activities focused on quality improvement and during the last cycle, a system of KPI calculation and reporting was developed.

The AIMGP priority for development is to engage in operations research for quality improvement. This cycle, the development focus is on increased evidence-based decision-making to underpin operational change.

Section 6: Financial Requirements

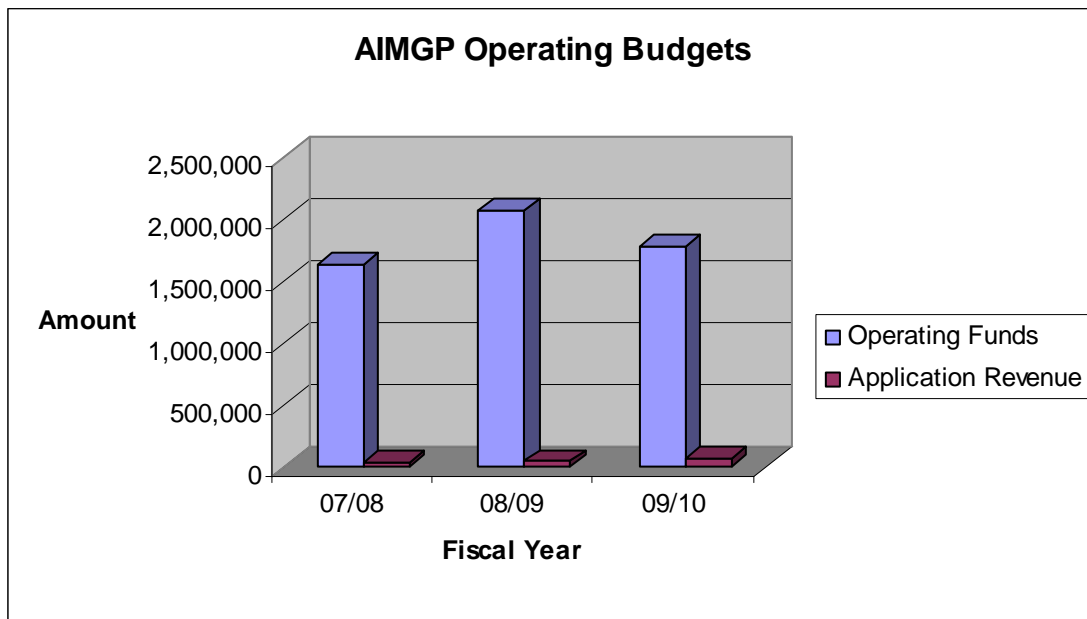
The Government of Alberta through Alberta Health and Wellness provides grant funding each year to:

- support the operating expenses of the AIMGP
- flow funding to preceptors and Residency Training Programs who work with IMGs through the AIMGP

The Program's operating budgets for the last three years (2007/2008 through 2009/2010) are illustrated in Chart 6.A. Primary factors influencing overall annual budget variations relate primarily to the level of funding for Externship support and to adjustments in staffing levels.

Note that with recent increased number of discipline choices for applicants, application revenues increase each year. The Program received ~\$75,000 in application fees in 2008, increasing to ~\$96,000 for the 2009 application

