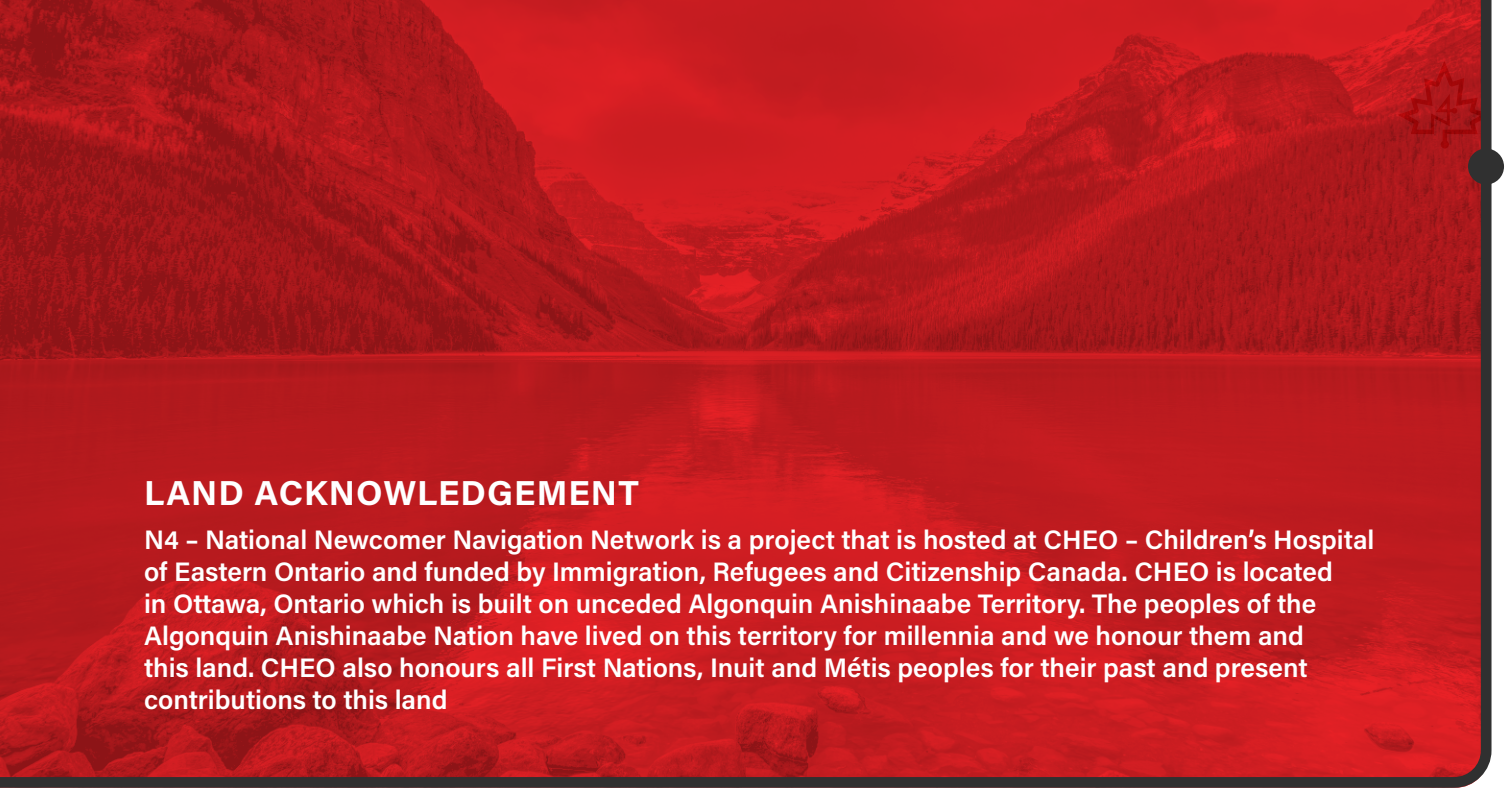
Part of the Solution:

Recommendations for Welcoming Internationally Trained Physicians into Canada's Health Care Sector

NATIONAL NEWCOMER
NAVIGATION NETWORK

RÉSEAU NATIONAL DE
NAVIGATION POUR
NOS NOUVEAUX ARRIVANTS



LAND ACKNOWLEDGEMENT

N4 – National Newcomer Navigation Network is a project that is hosted at CHEO – Children's Hospital of Eastern Ontario and funded by Immigration, Refugees and Citizenship Canada. CHEO is located in Ottawa, Ontario which is built on unceded Algonquin Anishinaabe Territory. The peoples of the Algonquin Anishinaabe Nation have lived on this territory for millennia and we honour them and this land. CHEO also honours all First Nations, Inuit and Métis peoples for their past and present contributions to this land

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ACKNOWLEDGEMENTS

The National Newcomer Navigation Network (N4) is a national network for the diversity of providers who assist newcomers in navigating the complex Canadian health care and social service systems. This work was funded through a Service Delivery Improvements (SDI) contribution agreement with Immigration, Refugees and Citizenship Canada (IRCC). N4 is hosted at and governed by CHEO, a pediatric health care and research centre in Ottawa.

This report represents the results of an N4 Community of Practice (CoP) Working Group*, Leveraging Internationally Trained Physicians (ITPs) to close health care labour market gaps, which was led by Joan Atlin, World Education Services (WES) and Deidre Lake, Alberta International Medical Graduates Association (AIMGA). Their work was guided by the valued input of Canadian ITPs through N4's ITP Consulting Group, which was expertly facilitated by Ahmed Alkhatib. We wish to thank all our participants for their contributions, particularly as this work occurred during the health human resource (HHR) crisis and amidst the on-going effects of the COVID-19 pandemic. For a full list of Working Group and Consulting Group members, please see Appendices A and B.

The information, data and references in this report were correct to the best of N4's knowledge at the time of publication. Due to the dynamic changes currently taking place in the healthcare system, the location and content of resources may change as new information is published, current policies are updated, and programs and pathways change.

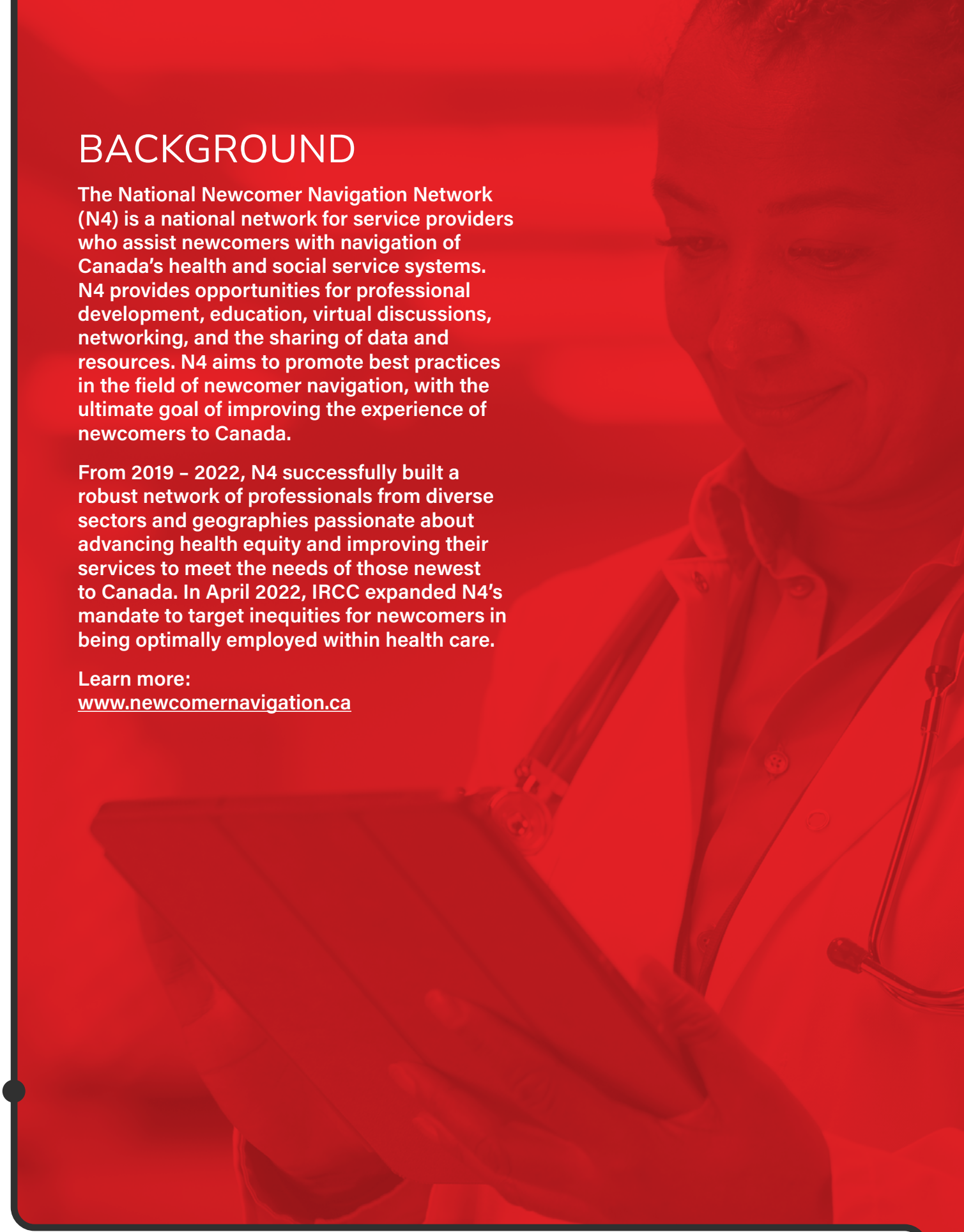
**Membership in the Working Group does not constitute or imply endorsement, recommendation, or favoring of this report by their organizations' directors or employees.*

BACKGROUND

The National Newcomer Navigation Network (N4) is a national network for service providers who assist newcomers with navigation of Canada's health and social service systems. N4 provides opportunities for professional development, education, virtual discussions, networking, and the sharing of data and resources. N4 aims to promote best practices in the field of newcomer navigation, with the ultimate goal of improving the experience of newcomers to Canada.

