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## 2025 PROGRESS REPORT

# Licensure & Optimal Employment of Internationally Trained Physicians



This report provides an update on the status of the 2023 Internationally Trained Physicians (ITP) Working Group recommendations and a synopsis of the 2025 focus as we work towards advancing the optimal employment of ITPs in Canada.

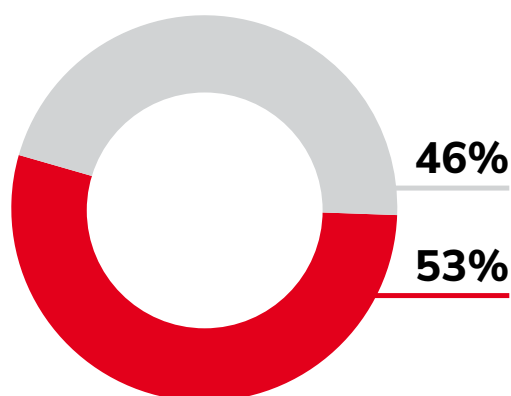
### BACKGROUND

In 2022, IRCC expanded N4's mandate to address the barriers to licensure and optimal employment faced by internationally educated health professionals. After an extensive stakeholder engagement, N4 produced [A Missing Part of Me: A Pan-Canadian Report on the Licensure of Internationally Educated Health Professionals](#), an overview of the current state. To drive system-level change, N4 leveraged its [Community of Practice](#) model to form a working group of key decision-makers along the ITP pathway to licensure. N4 facilitated six monthly meetings to support the formation of key recommendations for system change and summarized that work in the 2023 report [Part of the Solution: Recommendations for Welcoming Internationally Trained Physicians into Canada's Health Care Sector](#). Internationally trained physicians with lived experience generously offered their time and knowledge to validate the recommendations made by the working group and ensure strong alignment with their needs. Over the next year, a detailed communications and knowledge mobilization plan ensured each recommendation was discussed and actioned with the participation of key players in the ITP licensure and employment space. The ITP Working Group chose to continue quarterly meetings to support continued intersectoral collaboration in addition to providing strategic guidance to N4's work.

### STATUS OF RECOMMENDATIONS

The report made 26 recommendations for system change, of which 12 have been actioned since the start of the work.

-  Actioned (12)
-  Outstanding (14)



## ACTIONED

To address the recommendations, N4 has created a central, user-friendly hub of information to support decision-making for ITPs, the establishment of government-funded 1:1 navigation support, and expanded referral pathways to navigation services. N4 will continue to enhance outreach to employers, settlement agencies and other organizations to promote the use of the Resource Hub.

N4 partners and collaborators have worked to action recommendations across the entire ITP pathway. A pan-Canadian data strategy has been launched to understand labour market gaps. PRA programs have been expanded to include more provinces (ON, NB). Transparency regarding the cut-off scopes on the MCC QE1, as applied by selection committees to NAC-PRA and residency programs, has been increased. Moreover, feedback is now being provided to unsuccessful NAC-OSCE test-takers, helping them improve in specific areas.

## 2025 CALLS TO ACTION

There are still many system changes necessary to fully optimize the optimal employment of Canada's IENs. IMGs and ITPs will continue to play a crucial role in meeting the health needs of Canadians in the future, as our domestic education system cannot meet demand alone.<sup>1</sup> To move the ITP licensure landscape into a more equitable state, N4 recommends change in the following areas.

### A. Enhance language assessment efficiency

- Align language proficiency test requirements and exemptions along the pathway from immigration to licensure.
- Reconsider the length of time a language test is valid for ITPs living in Canada.

Key interest groups: IRCC, Medical Regulatory Authorities, FMRAC, Colleges & Universities, and Offices of the Fairness Commissioner

### B. Improve licensure recognition

- Recognize licenses from approved jurisdictions.

Key interest groups: Royal College of Physicians and Surgeons of Canada, and the College of Family Physicians of Canada, together with the Medical Regulatory Authorities

### C. Solve issues with maintaining currency of practice

- Identify paid opportunities within every province, recognized by MRAs, that support ITPs in maintaining currency of practice.
- Reform currency of practice requirements based on research.

Key interest groups: Ministries of Health, Medical Regulatory Authorities, FMRAC, MCC PRA Programs and Faculties of Medicine

### D. Develop mid-career pathways

- Review avenues for licensing mid-career ITPs living in Canada who have years of experience in international health settings.

Key interest groups: Royal College of Physicians and Surgeons of Canada, and the College of Family Physicians of Canada, together with the Medical Regulatory Authorities, Ministries of Health, and Faculties

of Medicine

E. Expand Practice Ready Assessment programs

- Explore strategies to increase the supply of assessors to complete PRAs and allocating additional resources to remunerate assessors for PRA programs.
- Include specialties and sub-specialties (outside of family medicine) and expand MCC's scope of standards for PRAs to include specialists and sub-specialists.

Key interest groups: MCC PRA Programs, ESDC, Health Canada, Ministries of Health, CMA, AFMC, the Royal College of Physicians and Surgeons, Touchstone and AIMGA

F. Change return of service agreements:

- Removal of mandatory return of service (ROS) agreements for ITPs.
- Expand all voluntary programs and incentives to both Canadian medical graduates and ITPs.

Key interest groups: Provincial Ministries of Health

G. Develop clinical bridging programs

- Develop clinical bridging programs that specifically address gaps in training (e.g., missed rotations, years of residency, currency of practice) or competencies.

Key interest groups: Medical Regulatory Authorities, Faculties of Medicine and Healthcare Employers

H. Make changes to and expand residency positions:

- Make all second-iteration residency positions available to IMGs in provinces where this is not already in effect.
- Expand the number of specialty residency positions available to IMGs.
- Increase transparency from postgraduate programs regarding the criteria they are seeking in residency candidates.
- Establish tools to reduce bias in the interview process.

Key interest groups: Faculties of Medicine, AFMC, Ministers of Health, and Offices of the Fairness Commissioner

## CONTACT

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