CHART 6.A – AIMG PROGRAM OPERATING BUDGETS



Appendix 1: Logic Model for AIMG Program

Inputs	Mission	Goals	Objectives	Outcomes
Funding from Alberta Health and Wellness	To increase the number of IMGs eligible to work as medical doctors in Alberta by providing qualified IMGs who are Canadian Citizens/Permanent Residents residing in Alberta with access to postgraduate medical education in high-need specialties, as mandated by the Government of Alberta through the Minister of Health and Wellness.	#1. Communication The AIMG Program will have a communication strategy to keep its stakeholders appropriately informed of program processes, policies and outcomes.	#1.1 Provide IMGs with information about how to access available postgraduate medical education positions through the AIMG Program.	More Alberta IMGs enter residency programs
AIMG Program Steering Committee AIMG Program Staff and Consultants Eligible IMGs			#2. Assessment The AIMG Program will have a rigorous and objective confidential mechanism for assessing the readiness of eligible IMGs to enter an available postgraduate medical education position.	
		#2.1 Assess the baseline skill sets of eligible IMGs to identify those that are qualified to enter an available postgraduate medical education position.		
		#3. Orientation The AIMG Program will have a structured process for orienting qualified IMGs to Alberta's health care and medical education systems.	#2.2 Share responsibilities with Residency Training Programs to assess the knowledge, skills and behaviours of qualified IMGs to identify those that are ready to enter an available postgraduate medical education position.	
			#4. Collaboration The AIMG Program will collaborate with programs and individuals that support, assess, orient and teach AIMGs in order to enhance program tools and processes.	#3.1 Share responsibilities with Residency Training Programs to provide an orientation for qualified IMGs that will give them the opportunity to add to the knowledge, skills and behaviours they need to function in Alberta's health care and medical education systems.
#5. Development The AIMG Program will engage in continuous quality improvement, seeking out and responding to opportunities to achieve its mission.		#4.1 Share information as appropriate with programs and individuals that support, assess, orient and teach IMGs in order to enhance the AIMG Program.		More AIMG physicians practice medicine in Alberta
	#5.1 Continually engage in research, evaluation and development activities that enhance the AIMG program.			
#5.2 Conduct, publicize and publish research initiatives for enhancing the image of AIMGP				

Appendix 2: Key Performance Indicators for AIMG Program

Goal #1:	The AIMG Program will have an established communication strategy to keep its stakeholders appropriately informed of program processes, policies and outcomes.				
Why this is important to our program?	Strong communication with IMGs and other stakeholders is key to the success of the AIMG Program. IMGs across Alberta must have reliable information on how to prepare for and apply to AIMG Program. AIMG Program stakeholders must have a good understanding of the program's mission, goals and objectives in order to support the program and its applicants.				
Objective #1.1:	Provide IMGs with information about how to access available postgraduate medical education positions through the AIMG Program.				
Indicator	Measure	Baseline	Target	Tracking	
1.1.a	IMGs in Alberta have the information they need to prepare for and apply to the AIMG Program	Number and per cent of applications forms that are complete when they are submitted	In 2004, 94% of applications received by the AIMG Program were complete	95% of applications received are complete on receipt	Online application form must be complete before submission therefore this KPI is no longer applicable
1.1.b	IMGs in Alberta are appropriately informed of the AIMG Program's mission, principles, goals, objectives and outcomes	Number of visits to the AIMGP Website (mission statement is on the home page) and visits to the business plan posted there.	In 2006, AIMG Alumni and AIMG Association representatives indicated that some IMGs have misperceptions about the AIMG Program	The vast majority of IMGs and all of the organizations who work with IMGs in Alberta understand the "who", "what", "why", "where" and "how" of the AIMG Program	Website traffic reports provided by Webmaster
Objective #1.2:	Provide AIMG Program stakeholders with information about the AIMG Program.				
Indicator	Measure	Baseline	Target	Tracking	
1.2.a	Stakeholders are appropriately informed of the AIMG Program's mission, principles, goals, objectives and outcomes	Number of visits to the AIMGP Website (mission statement is on the home page) and visits to the business plan posted there.	In 2006, some AIMG Program stakeholders reported misperceptions about the AIMG Program	All AIMG Program stakeholders understand the "who", "what", "why", "where" and "how" of the AIMG Program	Website traffic reports provided by Webmaster
1.3.b	The AIMG Program has credibility within the academic community	Number of presentations at medical education conferences and number of publications related to AIMGP assessment processes	Not established	As many as feasible	Count