From 2019 – 2022, N4 successfully built a robust network of professionals from diverse sectors and geographies passionate about advancing health equity and improving their services to meet the needs of those newest to Canada. In April 2022, IRCC expanded N4's mandate to target inequities for newcomers in being optimally employed within health care.

Learn more:
www.newcomernavigation.ca



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EXECUTIVE SUMMARY

There is mounting pressure on the Canadian health care system to fill labour market gaps. The COVID-19 pandemic exacerbated existing challenges in the health care sector and caused a shortage of health care workers in all roles.[1] It is estimated that approximately half of Canadians are either unable to either find a family doctor or obtain a timely appointment with their current family doctor.[2] Canada's aging population adds to this crisis as the need for physicians increases to meet growing health care demands.[3]

Despite being highly skilled and valued as immigrants, Canada's newcomers experience significant challenges gaining employment within their international field of study even when their profession is in demand.[4] Among Canada's foreign born and foreign trained physicians, a staggering 62% are not working in their trained profession.[5]

Improving the pathways to licensure for internationally trained physicians (ITP)s has been identified as a key strategy to address Canada's physician shortage and fill labour market gaps.[6] This report presents the recommendations developed over an eight-month period (August 2022 – March 2023) by N4's Community of Practice Leveraging ITPs to Close Health Care Labour Market Gaps Working Group. The recommendations, developed at the request of our funder IRCC, represent concrete and actionable ways to address Canada's health human resource crisis by removing the barriers which prevent ITPs from obtaining full licensure and employment.

Licensure[7]
The acceptance of an individual to practice medicine within a jurisdiction based on the public or governmental regulations of health.

Internationally Trained Physician (ITP)
A physician who both completed postgraduate residency training and was eligible to work as a physician outside Canada.

We group the recommendations into the following themes:

1. Reliable Information

1.1 Create a user-friendly, up-to-date central hub of information to support decision-making

2. ITP Navigation Support

2.1 Establish or expand government-funded 1:1 navigation services for ITPs to ensure consistent, high-quality support through immigration, licensure and employment processes in every province

2.2 Establish or expand referral pathways to ITP navigation services

3. Pan-Canadian Health Human Resource Policy

3.1 Establish a pan-Canadian data strategy to have a greater understanding about labour market gaps across provinces and territories.

4. Language Proficiency Tests

4.1 Align language proficiency test requirements and exemptions along the pathway from immigration to licensure

4.2 Reconsider the length of time a language test is valid for ITPs living in Canada

5. Licensure Recognition

5.1 Recognize licenses from approved jurisdictions

5.2 Create a pan-Canadian license

6. Currency of Practice

6.1 Identify paid opportunities within every province, recognized by regulatory authorities, that support ITPs to maintain a currency of practice

6.2 Reform currency of practice requirements based on research

1 Canadian Medical Association, "Physicians, Nurses Offer Solutions to Immediately Address Health Human Resource Crisis."
2 David Korzinski, "Doc Deficits."
3 Employment and Social Development Canada, "Canadian Occupational Projection System."
4 Andrea Baumann et al., "Diversifying the Health Workforce."
5 OECD, *Recent Trends in International Migration of Doctors, Nurses and Medical Students*.
6 Canadian Medical Association, "Physicians, Nurses Offer Solutions to Immediately Address Health Human Resource Crisis."
7 For the purposes of this report, 'licensure' refers to the registration of an individual to practice by the relevant regulatory authority.

7. Mid-Career Pathway

7.1 Convene stakeholders to review avenues for licensing mid-career ITPs living in Canada who have years of experience in international health settings

8. Practice Ready Assessment Programs

8.1 Establish a PRA program in all provinces

8.2 Explore strategies to increase the supply of assessors to complete PRAs

8.3 Allocate additional resources to remunerate assessors

8.4 Expand PRA programs to include specialties and sub-specialties (outside of family physicians) and expand MCC's scope of standards for PRAs to include specialists and sub-specialists

8.5 Provide access to an orientation to the Canadian health care context at no cost to all PRA candidates

8.6 Further consideration of the removal of the MCC QE1 requirement from the PRA eligibility criteria

9. Return of Service Agreements

9.1 Remove mandatory return of service (ROS) agreements for ITPs and expand all voluntary programs and incentives to both Canadian medical graduates and ITPs

10. Exams

10.1 Increase transparency of cut-off scores for MCC QE1 applied by selection committees to NAC-PRA and residency programs

10.2 Provide feedback to unsuccessful NAC-OSCE test-takers on areas for improvement

11. Bridging Programs

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

12. Residency Spots

12.1 Make all second iteration residency spots available to IMGs in provinces where this is not already in effect

12.2 Expand the number of specialty residency spots available to IMGs

12.3 Increase transparency from post graduate programs regarding criteria they are seeking in residency candidates

12.4 Establish tools to reduce bias in the interview process

The recommendations outlined above use a strengths-based approach to leverage the diverse skills and experiences that ITPs bring to Canada. Implementation of these recommendations will support ITPs to obtain optimal employment within the health care sector in Canada, decrease the shortage of physicians, and enhance access to safe equitable health care for all Canadians.

IRCC has provided N4 with funding to facilitate the implementation phase of this report through the 2023/2024 fiscal year. N4 has developed a thorough communications plan to increase awareness about this report to key interest groups, specifically organizations which are the target audience for some of the recommendations. A comprehensive knowledge mobilization (KMb) plan is in development to promote the uptake of the recommendations by those instrumental to implementation. Progress in the upcoming year will be monitored. The ITP working group will continue to meet quarterly to support that work. Finally, N4 has developed a **visual pathway** on **www.newcomernavigation.ca** to guide ITPs and service providers seeking to understand core steps in the pathway to licensure.

INTRODUCTION: THE ROLE OF ITPS IN CANADA'S HEALTH CARE SYSTEM

> **"Newcomers are an integral part of our communities. Their full inclusion in our health care workforce will help us address staffing shortages, while also incorporating richly diverse voices of lived experience and better supporting other newcomers."**
>
> ALEX MUNTER, PRESIDENT AND CEO, CHEO

Canada is currently facing a health human resources (HHR) crisis. The COVID-19 pandemic has exacerbated existing and predicted HHR challenges in the health care sector. As a result, physicians and other health care workers are in short supply and create immense pressure on the health system to address its labour market shortages.[8] It is estimated that approximately half of Canadians are unable to find a family doctor or obtain a timely appointment with their currently family doctor.[9] Canada's aging population contributes to the current crisis, as the projected number of physicians needed will increase to meet the growing health care demands of the population.[10]

Canada's labour supply has been and will continue to be mainly reliant on immigration. With an aging population and increased vacancies, success of that strategy is now critical.[11] Over the next three years, Canada will welcome 1.45 million newcomers, primarily in the skilled immigrant class.[12] Immigration, however, does not always lead to optimal employment in Canada.[13] The stories of Canada's internationally trained physicians driving taxis are not without merit. According to census data, between 2011 and 2016 Canada welcomed over 4500 ITPs.[14] Approximately 62% of foreign-born, foreign-trained physicians who have immigrated to Canada, however, are currently not working in their trained profession.[15]

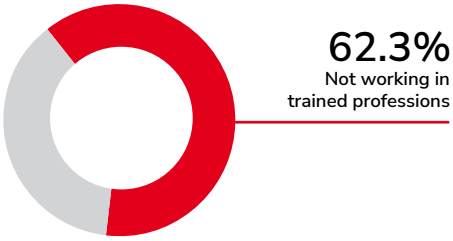
> **"You know what I tell people about Canada? Paramedics drive the ambulances, doctors drive cabs."**
>
> - PEACE BY CHOCOLATE FILM (BASED ON THE TRUE STORY OF TAREQ HADHAD)

Despite the multiple barriers ITPs face in Canada, they remain committed to improving the healthcare of Canadians. During stakeholder interviews with ITPs conducted by N4, physicians expressed profound distress during the pandemic at their inability to contribute to the well-being of their new country. ITPs stepped forward to volunteer in supporting vaccination, assisting at newcomer and community clinics by interpreting, and by offering ethnoculturally relevant public health information. Research by Internationally Trained Physicians of Ontario (ITPO) also shows that ITPs are willing to work in small, rural and Northern communities to help meet serious physician shortages.[16]

Improving the pathways to licensure for ITPs has been identified by the Canadian Medical Association as one of the key strategies to address Canada's physician shortage.[17] For ITPs to fully utilize their skills, they require support along their pathways to employment, including with immigration, credential recognition, clinical assessment, training, licensure, and employment. Only then will Canada's health care sector fully benefit from their immigration and potential contributions.

8 Canadian Medical Association, "Physicians, Nurses Offer Solutions to Immediately Address Health Human Resource Crisis."
9 David Korzinski, "Doc Deficits."
10 Employment and Social Development Canada, "Canadian Occupational Projection System."
11 Statistics Canada Government of Canada, "The Daily — Immigration as a Source of Labour Supply."
12 Employment and Social Development Canada, "Canadian Occupational Projection System."
13 Andrea Baumann et al., "Diversifying the Health Workforce."
14 Statistics Canada, "2016 Census of Canada."
15 OECD, *Recent Trends in International Migration of Doctors, Nurses and Medical Students.*
16 Internationally Trained Physicians of Ontario (ITPO), "ITPs: A Diverse, Underutilised Skilled Health Human Resource."
17 Canadian Medical Association, "Physicians, Nurses Offer Solutions to Immediately Address Health Human Resource Crisis."

Foreign Born, Foreign Trained MDs



- Not working in trained profession (21,325)
- Working (12,885)

Source: Recent Trends in International Migration of Doctors, Nurses and Medical Students, OECD (2019)

Across Canada, there has been mounting pressure to address the underlying systemic issues preventing IEHPs from becoming licensed to practice. In 2022, the Canadian Medical Association, Canadian Nurses Association, and College of Family Physicians of Canada testified to the House of Commons Standing Committee on Health on the health human resource crisis, including the need to leverage internationally educated health professionals (IEHPs).[18] Their testimony, and that of others, contributed towards ensuring that 4 of the 20 recommendations within the "Addressing Canada's Health Workforce Crisis" report address barriers encountered by IEHPs.[19]

In the interim, a variety of measures have been and continue to be implemented by provincial regulatory authorities and departments or ministries responsible for health (MoH). These measures benefit current and future Canadian ITPs but add to the variation and complexity they face when seeking licensure. N4's 2023 report, "A Missing Part of Me" outlines the Canadian licensure process for ITPs as complex, expensive, and province-specific.[20]

Internationally Educated Health Professionals (IEHPs)
Health care professionals educated in a country other than Canada.

Health Human Resources (HHR)
All people engaged in actions whose primary intent is to enhance positive health outcomes. These include health care providers, management and support staff.

A NOTE ON TERMINOLOGY

Throughout this report, we refer to those who have international education and experience as Internationally Trained Physicians (ITPs) rather than International Medical Graduates (IMGs). ITPs with lived experience voiced this as preferable, as it reflects their years of licensed practice before coming to Canada. It was suggested that IMG implied a recent medical school graduate rather than an experienced physician. ITPs are indeed an experienced group: in a recent survey of 324 foreign born, foreign trained physicians conducted by Internationally Trained Physicians of Ontario, 63% had over 3 years of clinical experience, 23% had 4-5 years of clinical experience, and 20% had 7-10 years of clinical experience.[21] We have therefore selected the terminology suggested by our lived experience informants.

International Medical Graduate (IMG)
A person who has received a medical degree from a medical school outside of Canada.

SCOPE OF THIS REPORT

This report presents the work of N4's Community of Practice, Leveraging ITPs to Close Health Care Labour Market Gaps Working Group. The pan-Canadian recommendations that follow present concrete and actionable ways to support the integration of ITPs into practice. Removing barriers and implementing proven facilitators will enhance the integration of ITPs and create capacity and health care system sustainability.

18 Sean Casey, "Addressing Canada's Health Workforce Crisis: Report of the Standing Committee on Health."
19 Sean Casey, "Addressing Canada's Health Workforce Crisis: Report of the Standing Committee on Health."
20 Cat Goodfellow, Christine Kouri, and Sahar Zohni, "'A Missing Part of Me:' A Pan-Canadian Report on the Licensure of Internationally Educated Health Professionals."
21 Internationally Trained Physicians of Ontario (ITPO), "ITPs: A Diverse, Underutilised Skilled Health Human Resource."

The recommendations presented in this report are intended to support the health care system by integrating those **ITPs who have immigrated to Canada but have not yet obtained licensure**. However, these recommendations would also benefit ITPs who have yet to immigrate to Canada by providing more accurate information that assists with decision-making and pre-arrival preparation.

The recommendations made within this report focus on the three areas that underpin integration into practice for ITPs: immigration, licensure, and employment. A pan-Canadian approach to the recommendations was taken to promote best and promising practices, and enhanced consistency across the provinces and territories. As per the contribution agreement with IRCC, the province of Quebec was excluded.

METHODOLOGY

Understanding the Barriers to Optimal Employment

Between May and January 2023, the N4 team conducted 74 stakeholder meetings via Zoom or Microsoft Teams to supplement formal and grey literature research on the issues facing IEHPs in seeking licensure post immigration. A full report outlining the methodology and key findings from this work is available here.[22]

The next phase of N4's work included the formation of two six-month N4 Community of Practice (CoP) working groups; one aimed at ITPs and one for Internationally Educated Nurses (IENs). The N4 CoP structure includes time-limited working groups that produce evidence-based, outcome-driven, and impact-focused deliverables to address the root causes of inequities for newcomers in accessing health, social and settlement services. Their work is fully supported by the N4 team through project management, research, communications, and administration. More information about the N4 CoP model can be found here.

The N4's CoP IEN and ITP working groups were formed to build upon the site visit findings to create a set of actionable recommendations based on common understanding of 1) the current state of licensure 2) key barriers and facilitators and 3) a future desired state, highlighting best and promising practices that address key barriers to optimal employment.

> **N4 Community of Practice (N4 CoP)**
> A structure that includes time-limited working groups that produce evidence-based, outcome-driven, and impact-focused deliverables to address the root causes of inequities for newcomers in accessing health, social, and settlement services.

Recruitment to the N4 CoP Working Group, Leveraging ITPs to Close Health Care Labour Market Gaps CoP Working Group

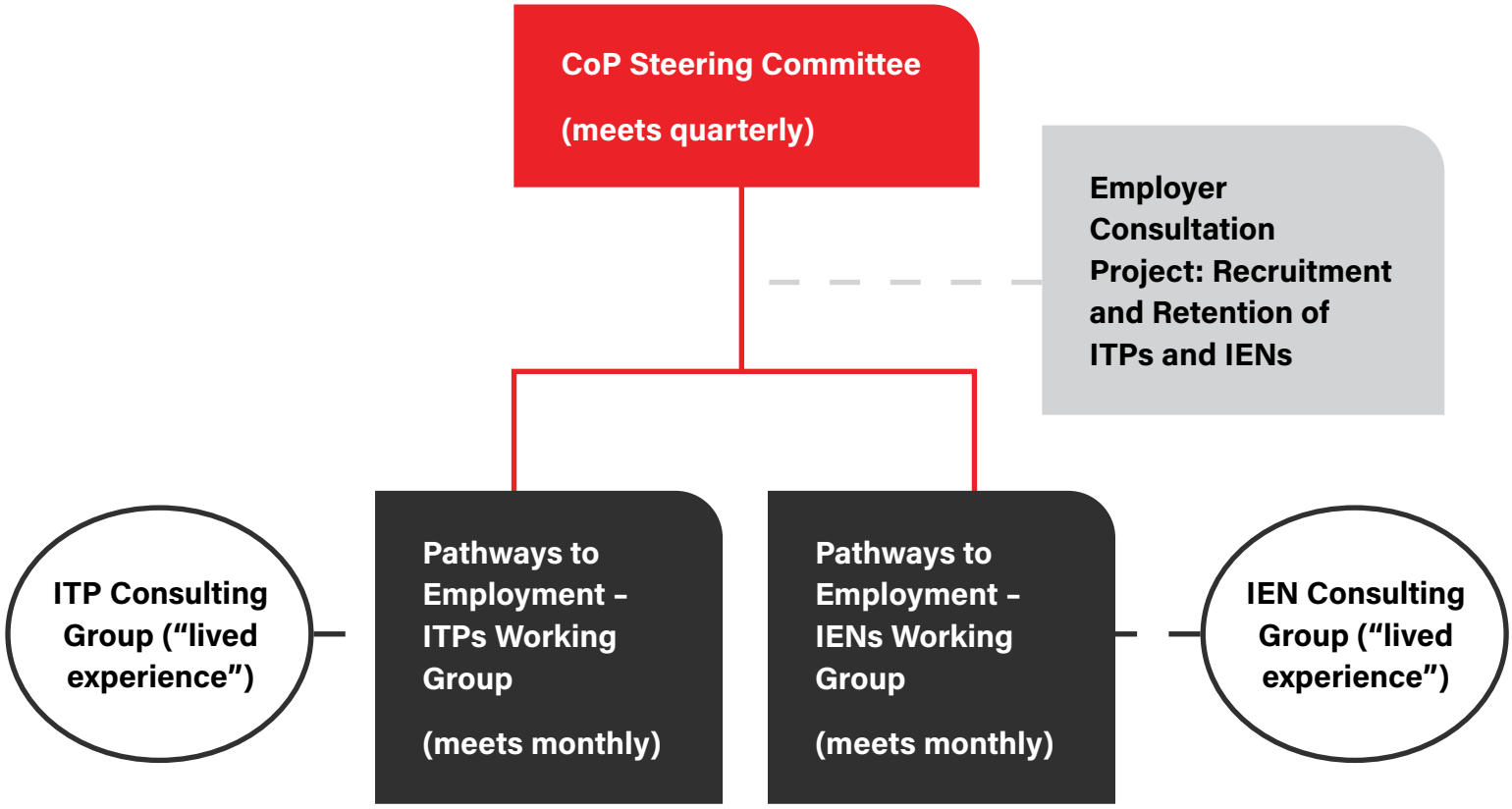
The site visits described above revealed the diverse group of stakeholders who play key roles along an ITP's pathway to optimal employment including immigration, organizations responsible for language testing and credential verification, regulatory authorities, bridging programs, and navigational and financial supports. From this engagement process, N4 identified and recruited key stakeholders to participate in the CoP Working Group. N4 ensured membership represented not only a diversity of roles along the pathway to licensure, but also provided pan-Canadian representation. Where possible, N4 sought representation from national professional associations to represent provincial and territorial voices (e.g., Association of Faculties of Medicine of Canada, Federation of Medical Regulatory Authorities of Canada). A total of over 20 individuals representing 18 organizations across Canada were recruited to the CoP working group (see appendix B for the full membership). Members were asked to commit to eight monthly meetings of one and a half hours each, from August 2022 to March 2023.

22 Cat Goodfellow, Christine Kouri, and Sahar Zohni, "'A Missing Part of Me:' A Pan-Canadian Report on the Licensure of Internationally Educated Health Professionals."