Goal #2:	The AIMG Program will have a rigorous and objective confidential mechanism for assessing the readiness of eligible IMGs to enter an available postgraduate medical education position.				
Why this is important to our program?	Assessing the baseline skills of qualified IMGs is the core business of the AIMG Program. In order to be accountable to our stakeholders, we must ensure that the assessment mechanism is <i>rigorous and objective</i> .				
Objective #2.1:	Assess the baseline skill sets of eligible IMGs to identify those that are qualified to enter an available postgraduate medical education position.				
Indicator	Measure	Baseline	Target	Tracking	
2.1.a	AIMG Program entry requirements are acceptable to relevant program stakeholders	Entry requirements are endorsed on an annual basis by the CPSA and Postgraduate Offices of the Universities of Alberta and Calgary	Entry requirements have been acceptable to relevant program stakeholders	Entry requirements continue to be acceptable to all relevant program stakeholders.	Ongoing review of entry requirements
2.1.b	The AIMG Program reliably identifies IMGs who meet the program's entry requirements	Reliable identification of eligible IMGs who complete the online application and submit complete application packages	The application and file review processes reliably identify eligible IMGs	The application and file reviews processes identifies all eligible and all ineligible IMGs who apply to the AIMGP	AIMGP Excel File
2.1.c	The AIMG Program <i>reliably identifies</i> IMGs who are qualified to enter an available postgraduate medical education position	Eligible applicants who submit complete application packages all go through the same filters and assessment processes	100%	100%	Standardized protocols are applied
	Qualified – OSCE score at a level Canadian Medical Graduate equivalent-level	OSCE criterion and “cut scores” incorporate individual minimum threshold scores and are deemed appropriate by the OSCE Committee for the identification of IMGs at the level of a Canadian Medical Graduate (CMG)	OSCE criterion and cut scores have been appropriate for the identification of IMGs at the level of a CMG (MPL = 6 cases in 2007)	OSCE criterion and cut scores continue to be appropriate for the identification of IMGs at the level of a CMG	OSCE Chairperson's report

Goal #2:	The AIMG Program will have a rigorous and objective confidential mechanism for assessing the readiness of eligible IMGs to enter an available postgraduate medical education position.				
	OSCE Validity	External Face Validity of the OSCE Cases (i.e. the apparent suitability of OSCE cases to the assessment of IMGs)	No established baseline	The OSCE has External Face Validity amongst OSCE Examiners	OSCE Examiner Survey
	OSCE Reliability	Psychometric analysis of the OSCE results using reliability and discriminatory indices (i.e. the consistency with which the exam ranks candidates and the ability of the exam to identify strong/weak candidates)	The AIMG Program's OSCE has a minimum reliability coefficient of 0.7 using Cronbach's alpha coefficient	The OSCE exams achieve a reliability coefficient of ≥ 0.8	OSCE psychometrics reported in annual OSCE report
	MMI Validity	External Face Validity of the interview format (i.e. the apparent suitability of the interview format as a tool to rank IMG candidates)	2006, Acceptable	The Interview format has External Face Validity amongst interviewers	Interviewer Feedback Survey
	MMI Reliability	Psychometric analysis of interview results using generalizability indices	2006, 0.70	The interviews achieve a generalizability factor of ≥ 0.8	Interview Forms
2.1.d	The AIMG Program matches IMGs who are qualified to enter an available postgraduate medical education position into the program ranked first by candidates.	Rate	2007, 69.6%	An optimal number of IMGs are matched into their topped ranked programs each year	AIMG Program Database

Objective #2.2:		Share responsibility with Residency Training Programs to assess the knowledge, skills and behaviours of qualified IMGs to identify those that are ready to enter an available postgraduate medical education position.			
Indicator		Measure	Baseline	Target	Tracking
2.2.b	The AIMG Program reliably identifies qualified IMGs who are ready to enter a residency training program	AIMGP ITER	The AIMG Program's clinical evaluation form is used by over 90% of participating Residency Training Programs	The AIMG Program's clinical evaluation form is used by 100% of participating Residency Training Programs	Count and calculated per cent
		External Face Validity of Externship (clinical assessment and orientation)	Program Director expert opinion	Externship has face validity	Individual program director feedback
		Per cent of IMGs who pass national certification exams (i.e. RCPSC, CFPC) following residency	2008, 98%	The vast majority of IMGs pass their certification exam after completing residency	Provincial Physician Registry(ies)