Engagement of Lived Experience: "Nothing About Us, Without Us"

During the engagement phase, N4 heard from stakeholders with lived experience that their perspectives had not been valued or included in past efforts to improve their pathway to licensure and employment. To promote a co-design approach to the work N4 assured representation of IENs and ITPs in the respective working groups. In addition, N4 formed consulting groups made up of IENs and ITPs living in Canada and currently seeking licensure. The purpose of these consulting groups was to provide feedback on the findings and recommendations of the working groups. These separate and confidential spaces allowed them to share their lived experiences amongst peers, without fear of being identified by organizations who administer exams, verify, and assess credentials, and determine if licensing requirements are met. This report features personal statements from the ITP consulting group members and other ITPs enrolled in an N4 educational program for IEHPs who openly shared their experiences with the N4 team.

COP STRUCTURE



GUIDING PRINCIPLES

This N4 CoP ITP working group and the recommendations within this report are guided by the following principles:

1. Canada's standards for physician credentialling and licensing support patient safety and quality of care.
2. ITPs can improve access to care and enhance the diversity of the Canadian health care workforce through their valued international education and experience.
3. Members will bring valued and unique perspectives to this work, including that of the lived experiences of ITPs.

Objectives

The working group worked towards three objectives:

1. Develop common understanding of the current pathways for ITP immigration, licensure and employment; key facilitators and barriers to optimal employment; and the future state of desired pathways for ITP and best or promising practices to achieve the desired future state
2. Establish concrete, and actionable recommendations to leverage best and emerging practices to reach the desired state
3. Develop a knowledge mobilization strategy and communication plan to action the recommendations

Roadmap

The illustration below outlines the objectives of N4's Community of Practice ITP working group and provides a high-level overview of what was accomplished within and between meetings. Strengths-based Lean Six Sigma tools were utilized to facilitate working group discussions and support the development of concrete and actionable recommendations.

August 2022 - Kick-off meeting

- Relationship forming among members
- Overview of project charter, member roles and responsibilities, and how N4 will support working group
- Sharing of resources, data and supporting information related to Working Group objectives

September 2022 - Understanding current state and visioning an ideal state

- Validate key barriers that prevent ITPs from obtaining licensure and/or optimal employment
- Identify key drivers, facilitators and enablers were brainstormed to achieve four "ideal states" that would improve the pathways to optimal employment for ITPs. The following ideal states were discussed:
  - ITPs have access to transparent, reliable, plain language information about the journey from immigration to optimal employment
  - The credential assessment process is timely, transparent and equitable

October 2022 - Visioning ideal state continued

- Identify key drivers, facilitators and enablers were brainstormed to achieve four "ideal states" that would improve the pathways to optimal employment for ITPs Con't. The following ideal states were discussed:
  - Required examinations and training programs are clearly explained, financially accessible and address specific competencies established by regulatory authorities
  - There are expanded opportunities and capacity for equitable access to practice pathways (e.g. PRA, residency)

November 2022 - Recommendation formation and prioritization

- Provide input into a draft set of recommendations (Initial reactions? What is missing? Implementation considerations?)
- Prioritize recommendations based on impact / ease of implementation via a survey

December 2022 - Recommendation analysis

- Develop action plans for top recommendations made

January 2023 - Recommendation analysis continued

- Develop action plans for top recommendations made

February 2022 - Development of communications plan and finalize recommendations

- Finalize recommendations
- Provide input into communications plan
- Discuss knowledge mobilization plan

March 2023 - Wrap up and debrief

- Implement communications plan
- Wrap-up and debrief

Findings and Recommendations:

Based on this methodology, the working group developed the following recommendations based on four ideal states:

ITPs have access to transparent, reliable, plain language information about the journey from immigration to optimal employment

The credential assessment process is timely, transparent and equitable

Required examinations and training programs are clearly explained, financially accessible and address specific competencies established by regulatory authorities

There are expanded opportunities and capacity for equitable access to practice pathways

1. RELIABLE INFORMATION

1.1 Create a user-friendly, up-to-date central hub of information to support decision-making

ITPs seek accurate information regarding the steps to licensure including processes, cost, available financial supports, estimated length of time, and historical likelihood of success. They may use various formal and informal sources to try to understand the best way to navigate the pathway to licensure. The accuracy and relevance of these sources vary greatly and can contradict one another. Information about the immigration and licensing processes is siloed and difficult to understand when not expressed in plain language and using defined terminology. Furthermore, the pathway to becoming licensed as an ITP is complicated by inter-provincial variations.

Faced with the task of navigating this complicated process with fragmented and unclear information, many ITPs struggle with confusion, errors, underemployment, and an unnecessarily long timeline to licensure.

> **"If you don't have the right information, you can't find the path."**
>
> - ITP

> **"We need a systemic commitment to telling people the truth"**
>
> – SERVICE PROVIDER

Establishing a central repository of information hosted by an authoritative source that would support ITPs in making informed decisions and creating efficiency in the licensure process. To date, there is no national forum that convenes diverse stakeholders to coordinate and disseminate up-to-date information on an ongoing basis. The approach to information-sharing among stakeholders along the pathways must be adaptable and and consistent to keep up with changes.

Adoption of the following principles will support increased access to transparent, reliable and plain language information about the journey from immigration to optimal employment

Co-Creation with ITPs: Co-create tools and material with ITPs who are licensed and unlicensed

Terminology: Define terminology and include a glossary of abbreviations.

Literacy Level: Use plain language

Transparency: Include statistics on the likelihood of being successful with an existing pathway (e.g. percentage of ITPs who apply for registration and become licensed to practice)

Accuracy: Ensure information is up to date, accurate, and shows choices/pathways ITPs with realistic timelines.

Embed navigators: When information is shared, there must be a point-person for ITPs to connect with who understand the pathways and can provide support.

There is currently no central website that includes links to the regulatory authorities in each province and territory, and indicates the routes to licensure available within each province and territory. This resource will support ITPs by showing a high level view of the routes available to them in each province. Links to residency programs, PRA programs, the Practice Eligibility Route (PER) through the Royal College of Physicians and Surgeons, and academic licensure should be included. Alternative career pathways (such as the associate physician positions available in British Columbia) should be included as well.

Within that central repository, ITPs requested a self-assessment tool that would guide them towards the pathway which best aligns to their province of residence, specialty and country of training. Such a tool would ideally contain historical data about the test cut off scores used to vet applicants, and success rates for steps in the process. They also sought clear information about the chronology of steps and inter-provincial comparisons of resource requirements (for example, tests required, costs, return of service agreements).

Target Audience: An authoritative source with national reach that can convene stakeholders and stay abreast of the ever-changing landscape.

Interest Groups: AIMGA, N4, IRCC, ESDC, Ministries of Health, Health Canada, regulatory authorities, employers, settlement organizations, credential assessment and verification services, government-funded advisors and foreign consulates and embassies

Practice Eligibility Route (PER)
Physicians who completed their postgraduate training outside of Canada and who have completed three years of practice in their specialty (in any jurisdiction) can apply for a review of a specialist physician's practice and training to determine its equivalence to Canadian training. Successful completion of the exam, allows physicians to apply for provincial licensure. After two years of practice, they may be eligible for certification by the Royal College.

"This is a human rights issue - the social and financial burden on myself and my family. We have become internationally displaced Canadian professionals."

- ITP

2. ITP NAVIGATION SUPPORT

2.1 Establish or expand government-funded 1:1 navigation services for ITPs to ensure consistent, high-quality support through immigration, licensure and employment processes in every province

ITPs report being recruited from their countries of origin as highly desired immigrants to Canada. They are led to believe they will be provided support on their pathway to licensure post-immigration. However, after successfully immigrating, they are most often left to navigate the complex pathway to licensure on their own, unaware of navigational supports and how to access them.

Throughout the immigration process, settlement professionals at IRCC-funded settlement organizations perform key functions in orienting newcomers to their community including providing information about housing, education and other social supports. Unfortunately, they can struggle to provide appropriate support around employment pathways for regulated professionals due to the complexity of those pathways. ITPs are often steered towards an easier pathway through "survival jobs" while they self-navigate their pathway to licensure, resulting in underemployment. Health care organizations also report being contacted by ITPs for navigational support but lack the expertise or resources to provide it.

> **"Each ITP case is unique and having a point-person who has reliable information on the process to obtain licensure and optimal employment is essential to reduce the number of ITPs ending up taking jobs that underutilize their skills."**
>
> – SERVICE PROVIDER

PROMISING PRACTICES

Across Canada, there are varying models of government-funded advisors:

Health Match BC: Health Match BC is a free health professional recruitment service funded by the Government of British Columbia. There is no charge for services.

Health Access Centre for IEHPs: The Access Centre for Internationally Educated Health Professionals (IEHPs) provides programs and services to IEHPs to help them integrate into the Ontario health care system with the primary goal of helping them become trained, licensed, and employed in their profession or an alternative career.

New Brunswick's IEN Navigation Service: New Brunswick's IEN Navigation service, designed specifically for internationally trained nurses (IENs) provides customized, client-centred assistance at no cost to the candidate. The service works with each candidate, helping them to navigate key challenges they might experience during the process to licensure. This model could be adapted to ITPs

Sufficient investment is necessary for implementing and adding capacity to these models. Furthermore, there must be pan-Canadian standards to promote equity across Canada for ITPs access.

Each ITP's situation is unique. Immigration status, country of education, years since graduation, years of experience, language proficiency, province and territory of residence, desired employment status and finances all play a role. Thus, navigational support for ITPs is best delivered by those who have expertise regarding the whole pathway to optimal employment. This requires strong partnerships with regulatory authorities as well as provincial and territorial health ministries, to stay abreast of the constantly changing incentives and programming towards licensure. Collaboration with settlement organizations completes the wraparound support ITPs require to be successful. Those who do access provincially funded 1:1 navigation support report being more successful and efficient in their pathways to optimal employment.

Creating a national forum for provincially-based navigators and advisors would foster pan-Canadian consistency and best practices. There is currently no forum that convenes those who provide 1:1 navigational support to ITPs. A national community of practice for advisors would support connection, learning and collaboration. Within such a network, consistent standards for government-funded advisors or navigators should be developed to ensure consistency of service delivery across provinces.

Target Audience: Ministries of Health

Interest Groups: IRCC

2.2 Establish or expand referral pathways to ITP navigation services

ITPs should not be expected to locate and access provincial ITP navigational support on their own. IRCC should implement a soft hand-off to navigational supports for those who self-identify as ITPs within the economic immigrant or refugee streams. While there are other immigration pathways used by ITPs to enter Canada (e.g. family sponsorship, refugee or evacuee status), these are more rare among ITPs. A standard workflow at immigration to hand off to navigational support represents a highly effective strategy to improving pathways to employment.

> **"If I had known of the process of becoming a doctor in Canada, I wouldn't have come."**
>
> - ITP

Communication about provincial and territorial ITP navigational supports needs to target the diversity of stakeholders who could direct ITPs towards them. Community stakeholders and organizations should also be made aware of navigational supports to which they can refer their clients. As mentioned previously, health care employers are recruiting ITPs or may be approached by ITPs seeking licensure as well. Most recently, local branches of the Ukrainian Canadian Congress have been supporting those with a Canada-Ukraine Authorization for Emergency Travel (CUAET).

Target Audience: IRCC, organizations that provide navigational support

Interest Groups: settlement organizations, physiciansapply.ca, regulatory authorities, employers, informal social supports for newcomers, consulates

AIMGA is currently funded through IRCC's SDI initiative to set up referral pathways to ITP navigation support.

3. PAN-CANADIAN HEALTH HUMAN RESOURCE POLICY

3.1 Establish a pan-Canadian data strategy to have a greater understanding about labour market gaps across provinces and territories

The lack of collection, access, sharing and use of health workforce data, and a subsequent Pan-Canadian Health Human Resource Strategy was highlighted in the 2023 House of Commons Report of the Standing Committee on Health Addressing Canada's Health Workforce Crisis.[23] Unlike many other regulated health professionals, physicians have a potential source of data which would support these efforts. Individuals who enter the Canadian medical education or practice system, including ITPs who are seeking licensure, are assigned a unique Medical Identification Number for Canada (MINC) by the Medical Council of Canada (MCC). This data could be leveraged to better understand the number of physicians, specialists, and sub-specialists across provinces and territories, as well as ITPs who have yet to obtain licensure. Use of MINC data could then be compared to projections of future needs of physicians to support a better understanding of the physician labour market gaps and the potential for ITPs currently in Canada to fill those gaps. Initial steps to undertake this work are currently underway at MCC.[24]

The Canadian Health Workforce Network has a sub-group formed of several data stakeholders that are working to create minimum data standards for workforce planning. Having this information publicly available (refer to recommendation 1) would allow ITPs to make informed choices in aligning their skills to labour market gaps and pursue a pathway to meet Canada's physician needs. For instance, there are many sub-specialists who immigrate to Canada, when the largest gap is the availability of family physicians. Ideally, ITPs would be aware of this, as well as a pathway available to pursue a career as a family physician.

Target Audience: Canadian Health Workforce Network, MCC, Canadian Medical Forum Working Group on Physician Resources Planning

Interest Groups: IRCC, navigational supports

Ideal State: The language and credential assessment processes are timely, transparent and equitable.

23 Sean Casey, "Addressing Canada's Health Workforce Crisis: Report of the Standing Committee on Health."
24 Maureen Topps, "The Medical Council of Canada Receives Grant Approval to Develop First Nationally Integrated Source of Data on Physicians in Canada | Medical Council of Canada."

4. LANGUAGE PROFICIENCY TESTS

4.1 Align language proficiency test requirements and exemptions along the pathway from immigration to licensure

Understanding and meeting the varied language proficiency test requirements is a well-documented barrier for ITPs. ITPs entering Canada under the Skilled Worker (express entry) program must complete an IRCC-approved language test such as the Canadian English Language Proficiency Index Program (CELPIP) or International English Language Testing System (IELTS). The academic version of the IELTS has been considered excessive, non-specific and, in some cases, inconsistent and unfair.[25] Often only after immigrating and seeking licensure do ITPs become aware they must take other language test to become licensed. Which language tests are accepted varies by province. Having a single and common list of acceptable language proficiency tests for ITPs which would meet the requirements of both IRCC and provincial and territorial licensure would improve efficiency and reduce costs for ITPs. This recommendation aligns with having these tests available virtually and prior to arrival to Canada. A step in the right direction could be the new vocational, virtual language test by Pearson was announced as being approved by IRCC and to be implemented by late 2023.26

Being able to communicate effectively is consistently acknowledged as an important contributor to patient safety. Unfortunately, there is a lack of consistency in how ITPs must demonstrate capacity in an official language. Required tests, acceptable scores and exemption criteria vary by provincial/territorial regulatory authorities. Exemptions from language testing can include what amount of English was included in their medical school education, and whether and in which country they provided patient care in English. Applications for medical residency and testing also request language proficiency but again the tests, minimal scores and exemptions vary. A harmonized process with one accepted test and minimum score and consistent exemption criteria would be more time and cost effective.

Target Audience: IRCC, FMRAC, regulatory authorities, colleges and universities with bridging programs

Interest Groups: settlement organizations, navigational supports

4.2 Reconsider the length of time a language test is valid for ITPs living in Canada

Companies who administer the language proficiency tests may suggest validity periods for language tests based on second language loss or attrition. However, it is up to organizations who accept the language tests (e.g. regulatory authorities, colleges, universities) to determine the length of time the test is valid for. Often, the validity period for a language test is two years. N4 was unable to find conclusive evidence to support a two-year validity period, particularly for those who are living in a country whose official language they have tested in. For ITPs, the validity period means they may need to retake the same tests multiple times along their pathway to licensure as their results are considered to have expired. Therefore, it is recommended that organizations that accept language tests reconsider any validity periods. Accepting language proficiency tests as a "once and done" requirement for ITPs living in Canada will create efficiencies, and remove cost and time pressures on the path to licensure.

Target Audience: regulatory authorities, academic bodies (colleges/universities)

Interest Groups: settlement organizations, navigational supports

25 Cat Goodfellow, Christine Kouri, and Sahar Zohni, "'A Missing Part of Me:' A Pan-Canadian Report on the Licensure of Internationally Educated Health Professionals."
26 Pearson PTE, "Pearson's English Language Proficiency Test Receives Approval for Canadian Economic Immigration."

5. LICENSURE RECOGNITION

5.1 Recognize licenses from approved jurisdictions

The Royal College and College of Family Physicians of Canada determine which ITPs have an equivalency of credentials. Each has established a list of approved jurisdictions from which they will recognize an ITP's training as being equivalent to that in Canada. This process looks only at an ITP's jurisdiction of training but does not consider an ITPs jurisdiction of licensure or years of medical practice. While the country in which an ITP completed their medical training may not fall within the list of approved jurisdictions, they may have a license and significant experience from those same approved jurisdictions when they immigrate to Canada. For example, while a doctor trained in Australia would be eligible for this pathway, a Nigerian-trained doctor who is licensed and working in Australia would not be.

In jurisdictions where the medical training is designed to meet Canadian licensure requirements, those regulatory authorities who have issued licenses should be considered trusted advisors. Those licensed in those jurisdictions should be considered to have equivalency with Canadian standards. The Royal College and College of Family Physicians of Canada should change their criteria of approved jurisdictions to include current licensure.

Target Audience: Royal College of Physicians and Surgeons, College of Family Physicians of Canada

Interest Groups: regulatory authorities

5.2 Create a pan-Canadian license

> **"The Canadian public deserves the best quality of healthcare. This includes having access to healthcare, without it, we are not serving the Canadian people well."**
>
> - ITP

As the pressures from the HHR crisis have risen, so too have the number of changes being made by Ministries of Health and physician regulatory authorities as they attempt to remove barriers for ITPs in achieving licensure. The result is an ever-changing, varied, and complex landscape of licensure requirements for ITPs to navigate. In addition to creating confusion for ITPs, there is inter-provincial migration of ITPs as they seek to align their unique situation to a province whose pathway to licensure seems most efficient. Their mobility does not correlate to retention of the ITP in that province, and given delays in transferring licensure between provinces, this mobility creates yet another gap of employment for ITPs. A national evidence-based pathway to licensure for ITPs supports equitable labour mobility. The Canadian Medical Association has been advocating for a national licensure.[27] The existence of the MINC is a recognized facilitator to that process by providing a unique identifier for each physician. Close collaboration between the provincial government and regulatory authorities is critical for the implementation of this recommendation.

Target Audience: CMA, Health Canada, FMRAC, regulatory authorities, Ministries of Health

Interest Groups: MCC

27 https://www.cma.ca/licensure

6. CURRENCY OF PRACTICE

6.1 Identify paid opportunities within every province, recognized by regulatory authorities, that support ITPs to maintain currency of practice

In order to secure a place on a PRA program, ITPs report volunteering under preceptorship programs where they are providing direct patient care however as they are not independently licensed, this care does not count towards the recency of practice requirement required for licensure. However, it is difficult for ITPs to gain this experience as there are limited opportunities to practice in a health care setting in Canada, unless they are a registered as a regulated health professional. As a result, ITPs often return to their country of licensure to maintain that licensure as well as maintain their currency of practice to fulfill Canadian licensure requirements. They incur great personal and financial costs as they leave their families in Canada to practice 3 months elsewhere.

Secondarily, experience practicing in a Canadian medical setting is valuable and can strengthen applications to residency programs.

Target Audience: Ministries of Health, regulatory authorities, FMRAC, PRA programs

Interest Groups: Health care employers

> **"I applied to be a health care aide and I was not accepted because I lacked Canadian experience."**
>
> - ITP

PROMISING PRACTICE

Alberta Health Services offers Clinical Assistant positions that ITPs can apply for if they meet certain eligibility criteria. A Clinical or Clinical / Surgical Assistant (CA) functions as a mid-level provider under the supervision and direction of physician supervisor(s) to provide acute care coverage in various medical departments. These roles are paid and can support ITPs to obtain currency of practice in a Canadian medical setting.