Goal #3:	The AIMG Program will have a structured process for orienting qualified IMGs to Alberta's health care and medical education systems.					
Why this is important to our program?	The medical education and health care systems in Alberta can vary significantly from those in which IMGs were educated. Providing IMGs with an orientation to Alberta' health care and medical education systems helps ensure their success in residency.					
Objective #3.1:	Share responsibility with Residency Training Programs to provide an orientation for qualified IMGs that will give them the opportunity to add to the knowledge, skills and behaviours they need to function in Alberta's health care and medical education systems.					
Indicator	Measure	Baseline	Target	Tracking		
3.1.a	The AIMG Program's orientation process helps IMGs add to the knowledge, skills and behaviours they need to function in Alberta's health care and medical education system	Number and type of orientation sessions provided to AIMGs	In 2004, the AIMG Program provided IMGs with information and formalized support during two, one-week orientation workshops. Informal support was provided as needed during the remaining months.	IMGs have access to ongoing quality information and support throughout Externship to create maximum opportunity for learning	Orientation session schedules	
		Content validity of orientation sessions	Expert opinion	Agreement amongst participant AIMGs and presenters	Orientation session evaluations	

Goal #4:	The AIMG Program will collaborate with programs and individuals that support, assess, orient and teach IMGs in Alberta and Canada in order to enhance program tools and processes.				
Why this is important to our program?	<p>There are a number of organizations and programs in Alberta that help IMGs prepare for the AIMG Program's application process. The work of these organizations can benefit the AIMG Program, as they can help strengthen the quality of AIMG Program applicants. The AIMG Program can support these organizations by sharing information and resources with them, as appropriate.</p> <p>Assessors, preceptors and faculty in Residency Training Programs play a critical role assessing and orienting IMG to Alberta's medical education and health care systems. The AIMG Program can support these individuals and programs by helping them understand the unique aspects of assessing and orienting IMGs.</p>				
Objective #4.1:	Share information as appropriate with programs and individuals that support, assess, orient and teach IMGs in order to enhance the AIMG Program.				
Indicator	Measure	Baseline	Target	Tracking	
4.1.a	The AIMG Program shares appropriate information and supports with organizations and programs that work with IMGs in Alberta	Number and type of collaborative activity, by organization per year	The AIMG Program responds to requests for information and support from other organizations in the field	The AIMG Program continues to respond to requests for information and support	AIMG-maintained records
4.1.b	AIMG Program physician assessors have the knowledge and skills they need to assess IMGs	Availability of regular CME or CPD courses for potential and existing preceptors	No established baseline	Annual course offering	AIMGP records
4.1.c	The AIMG Program provides appropriate resources and supports to assessors, preceptors, and faculty who work with AIMGs	Support and resource inventory	In 2006, Residency Training Programs indicated that AIMGP financial resources were appropriate but improvement was needed in non-financial resources	Residency training programs report adequate financial and non-financial resources for AIMG training	Annual program survey

Goal #5:	The AIMG Program will engage in continuous quality improvement, seeking out and responding to opportunities to achieve its mission.				
Why this is important to our program?	By engaging in a continual exercise of quality improvement, the AIMG Program can ensure that its tools and processes remain current and reliable. Development activities will help the AIMG Program be accountable to all of its stakeholders and will help achieve its mission.				
Objective #5.1:	Continually engage in research, evaluation and development activities that enhance the AIMG Program.				
Indicator	Measure	Baseline	Target	Tracking	
5.1.a	The AIMG Program's research and evaluation activities support the quality improvement of program tools and processes.	Inventory of evidence-based decisions	No established baseline	Program decisions are supported by research and evaluation activities and results	AIMGP-maintained records
Objective #5.2:	Conduct, publicize and publish research initiatives for enhancing the image of AIMGP				
5.2	The AIMG Program's research activities are published in peer-reviewed academic journals	Number of publications	2008, 1 publication in Family Medicine 2009, 1 publication in Medical Education 1 in BMC Medical Education	As many as feasible	AIMGP-maintained records