6.2 Reform currency of practice requirements based on research

Currency of practice requirements for ITPs should be aligned with requirements for Canadian physicians who are returning to practice after a career break. As in the case of Canadian physicians, there should be a clear understanding of what activities and personal development counts towards remaining in practice, and when additional practice hours or training is required. ITPs should be able to see a roadmap for retaining or regaining currency of practice and understand why these requirements are in place based on the available evidence about safe practice.

Target Audience: regulatory authorities

Interest Groups: Health care employers, Faculties of Medicine

Ideal State: There are expanded opportunities and capacity for equitable access to practice pathways.

> **"I travel back to my country of training to maintain my recency of practice for three-months out of the year. This is expensive and means time away from my family in Canada. While there, Canadians are among my patients, yet I am unable to practice in Canada."**
>
> - ITP

7. MID-CAREER PATHWAY

7.1 Convene stakeholders to review avenues for licensing mid-career ITPs living in Canada who have years of experience in international health settings

For mid-career ITPs entering Canada, the residency pathway is redundant, costly, and time-consuming. Instead, a pathway should be developed which validates prior education and experience and expedites the ITPs' entry into practice in Canada. Wherever possible, mid-career ITPs should be able to leverage their experience in their chosen specialty or sub-specialty, instead of being tracked into a residency program or into family medicine. This pathway could look like a modified PRA or clinical competency assessment, could incorporate mutual recognition agreements with other countries, and would clearly define the term 'mid-career' in terms of years of practice. Relevant stakeholders should be convened to explore what these pathways could look like.

Target Audience: regulatory authorities, Faculties of Medicine, health care employers, Ministries of Health, Royal College of Physicians and Surgeons, College of Family Physicians and Surgeons

8. PRACTICE READY ASSESSMENT PROGRAMS

8.1 Establish a PRA program in all Canadian jurisdictions

At time of writing, seven provinces offer PRA programs. Ontario, New Brunswick, Prince Edward Island, Nunavut and the territories do not, although the Government of Ontario has announced its intention to establish a PRA program by the end of 2023.[28] Other provinces and territories should also make efforts to establish a PRA program, enabling pan-Canadian opportunities for ITPs to be assessed and work in areas of highest need. It is noted that the lack of PRAs is driving ITPs to seek licensure by applying to redo their medical residency. This has led to unnecessary duplicate training of ITPs and pressure on the residency matching program.

Practice Ready Assessment (PRA)
A practical assessment program where candidates work under supervision of a licensed physician and are evaluated over a period of 12 weeks to ensure IMGs/ITPs possess the appropriate clinical skills and knowledge to provide quality and safe patient care in Canada.

PROMISING PRACTICE

The National Assessment Collaboration's (NAC) Practice-Ready Assessment (PRA) programs are offered in seven provinces (British Columbia, Alberta, Saskatchewan, Manitoba, Quebec, Newfoundland and Labrador, and Nova Scotia) across Canada as a route to licensure for ITPs who have already completed their residency and practiced independently abroad. These programs offer a clinical field assessment over a period of 12 weeks. After completion, successful candidates must complete a return of service in a rural area of the province of assessment.

Target Audience: Ministries of Health

Interest Groups: regulatory authorities, Faculties of Medicine

8.2 Explore strategies to increase the supply of assessors to complete PRAs

PRA program expansion is currently hindered by a presumed lack of qualified assessors (based on the HHR crisis). There is also an assumption that increasing PRA spots would cause a deficit of physicians to supervise residents should there be a significant increase in the need for PRA assessors. PRA assessors however have a shortened commitment to assessment (12 weeks) and perform a different function than staff physicians who oversee junior and senior resident teams for much longer periods of time. PRA assessors could therefore be drawn from those interested in a less intensive and time-limited commitment such as recently retired or end of career physicians, or from licensed ITPs who wish to support those following in their footsteps towards licensure. In the nursing field, some institutions have had success in recruiting preceptors for a supervised practice pathway from a pool of nurses who are experienced but need a break from the intensity of exclusive frontline work.

Target Audience: MCC PRA programs, Ministries of Health

Interest Groups: AFMC, Touchstone Institute, AIMGA, CMA

8.3 Allocate additional resources to remunerate assessors

To increase PRA spots, the number of assessors will need to increase, and with those resources to support them including recruitment, orientation, compensations, and ongoing support. This funding aligns with the stated priorities for federal funding, and provinces should explore aligning funding requests to federal funding streams.

Target Audience: Ministries of Health, ESDC, Health Canada

Interest Groups: Touchstone Institute, AIMGA

28 https://www.ontario.ca/page/your-health-plan-connected-and-convenient-care

8.4 Expand PRA programs to include specialties and sub-specialties (outside of family physicians) and expand MCC's scope of standards for PRAs to include specialists and sub-specialists

ITPs with expertise outside of family medicine could be quickly and effectively leveraged through PRA programs designed for other specialties and sub-specialties. Common programming for larger specialties like internal medicine would allow ITPs to use their prior similar training in Canada. Medical Council of Canada could expand their scope of standards accordingly to allow this measure. Alberta and Manitoba have implemented PRA programs for specialists, and other provinces are encouraged to follow suit.

Target Audience: MCC, Royal College of Physicians and Surgeons, AFMC, PRA program collaborative

Interest Groups: College of Family Physicians of Canada

8.5 Provide access to an orientation to the Canadian health care context at no cost to all PRA candidates

Many training modules currently exist to assist ITPs in understanding the Canadian health care context and include topics such as communication, consent, privacy, legislation, Indigenous health, and the Canadian health care system. High quality training pieces have been developed by a range of stakeholders and have positive reviews by ITP in preparing them with the non-clinical skills that form part of their PRA assessment process. There are not, however, sufficient programs to allow access by all ITPs who immigrate to Canada. Having a single course or curriculum on the Canadian context of healthcare, and enough spots for all ITPs who intend to pursue licensure is recommended.

Target Audience: MCC, PRA program collaborative

Interest Groups: settlement organizations, those with existing orientation resources (e.g. Touchstone Institute, MCC)

PROMISING PRACTICES

Orientation Communication and Cultural Competence Program: This program was created with funding received from Health Canada and with input from Practice-Ready Assessment (PRA) programs. The Compassionate virtual care module, for example, explores how virtual care can both support and challenge the concept of compassionate care, which is rooted in the fundamental notion that the patient and physician are whole human beings in their interactions.

The British Columbia Physician Integration Program (BC-PIP) aims to support the successful transition of practice-eligible international medical graduates (IMGs) from the provisional registry to full licensure to practice medicine in British Columbia (BC). The College of Physicians and Surgeons of BC (CPSBC) requires all provisionally licensed IMGs new to practice in BC to complete the program within eight months of the date they obtained their registration.

Immigrant Services Association of Nova Scotia (ISANS) offers a bridging program for IMGs. This program provides facilitated study groups to support preparations for the MCC QE Part 1 exam, and on-site and online clinical skills review programs.

The College of Physicians and Surgeons of Nova Scotia recently announced the Welcome Collaborative. This is a new orientation program designed to help physicians who have trained outside of Canada and issued a Defined licence, to integrate successfully into the Nova Scotian healthcare system.

8.6 Further consideration of the removal of the MCCQE1 requirement from the PRA eligibility criteria

The Medical Council of Canada Qualifying Exam Part 1 (MCCQE1) assesses general medical knowledge and the clinical decision-making ability of candidates at a level expected of a medical student at graduation. The PRA program is intended for ITPs who have completed their residency, have a foreign licensure, and specialized clinical experience. The MCCQE1 has received criticism from ITPs for its lack of alignment to their level of skill and the underlying presumption of incapacity of ITPs. On the other hand, while a 2013 study did not find MCCQE1 scores predictive of the oral portion of the Family Medicine Certification Exam (required after the PRA to become a family physician in Canada), it was predictive of success on the short answer portion of that test (as was female gender and lower age). It was therefore recommended that PRA programs include these scores among those they are using to select the best candidates for a PRA aligned to family medicine.

In March 2023, the College of Physicians and Surgeons of Manitoba chose to expedite entry into their PRA program by removing the MCCQE1 as an entry requirement.[29] Now, successful PRA candidates who receive their provisional license will have five years to complete full registration, including passing the MCCQE1.[30]

Medical Council of Canada Qualifying Exam – Part 1 (QE1 or MCCQE – Part 1)
A summative examination that assesses the critical medical knowledge and clinical decision-making ability of a candidate at a level expected of a medical student who is completing their medical degree in Canada.

It is recommended that there be a fulsome discussion of the inclusion of MCCQE1 as a screening tool for PRA candidates and that there be an evidence-informed harmonization of processes among the PRA programs.

Target Audience: PRA program collaborative, regulatory authorities

Interest Groups: MCC, Ministries of Health

29 College of Physicians & Surgeons of Manitoba, "Eliminating Exam Requirement Removes Major Barrier for International Medical Graduates Seeking to Practice in Manitoba."
30 College of Physicians & Surgeons of Manitoba, virtual meeting with National Newcomer Navigation Network, 13th April 2023.

9. RETURN OF SERVICE AGREEMENTS

9.1 Remove mandatory return of service (ROS) agreements for ITPs and expand all voluntary programs and incentives to both Canadian medical graduates and ITPs

ITPs are currently required to serve a number of years (between 1 and 5 depending on the province) after participation in a PRA or residency program. Indeed, the PRA program was initially conceived, in part, to increase the supply of rural and remote community family physicians. While framed as a guaranteed employment, obligatory ROS requirements create an inequity for ITPs. For CMGs, no ROS are obligatory, despite both groups of physicians being Canadian. Failure to fulfill the ROS results in cost prohibitive fines to the ITP. Fulfilling a ROS incurs moving costs, challenges for spousal employment and further cultural isolation. The BC Supreme Court is currently reviewing a lawsuit brought against the province, arguing that such agreements are signed under duress and represent a violation of the Canadian Human Rights Act which guarantees Canadians the right to mobility within the country.[31]

There are voluntary ROS agreements that offer incentives to CMGs to complete residencies in more rural communities including loan relief, grants, incentive pay, and signing bonuses.[32] An equitable approach would ensure ROS opportunities were optional and open to both ITPs and CMGs. There exist several incentive-based programs to encourage Canadian physicians to practice in areas of need. For example, if the community a physician is working in has a rurality index and the physician is planning to establish a practice there, they are eligible for several incentives.[33] In concert with the above recommendation, these voluntary programs could be expanded to encompass ITPs.

Return of Service (ROS)
An agreement that requires physicians to practice medicine in a specific geographic area for a defined period of time in exchange for access to a provincially funded program such as residency training or PRAs.

Canadian Medical Graduate (CMG)
Canadian citizens or permanent residents who have completed medical school at a Canadian university.

Target Audience: Ministries of Health

Interest Groups: CaRMS

> **"ITPs are often sent to rural and remote areas, where we feel like outsiders"**
>
> - ITP

31 Daphne Bramham, "B.C. Fights to Maintain the Barriers That Keep Foreign-Trained Doctors from Working."
32 Invested MD, "Are Physician Recruitment and Retention Programs Right for You?"
33 Ministry of Health and Long-Term Care Government of Ontario, "HealthForceOntario Northern and Rural Recruitment and Retention Initiative Guidelines - Northern Health Programs - Health Care Professionals - MOHLTC."

10. EXAMS

10.1 Increase transparency of cut-off scopes on the MCC QE1 applied by selection committees to NAC-PRA and residency programs

> **"The road to becoming licensed and practising is not easy. There is a lot of misleading information and ideas."**
>
> - ITP

In order to be considered for admission to a medical residency program, medical students and ITPs must take the Medical Council of Canada Qualifying Examination Part One (MCCQE1). With the exception of Manitoba, ITPs must also complete the MCCQE1 as part of the Practice Readiness Assessment (PRA) process which some provinces offer as a route to licensure after a 12-week assessment. Minimal or "cut off scores" used to determine which ITPs will be selected to move forward in the residency or PRA process are not readily available. ITPs therefore have no way to understand whether, based on their MCCQE 1 score, the pursuit of a residency or PRA pathway to licensure is feasible. It is also not clear to applicants the significance of the MCCQE1 results as an element of their overall application; committees are also evaluating experience, interview performance, etc.

This lack of transparency is not a newly identified barrier. The Best Practices in Applications & Selection (BPAS) Final Report from the University of Toronto in 2013 outlines principles and recommendations to ensure the selection of residency applicants will best meet population needs. The report provides a number of recommendations aimed at increasing the objectivity, transparency, and fairness of selection processes for ITPs.[34] The report was endorsed by AFMC in 2019 and a call to faculties to implement its recommendations.[35] Due to the pandemic, this work has not gone forward but continues to be relevant and is recommended in support of this recommendations (as well as 6.3 and 6.4 below).

Target Audience: CaRMs, AFMC, regulatory colleges in each province, academic programs, PRA program collaborative, Faculties of Medicine

Interest Groups: Medical Council of Canada

10.2 Provide feedback to unsuccessful NAC-OSCE test-takers on areas for improvement

ITPs must pass the National Assessment Collaborative Objective Structured Clinical Examination (NAC OSCE), administered by MCC, to assess their readiness for entry into medical residency. This test is offered twice a year and involves 10 mock clinical assessments over the course of a day. Feedback to applicants is provided through a Statement of Results (showing a pass/fail result, and what score would have been required to pass) and a Supplemental Information Report (subscores for each station and a graphical display of comparison to other candidates). The feedback does not indicate the scoring elements. ITPs are not told if the failing result is due to their communication style, a lack of understanding the Canadian health care context, or a clinical knowledge gap. Providing feedback would increase transparency and allow ITPs to work towards improving areas of weakness identified and make informed decisions regarding reapplication.

Target Audience: Medical Council of Canada

Interest Groups: regulatory authorities in each province

National Assessment Collaboration - Objective Structured Clinical Examination (NAC-OSCE)
A one-day clinical exam that assesses readiness to enter a Canadian residency program. It is a national, standardized examination that tests the knowledge, skills, and attitudes essential for entrance into postgraduate training in Canada.

34 Postgraduate Medical Education, "Best Practices in Applications and Selection: Final Report."
35 CaRMS, "BPAS and CaRMS."

11. BRIDGING PROGRAMS

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

Currently, ITPs whose credential assessment is deemed to not meet the criteria for licensure in a specialty or subspecialty are declined for a PRA and advised to redo the multiyear residency process. Not only is this not feasible due to the lack of residency spots for ITPs, but the current process also fails to leverage the competencies ITPs do have.

The nursing licensing assessment for internationally educated nurses (IENs) takes a strengths-based approach. Rather than suggesting they meet lacking competencies by completely redoing their education, they are directed towards bridging programs that address educational or practice gaps. Evaluations should identify the differences between the training of ITPs versus the Canadian standard and align their training toward that gap. For instance, if an ITPs residency consisted of 3 years of anesthesiology residency, versus the 4 years utilized in Canada, it is more efficient for the ITP to complete a year of residency rather than be redirected towards redoing their residency where ITPs are rarely if ever selected for an anaesthesiology residency. Targeted, short-term programming could fill these gaps and move ITPs along in the process, rather than ending their journey to licensure.

Target Audience: Faculties of medicine, regulatory authorities

Interest Groups: settlement organizations, educational institutions

PROMISING PRACTICE

Queen's University previously offered two programs: a Graduate Diploma in Medical Sciences and Professional Master's of Medical Sciences that support ITPs to gain the necessary clinical skills required to practice as a physician in the Canadian healthcare system. These programs have been specifically designed for graduates of medical schools who have not yet matched to a postgraduate residency program in Canada. Students explore current issues in medical sciences and further develop their clinical skills in the context of the Canadian healthcare system. It is anticipated that the emphasis on research, clinical skills, and scholarship will enhance any future applications for residency positions through the Canadian Resident Matching Service (CaRMS). Several ITPs have graduated from these programs and have gone on to become licensed to practise as physicians in Canada. Read testimonials here.

12. RESIDENCY SPOTS

12.1 Make all second iteration residency spots available to IMGs in provinces where this is not already in effect

> **"Forcing ITPs to re-do their residency, from the beginning, is not the right path."**
>
> - ITP

For most provinces, the first iteration of residency spots is reserved for Canadian medical school graduates (CMGs). This practice reflects support of the Canadian government in funding its medical schools in order that investment in CMGs results in licensed physicians. ITPs would prefer that all residency spots be accessible to them on first iteration and are frustrated by their perception of residency spots reflecting a "sacred cow". There is a lack of consistency between universities on how IMGs are processed during the second iteration of the residency selection process. International Medical Graduates (IMGs) include both ITPs and Canadians who study abroad (CSAs). Depending on the province, there may be designated spots for IMGs during the second iteration of the residency matching process. Homogenization of the processes among the universities would increase transparency and facilitate decision making by ITPs, with a preference that all second iteration residency spots be open to ITPs.

Target Audience: Faculties of Medicine, AFMC

Interest Groups: CaRMS

12.2 Expand the number of specialty residency spots available to IMGs

> **"We are not a danger to the public, we are part of the public. We are Canadians and want the safest care for them too."**
>
> - ITP

In the 2023 match, a significantly higher proportion of total IMG spots were in family medicine or internal medicine compared with those offered to CMGs. Although most specialties have at least one residency spot allocated to IMGs, a higher proportion of IMG candidates are streamed into internal or family medicine. Of the IMG spots available in 2023, nearly 70% were in family or internal medicine. For CMGs, 48% of spots were in these specialties.[36] This is a frustrating situation for IMGs who are often coming into the residency process where their training and experience are better aligned to a different specialty. The House of Commons 2023 report indicated the need to increase the number of residency spots allocated to ITPs, but there is also a need to expand the diversity of specialty spots as well in order to best utilize the existing skills of Canada's ITPs.[37]

Target Audience: Faculties of Medicine, AFMC

Interest Groups: CaRMS

36 https://www.carms.ca/match/r-1-main-residency-match/program-descriptions/
37 Sean Casey, "Addressing Canada's Health Workforce Crisis: Report of the Standing Committee on Health."

12.3 Increase transparency from post graduate programs regarding criteria they are seeking in residency candidates

ITPs report a lack of transparency and perceive that there are 'secret criteria' in residency applications and interviews; that is, preferences from programs which are not clearly articulated as requirements in candidate-facing information. In consultation with ITPs, N4 heard much confusion and inconsistency within their experiences and perceptions regarding which factors are used to select residents (such as currency of practice and Canadian experience). When triaging applications, programs should be able to point to a clear and transparent set of criteria which are available for all candidates to review. Per recommendation 10.1, implementation of the BPAS report endorsed by AFMC for faculties of medicine, paused in 2019, should resume to support this recommendation.[38]

Target Audience: Faculties of Medicine, AFMC

Interest Groups: CaRMS

12.4 Establish the following tools and practices to reduce bias in the interview process:

- Standardize training and tools to prevent interview bias
- Implement a robust process for tracking and responding to perceived bias in residency interview process
- Interview panels must provide feedback to unsuccessful interview participants
- Have transparent and independent opportunities to report concerns

Bias in residency interviews is anecdotally reported but hard to track. Each residency program is responsible for its own equity, diversity and inclusion initiatives. It is now considered good practice to make unconscious bias training mandatory for selection committees, although this type of training in isolation has been criticized for a lack of effectiveness and may in fact have the opposite of the intended effect.[39] Instead, residency programs should consider policy and procedure as strong avenues for eliminating bias. The BPAs report is again highlighted for recommendation implementation to reduce bias and support driving change in this area.[40]

Opportunities for feedback to residency candidates are rare in the matching process. For ITP candidates who have not had the benefit of extensive Canadian interview preparation, an unsuccessful interview with no feedback represents a missed opportunity for growth and learning. ITPs have expressed a desire to understand ways to improve future interview opportunities.

Applicants can report perceived violations directly to CaRMS, who can interface with faculties to facilitate a resolution, or in extreme cases apply sanctions. However, statistics and outcomes of reported incidences are not publicly available. Public reporting or exploring a more centralized and independent feedback mechanism (such as the provincial offices of Fairness Commissioners) is also recommended.

Target Audience: Faculties of Medicine, AFMC, Office of the Fairness Commissioner

Interest Groups: CaRMs

Additional recommendations were suggested by the working group but noted to be out of scope of their mandate. These recommendations are in Appendix C – Recommendations Out of Scope.

38 Postgraduate Medical Education, "Best Practices in Applications and Selection: Final Report."
39 Francesca Gino and Katherine Coffman, "Unconscious Bias Training That Works."
40 Best Practices in Applications and Selection (BPAS) Working Group

LOOKING TOWARDS THE FUTURE

> **"Ending discrimination in health care starts with ending discriminating in the workforce. Canada should not discriminate against who is a part of our workforce."**
>
> - ITP

The recommendations outlined in this document address systemic barriers and inherent system bias that prevent ITPs from utilizing their skills within the health care sector. These recommendations will increase access to transparent, reliable, plain language information about the journey from immigration to optimal employment. They will ensure necessary exams and training are timely, transparent and equitable, and result in expanded opportunities and capacity for equitable access to practice pathways for ITPs.

Implementation of the recommendations outlined in this report must be met with:

Sustainable and sufficient government investment:
federal investments must be made to support existing recommendations and to scale promising practices and programs that will support ITPs.

Multi-stakeholder collaboration:
Collaboration across levels of government (federal, provincial, territorial), and among regulatory authorities, credential assessment and verification, and settlement organizations is critical for successfully implementing these recommendations. To ensure changes truly address the current barriers to optimal employment, ITPs should be considered key stakeholders.

Consistency across provinces and territories:
Implementation of the recommendations below within each province and territory is critical to ensure consistency of approach.

Commitment to monitoring and evaluation:
The recommendations presented in this document must be monitored and evaluated post-implementation to determine if they have had the intended impact. Key to this process is the collection and analysis of data specific to ITPs.

Communications and knowledge mobilization (KMb) plans are in development to promote the uptake of the recommendations in this report and monitor implementation progress in the upcoming year. Finally, N4 has developed a visual pathway on newcomernavigation.ca to guide ITPs and service providers seeking to understand core steps in the pathway to licensure.

ITPs play a valuable role in Canada's health care system by closing labour market gaps and supporting workforces to better represent the communities they serve. Canada will continue to attract highly educated immigrants, including ITPs, and there must be enhanced pathways to leverage their skills and support their integration into practice. Amidst a health human resource crisis, ITPs living in Canada who are not able to practice are an 'untapped' part of Canada's talent pool that can help sustain Canada's health care system. These recommendations build on ITPs' diverse skills and experience, and the cultural and linguistic gifts they bring into the health care system. Now more than ever, investing in ITPs and building on their skills and diverse expertise will create physician capacity, alleviate the strain within the health system, and build its sustainability.

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APPENDIX A

N4 CoP ITP Working Group Membership*

The working group was co-Chaired by Deidre Lake, Alberta International Medical Graduates Association (AIMGA) and Joan Atlin, Director of Research and Policy, WES.

Organization	Name	Position
Alberta International Medical Graduates Association	Deidre Lake (Co-Chair)	Executive Director
Alberta International Medical Graduates Association	David Kay	Principal Consultant
Association of Faculties of Medicine of Canada	Anna Karwowska	Vice President, Education
Lighthouse Immigration Law	Tamara Mosher-Kuczer	Immigration Lawyer
CAPER	Geoff Barnum	Manager, CAPER
Canadian Resident Matching Service (CaRMS)	John Gallinger	Chief Executive Officer
College of Family Physicians of Canada	Ingeborg Schabort	Associate Professor, McMaster
Dalhousie University - Practice Ready Assessment Program	Dr. Fiona Bergin	Clinical Director
Federation of Medical Regulation Authorities of Canada	Corinne de Bruin	Member, Registration Working Group, FMRAC
Health Force Ontario Health	Irina Edilova	Advisor, Internationally Educated Health Professionals (IEHP)
Health Match BC	Kristi Small	Senior Consultant, Health Care Assistant, HMBC
IMG Career Counselling	Ranika Singh	Career Counsellor/Consultant
Internationally Trained Physicians of Ontario	Makini McGuire-Brown	Board Member
Internationally Trained Physicians of Ontario	Joanna Walters	Director of Operations and Co-Founder
ISANS	Mohja Alia	Manager, Employment and Bridging
Medical Council of Canada	Ilona Bartman	Program Manager, Research
Medical Council of Canada	Sandra Roberts	Program Manager
Office of the Fairness Commissioner	Angelika Neuenhofen	Policy and Program Advisor
Royal College of Physicians and Surgeons	Andre St.Pierre	Associate Director, Assessment Operations
Royal College of Physicians and Surgeons	Chantal Benoit	Manager
Touchstone Institute	Adrian Frisina	Manager, IMG Programs
University of Calgary	Tanvir Turin Chowdhury	Associate Professor, Cumming School of Medicine
University of Toronto	Shafi Bhuiyan	Assistant Professor, Divison of Clinical Public Health, Dalla Lana School of Public Health
World Education Services	Joan Atlin (co-Chair)	Director, Policy and Research
World Education Services	Caroline Ewen	Manager, Policy and Research
www.hireiehps.com / University of Toronto	Zubin Austin	Professor, University of Toronto

** Membership in the working group does not constitute or imply endorsement, recommendation, or favoring by their directors or employees of the contents of this report.**

APPENDIX B

Members of the ITP Lived Experience Consulting Group

N4's ITP Lived Experience Consulting Group is Chaired by Dr. Ahmed Alkhatib, Internationally Trained Physicians of Ontario.

Name	Country of Origin	Current Province	How Long Lived in Canada	State of Licensure
A.A	United Arab Emirates	Ontario	1-5 Years	Validation of Credentials
S.O	Nigeria	Alberta	+30 Years	Complete
S.B	Iran	Nova Scotia	+10 Years	Complete
M. M.	Ukraine	Ontario	1-5 Years	Validation of Credentials
Y. E-B	Egypt	Ontario	1-5 Years	Validation of Credentials
F. K	Sudan	Saskatchewan	1-5 Years	Validation of Credentials
J.K.S	India	Saskatchewan	1-5 Years	Validation of Credentials
G.B.	Philippines	Alberta	1-5 Years	Validation of Credentials

APPENDIX C

Recommendations Out of Scope

1. **Ensure that each province's act related to the regulation of health professions (e.g. Health Professions Regulators Act) has a duty to ensure adequate supply of health professionals.**

   Each provincial legislation includes a health professionals regulatory act. Ontario's Regulated Health Professions Act, 1991, S.O. 1991, c. 18 currently outlines the duty of self-regulated professions to ensure an adequate supply of health professionals. All provinces should have this duty within their health professionals regulatory act as part of their commitment to the public interest and the health needs of their population. By ensuring an adequate supply of professionals, they are acknowledging that lack of access to care, or care delivered by over-burdened staff, represents sub-optimal health care and a risk to population health.

2. **Convene regulatory authorities through an authoritative body to work on these issues and convene federal and provincial levels of government (IRCC, Ministries of Health, etc.)**

   In November 2022, Health Canada announced the Coalition for Action for Health Workers.[39] The Coalition is comprised of representatives from key groups, including nurses, doctors, personal support workers, unions, colleges and universities, public health, patients, Indigenous peoples and equity-deserving communities. This Coalition is developing strategies to increase the recruitment and retention of health professionals, including Internationally Educated Health Professionals.

3. **Expand the Office of the Fairness Commissioner's mandate to include educational institutions**

   The Office of the Fairness Commissioner assesses fair registration practice for several regulated professions and trades. These include 26 health professions, 13 non-health professions and 23 compulsory trades. This recommendation calls to expand the mandate of educational institutions who produce regulated health professionals given their key role in determining the pool of potential licensees. In provinces where there is no Officer of the Fairness Commissioner, a similar official or department should be tasked with this mandate.

4. **Include Best Practices in Applications & Selection within accreditation of Faculties of Medicine in Canada**

   A working group at University of Toronto's Postgraduate Medical Education department developed Best Practice in Applications & Selection Final Report in 2013. This report is endorsed by the Association of Faculties of Medicine.[40] The report outlines a set of recommendations and best practices to increase transparency, fairness and equity in the residency application and selection process. To promote the uptake of the recommendations and best practice among faculties of medicine, the principles and practices included in the report should be reflected in the accreditation process of the faculties of medicine.

5. **Within Ontario, remove the T4 requirement for physicians and revise definition of "self-employment"**

   Physicians should not be considered self-employed. The definition of "self-employed" should be aligned with the new Federal exemption for physicians.

6. **Utilise Labour Market Impact Assessment (LMIA) exemption process for physicians**

   Labour Market Impact Assessments (LMIAs) are required to apply for most work permits in Canada. An LMIA determines that an employer has tried and was not successful in hiring a Canadian citizen or foreign resident to fill a position. Obtaining a LMIA can be a lengthy and expensive process for employers and delay entry to practice for physicians. There are significant and well-document labour market gaps across Canada for physicians. Therefore, physicians should be exempt from needing an LMIA to apply for a work permit.

39 Health Canada, "Health Canada Announces Coalition for Action for Health Workers."
40 Postgraduate Medical Education, "Best Practices in Applications and Selection: Final Report."

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